

ŠIAULIAI UNIVERSITY

Rita Kantanavičiūtė

**INTER-PROFESSIONAL SUPPORT TO AN
EARLY AGE STUTTERING CHILD AND
ONE'S FAMILY WHILE APPLYING THE
MULTIDIMENSIONAL INTERVENTION**

Summary of Doctoral Dissertation
Social Sciences, Education (07 S)

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Research supervisor:

Prof. Dr Stefanija ALIŠAUSKIENĖ (Šiauliai University, Social Sciences, Education – 07 S)

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Prof. Dr Audronis VILKAS (Lithuanian University of Education Sciences, Social Sciences, Education – 07 S),
Prof. Dr Catherine Jane CAROLL-MEEHAN (Canterbury Christ Church University, United Kingdom, Social Sciences, Education – 07 S).

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Address: Vytauto Str. 84, LT-76352 Šiauliai, Lithuania.

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Please send reviews to:

Department of Research and Art

Šiauliai University

P. Višinskio Str. 38, LT-76352 Šiauliai, Lithuania

Tel. +370 41 595821, fax +370 41 595809, e-mail: doktorantura@cr.su.lt

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ŠIAULIŲ UNIVERSITETAS

Rita Kantanavičiūtė

**INTERPROFESINĖ PAGALBA ANKSTYVOJO
AMŽIAUS MIKČIOJANČIAM VAIKUI IR
JO ŠEIMAI, TAIKANT MULTIDIMENSINĘ
INTERVENCIJĄ**

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Mokslinė vadovė –

prof. dr. Stefanija ALIŠAUSKIENĖ (Šiaulių universitetas, socialiniai mokslai, edukologija – 07 S).

Edukologijos mokslo krypties gynimo taryba:

Pirmininkas –

prof. habil. dr. Vytautas GUDONIS (Šiaulių universitetas, socialiniai mokslai, edukologija – 07 S).

Nariai:

prof. dr. Romualdas MALINAUSKAS (Lietuvos Sporto universitetas, socialiniai mokslai, edukologija – 07 S).

prof. dr. Brigita JANIŪNAITĖ (Kauno technologijos universitetas, socialiniai mokslai, edukologija – 07 S).

prof. dr. Audronius VILKAS (Lietuvos edukologijos universitetas, socialiniai mokslai, edukologija – 07 S).

Prof. dr. Catherine Jane CAROLL-MEEHAN (Kanteburio Kristaus bažnyčios universitetas, Jungtinė Karalystė, socialiniai mokslai, edukologija – 07 S).

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Atsiliepimus siųsti adresu:

Mokslo ir meno tarnyba,

Šiaulių universitetas,

P. Višinskio g. 38, 76352 Šiauliai,

Tel. (8 41) 59 58 21, faks. (8 41) 59 58 09, el. paštas doktorantura@cr.su.lt

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INTRODUCTION

Substantiation of the relevance of the theme and scientific problem. Over several latter decades, the necessity to design an integrated multidimensional model for assessment of, and coping with, the stuttering has been substantiated by rejecting the single-dimensional methods to cope with the stuttering (Norris, Hoffman, 1993; Starkweather and Gottwald, 1990; Andrews, O'Brian, Harrison, Onslow, Packman, Menzies, 2012; Bonelli, Bernstein Ratner, Dixon, Onslow, 2000; Yairi, Seery, 2014; Yairi, 2013; Healey, Trautman, Susca, 2004; Smith, 1999; Zimmermann, 1980 etc.). The multidimensional model allows explaining various factors related to different approaches to origination and explanation of the stuttering (Yairi, Seery, 2014). Because of multidimensionality of the structure of the stuttering, the coping with this disorder requires complex inter-professional support provided by specialists, which is important not only to a child who stutters but also to one's family. In this context, inter-professional support must be oriented to interrelations with a person who stutters and one's immediate environment grounding on communication, collaboration and empowerment. Assuming that the early education of children who stutter is a multidimensional phenomenon, it is aimed at provision of support to a child and one's family by specialists of health care, social and education areas, acting as an inter-professional team.

In Lithuania, grounding on the documents of the latter years (28 August 2017, No. V-651/A1-455/V-1004¹; 25 December 2015, No. V-1325²; Report of Performance of the Ministry of Education and Science of the Republic of Lithuania in 2016³), the increasing attention is focused on inter-sectional and inter-institutional collaboration. Nevertheless, despite social educational

¹ Order of the Ministers of Education and Science, Social Security and Labour, of Health of the Republic of Lithuania "Dėl koordinuotai teikiamų švietimo pagalbos, socialinių ir sveikatos priežiūros paslaugų tvarkos aprašo patvirtinimo" [On Approval of the Descriptor of the Procedures of Coordinated Provision of Educational Support, Social and Health Care Services], 28 August 2017 No. V-651/A1-455/V-1004.

² Order of the Minister of Education and Science of the Republic of Lithuania "Dėl kompleksiskai teikiamos pagalbos, specialiojo ugdymo mokyklų / centrų ir vaikų socializacijos centrų veiklos kokybės gerinimo 2015-2017 m. tarpinstitucinio veiksmų plano patvirtinimo" [On Approval of the Inter-institutional Plan of Actions for Improvement of Provided Support in a Complex Way, Quality of Performance of Special Education Schools/ Centres and Children's Socialisation Centres in 2015-2017], 25 December 2015 No. V-1325.

³ LR ŠMM 2016 m. veiklos ataskaita [Report of Performance of the Ministry of Education and Science of the Republic of Lithuania in 2016]: https://www.smm.lt/uploads/documents/tyrimai-ir-studijos/%C5%A0vietimo%20ir%20mokslo%20ministerijos%202016%20m_%20veiklos%20ataskaita.pdf

purposefulness of support regulated by legal documents⁴ and emphasised in scientific research (Juodaitytė, 2003; Juodeikaitė, 2009; Ališauskienė, 2005 et al.; Ališauskienė, 2010), early support is based on the clinical approach, i.e. orienting to therapies as support to a child. In this context, provision of inter-professional support to a stuttering child and one's family is still considered as a challenge in practice.

In European scientific sources, the early meeting of children's needs is defined as *organisation of inter-professional support provided by specialists not only to a child, but also to one's family*. The provided services should not be related only to stimulation of child's development, but also should be oriented to development of family capabilities, while specialists maintain the common plan of support to a child and one's family. The performance of the specialists should be processed not only for the family, but also together with the family, using resources, strengths, choices of the family, seeking the quality of the family life (Watkins, 2016; Ozdemir, 2007; Elizabeth, Anderson, 2016; Melanson, 2007; Hammick, Freeth, Koppel et al., 2007; Reeves, Perrier, Golman et al., 2013; Reeves, Fletcher, Barr et al., 2016 etc.).

The change of paradigms taking place in the areas of education, health care and social security even more emphasises the importance of inter-professional support in the context of early intervention. Preparation of health care specialists, psychologists, speech and language therapists and other professionals providing support to a child who stutters can be determined by different purposefulness, content, different methodological provisions, subjective attitude to the process of provision of support and different professions. Payne (1996) has it that the process of support may ground on: a) authority, tradition and belief; b) scientific arguments; c) theories and explanations regarding the research object. An assumption can be formulated: in Lithuania, the understanding of preparation of

⁴ Order of the Minister of Education and Science of the Republic of Lithuania "Dėl specialiosios pedagoginės pagalbos asmeniui iki 21 metų teikimo ir kvalifikacinių reikalavimų nustatymo šios pagalbos teikėjams tvarkos aprašas" [On Provision of Special Pedagogical Support to a Person below 21 and the Descriptor of the Procedure for Setting the Qualification Requirements for Providers of This Support], 30 August 2017 No. V-1228; Lietuvos Respublikos socialinių paslaugų įstatymas [Law on Social Services of the Republic of Lithuania], 19 January 2006 No. X-493;

Order of the Minister of Education and Science of the Republic of Lithuania "Vaiko nuo gimimo iki privalomojo mokymo pradžios gyvenimo ir ugdymo sąlygų gerinimo modelio aprašas" [Descriptor of the Model of Improvement of the Living and Education Conditions of a Child since Birth to the Beginning of Compulsory Education], 11 November 2009 No. 1509.

Ališauskienė, S. et al. (2011). Kompleksiškai teikiamos švietimo pagalbos, socialinės paramos, sveikatos priežiūros paslaugų ikimokyklinio ir priešmokyklinio amžiaus vaikams ir jų tėvams (globėjams) tvarkos aprašas: Ikimokyklinio ugdymo paslaugų planavimo savivaldybėse metodika. Vilnius: ŠMM, SPPC.

specialists of a certain field, possibilities for their collaboration and collaboration with families of the pupils are determined by traditions and methodological provisions, subjective experiences, scientific research and other social, cultural factors. Aiming to deeper understand the complexity of a situation of a person who stutters, an exceptional role is allocated to collaboration of the inter-professional team members who are specialists from various fields, representing different professions. Recent theories on early intervention and explanation of origination of multidimensional stuttering are grounded on provisions of the theories and conceptions of implementation of involvement, empowerment, participation (Ruškus, Mažeikienė et al., 2013), complexity, inter-professional support as well as systematic approach and orientation to a child and one's family.

The scientific problem is defined in the present doctoral research as multidimensional and is presented with regard to diversity of theoretical provisions of the origination of the stuttering, coherence of formal contexts and practice of support as well as intervention. Despite the origination of the stuttering is grounded on diversity of theoretical approaches (from *single-factor theories* or *single-dimensional theories* to *interacting factors* or *multi-dimensional theories*) and the transition to the multi-dimensional stuttering model is emphasised, coherence of this model with particular theories or one theory, formal contexts and practice of the coping with the stuttering as well as interventions for early age stuttering children and their families is not yet revealed. The lacking proof of coherence among the aforementioned theoretical, contextual and intervention aspects determine that innovative programmes coping with the stuttering being designed are basically the combinations of already functioning programmes and ground on traditional single-dimensional models of the stuttering. On the one hand, the goals of newly designed programmes coping with the stuttering are directed towards five major components of the multi-dimensional model: cognitive, affective, linguistic, motor, social; however, on the other hand, these components are not linked with each other. Employment of isolated components of the multi-dimensional model in practice of separate specialists (neurologists, speech and language specialists, psychologists etc.) does not ensure the changes in fluent speech of children who stutter.

Even though, formally, inter-professional support and multi-dimensionality of support based on collaboration of specialists representing various professions as well as coordination of activities are being increasingly more often declared, still, in real practice, challenges occur. When providing support to a stuttering child and one's family, the lack of experience and systematic approach in collaboration as well as coordination of performance and goals stand out. In this context, the ecological systematic approach to a child and one's functioning is not followed, individual needs of stuttering children and their families are

poorly regarded. The out-dated culture of “separate work” prevails, since the support is based on protection of specialists’ professional limits. High status representatives of professions (for instance, doctors) seek to retain the limits of their profession and traditionally constructed professional identity. Following the single-dimensional provision for the coping with the stuttering and the tradition to protect professional limits, a distorted attitude towards provision of support to a stuttering child and one’s family is formed implying that it is impossible to overcome or reduce the stuttering. In this context, aiming to better understand the nature and essence of the defined scientific problem, experiences of specialists providing support to an early age child who stutters and one’s family as well as parents raising children who stutter are highly important. Coherence among theoretical provisions, formal context and actual support practice demonstrated by specialists’ and parents’ experiences allow modelling anew and reconstructing the provision of speech and language therapy as well as inter-professional support to early age stuttering children and their families.

The scientific problem of the doctoral research is detailed by the following **problem questions:**

- *How does the diversity of theoretical approaches to origination of the stuttering cohere with the multi-dimensional model of the stuttering, interventions and strategies intended to cope with the stuttering?*
- *How is the support to an early age stuttering child and one’s family changing while applying multi-dimensional versus single-dimensional methods of assessment, education and coping?*
- *How do the specialists understand and interpret practice while following the multi-dimensional versus single-dimensional approach and what challenges are caused by inter-professional collaboration versus support of separate specialists-experts based on protection of professional limits?*
- *How do parents raising children who stutter interpret the need for, resources and implementation of inter-professional support and what challenges related to search for support and coping with the stuttering are experienced by parents?*
- *How can elements of the multi-dimensional stuttering model be applied in the process of education and support grounding on inter-professional collaboration of specialists and what preconditions for inter-professional collaboration provide the conditions to employ multi-dimensional intervention?*

These questions and search for answers to them form the basis of the doctoral research.

Over the latter decades, certain endeavours are made to improve accessibility of services and ensure quality of living to early age children and their families.

While implementing the provisions of national long-term educational strategies (of 2003–2012⁵; 2013–2020⁶) to seek accessibility of education and social justice as well as regarding the needs of families raising early age children, Government of the Republic of Lithuania approved the Descriptor of the Model for Improvement of Living and Educational Conditions for Children since Their Birth to the Beginning of the Compulsory Teaching⁷ (hereinafter referred to as the Descriptor of the Model). The Descriptor aims at collaboration of specialists representing different areas and provision of services to a specific child and one's family *in a complex way*. The work in inter-professional teams of specialists is also stimulated by the legal act of the Law on Education of the Republic of Lithuania⁸, which suggests administrations of municipalities to more extensively apply inter-institutional, inter-service collaboration which is necessary in creating a system of complex education, social, health care services for families raising children. In this context, the need and necessity for collaboration of various sectors, institutions, specialists occurs. Communication in an inter-professional team becomes highly important and also complex because specialists representing different areas perceive child's (in this case, child's who stutters) (self-)development, health and social needs and problems, the model and methods of support in different ways. Moreover, limited opportunities for parents to involve themselves into the process of support are observed. Still there is lack of family-oriented services which are situated close to places of residence and are coordinated with each other; when needed, these services could be provided to a specific child and family by pre-school and pre-primary education specialists, social workers, family doctors, psychologists, special pedagogues and other specialists. The aforementioned challenges emphasise

⁵ Decree of the Parliament of the Republic of Lithuania “Dėl valstybinės švietimo strategijos 2003–2012 metų nuostatų” [On the Regulations of the State Strategy of Education in 2003–2012] (4 July 2003 No. IX–1700). <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.215471>

⁶ Decree of the Parliament of the Republic of Lithuania “Dėl valstybinės švietimo 2013–2020 metų strategijos patvirtinimo” [On Approval of the State Strategy of Education in 2013–2020] (23 December 2013 No. XII-745).

⁷ LR švietimo ir mokslo ministro įsakymas “Dėl vaiko nuo gimimo iki privalomojo mokyimo pradžios gyvenimo ir ugdymo sąlygų gerinimo modelio aprašo patvirtinimo” (11 November 2009 No. 1509). <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.358278>

⁸ „Kompleksiškai teikiamos švietimo pagalbos, socialinės paramos, sveikatos priežiūros paslaugų ikimokyklinio ir priešmokyklinio amžiaus vaikams ir jų tėvams (globėjams) tvarkos aprašas“ [Descriptor of the Procedure of Educational Support, Social Support, Health Care Services Provided in a Complex Way to Pre-school and Pre-primary Age Children and Their Parents]. Order of the Ministers of Education and Science as well as Social Security and Labour of the Republic of Lithuania, 28 August 2017, No. V – 2068 / A1 – 467 / V946. http://www.smm.lt/uploads/documents/Svietimas_ikimokyklinis/ISA-KYMAS-Del%20klompleksiskai%20teikiamos%20pagalbos-2011-11-04.pdf

significance of the scientific and practical support discourse in relation to early age stuttering children and their families.

The Doctoral Dissertation complies with the provision that, in the case of early age children who stutter, the support must be multidimensional, based on collaboration of specialists representing different professions, sectors and institutions according to the need and parents, coordinated activities of specialists working in inter-professional teams. Agreements concerning common goals and values regarding education and support determine the model of provision of inter-professional support, which ensures successful shared competence of a team and performance of each specialist (Walter, Petr, 2000; Walter, 2009).

In this doctoral research, inter-professional support is treated as a work form of specialists from different professions representing the same discipline reaching for implementation of common goals. The research maintains the provision that work in inter-professional teams is efficient while implementing support to an early age stuttering child and one's family.

Formulation of the problem questions and related theoretical assumptions of the research allowed defining **the research object** which is the preconditions, context, content, process and experiences of inter-professional support to a stuttering child and one's family in the context of multidimensional intervention.

The research aim is to reveal the context, content, process and experiences of inter-professional support to an early age stuttering child and one's family while applying multidimensional intervention.

To reach the research aim, the following **objectives** have been set:

1. To reveal diversity of theoretical approaches to the origination of the stuttering, coherence of the multidimensional stuttering model with intervention methods and strategies as well as to substantiate the formal context of inter-professional support to an early age stuttering child and one's family, grounding on international and national provisions.
2. To substantiate the methodology of the empirical research of inter-professional support to a stuttering child and one's family.
3. To disclose the opportunities for inter-professional coordinated support based on inter-professional collaboration, grounding on experience of specialists who provide support to an early age stuttering child and one's family.
4. To identify the need for, resources and implementation of inter-professional support grounding on experiences of parents raising early age children who stutter.
5. To reveal the opportunities for the research based on the multidimensional stuttering model, to test the elements of the multidimensional stuttering model, aiming to reconstruct the process of speech and language therapy support and to methodologically substantiate preconditions and

limitations of inter-professional support through collaboration by applying multidimensional intervention.

Interpretation of the research results employs the following **conceptions, theories and provisions**:

- *Ecological Systems Theory* explains child's development by immediate reciprocal interactions among child, surrounding and constantly changing immediate environment and a broader context. A person and one's situation in the context of various environments and their interactions are treated as the focus of the ecological systems theory (Bronfenbrenner, 1979). Environment is perceived as a combination of factors directly and indirectly impacting child's development, which, according to the levels, is divided into micro-, meso-, exo-, macro-, chrono- systems. Reciprocal relationships between child and one's environment are emphasised. The ecological approach oriented towards all parts of the system of a child and interactions among them is defined in the Doctoral Dissertation as a theoretical methodological approach to a child in family and broader environment. *The ecological systems theory* integrates theories and research of developmental psychology, sociology, social work, family support, early childhood intervention. In the current Thesis, the major ecological provision is that child's development is impacted by environments where one is raised. Scientific literature sources (Berk, 2000; Mahoney, Warner, 2014; Vandell, Larson, Mahoney, Watts, 2015; Neal, Neal, 2013a, Coonard, Novick, 1996) indicate that interactions inside family and interactions among different environments form the ecology of a child and one's family and are the key elements of the ecological model.
- *Family Systems Theory* (Bowen, 1978; Neal, Neal, 2013a; 2013b; Titelman, 2014; Christine, 2014; Scher, Kozłowska 2012 etc.). Speech and language therapy support to individuals who stutter is based on the *holistic approach* to the stuttering, which is based on the family systems theory. The major provision of this theory states that a family is the most important emotional unit determining the goals and achievements of each individual's life. The present Thesis complies with the provision that members of the communication system (family) are interrelated; therefore, experience or changes of one member influence changes in other members of the system. A problem of one person cannot be perceived by understanding, assessing one in isolation from other members of the family system. Liuterman (1996) puts it that if one member of the family has some language and communication disorders, a specialist must regard the needs of all family members because the stuttering, first of all, becomes highlighted in the family context. This direct reciprocal interaction of the members in the

family communication system reveals the potential of the family as an intervention subject. Analysing collaboration of the family, specialists and individuals having various disorders, Turnbull, Turnbull (1997) point out that understanding of the family as a system reveals a complex reciprocal interaction of the members and significance of complex support. It is underlined that a unique balance, the “centre of weight”, is characteristic to each family, and provided support must be useful not only to one person, but to the entire family system. The present Thesis maintains the provision that the stuttering must be assessed in the context of the communication system because the family structure and the style of interaction determine the behaviour of a stuttering person and other members of the family. Each family is characteristic of a specific assessment of the stuttering; therefore, individual characteristics, needs and experiences of a family must be considered.

- *Conception of the Community of Practice* (Lave, Wenger, 1991; 1998; Wallace, Danny, 2007; Roberts, Joanne, 2006; Smith, 2003; Kietzmann, Plangger, Eaton, Heilgenberg, Pitt, Berthon 2013, etc.) helped to reveal the experiences of provision of support to a stuttering child and one’s family when the learning from each other is indicated as a major component, in terms of the present doctoral research. This analysis employs the concept of the community of practice, which is used in the doctoral research as one of the recent forms of learning. Some of major functions of the practice communities are to learn from each other, to share practical experience and to create new knowledge. These functions become possible when their members actively communicate and collaborate with each other (Lave, Wenger, 1998). The authors single out three components which are necessary for the community practice to occur: a) a field of interest – a community performs in relation to a common field of interest; b) a community – members of a community of a specific field interact and participate in joint activities, help each other and share information. They create relationships which allow them learn from each other; c) practice – all members of a community represent a particular profession, field. This concept is important in the context of education because, while creating, sharing experience, knowledge, members of a community can effectively learn from each other in both formal and informal contexts. Members of the community of practice accumulate common knowledge, experiences, stories, aids helping them operate in a selected activity field. Leliūgienė, Sadauskas (2011) state that the need for communities usually appears when facing a case of disability, severe racial and ethnical segregation around, undergoing the expanding civic solidarity etc. A community provides conditions for continuous social development and reduces the sense of

helplessness among people who face problems occurring in personal and community (family, collective, nation etc.) lives. A community means a connection that encompasses common beliefs, faith, values and capability to fight against community problems by bringing human resources together to solve these problems.

- *Conception of Inter-professional Practice.* In the doctoral research, inter-professional support is perceived as a team of specialists representing different professions and providing support to an early age stuttering child and one's family aiming at implementation of common goals. In the context of provision of early support to a stuttering child and one's family, inter-professional collaboration provides preconditions for partnership-based relationships, services provided in a complex way and inter-professional development (Barker, 2009; Olenic et al., 2010). Inter-professional practice provides an opportunity to collaborate, work with stuttering children and members of their families, specialists and learn from each other. In practice focused not only on a child, but also on one's family, a provision is maintained that members of an inter-professional team are partners who share responsibility for creation and implementation of individualised and efficient intervention. Inter-professional practice is based on the commitment to take care of well-being of a stuttering child and one's family (Friend, Cook, 2013; Rokusek, 1995).
- *Provisions of the Systems Theory* (Bertalanffy, 1969; Musser, 2006). Development of fluent speech by providing support to an early age stuttering child and one's family is based on the systems theory (Bertalanffy, 2001). This theory emphasises complexity of interaction of people and environment as well as people's ability to both undergo the impact of environment and change the influence of various factors on them themselves. The systems theory allows investigating complex formations, processes in various aspects, while assessing interrelation of constituent parts of the system (Bailey, 2006; Troncale, 2006; Samuelson, 2006; Mulej, 2008). Changes in the education paradigm, such as transition from individualised support "expert"– "receiver of the support" to inter-professional practice and systemic approach, provide an opportunity to gain profession-related knowledge, learn through interaction with other participants of the support process and form the professional identity of specialists. Anning, Cottrell, Frost et al. (2006), Anning (2005) have it that the systemic approach at the organisational level encourages team members to assess child's and one's family members' needs in the context of a complex system. The general systems theory reveals large, complex, dynamic, open, purposeful, manageable systems which have several common features: consistency, divisibility, uniqueness, identification, diversity. The essence of the systems

lies in the linking of the elements and their groups to a single whole by single-type connections. When the elements composed in a certain way connect to each other, a structure of the system forms; characterisation of it is analogous to that of the system. The systematic approach to a family is emphasised in many research studies conducted by Lithuanian scientists (Ruškus, 2002a; 2005; Ališauskienė, 2005, 2010; Ališauskienė, Čegytė, 2008; Dirgėlienė, 2010, Gvaldaitė, 2010, Kavaliauskienė, 2010).

- *Provisions of the Critical Theory* (Habermas, 1963; 2002; Freire, 1985; 2000; Mayo, 2009; Schugurensky, 2011 etc.). Social phenomena are changing and being constructed by a researcher and research participants. Subjective experiences of research participants (parents, specialists) are being socially constructed in pursuit of positive changes and understanding. Evaluation of provision/ receiving of inter-professional support to/ by early age stuttering children is the aim of the present doctoral research. Interpretation of empirical data, grounding on speech and language therapist-researcher's subjective experience, as well as reconstruction of speech and language therapy on the basis of inter-professional collaboration provided an opportunity to point out the guidelines for initiation of the changes in practice aiming at improvement of practice.
- *Provisions of the Social Constructivism Theory* (Berger, Luckmann, 1999; Packer, Goicoechea 2000; Pritchard, Woollard, 2010; Andre, 2000, etc.). The Doctoral Dissertation maintains the attitude that social reality is being constructed while individuals are interacting with each other, and an inter-subjective experience of research participants is the object of cognition. The idea of social construction emphasises absence of objective reality, when social images are creating, constructing, renewing, changing reality.

Novelty and scientific significance of the doctoral research: 1) the formal context of support to an early age stuttering child and one's family and possibilities for implementation of the multidimensional stuttering model at an early age have been revealed; 2) possibilities of support to an early age stuttering child and one's family by applying multidimensional methods of coping with the stuttering have been highlighted; 3) theoretical factors of inter-professional practice following the multidimensional stuttering model have been singled out and substantiated; 4) reconstruction of provision of speech and language therapy support to a stuttering child and one's family has been carried out.

Practical significance of the research is substantiated by implementation of the action research. The action research is treated as a tool enabling searching for and finding answers to relevant questions to achieve professional excellence, reciprocal interaction, reflection on practice and changes in practice (Campbell, 2003; McNiff, Whitehead, 2006; Ferrance, 2008, etc.). The research has been conducted in genuine educational environment (speech and language therapy

room), during actual situations, combining actions and reflections which make preconditions for scientific reasoning of the research results and directions for practice improvement.

In the doctoral research, reaching for the unity of methodological research, theoretical methods are closely linked to empirical ones. Conducting of the research complies with the principles of logic, consistency. The doctoral research has been conducted in 4 stages. All the stages are described in detail in Table 1.

Table 1

Structure of the doctoral research

Stages	Methods of research data collection, research samples	Methods of data processing
Stage 1.	Theoretical analysis of scientific literature	
1.1.	Revealing of diversity of theoretical approaches to origination of the stuttering and coherence between the multidimensional model of the stuttering and interventions, strategies.	<i>Theoretical analysis, operationalisation, systematisation, generalisation.</i>
1.2.	Analysis of regulations found in international and national documents on support to an early age stuttering child and one's family.	
1.3.	Analysis of collaboration-based support models to cope with the stuttering.	
1.4.	Revealing of models of support provided by inter-professional team members and theoretical background of inter-professional support.	
Stage 2.	Design of the instruments of research of inter-professional support to a stuttering child and one's family	
2.1.	Design of a research instrument (interview questionnaire for specialists) grounding on the multidimensional structure of the stuttering (CALMS) and the conception of inter-professional practice.	<i>Content analysis, categorisation of the meanings of diagnostic variables.</i>
2.2.	Design of a research instrument (interview questionnaire for parents) grounding on the description of parents raising early age children who stutter and the multidimensional structure of the stuttering (CALMS) proposed by Chmela (1997) and the conception of inter-professional practice.	
2.3.	Assessment of the situation of an early age child who stutters by applying the elements of the multidimensional stuttering assessment instrument CALMS (<i>CALMS assessment for children who stutter, 2012</i>) for children who stutter proposed by Healev (2012).	

Continued Table 1

Stage 3. Empirical research: Analysis of experiences of inter-professional support		
3.1.	Analysis of experiences of inter-professional support: experiences of specialists. Method: semi-structured interview. Research participants: specialists providing support to an early age stuttering child and one's family (N=29).	Content analysis of interview texts.
3.2.	Analysis of experiences of inter-professional support: experiences of parents. Method: semi-structured interview. Research participants: parents raising early age children who stutter (N=11).	
Stage 4. Empirical research: Reconstruction of provision of speech and language therapy support to a stuttering child and one's family grounding on inter-professional collaboration		
4.1.	Application of the elements of the multidimensional model of the stuttering (CALMS) in provision of support to a stuttering child and one's family: assessment of the situation of an early age child who stutters. Methods: action research; case study. Research participants: speech and language therapist researcher; psychologist, special pedagogue, pedagogue of artistic education; early age children who stutter (N=11).	Content analysis of the data. Methods for case study data processing: Content analysis of documents
4.2.	Construction of an individualised profile of stuttering grounding on the aspects of assessment of the situation of a child. Methods: action research; case study. Research participants: speech and language therapist researcher; psychologist, special pedagogue, pedagogue of artistic education; early age children who stutter (N=11).	(pedagogical psychological service's reference notes on assessment of fluent speech capabilities),
4.3.	Speech and language therapy support to a stuttering child and one's family by an inter-professional team of specialists. Methods: action research; case study. Research participants: speech and language therapist researcher; psychologist, special pedagogue, pedagogue of artistic education; early age children who stutter (N=11).	interview texts. Application of the elements of the assessment instrument CALMS.
4.4.	Reflexion on the researcher's role.	Reflexion.

Structure and volume of the doctoral research. The Doctoral Dissertation comprises the introduction, five chapters, scientific discussion, conclusion, list of references and annexes (e-resource). The volume of the Thesis is 170 pages. *The first and the second* parts are focused on theoretical analysis of the concepts related to the research object, reveal diversity of theoretical approaches to the

origination of the stuttering, the structure of the multidimensional model of the stuttering, its coherence with the strategies and programmes for the coping with the stuttering, theoretical backgrounds of inter-professional support are pointed out. *The third part* substantiates the methodology of the research on inter-professional support to a stuttering child and one's family: the research plan and research ethics are introduced; the strategies of the action research are grounded; the research sample, proceeding and stages are described; the research instrument (methods for assessment of, and coping with, the stuttering) is presented; the contexts of analysis of research participants' experiences and demographic characteristics are displayed. *The fourth part* introduces the analysis of experiences of inter-professional support: experiences of specialists and parents raising children who stutter are displayed. *The fifth part* presents the reconstruction of provision of speech and language therapy support to a stuttering child and one's family grounding on inter-professional collaboration: assessment of the situation of a child is described, individual profiles of stuttering children are constructed and the structure of provision of support by an inter-professional team of specialists is proposed. The Doctoral Dissertation ends with the reflexion on the researcher's role, scientific discussion, conclusions, recommended directions for improvement of assessment of, and coping with, the stuttering, reference list of scientific literature and annexes.

CONTENT OF THE DISSERTATION

Introduction

1. MULTIDIMENSIONAL APPROACH TO THE STUTTERING

- 1.1. Theories of the Origination of the Stuttering
- 1.2. Multidimensional Structure of the Stuttering
- 1.3. Support Strategies and Programmes for Early Age Children Who Stutter
 - 1.3.1. Direct Strategies and Programmes for Coping with the Stuttering
 - 1.3.2. Indirect Strategies and Programmes for Coping with the Stuttering
 - 1.3.3. Combination of both Direct and Indirect Support Strategies and Programmes
- 1.4. Commonalities and Differences of the Programmes and Support Models to Cope with the Stuttering
- 1.5. Theories Oriented towards a Child in Family: the Context of the Situation of a Child Who Stutters

2. THEORETICAL BACKGROUND OF INTER-PROFESSIONAL SUPPORT

- 2.1. The Concept of Inter-professional Practice and the Factors Determining the Support
- 2.2. Competences of the Specialists of the Inter-professional Team and the Support Models
- 2.3. Limits of Professional Performance of Specialists and Their Identity in the Inter-professional Team
- 2.4. Regulation of Inter-professional Support in Europe and Lithuania

3. METHODOLOGY OF RESEARCH OF INTER-PROFESSIONAL SUPPORT TO A STUTTERING CHILD AND ONE'S FAMILY

- 3.1. Research Plan
- 3.2. Substantiation of the Action Research Strategy
- 3.3. Research Instrument: Methods for Assessment of, and Coping with, the Stuttering
 - 3.3.1. Structure and Principles of the Multidimensional Model of the Stuttering (CALMS)
 - 3.3.2. Methods for Interpretation of Experiences of the Specialists and Parents
- 3.4. Contexts of the Analysis of Experiences of Research Participants and Their Demographic Characteristics
 - 3.4.1. Contexts of the Analysis of Experiences of Research Participants
 - 3.4.2. Demographic Characteristics of Research Participants
- 3.5. Research Ethics

4. ANALYSIS OF EXPERIENCES OF INTER-PROFESSIONAL SUPPORT

- 4.1. Inter-professional Support to Stuttering Children and Their Families: Experiences of Specialists
 - 4.1.1. Analysis of Experiences of Specialists Working in the *Health Sector*
 - 4.1.1.1. Authentic Experiences of the Specialists (Case 1)
 - 4.1.1.2. Generalised Meta-analysis of Experiences of Specialists Working in the Health Sector
 - 4.1.2. Analysis of Experiences of Specialists Working in the *Education Sector*
 - 4.1.2.1. Authentic Experiences of the Specialists (Case 2)
 - 4.1.2.2. Generalised Meta-analysis of Experiences of Specialists Working in the Education Sector
 - 4.1.3. Researcher's Reflexion and the Discussion
- 4.2. Inter-professional Support to a Stuttering Child and One's Family: Experiences of Parents
 - 4.2.1. Authentic Experiences of the Families (Case 1)
 - 4.2.2. Authentic Experiences of the Families (Case 2)
 - 4.2.3. Generalised Analysis of Experiences of the Parents and the Interpretations
 - 4.2.4. Researcher's Reflexion

5. RECONSTRUCTION OF SPEECH AND LANGUAGE THERAPY SUPPORT TO A STUTTERING CHILD AND ONE'S FAMILY GROUNDING ON INTER-PROFESSIONAL COLLABORATION

- 5.1. Assessment of the Situation of a Child
- 5.2. Construction of an Individualised Profile of the Stuttering Grounding on Assessment of the Situation of a Child
- 5.3. Support to a Stuttering Child and One's Family by an Inter-professional Team of Specialists
- 5.4. Researcher's Reflexion

Scientific Discussion

Conclusions

Recommended Guidelines for Improvement of Assessment of, and Coping with, the Stuttering

References

Annexes

REVIEW OF THE CONTENT OF THE DISSERTATION

Chapter 1. MULTIDIMENSIONAL APPROACH TO THE STUTTERING. Outcomes of this chapter disclose the theoretical analysis of the concepts related to the research object, diversity of theoretical approaches to the origination of the stuttering and the structure of the multidimensional model of the stuttering. Grounding on recent scientific research, it has been proven that the stuttering is a multidimensional disorder whose manifestation is determined by a complex interaction of innate and environmental factors at an early age. Different dynamics of the stuttering, individual factors determining manifestation of it evoke new scientific research works and search for effective methods of complex support and opportunities for combination of them. The model of complex interaction of various etiological factors reveals importance of combination of different directions of speech and language therapy support, with regard to an individual profile of the stuttering. Characterisation of the stuttering is important not only because of the unified theoretical, but also of the practical conception of this disorder.

Different approaches of investigators conditioned different concepts of the stuttering: psychogenic, neurogenic, characterisation of the acquired behavioural stuttering, explanation of this disorder from the speaker's point of view. In the general sense, the stuttering is assessed as a phenomenon of speaking encompassing various communication-related aspects. A complex interaction of the components of the multidimensional model demonstrates that one component cannot function separately, independently. Ideas on, approach to the linguistic problem as well as feelings make impact on physiological processes of speech. All components of the multidimensional structure of the stuttering in every particular case comprise a unique combination and affect the speech of each stuttering person in different ways. Complex etiology of the stuttering depending on many factors determines necessity of complex support, with regard to all components of the stuttering and individual characteristics of each stuttering person. The multidimensional model of the stuttering helps explain the interaction of various factors and determines individual characteristics of the stuttering.

At an early and pre-school age, the basis of the programmes to cope with the stuttering consists of the changing linguistic environment, active participation of parents and consistent making of the linguistic tasks more difficult while aiming to transfer skills of fluent speaking to everyday life situations. Combination of different programmes and strategies to cope with the stuttering enables to achieve positive changes in and results of fluent speaking. Nevertheless, conducted research works not always can precisely explain why a specific programme is effective in a particular case. While striving to achieve effective support,

active participation of the stuttering person himself/ herself, members of one's environment as well as inter-professional support are important. In every stage of changes, the alterations of reciprocal interaction and points of view of family members take place. Specialists who provide support to stuttering people must regard their needs grounding on the conceptions of the theories of the family and ecological systems.

Chapter 2. THEORETICAL BACKGROUND OF INTER-PROFESSIONAL SUPPORT. The analysis of theoretical sources presented in this part revealed that collaboration of an inter-professional team proceeded when professionals of various areas were learning through collaboration, acting together, creating new knowledge, forming skills and values required in the joint team. Successful intervention depends on the specialists' awareness in the team. Implementation of inter-professionalism in practice enhances the ability to construct new knowledge and (self-)develop different abilities through practice and interaction. Inter-professional practice stimulates for getting to know other team members, understand their capabilities to efficiently collaborate, maintain interrelationships and focus. The major goal is to be open and stimulate inter-professional relations, while listening to opinions of other specialists; and the ability to carefully listen gives an opportunity to jointly construct professional knowledge and generalise individual experience. In the course of provision of support to stuttering children and their families, the work of specialists and their interaction inside an inter-professional team are important. Jointly with parents, specialists must foresee such forms of communication and collaboration that parents would not be forced to become assistants of specialists, executors of their commands, but rather would feel themselves as equal partners when assessing child's development, setting goals of support, planning educational and support process activities. Participation in an inter-professional team proceeds when all participants of the educational process take part.

Despite the fact that there are many documents regulating early support to a child and one's family valid at both international and national levels, usually there is lack of information on how to organise education of children at an early age and under disordered development, how to provide support to a family raising a child with special educational needs, etc. These questions are usually related to responsibility of separate departments (health care, education, social security) and lack of inter-departmental collaboration. In European and national documents regulating educational support, collaboration and coordination of services are still acknowledged as the goal to strive for.

Chapter 3. METHODOLOGY OF RESEARCH OF INTER-PROFESSIONAL SUPPORT TO A STUTTERING CHILD AND ONE'S FAMILY. The methodological part of the Dissertation presents the research plan, substantiation of the strategy of action research, the research instrument

(methods for assessment of, and coping with, the stuttering), contexts of analysis of experiences of research participants as well as presents the research ethics in detail.

Grounding on the analysis of scientific literature sources and theoretical provisions, a research plan of inter-professional support to an early age stuttering child and one's family by applying multidimensional intervention has been designed (Figure 1); it displays the stages of research, foreseen objectives, research methods and their combinations typical to action research as well as it introduces the theories, provisions and conceptions allowing coordinated application of the multidimensional model of support to early age stuttering children and their families.

Research methodology: methods of data collection and analysis. The research has been carried out in compliance with the qualitative research approach and grounding on the mixed research methodology – *action research* which combines action, research and reflexions. Such decision was determined by the specificity of a selected object of the doctoral research, i.e. *inter-professional support to an early age stuttering child and one's family*. Abilities of stuttering children to speak fluently have been assessed by employing the instrument designed for assessment of, and coping with, the stuttering proposed by Healey (2012), *The Cognitive, Affective, Linguistic, Motor, and Social (CALMS) Assessment for School-Age Children Who Stutter*.⁹

- *Qualitative-interpretational (content analysis)* methods. The data obtained during the interview is analysed by dividing it into the categories based on the research questions. The method of *content analysis (qualitative-interpretational)* is employed when qualitatively processing data, the context information, structure and/ or theories are complied with, which help to explain the phenomenon of the background of the study. During the qualitative research, having conducted the interview and analysing experiences of parents raising stuttering children and specialists providing support to stuttering children and their families, documents, the method of content analysis enabled carrying out systematisation of basic categories of experiences in provision and reception of support to/ by a stuttering child and one's family.
- Assessment of fluent speech of children who stutter (at the beginning and end of the investigation) and design of an individualised plan for coping with the stuttering have been grounded on the elements of the instrument

⁹ The permission to use the elements of this instrument in the doctoral research has been received from the author of the instrument for assessment of the stuttering. Healey, E. C. (2012). *The Cognitive, Affective, Linguistic, Motor, and Social (CALMS) Assessment for School-Age Children Who Stutter*. Florida, USA.

RESEARCH PLAN

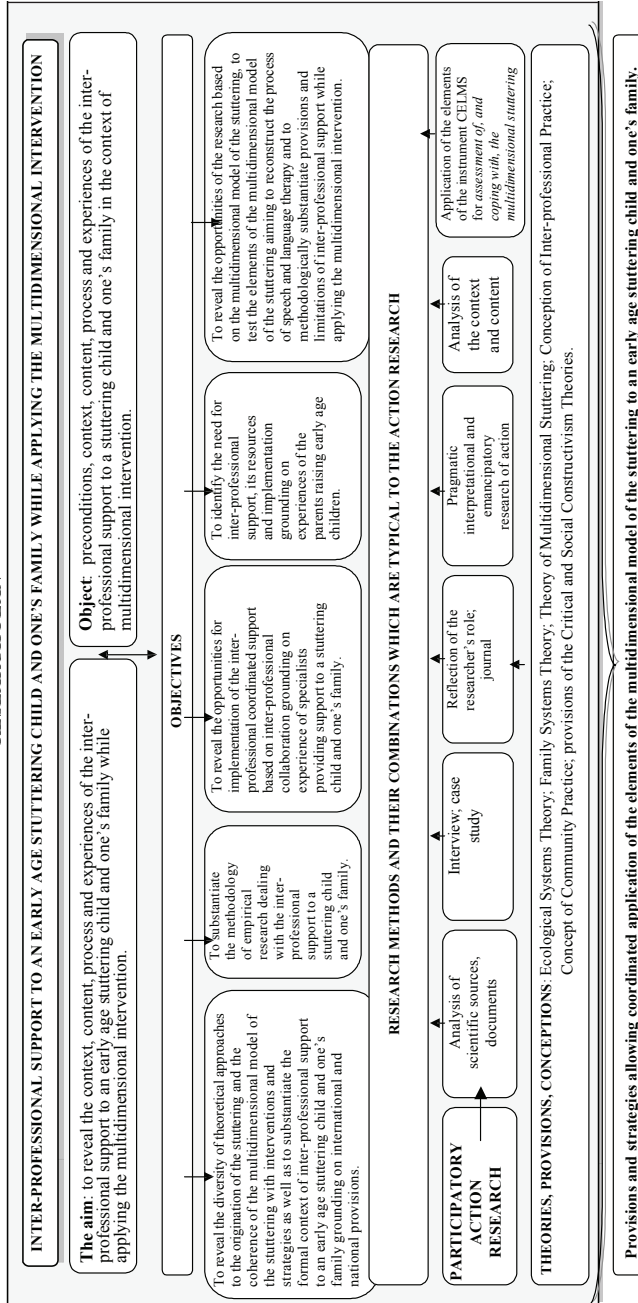


Fig. 1. A research plan

designed for assessment of, and coping with, the stuttering proposed by Healey (2012) (*The Cognitive, Affective, Linguistic, Motor, and Social (CALMS) Assessment for School-Age Children Who Stutter*).

- The carried out *reflexion on the researcher's role* reveals comprehensive involvement of the researcher in the research process, while constantly observing and actualising researcher's personal interaction with the research participants (parents of stuttering children, specialists), personal reactions, while relating the theoretical concepts, practical activities and reflexions, projecting strategies for development of fluent speech of early age children who stutter based on application of multidimensional intervention and strategies of interaction parents – child.
- The doctoral research grounds on the *insider perspective* approach. Simultaneously representing practice of support to a stuttering child and one's family, the researcher reveals experiences of the research participants, provides various interpretations of the experiences. Grounding on researcher's subjective experience and theoretical conceptions, interpretation of empirical data allowed revealing the necessity of improvement of practice of support to a stuttering child and one's family when aiming at practical benefit to research participants and community practices (Mažeikis, 2005; Reeves, Lewin et al., 2010).

Combination of various methods typical to action research employed in the doctoral research:

- *Individual semi-structured interview* revealed experiences of research participants (specialists representing various professions and parents raising children who stutter) and the content, ways of searching for support and necessity of inter-professional support.
- *Analysis of the formal context – analysis of national and international documents*. Education-related documents regulating early complex, inter-professional support and collaboration of specialists are analysed.
- *Analysis of the theoretical and research context – analysis of scientific sources*, which substantiated interpretation of the empirical research results, prompted theoretical insights which enabled deepening the understanding of the phenomenon under investigation. Theoretical analysis of the origination of the stuttering and explanation of a multidimensional structure of the stuttering has been carried out. Features of inter-professional support to early age children who stutter, experiences of parents of stuttering children and specialists, their educational significance have been analysed. Recent methods and directions of support to people who stutter are investigated. Significance of inter-professional support to a stuttering child and one's family, necessity of inter-professional practice and opportunities for implementation of it in practice have been dealt with.

- *Non-parameter Wilcoxon sign* test has been employed to compare averages of every component of the structure of the stuttering (CALMS) at the beginning and end of the action research. To ensure statistical reliability of the percentage analysis, the statistical criterion Z for comparison of proportions has been employed.
- In initiation of changes and reconstruction of speech and language therapy support, while providing support to an early age stuttering child and one's family, *participatory action research* has been applied, using the *case study* method. Analysis of the case study facilitates the going deeper into revealed experiences of the research participants.

Research instrument: methods for assessment of, and coping with, the stuttering. In the doctoral research, stuttering child's abilities to speak fluently are assessed in compliance with the elements of the instrument *The Cognitive, Affective, Linguistic, Motor, and Social (CALMS) Assessment for School-Age Children Who Stutter* designed by Healey (2012): the model for multidimensional assessment of the stuttering, descriptors of the construction of an individualised profile of the stuttering and the coping with the stuttering. This instrument has been employed in several research stages: assessment (to reveal the situation of a child, stuttering child's abilities to fluently speak; interpretations of experiences of parents raising children who stutter) and coping (reconstruction of speech and language therapy support). The multidimensional model for the coping with the stuttering includes five key components of the structure of the stuttering. The multidimensional model of the stuttering encompasses the *cognitive (C)*, *affective (A)*, *linguistic (L)*, *motor (M)* and *social (S)* areas (CALMS), as five major components stimulating and supporting the stuttering.

The cognitive component. Before starting application of direct speaking-oriented strategies, it is important to allow a child who stutters feel that he/she can speak fluently, without stuttering. This part of (self-)development is important; however, in terms of time, it may last for half a year or longer. Integration of the cognitive component into an individualised plan for coping with the stuttering helps assessing stuttering child's thoughts and attitude towards his/ her stuttering.

The affective component is dedicated to reveal stuttering child's feelings, emotions and attitudes related to the stuttering. If children have negative feelings about their stuttering, stimulation of positive emotions is one of the constituent parts of the plan designed to cope with the stuttering.

The linguistic component is related to child's skills of language and speech as well as communicational competence. Complexity of speech (length of sentences, amount of words in a sentence) is considered to be the major factor for the stuttering to originate. The volume and complexity of rendered information may have impact on the level of severity of the stuttering. Therefore, during

practical classes of speech and language therapy, linguistic tasks were given gradually in an increasing order.

The motor component. Speech is a complex motor action; therefore, to freely and fluently speak, certain skills and abilities of motor coordination must be present. Sometimes, the motor system of speech functions fluently; however, there some cases when repetitions of sounds/ words, clonus of the tonal or clone type are observed in speech. The goal of practical classes of speech and language therapy is to help a child who stutters to cope with/ reduce the stuttering reaching for changes in fluent speech. When integrating the motor component into practical classes of speech and language therapy, the motor strategies of speech, which ease coordination of the speech movements, reduce tension when speaking, are employed.

The social component is related to the linguistic environment, situations, conversationalists who may influence intensification of, or the coping with, the stuttering. Integration of the social component into practical classes of speech and language therapy aims at the following: a) to avoid situations when a child who stutters does not want to speak with a certain person or avoids situations that make the speaking more difficult; b) to focus on a listener; c) to maintain the eye contact with a conversationalist; d) to involve other conversationalists into a conversation.

The CALMS components demonstrate stuttering person's capabilities and weaknesses in fluent speaking, while analysing each component separately. This means that not only the level of child's thoughts, knowledge, understanding and perception of one's stuttering (*the cognitive component*) are assessed, but also the stuttering person's feelings, behaviour, fears and reactions to the stuttering (*the emotional component*). These factors impact the linguistic environment, dynamics of the stuttering, fluency of speech (*the linguistic component*). Meanwhile, the degree of severity of the stuttering depends on the level of the functioning of the linguistic and motor system (duration, type, accompanying movements of stuttering) (*the motor component*); the degree changes depending on the conversationalists and situation (*the social component*). An assumption can be drawn that prevalence of one or several components of the CALMS may be the outcome of the increased stuttering. For instance, various thoughts, feelings and behaviour will directly impact the child's language, speech in certain situations, while interacting with certain conversationalists. All five components can interact either independently from each other or jointly and form various, different interactions conditioning the degree, character and severity of the stuttering. Grounding on the multidimensional model of the stuttering, the elements making up the stuttering can be precisely characterised and qualitatively assessed. Healey (2012) provides key principles for assessment children's who stutter abilities of fluent speaking. First, he suggests regarding unique features of thoughts, feelings, reactions, perception which are typical to each individual child who stutters and design individualised profiles of the

structure of the stuttering and coping with the disorder, while working in an inter-professional team of specialists. The conception of the model emphasises that each component can be assessed qualitatively in a five-level system; therefore, in the doctoral research, skills and abilities of fluent speech of children who stutter are divided into five major groups: (1) *the functioning complying with the norms*, (2) *mild level of the stuttering*; (3) *transitional level of the stuttering*, (4) *moderate severity level*, (5) *severe level of the stuttering*.

This assessment instrument is oriented towards the process of data collection and interpretations of the results related to the CALMS components. Construction of the individualised profile of the structure of the stuttering, grounding on domination of separate components and assessment in a five-point scale is treated as the most important principle of the multidimensional assessment of the stuttering. The stage of reconstruction of speech and language therapy support is based on provision of support by an inter-professional team of specialists. When regarding interaction of prevailing components making up the stuttering, specialists working in an inter-professional team design a plan to cope with the stuttering, which points out one common goal, methods of coping with the stuttering are set, speaking oriented towards topics is employed, interactions parents – child – specialist are initiated as well as strategies and work directions are foreseen. Major goals of the coping with/ reducing the stuttering: to help a child who stutters to communicate easier by reducing tension, stimulating free conversation, not avoiding speaking; to stimulate child's positive emotions aiming at feeling comfortably in any environment, situations, to not avoid communication; to change the style of parent communication with a child who stutters and to adjust the linguistic environment. After completing the assessment of fluent speaking at the end of the research, the changes and dynamics of the abilities of fluent speech are recorded.

Chapter 4. ANALYSIS OF EXPERIENCES OF INTER-PROFESSIONAL SUPPORT: RESULTS OF THE EMPIRICAL RESEARCH.

The context of research participants' (specialists) experiences. The research involved specialists representing various professions in institutions of *education* (N=19) (nursery-kindergarten; pedagogical-psychological service) and *health security* (N= 10) (early rehabilitation service, child development centre, primary health care) (speech and language therapists/ logotherapists¹⁰, special pedagogues, psychologists, neurologist, paediatrician).

¹⁰ A logotherapist is a specialist who has graduated from the study programme Special Pedagogy (specialisation of Speech and Language Therapy) of Šiauliai University, attended the course of logotherapy, "Basics of Language and Speech Correction", has a licence in personal health care and is working as a speech and language therapist at a health care institution.

Order of the Minister of Health of the Republic of Lithuania "Dėl numero sveikatos specialisto spaudui suteikimo ir panaikinimo taisyklių patvirtinimo" [On Giving the Number to a Health Specialist's Seal and Approval of the Rules of the Repeal], 03 August 2011, No. V-754, www.e-tar.lt/portal/lt/legalActPrint?documentId.

Aiming to reveal specialists' experiences of their work in inter-professional teams and while providing support to stuttering children and their families, a semi-structured interview has been carried out (N=29). The interview questions targeted at revealing specialists' knowledge on provision of inter-professional support to early age stuttering children and their families; the experiences and attitude towards the situation by listing the challenges, main difficulties and obstacles faced by teams involving specialists representing various professions. The interview questions were formed and analysed in compliance with the key aspects of the multidimensional model of the stuttering and those reflecting the process of provision of inter-professional support that have been emphasised in the analysis of scientific literature.

The context of research participants' (parents and children who stutter) experiences. I work as a speech and language therapist in the institution where the action research was held; therefore, I know the research participants, i.e. children's parents and children who stutter, for quite a long time. Children who stutter attend speech and language therapy classes for 3-4 years; therefore, the search for actual research participants was not carried out in advance. Children as research participants took part in the last stage, i.e. reconstruction of provision of speech and language therapy support. The role of children in the research was not specifically defined. These were regular practical classes of speech and language therapy, the proceeding and dynamics of them were recorded and analysed.

The research involved 12 representatives of families raising early age children who stutter (11 mothers and 1 father). In the doctoral research, parents' experiences are analysed in compliance with the CALMS multidimensional structure of the stuttering. The problem of the stuttering is perceived by the research participants as a highly sensitive problem which changes not only the life of a child, but also of the entire family. After each interview with a family, a speech and language therapist wrote researcher's reflexion which was used in the Doctoral Dissertation as a source of data. Grounding on the analysis of parents' experiences, qualified support is difficult to find because sometimes specialists do not try to understand the complexity of a situation of a child who stutters and the entire family. On the other hand, collaboration with various specialists usually would limit itself by specific recommendations or advice to parents on how to behave, communicate with a child who stutters. Uselessness of a situation and negative experience of parents encouraged them to search for support in all other available institutions.

Results of the empirical research. Analysis of specialists' experiences. When analysing experiences of specialists working in *health care institutions* (N= 10), it is observed that all specialists declare the model of provision of inter-professional support to a stuttering child and one's family. In practice, the

most frequently pointed out model of provision of inter-professional support deals with support provided to a stuttering child and one's family by a speech and language therapist, psychologist, neurologist, paediatrician. The cases when a social worker, a physical therapist or a rehabilitologist works in a team are observed.

According to the opinion of specialists working in health care institutions, there is no single definition of the stuttering. They identify the stuttering not only with speech disorders, but also with language disorders as well as emotional and psychological reactions of the stuttering person. Knowledge of specialists working in health care institutions on the disorder of the stuttering, selection of the support approaches, methods and provision of support significantly differed from those working in institutions of the education system. Nevertheless, independently from the type of an institution where a specialist providing support works, all research participants underlined single-dimensional methods to cope with the stuttering. Still, there are cases when specialists providing support to a child who stutters apply the methods for development of phonemic hearing and the apparatus of articulation (N=9). An assumption can be drawn that specialists lack knowledge on the methods of identification of the stuttering and the coping with it. The paediatrician who took part in the research underlined that the *issuing of a prescription to visit another specialist* was the most efficient method used in her practice to cope with the stuttering. When talking of the coping with the stuttering, majority of the specialists pointed out various *other* measures of support which are not approved by scientific sources. One of the mentioned methods of support – drinking of herbal tea (N=4) which, according to the specialists, has a calming effect on the central nervous system of a child who stutters and helps him/ her speak fluently. There were some cases when specialists providing support to a child who stutters still employed tasks for development of motor skills (N=8), phonemic hearing (N=7) and developed the apparatus of articulation (N=6). Family-oriented therapy actively involving parents has been pointed out by logotherapists as one of efficient methods to cope with the stuttering (N=4). Grounding on the interview data, an assumption can be drawn that family-oriented therapy is perceived by the specialists as a certain methodological approach which is employed when consulting parents of children who stutter.

The analysis of experiences of the research participants showed that specialists working in health care institutions experienced certain challenges in their work inside inter-professional teams and providing support to children who stutter. Logotherapists have it that major difficulties and challenges are related to their insufficient personal competences, skills of collaboration while coordinating interests inside a team of specialists. Different approaches to professional development, joint actions and responsibility when reaching for

common goals, diversity of dissemination of responsibilities are observed in the specialists working in the team. Even though the meetings of an inter-professional team are not regulated by laws, the specialists who took part in the survey state that the meetings of team specialists are arranged if needed to discuss major questions occurring to team members.

While analysing the experiences in provision of support of specialists working in *education institutions* (N=19) (in nurseries-kindergartens), it was found out that several models of support provision dominated in the education sector: the surveyed specialists working in the pedagogical psychological service (N=4) indicated that they provided support to stuttering children and their families while working in *inter-professional teams*. Meanwhile, grounding on the interview data, *multi-professional* teams of specialists in nurseries-kindergartens are observed more often; in such cases team members acknowledge not only importance of themselves, but also of other specialists in provision of support to a stuttering child and one's family. Meetings of family members and specialists of different professions (speech and language therapist, psychologist, special pedagogues etc.) proceed in compliance with a separate individual agreement, when each specialist works individually while providing support to a stuttering child and one's family. Grounding on experiences shared by specialists working in nurseries-kindergartens, team members make separate plans for provision and assessment of support to a child and one's family.

Specialists working in education institutions (speech and language therapists, special pedagogues, psychologists) characterise the stuttering as a multidimensional disorder of speech pace and rhythm, when difficulties of communication with the surrounding people occur to a child who stutters. Speech and language therapists who took part in the survey characterise the stuttering as a multidimensional disorder; however, when talking about the coping with the stuttering, they point out single-dimensional methods to cope with the stuttering. The analysis of specialists' experiences reveals that specialists working in different institutions apply either the same or similar measures of speech and language therapy to cope with the stuttering. Representatives of various professions (speech and language specialists, special pedagogues, psychologists) indicated that they applied rhythmic methods of speech and language therapy (singing, reading poems, syllabising, clapping) in their practice (N=19) most often. The following employed measures, such as teaching correct breathing (N=16) (teaching of correct speech and diaphragmatic breathing), teaching relaxation exercises (N=10) (reduction of tension, coping with stress, avoidance of fear of speaking etc.) help to cope with, or reduce, the stuttering, stammering when speaking; however, they are distant to independent, natural speech. "Other measures of support" include importance of proper regimen (N=4), team work and provision of complex support (N=8), as indicated by

the surveyed specialists. Such answers of specialists demonstrate diversity of measures of provided support, i.e. direct and indirect strategies to cope with the stuttering employed in practice, though oriented towards single-dimensional methods of the coping with the stuttering.

Several (N= 6) specialists acknowledged that they were unable to properly select and apply work methods in their performance to appropriately meet the directions and strategies of work in relation to early age children who stutter; moreover, the lack of methodical aids is mentioned. Most often difficulties are observed as occurring in relation to knowledge, information, measures, professional development. Necessity of adjustment of proper linguistic environment was indicated by speech and language therapists (N=12) as one of the most important methods to cope with the stuttering. Majority of surveyed specialists working in education institutions emphasised the lack of team work and complex support (N=13), collaboration with representatives of other professionals and institutions.

Surveyed specialists working in institutions of the education system (speech and language specialists, psychologists, special pedagogues) point out that specialists of different professions work in the institutions, the system of team work and support is clearly set by specific institutional documents; nevertheless, not in all cases complex and complexly employed support is ensured and developed.

Grounding on the interview data and results, specialists of different professions working in education and health care institutions do not ensure efficiency of the support, irregularly and not always adequately perceive the content, context and support provision system in provision of inter-professional support.

Results of the empirical research. Analysis of parents' experiences. When analysing experiences of parents, it was observed that majority of research participants (10 representatives of families) complied with specific criteria of the *cognitive* component. Sensitively reacting to the child's problem, parents excessively take care of their child. All families who participated in the research comply with the criteria of the *emotional* component. Parents are sensitive to this problem of their child, negative emotions, the blaming of the selves for child's stuttering prevail. All families who took part in the research comply with the criteria of the *linguistic* component: a fast pace of family members' speech dominates. Wishing to help their child, parents end the started sentence instead of the child, etc. Majority of the surveyed families undergo social difficulties due to child's stuttering (this complies with the criteria of the *social* component). Striving to help their stuttering child, family members hardly find joint solutions, disagreements arise. The families who participated in the survey have no clear day regimen. Moreover, some families that participated in the

survey (less than half) comply with the criteria of the *motor* component, for instance, when striving to help their child they constantly ask him/ her repeat and/ or correctly pronounce a word that has been uttered incorrectly, emphasise mistakes of child's non-fluent speech.

The data obtained after characterisation of parents by employing the CALMS assessment instrument is useful to all members of the inter-professional team. The finding of specific components allows, first of all, to get acquainted with the families, understand their needs and select a specific direction of support in compliance with the needs of the child and family. All unique experiences enable to better get acquainted with the situation, plan changes and provision of support in particular fields: some parents are more emotionally fragile and too sensitive to the problem of their child, others need knowledge to better understand the situation and some others must understand and know how to behave not to worsen the child's situation. Being aware of the situation of parents and their child, having identified compliance of the parents with a specific component of the multi-dimensional model of the stuttering, purposeful planning of specific activities proceeded in an inter-professional team, foreseeing support to parents raising children who stutter. During the meeting, specialists working in an inter-professional team discussed all cases, contexts of children and predicted the directions for possible interventions.

Having summed up the experiences in search for support of all parents who took part in the survey, it is observed that search for qualified, effective support lasted on the average for 12 to 15 months. The support provided in education and health care institutions usually would not meet parents' expectations. Since efficiency of the support was not observed, as the surveyed parents stated, search for support will continue on.

Chapter 5. RECONSTRUCTION OF SPEECH AND LANGUAGE THERAPY SUPPORT TO A STUTTERING CHILD AND ONE'S FAMILY GROUNDING ON INTER-PROFESSIONAL COLLABORATION: RESULTS OF THE EMPIRICAL RESEARCH. Reconstruction of speech and language support to a stuttering child and one's family on the basis of inter-professional collaboration is based on the CALMS model and assessment methods which enable revealing the elements of the structure of the stuttering (cognitive, affective, linguistic, motor and social) in each individual case, provide an opportunity for specialists working in an inter-professional team to foresee the directions of support provision to a stuttering child and one's family.

Assessment of the child's situation. To conduct assessment of the situation of an early age child who stutters, the strategy for action research has been chosen, providing 11 cases of the stuttering of early age children. Qualitative assessment of the abilities of children who stutter in compliance with the CALMS allowed forming the plan for an inter-professional team to cope with the stuttering. Having

carried out assessment of the situation of a child, individual goals for each child and one's family have been foreseen in relation with specific interventions, programmes for coping with the stuttering. Each individual case was assessed by an inter-professional team of specialists comprising the speech and language therapist-researcher, a special pedagogue, a psychologist and a pedagogue of artistic education. The speech and language therapist assessed the situation of every child who stutters; however, all individualised plans of provision of support to stuttering children and their parents were prepared by the specialists working in the team, in compliance with the situation and expectations of a particular family. While planning multidimensional intervention, directions for provision of common support have been foreseen, activities have been planned in compliance with the work of different specialists. The data obtained during the assessment has been discussed together with specialists and child's parents, with regard to parents' expectations, also major goals of provision of support to a child and one's family have been foreseen, the measures of support and strategies provided by specialists (speech and language therapist, psychologist, special pedagogue, pedagogue of artistic education) have been selected, recommendations concerning further support at home have been worked out.

Organised practical classes of speech and language therapy took place together with child's parents present. At the end of each week, the speech and language therapist-researcher jointly with child's parents and specialists discussed the outcomes of provision of the support and carried out work, foresaw stages for planning/ changing further activities. Each stage was ended with a reflexion and foreseeing directions for further performance.

Before starting the investigation, grounding on speech focused on specific topics and interactions of parents – child – specialist, the speech and language therapist-researcher jointly with a team of specialists designed plans for coping with the stuttering for each child individually. All specialists working in an inter-professional team follow the common plan of support to a family and a child who stutters; this plan includes prevailing components of the structure of the stuttering, selection of topics, methods, programme and strategy. Having designed the plan, intervention is planned, meetings with parents are foreseen. During provision of the support, specialists exchange information on a child who stutters, applied measures of education, consult each other and parents. Collaboration inside a team proceeded according to the need, during frequent, non-formal meetings.

Stuttering children's generalised abilities to fluently speak, formed criteria for assessment of the situation of a child are presented in Table 2.

Table 2

Criteria for assessment of children's fluent speech abilities, in compliance with the CALMS components (Healey, 2012)

Components	Assessment criteria
Cognitive	Child's knowledge on the stuttering; Child's thoughts about the stuttering; Understanding of the problem.
Affective	Increased sensitiveness and anxiety; Isolation; Lack of self-confidence; Unwanted behaviour; Reactions to the stuttering are observed.
Linguistic	Retarded development of speech/ language; Impeded child's understanding of the language; Insufficient skills of expressive speech; The stuttering is changing depending on environment; Other language/ speech disorders are observed.
Motor	Type of the stuttering; Degree of the stuttering; Frequency of the stammering; Fast, uneven pace of speech; Repeating of sound/ syllables/ words; Prolongation of sounds; Silent stammering (blocks); Accompanying movements (tension of face, body movements); Superficial, uneven breathing.
Social	Stuttering changes depending on a situation; Stuttering changes depending on a conversationalist; Decreased need, wish to communicate; Avoidance of communication; Ability to focus attention; Does not interrupt a conversationalist, waits for his/ her turn to speak.

In compliance with the data, specialists of an inter-professional team summed up the information, provided likely predictions, undergone difficulties, identified the degree of severity of the stuttering, prepared an individualised profile of the stuttering, education plan and recommendations for parents.

Construction of the individual profile of the stuttering grounding on assessment of the child's situation.

Grounding on the CALMS methodology, children with whom I am working for two years as a researcher and speech and language therapist now, have been assessed, abilities of their fluent speech have been examined. The data of the assessment of stuttering children's fluent speech at the beginning of the research is presented in compliance with the elements of the CALMS assessment tool for

the stuttering and conclusions of the pedagogical psychological service.

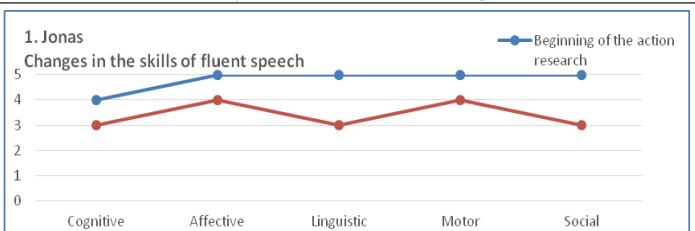
Assessment of stuttering children's skills in fluent speech in compliance with the CALMS enabled forming the plan for an inter-professional team to cope with the stuttering. The foreseen individualised goals for each child and one's family are linked to specific interventions, programmes of coping with the stuttering. With regard to experiences and expectations of parents, direct or indirect strategies to cope with the stuttering are selected. The speech and language therapist-researcher assessed the situation of each child who stutters; nevertheless, all individualised plans for provision of support to the children and parents have been prepared by all specialists working in the team, in compliance with the situation and expectations of a particular family. Support oriented towards a family and child who stutters allows families feel as an inseparable part of the team.

When planning the process of speech and language support, grounding on assessment of each stuttering child's skills in fluent speech, both direct and indirect strategies oriented towards *specific topics of speaking which are relevant to a child, interactions parents – child – specialist* are employed during practical classes. The speaking oriented towards topics is an opposite method of teaching when stimulating materials employing a list of separate words, short phrases, sentences or other isolated materials having minimal social purpose (application) or significance. Grounding on goal-oriented therapy and context-oriented speaking, the coping with the stuttering is an effective and realistic method to create interaction: child who stutters – speech and language therapist – family members.

At the end of the action research, individualised profiles of abilities to fluently speak for all surveyed children who stutter (N=11) have been constructed; these profiles provide detailed information on the programmes employed during the investigation, selected methods to cope with the stuttering, while applying topic-oriented speech, prevailing components are pointed out in each case. The results of assessment of fluent speech at the beginning and end of the investigation are presented, dynamics of the changes of fluent speech are observed in particular components of the structure of the stuttering. At the end of the research, generalisation and researcher's reflexion proceed. One example of individualised profile of the stuttering is illustrated in Table 3.

Table 3

Coping with the stuttering by applying the CALMS methodology (Case 1)

Jonas (2 years 11 months)	Dominating components: cognitive, affective, linguistic, motor, social.																		
	Topic: “Football”																		
	Strategies. Employment of direct and indirect strategies of the support.																		
	Programmes. Programme of interaction parents – child. Programme of slow – prolonged speech. Programme of fluent speech rules. Programme for prolongation of pronunciation. Programme of easy speech.																		
	Methods: easy start of phonation; fluent transition from one sound to another (prolongation and phonation of sounds); changing of the speech pace; method of the communicative function of language; play therapy; changing of emotions and behaviour; adjustment of skills and transfer of them to daily situations.																		
Dynamics of the stuttering																			
1. Jonas Changes in the skills of fluent speech <table><thead><tr><th>Component</th><th>Beginning of the action research</th><th>End of the action research</th></tr></thead><tbody><tr><td>Cognitive</td><td>4.0</td><td>3.0</td></tr><tr><td>Affective</td><td>5.0</td><td>4.0</td></tr><tr><td>Linguistic</td><td>5.0</td><td>3.0</td></tr><tr><td>Motor</td><td>5.0</td><td>4.0</td></tr><tr><td>Social</td><td>5.0</td><td>3.0</td></tr></tbody></table>		Component	Beginning of the action research	End of the action research	Cognitive	4.0	3.0	Affective	5.0	4.0	Linguistic	5.0	3.0	Motor	5.0	4.0	Social	5.0	3.0
Component	Beginning of the action research	End of the action research																	
Cognitive	4.0	3.0																	
Affective	5.0	4.0																	
Linguistic	5.0	3.0																	
Motor	5.0	4.0																	
Social	5.0	3.0																	

Having carried out assessment of fluent speech of children at the beginning of the investigation and during the final investigation, the percentage manifestation of changes in the stuttering has been calculated in each individual case of a child. Grounding on the assessment of the situation of a child who stutters *before* the action research and *after* it, the changes in fluent speech of children became clear. The statistical analysis has been conducted by employing the statistical criterion of each component, aiming to compare the averages at the beginning and at the end of the action research. The research results demonstrate that positive changes in fluent speech of children who stutter in all fields of the components. Having compared the results of initial and repeated assessment of children's fluent speech skills, it is obvious that the indicators of *affective*, *motor* and *social* components changed significantly. After conducting the research, it was noticed that in all cases the multidimensional structure of the stuttering dominated.

Support to a stuttering child and one's family by an inter-professional team of specialists. Since inter-professional support is chosen as a methodological ground for the doctoral research, while reconstructing the process of support to a stuttering child and one's family, provision of the support proceeded in an

inter-professional team of specialists. At the stage of reconstruction of speech and language support, a structure of an inter-professional support team has been formed, which was characteristic of flexibility and an idea of interaction among specialists – parents – child. Different experiences of research participants, diversity of the situations of children determined flexibility of this model. An inter-professional team of specialists comprised the speech and language specialist-researcher, a psychologist, a special pedagogue and a pedagogue of artistic education. The learning to work together, the understanding of own and entire team members' work, division of roles, estimation of the goal and functions of the members – these are major factors of the team that determined effectiveness and efficiency of support to a stuttering child and one's family.

In all cases, the support was provided by the speech and language therapist-researcher; more rarely, the support was provided by a special pedagogue and a pedagogue of artistic education. In each individual case, composition of the team of specialists and provided support varied depending on individual needs of a stuttering child and one's family. At the stage of reconstruction of speech and language therapy support, the system of provision of inter-professional support has been formed and applied to a stuttering child and one's family. Speech and language therapy support based on inter-professional collaboration of specialists has a clear structure and functions in compliance with the CALMS multidimensional model of the stuttering for assessment of, and the coping with, the stuttering. Application of the CALMS model to cope with the stuttering provided opportunities to form a structured, individualised model of support based on assessment of the situation of a child, which allows observing the changes in child's fluent speech. Child's parents, family members and specialists (psychologist, special pedagogue, art pedagogue), who jointly coordinate the methods of support to a stuttering child and one's family, reach for common goals, take an immediate and intensive part in the system of the researcher. Selection of the topic oriented towards a child who stutters, method, strategy and support are reflected in the protocols of activities of an inter-professional team of specialists. An efficient system of support to a stuttering child and one's family allows observing and recording the changes in fluent speech.

Reconstruction of speech and language therapy support based on inter-professional collaboration enabled emphasising the features of the CALMS instrument for assessment of, and the coping with, the stuttering as well as provision of support to a stuttering child and one's family by a team of specialists. The action research pointed out the striving for improvement of provision of support to an early age stuttering child and one's family, the necessity to strive for changes in practice and an opportunity to perfect for specialists while learning from each other, critically reviewing own practice and ability to consciously perform in such practice. The recording of the initial problem

situation, testing of the elements of multidimensional assessment of, and the coping with, the stuttering, while providing support to an early age stuttering child and one's family, selection of child- and one's family-oriented measures and directions of support enabled observation and recording of the changes of the situation and pointed out the necessity for the changes. The performed action research provided an opportunity for specialists to learn from each other, to apply new knowledge in practice, to jointly perform as team and to be flexible when solving problems. The search for new, efficient methods proceeded aiming at significant changes in performance results.

SCIENTIFIC DISCUSSION

In Lithuania, the multidimensional model of assessment of, and the coping with, the stuttering is actually a new phenomenon, and employment of this model in practice requires specific knowledge and abilities.

In the educational context, complexity of the situation of a person who stutters requires more profound discussions. The doctoral research aimed at revealing the context of inter-professional support to an early age stuttering child and one's family, the experiences, content and process of it, while applying the multidimensional intervention. Grounding on the results of the doctoral research, it is purposeful to discuss on the change of paradigms taking place in the areas of education, health care and social security, which more strongly points out the importance of inter-professional support for research on early intervention. Because of these reasons, the research complied with the provision that the work in an inter-professional team of specialists is efficient when striving for changes in skills of fluent speech and implementing support to an early age stuttering child and one's family. Conclusions of this research prove the outcomes of research studies conducted in European countries and the USA; the conclusions emphasise the necessity to assess the stuttering as a multidimensional disorder; early education of children who stutter is a multidimensional phenomenon encompassing the cognition, affective, emotional, linguistic, motor and social components; therefore, there is the striving for joint performance of specialists of health care, social and education areas in an inter-professional team; collaboration of the members of an inter-professional team of specialists representing different professions is given a highly important role.

In the context of Lithuania, there are no research studies revealing implementation of inter-professional support to an early age stuttering child and one's family, by applying multidimensional intervention. Some connections of the present doctoral dissertation with the research *Modelling of Speech and*

Language Therapy Support to Pupils Who Stutter in the Paradigm of Child-Oriented Education conducted by Makauskienė (2008), which substantiates efficiency of speech and language therapy support to school age children who stutter, can be found. Preconditions for collaboration of specialists of an inter-professional team and emphasis on provision of early support to a child and one's family are displayed in the research *The Culture of Collaboration in Inter-professional Teams Providing Early Support to the Child and Family* conducted by Kairienė (2012). Conclusions of the research *Optimisation of Education of 5-7-Year-Old Stuttering Children by Music Activities* carried out by Kačiulytė-Skramtai (2010) emphasise the features pointed out through music activities of children who stutter and provides the model of education of children who stutter by music activities.

Novelty of the doctoral research is reflected by implementation of the innovation grounded on the action research. This is the first scientific research which explains the multidimensional structure of the stuttering in detail; reveals the opportunities for implementation of coordinated inter-professional support based on inter-professional collaboration; identifies the need for, resources and implementation of inter-professional support and reveals the opportunities for research based on the multidimensional model of the stuttering.

Experiences of the multidimensional model and provision/ reception of inter-professional support are analysed in three major aspects: 1) through revealing the implementation of coordinated inter-professional support, grounding on experiences of the specialists; 2) through identifying the need for, resources and implementation of, inter-professional support, grounding on experiences of the parents; 3) through testing the elements of the multidimensional model of the stuttering, while providing support to a stuttering child and one's family.

The present doctoral research not only succeeded in revealing the context, preconditions, process of provision/ reception of inter-professional support as well as the content in formal contexts, grounding on international and national provisions, but also by testing the elements of the multidimensional model of the stuttering in practice, aiming to reconstruct the process of speech and language therapy support. The features of inter-professional support to an early age stuttering child and one's family by applying multidimensional intervention can be determined by various factors related to the situation of provision of the support by specialists representing various professions, also related to the situation of a family raising a child who stutters. Scientific research studies (Kairienė, 2012; Hall, Weaver, 2001; Hammick, Freeth et al., 2009) have proven an assumption that, while providing support to an early age stuttering child and one's family, an important role is performed by specialists representing various professions in an inter-professional team; and, when aiming to jointly solve complex problems arising in practice, it is important to achieve that representatives of different professions communicate, share roles and responsibilities. Such conclusions are

also related to the results of the doctoral research proving that separately working specialists of different professions cannot ensure proper support which would contribute to the changes in skills of fluent speech, reduction/ coping with the stuttering or support to stuttering child's family. In Lithuania, inter-professional practice and work in such teams still have no deep-rooted traditions; therefore, obtained research results show the initial stage of creation of these traditions, which is made easier by interpersonal interaction satisfying team members. The results of the doctoral research demonstrate that, independently of the type of an institution where specialists providing support work, a single-dimensional model of the coping with the stuttering prevails in practice, and support oriented towards an early age stuttering child and one's family is still one of the problem areas.

Grounding on scientific research conducted by Christine (2014), Thompson (2013), Barr (2015), Andersonn (2016), provision of support in inter-professional teams eliminates segmented education, hierarchies, misunderstandings and non-related relations are rejected. Inter-professional support legalises the holistic approach, according to which specialists of different areas acknowledge each other's contribution. Such support deconstructs planned in advance, imprecise stereotypes and recovers knowledge which is properly used with regard to professional resources. An optimal outcome oriented towards a stuttering child and one's family can be achieved because such work of a team makes collaboration not only with other specialists but also with the child's family easier and optimises it.

The discussed research results and comparison of them with the findings of other research works allow us stating that analysis of scientific literature facilitated pointing out various theories explaining the origination of the stuttering, diversity of approaches, and multidimensionality of the concept of the stuttering determines a different and unique structure of the stuttering in every case. This was proven by findings of the empirical research, too; grounding on them, the conclusions of the doctoral research had been formulated.

Even though scientific literature provides explanations of multidimensional stuttering, the surveyed specialists representing various professions do not tend to emphasise complexity and multidimensional structure of the disorder of the stuttering. Even more discussions are evoked by the questions of selection of proper methods for assessment of the stuttering, directions and strategies of work. Curlee (2007), Ingham (2003), Langevin, Kully, Ross-Harold (2007) have it that positive changes in fluent speech can be achieved by combinations of different programmes, methods and strategies for the coping with the stuttering. This also complied with the research studies conducted by Bloodstein, Bernstein Ratner (2008), Guitar, McCauley (2010), proving efficiency of application of intervention in the case of the stuttering at an early age. The results of the

qualitative research demonstrate that the specialists lack knowledge on methods of identification of, and the coping with, the stuttering, and the methods employed to cope with the stuttering are not related to the structure of this disorder. Experiences of the specialists reveal that non-specific directions of support intended to cope with other speech and language disorders are usually chosen to cope with the stuttering, measures of support not grounded on scientific research are employed. In this context, the action research is significant as it enabled merging action, research and reflexions.

Reconstruction of speech and language therapy support on the basis of inter-professional collaboration is grounded on the multidimensional model of the structure, CALMS; this provided an opportunity for specialists working in an inter-professional team to foresee the directions of provision of support to a stuttering child and one's family. The doctoral research succeeded in revealing a positive manifestation of the changes in skills of fluent speech, in compliance with the elements of the CALMS instrument for assessment of, and the coping with, the stuttering designed by Healey (2012). Application of the elements of the CALMS instrument for assessment of, and the coping with, the stuttering was effective to all children who took part in the research. Every child who stuttered made an individual progress. The echoes of the findings of this research can be recognised in other scientific research as well: the author of the instrument has proven and substantiated the necessity to assess the stuttering as a multidimensional disorder with regard to its 5 components.

The research results revealed some problem aspects of provision of support to early age stuttering children and their families. It has been observed that, independently of the type of an institution (health, education system) where specialists work, single-dimensional models to cope with the stuttering prevail in practice and there are cases when scientifically unreasoned methods of provision of the support are applied. Such tendencies make us discuss on the issues of professional preparation of the specialists, their readiness to identify, ability to assess and provide support to stuttering children and their families. This supposes questions for further research which could be the object of the future research field.

Reconstruction of speech and language therapy support and application of the multidimensional model of the structure of the stuttering that have been carried out in the doctoral research were efficient for all children who participated in the research; therefore, provision of support to stuttering children and their families by an inter-professional team of specialists should be not the object to strive for, but actual reality. This is supported by the conclusions of the research conducted by Shapiro (2015) stating that highest level services are ensured only when inter-professional practice is being implemented. It should be mentioned that this provides opportunities for collaboration, work together with children

who stutter, members of their families and specialists as well as for the learning from each other. Thus, implementation of inter-professional support to an early age stuttering child and one's family in practice can be treated as a complex educational phenomenon. Further research can be directed towards the features of provision of support to a stuttering child and one's family by separate inter-professional teams acting in different sectors, by applying multidimensional intervention.

CONCLUSIONS

The doctoral research allowed formulating basic conclusions which are important in solving questions of inter-professional support to an early age stuttering child and one's family while applying multidimensional intervention.

1. The origination of the stuttering is explained by various, usually contradicting, theories. Evolution of theoretical explanations of origination of the stuttering is characteristic of transition from single-dimensional, or *single-factor*, theoretical explanation of origination of the stuttering to the multi-dimensional one.
 - 1.1. Multidimensional theories that merge *psychoanalytical (suppressed needs)*, *diagnosogenic*, *psychological explanation of the stuttering*, *acquisition*, *motor dis-coordination and other theories* revealing interactions of complex innate and acquired external factors *pointing out pre-dispositional factors stimulating and supporting origination of the stuttering*. With regard to an individual profile, theories on multidimensional origination of the stuttering allow explaining the mechanism of origination of the stammering and /or the features and dynamics of the stuttering, to identify and apply an integrated multidimensional model for assessment of, and the coping with, the stuttering.
 - 1.2. Grounding on the multidimensional theoretical explanation of the stuttering, programmes, methods and strategies to cope with the stuttering are selected in compliance with the cause of the stuttering, individual characteristics, needs of a child who stutters, type of the speech and language disorder and dynamics of the stuttering. Direct and indirect support strategies or their combinations can be applied. Aiming at efficient support, active participation of a person who stutters, surrounding members of immediate environment and

provision of support in an inter-professional team of specialists are very important.

- 1.3. The formal context of support to an early age stuttering child and one's family is grounded on international and national provisions underlining importance of early inter-professional support, paying increasing attention to intervention and inclusive education of children at an early age. In this context, the changes in policy and practice in the fields of early age education, prevention and intervention are emphasised as ensuring each child's right to receive quality education and timely support in compliance with his/ her needs.
2. The research methodology of inter-professional support to a stuttering child and one's family is based on the ecological-systematic holistic approach and the model of multidimensional structure of the stuttering, which comprises 5 components: cognitive, affective, linguistic, motor and social (CALMS). The stuttering is perceived as an interactive system which brings together behaviour, emotions, understanding, beliefs of a stuttering child and one's family, physiological reactions of a child. Reconstruction of initiation of the changes and speech and language therapy support in the process of provision of support to an early age stuttering child and one's family are grounded on a multidimensional construct of action research merging changes in action, research and reflexions. Experiences of the research participants, contexts of these experiences, dynamics of support to a stuttering child and one's family as well as researcher-insider's position are central to the action research.
3. The empirical research allowed revealing the experiences and opportunities for implementation of support to an early age stuttering child and one's family in different sectors, i.e. health care and education.
 - 3.1. Experiences of specialists working in *health care* institutions demonstrate that support to stuttering children and their families is based on an inter-professional model; nevertheless, it is characteristic of the following features:
 - specialists are usually influenced by the traditional hierarchical relationships deep-rooted in health care institutions;
 - specialists lack knowledge on the methods for identification of, and the coping with, the stuttering. Some cases when the methods which are unrelated to the structure of this disorder are applied to cope with the stuttering, non-specific directions of support intended to cope with other speech and language disorders are chosen, measures of support unreasoned by scientific research are employed occur in practice;
 - while working with a family of a child who stutters, specialists more focus on fast provision of the service and short-term "effect"

rather than on long-term positive impact on child's development and functioning;

- some difficulties arise because of the lack of knowledge, information, aids, professional development as well as collaboration with parents of the children. Major difficulties and challenges are related to insufficient competence of the specialists: poor abilities of collaboration, difficulties in combining interests in a team of specialists, low experience of, and poor knowledge on, work with stuttering children and their families.
- 3.2. Experiences of specialists working in the *education sector* reveal the dominating model of provision of multi-professional support and the following characteristics of provision of support to an early age stuttering child and one's family:
- specialists working in nurseries-kindergartens usually comply with the principle of a multi-professional team, when team members acknowledge importance not only of their own, but also of other specialists in provision of support to a stuttering child and one's family. Meetings of family members and specialists of different professions (speech and language therapist, psychologist, special pedagogue etc.) are held according to a separate, individual arrangement, when each specialist works individually when providing support to a stuttering child and one's family;
 - specialists working in education institutions (speech and language specialists, special pedagogues, psychologists) characterise the stuttering as a multidimensional disorder. The support provided by them is specific with diversity of support measures; both direct and indirect strategies to cope with the stuttering oriented towards single-dimensional methods for the coping with the stuttering are employed. Experiences of the specialists also prove that part of the specialists who took part in the investigation are not able to choose and apply scientifically substantiated methods of support to a child who stutters;
 - the practice of education reveals the lack of legal regulation of complex support to a stuttering child and one's family, difficulties in team work, collaboration with child's parents and other specialists.

Independently of the type of an institution where specialists providing support work, analysis of experiences of the surveyed specialists demonstrates that the single-dimensional model to cope with the stuttering prevails in practice.

4. Analysis of the search for, and reception of, support by the surveyed parents discloses an obvious lack of systematic coordinated support to a

stuttering child and one's family. The analysis of the maps of the search for support based on experiences of the parents demonstrates that, despite parents sought for support in various institutions while consulting with specialists of various professions for one year or longer on the average, they did not receive qualified and efficient support. The support provided at education and health care institutions usually does not meet expectations of the parents; therefore, they often choose non-traditional, scientifically unreasoned methods of "treatment" (services of herbalists, fortune-tellers, psychics).

5. Reconstruction of speech and language therapy support on the basis of inter-professional collaboration refers to the multidimensional model of the structure of the stuttering, CALMS, which allowed revealing the elements of the structure of the stuttering in each individual case, i.e. cognitive, affective, linguistic, motor and social, and provided an opportunity to specialists who work in an inter-professional team to foresee the directions for provision of support to a stuttering child and one's family:
 - 5.1. Assessment of the situation of a child who stutters allowed identifying the skills in fluent speech, and application of the multidimensional model of the structure of the stuttering provided an opportunity to prepare a plan to cope with the stuttering for an inter-professional team. Reconstruction of speech and language therapy support was based on the topics relevant to a child and interactions of child – parents – child – specialists.
 - 5.2. Reconstruction of speech and language therapy support on the basis of inter-professional collaboration and the multidimensional model of the structure of the stuttering were efficient to all children who took part in the investigation, i.e. helped to achieve positive results. Every child who stutters made individual progress: children's behaviour formed in a positive direction, social, emotional and linguistic abilities improved.

APPROVAL OF THE DOCTORAL RESEARCH RESULTS

Main statements of the doctoral research *have been published in the following scientific papers* recognised by the Research Council of Lithuania, included in periodical journals listed in international data bases:

1. Kantanavičiūtė, R. (2015). Interprofesinės pagalbos teikimas ankstyvojo amžiaus mikčiojantiems vaikams: tėvų patirtys [Provision of Inter-professional Support to Early Age Children Who Stutter: Experiences of Parents]. *Specialusis ugdymas* [Special Education], 2015 1 (32), 11–30. ISSN 1392-5369.
2. Kantanavičiūtė, R. (2017). Multidimensinis požiūris į mikčiojimo vertinimą ir įveikimą [A Multidimensional Approach to Assessment of, and the Coping with, the Stuttering]. *Jaunųjų mokslininkų darbai* [Journal of Young Scientists], 2017, 47(1), 14–19. ISSN 2424-3345.
3. Kantanavičiūtė, R. (2017). Specialistų pagalbos teikimo mikčiojančiam vaikui ir šeimai komandinės sąveikos modeliai ikimokyklinio ugdymo įstaigoje [Models of Team Interaction in Provision of Support by Specialists to a Stuttering Child and One's Family in a Pre-school Education Institution]. *Scientific Research in Education*. 13–14 October 2017, 57–65. ISBN 978-9955-18-972-5.

Papers on the theme of the Doctoral Dissertation *published* in conference proceedings:

1. Kantanavičiūtė, R. (2015). Interprofessional Support to Stuttering Children at an Early Age. *The 2nd Congress of Baltic Speech and Language Therapists "Neurological Speech and Language Disorders: towards Evidence-Based Practice"*. 2-ojo Baltijos šalių logopedų kongreso medžiaga [Materials of the 2nd Congress of Speech and Language Therapists of the Baltic States], Šiauliai, Šiauliai University, 64–67.
2. Kantanavičiūtė, R. (2015). Į šeimą orientuotos strategijos mikčiojimui įveikti [Family-Oriented Strategies to Cope with the Stuttering]. *Mokslu grįsto švietimo link: mokslinių pranešimų santraukos* [Towards Science-Based Education: Summaries of Scientific Presentations]. Vilnius, Lietuvos edukologijos universitetas, 119–120.
3. Kantanavičiūtė, R. (2017). Tėvų, auginančių ankstyvojo amžiaus mikčiojančius vaikus, patirtys: multidimensinis požiūris [Experiences of Parents Raising Early Age Children Who Stutter: a Multidimensional Approach]. *Pasaulis vaikui: ugdymo realijos ir perspektyvos. Konferencijos medžiaga* [The World to a Child: Reality and Prospects of Education. Conference Proceedings], Vilnius, Lietuvos edukologijos universitetas, Vol. 6, 7–14.
4. Kantanavičiūtė, R. (2017). Multidimensional Assessment Approach of

- Stuttering Children. *The 4th Congress of Baltic Countries Speech and Language Therapists "Eat Safe, Speak Brave!"*. Books of Abstracts, Riga, Latvia, 34–35.
5. Kantanavičiūtė, R. (2018). Using the Thematic Intervention to Fluency Therapy for the Young Stuttering Children. *The 5th Congress of Baltic States SLTs' "Alternative and Augmentative Communication: More than Words..."*. Book of Abstracts, Šiauliai, Šiauliai University, 25.

Dissemination of the results of the doctoral research through delivery of presentations on the theme of the Doctoral Dissertation:

1. The 2nd Congress of Baltic Speech and Language Therapists "Neurological Speech and Language Disorders: towards Evidence-Based Practice". Presentation *Interprofessional Support to Stuttering Children at an Early Age*. 17.04.2015. // Šiauliai, Lithuania.
2. Conference "Social Welfare in the Interdisciplinary Approach". Presentation *Ankstyvojo amžiaus vaikų mikčiojimo įveikimas, taikant multidimensinę intervenciją* [Coping with the Stuttering of Children at an Early Age by Applying Multidimensional Intervention] 23. 04.2015. // Faculty of Social Welfare and Disability Studies, Šiauliai University, Lithuania.
3. Conference "Children with SEN and Their Wellbeing at Lithuanian Saturday Schools". Presentation *Elements of Art Therapy Applying in Collaborative Speech and Language Therapist Practice*. 24.05.2015. // London, UK.
4. International scientific-practical conference „Pasaulis vaikui: ugdymo realijos ir perspektyvos“ [The World to a Child: Reality and Prospects of Education]. Presentation *Tėvų, auginančių ankstyvojo amžiaus mikčiojančius vaikus, patirtys: multidimensinis požiūris* [Experiences of Parents Raising Early Age Children Who Stutter: a Multidimensional Approach]. 2015-09-17 // Lietuvos edukologijos universitetas, Vilnius.
5. International scientific conference "Mokslu grįsto švietimo link" [Towards Science-Based Education]. Presentation *Į šeimą orientuotos strategijos mikčiojimui įveikti* [Family-Oriented Strategies to Cope with the Stuttering]. 15.10.2015. // Lietuvos edukologijos universitetas, Vilnius.
6. Project "We Can Too". Presentation *Social Communication (Pragmatical) Disorders: Good Practice and Challenges in Speech and Language Therapists Work*. 07.08–29. 07.2016. // Kranevo, Bulgaria.
7. The 4th Congress of Baltic Countries Speech and Language Therapists "Eat Safe, Speak Brave!". Presentation *Multidimensional Assessment Approach of Stuttering Children*. 24–25.02.2017 // Riga, Latvia.
8. The 1st international conference of doctoral students in the field of education and the 6th scientific conference of doctoral students. Presentation *Interprofesinė pagalba ankstyvojo amžiaus vaikams ir jų šeimoms, taikant*

- multidimensinę intervenciją* [Inter-professional Support to Early Age Children and Their Families by Applying Multidimensional Intervention]. 14.10.2017. // Klaipėda University, Klaipėda.
9. The 5th Congress of Baltic States SLTs' "Alternative and Augmentative Communication: More than Words...". Presentation *Using the Thematic Intervention to Fluency Therapy for the Young Stuttering Children*. 26–27.04.2018 // Šiauliai University, Lithuania.

Scientific internships abroad:

1. International scientific internship "*Erasmus Intensive Programme Doctoral Studies in Research Methodologies*", Anadolu University in Eskişehir, Turkey (06–20.06.2013), Eskişehir, Turkey.
2. Internship in the frame of the project "Ikimokyklinio ir priešmokyklinio ugdymo plėtra (IPUP)" [Development of Pre-school and Pre-primary Education] VP1-2.3-ŠMM-03-V-02-001 implemented by Education Supply Centre under the Ministry of Education and Science, "*Tarpinstitucinio bendradarbiavimo patirtis Anglijoje teikiant švietimo ir kitas paslaugas vaikams nuo gimimo iki privalomojo mokymo pradžios ir jų tėvams (globėjams)*" [Experience of Inter-institutional Collaboration in England while Providing Educational and Other Services to Children from Birth to the Beginning of Compulsory Education and Their Parents (Caregivers)] (14–18.10.2013), London, UK.

INFORMATION ABOUT THE AUTHOR

Rita Kantanavičiūtė is an assistant at the Department of Special Education of Šiauliai University; a speech and language therapist working in the early rehabilitation service. Scientific interests: inter-professional support to an early age child who stutters and one's family, assessment of, and coping with, the stuttering in various age stages.

Address: Department of Special Education, Šiauliai University,
P. Višinskio Str. 25, LT-76351 Šiauliai, Lithuania;
tel. +370 41 595734, e-mail: rita.kantanaviciute@gmail.com

IVADAS

Temos aktualumo ir mokslinės problemos pagrindimas. Per paskutinius kelis dešimtmečius pagrįsta būtinybė sukurti integruotą multidimensinį mikčiojimo vertinimo ir įveikimo modelį, atsisakant viendimensių mikčiojimo įveikimo metodų (Norris, Hoffman, 1993; Starkweather ir Gottwald, 1990; Andrews, O'Brian, Harrison, Onslow, Packman, Menzies, 2012; Bonelli, Bernstein Ratner, Dixon, Onslow, 2000; Yairi, Seery, 2014; Yairi, 2013; Healey, Trautman, Susca, 2004; Smith, 1999; Zimmermann, 1980; ir kt.). Multidimensinis modelis leidžia paaiškinti įvairius veiksnius, susijusius su skirtingais mikčiojimo kilmės ir aiškinimo požūriais (Yairi, Seery, 2014). Dėl mikčiojimo struktūros multidimensiškumo šio sutrikimo įveikimas reikalauja kompleksinės interprofesinės specialistų teikiamos pagalbos, kuri svarbi ne tik mikčiojančiam vaikui, bet ir jo šeimai. Šiame kontekste interprofesinė pagalba turi būti orientuota į bendravimą, bendradarbiavimą ir įgalinimą grįstus santykius su mikčiojančiu asmeniu ir jo artimąja aplinka. Atsižvelgiant į tai, kad ankstyvasis mikčiojančių vaikų ugdymas yra multidimensinis reiškinys, siekiama, kad sveikatos apsaugos, socialinės ir švietimo sričių specialistai pagalbą vaikui ir jo šeimai teiktų interprofesinėje komandoje.

Lietuvoje, remiantis pastarųjų metų dokumentais (2017 m. rugpjūčio 28 d. Nr. V-651/A1-455/V-1004¹¹; 2015 m. gruodžio 25 d. Nr. V-1325¹²; LR ŠMM 2016 m. veiklos ataskaita¹³), vis daugiau dėmesio skiriama tarpsektoriniam bei tarpinstituciniam bendradarbiavimui. Tačiau, nepaisant socialinio edukacinio pagalbos kryptingumo, kuris reglamentuojamas teisinuose dokumentuose¹⁴ ir

¹¹ LR švietimo ir mokslo, LR socialinės apsaugos ir darbo, LR sveikatos apsaugos ministro įsakymas „Dėl koordinuotai teikiamų švietimo pagalbos, socialinių ir sveikatos priežiūros paslaugų tvarkos aprašo patvirtinimo“, 2017 m. rugpjūčio 28 d. Nr. V-651/A1-455/V-1004.

¹² LR švietimo ir mokslo ministro įsakymas „Dėl kompleksiškai teikiamos pagalbos, specialiojo ugdymo mokyklų / centrų ir vaikų socializacijos centrų veiklos kokybės gerinimo 2015–2017 m. tarpinstitucinio veiksmų plano patvirtinimo“, 2015 m. gruodžio 25 d. Nr. V-1325.

¹³ LR švietimo ir mokslo ministerijos 2016 m. veiklos ataskaita: https://www.smm.lt/uploads/documents/tyrimai-ir-studijos/%C5%A0vietimo%20ir%20mokslo%20ministerijos%202016%20m_%20veiklos%20ataskaita.pdf.

¹⁴ LR švietimo ir mokslo ministro įsakymas „Dėl Specialiosios pedagoginės pagalbos asmeniui iki 21 metų teikimo ir kvalifikacinių reikalavimų nustatymo šios pagalbos teikėjams tvarkos aprašo patvirtinimo“, 2017 m. rugpjūčio 30 d. Nr. V-1228; Lietuvos Respublikos socialinių paslaugų įstatymas, 2006 m. sausio 19 d. Nr. X-493; LR švietimo ir mokslo ministro įsakymas „Dėl Vaikų nuo gimimo iki privalomojo mokymo pradžios gyvenimo ir ugdymo sąlygų gerinimo modelio aprašo patvirtinimo“, 2009 m. lapkričio 11 d. Nr. 1509.

akcentuojamas moksliniuose tyrimuose (Juodaitytė, 2003; Juodeikaitė, 2009; Ališauskienė, 2005; Ališauskienė, 2010; ir kt.), ankstyvoji pagalba grindžiama klinikiniu požiūriu, t. y. orientuojamasi į terapijas – pagalbą vaikui. Šiame kontekste interprofesinės pagalbos teikimas mikčiojančiam vaikui ir jo šeimai praktikoje vis dar laikomas iššūkiu.

Ankstyvasis vaikų poreikių tenkinimas Europos šalių moksliniuose šaltiniuose apibrėžiamas kaip *interprofesinės specialistų teikiamos pagalbos organizavimas ne tik vaikui, bet ir jo šeimai*. Teikiamos paslaugos neturėtų būti susijusios tik su vaiko raidos skatinimu, bet turėtų būti orientuotos ir į šeimos galių plėtojimą, visiems specialistams laikantis bendro pagalbos vaikui ir jo šeimai plano. Specialistų darbas turėtų vykti ne tik dėl šeimos, bet ir kartu su ja, išnaudojant šeimos resursus, stiprybes, pasirinkimus, siekiant šeimos gyvenimo kokybės (Watkins, 2016; Ozdemir, 2007; Elizabeth, Anderson, 2016; Melanson, 2007; Hammick, Freeth, Koppel ir kt., 2007; Reeves, Perrier, Golman ir kt., 2013; Reeves, Fletcher, Barr ir kt., 2016; ir kt.).

Švietimo, sveikatos priežiūros ir socialinės apsaugos srityse vykstanti paradigmų kaita dar labiau išryškina interprofesinės pagalbos svarbą ankstyvosios intervencijos kontekste. Sveikatos priežiūros, psichologų, logopedų ir kitų specialistų, teikiančių pagalbą mikčiojančiam vaikui, pasirengimą gali sąlygoti skirtingas kryptingumas, turinys, skirtingos metodologinės nuostatos, subjektyvus požiūris į pagalbos teikimo procesą ir skirtingas profesijas. Payne (1996) nurodo, kad pagalbos procesas gali remtis: a) autoritetu, tradicija ir įsitikinimu; b) moksliniais argumentais; c) teorijomis ir paaiškinimais apie tyrimo objektą. Galima formuluoti prielaidą, kad Lietuvoje supratimą apie tam tikros srities specialistų pasirengimą, jų bendradarbiavimo tarpusavyje ir su ugdytinių šeimomis galimybes lemia tradicijos bei metodologinės nuostatos, subjektyvios patirtys, moksliniai tyrimai ir kiti socialiniai, kultūriniai veiksniai. Siekiant giliau suprasti mikčiojančio asmens situacijos sudėtingumą, ypač svarbus vaidmuo tenka įvairių sričių skirtingoms profesijoms atstovaujančių specialistų – interprofesinės komandos narių – bendradarbiavimui. Naujausios ankstyvosios intervencijos ir multidimensinės mikčiojimo kilmės aiškinimo teorijos grindžiamos išitraukimo, įgalinimo, dalyvavimo (Ruškus, Mažeikienė ir kt., 2013), kompleksiško, interprofesinės pagalbos realizavimo, sistemishumo ir orientacijos į vaiką ir jo šeimą teorijų nuostatomis bei koncepcijomis.

Mokslinė problema disertaciniame tyrime apibrėžiama kaip daugialypė ir pristatoma, atsižvelgiant į mikčiojimo kilmės teorinių nuostatų įvairovę, formalųjų pagalbos kontekstų ir praktikos bei intervencijos dermę. Nepaisant to, kad mikčiojimo kilmė grindžiama teorinių požiūrių įvairove (nuo vieno faktoriaus, arba viendimensių, teorijų, iki sąveikaujančių veiksmių, arba multidimensinių teorijų) ir akcentuojamas perėjimas prie multidimensinio mikčiojimo modelio, šio modelio dermė su konkrečiomis teorijomis ar teorija, formaliaisiais

kontekstais bei mikčiojimo įveikimo praktika ir intervencijomis ankstyvojo amžiaus mikčiojantiems vaikams ir jų šeimoms neatskleista. Dermės tarp minėtų teorinių, kontekstinių ir intervencijos aspektų stoka lemia tai, kad kuriamos inovatyvios mikčiojimo programos iš esmės yra įvairių jau veikiančių programų deriniai ir remiasi tradiciniais viendimensiais mikčiojimo modeliais. Viena vertus, naujų kuriamų integruotų mikčiojimo programų tikslai yra nukreipti į penkis svarbiausius multidimensinio modelio komponentus – kognityvinį, emocinį, lingvistinį, motorinį, socialinį, tačiau, kita vertus, šie komponentai nesiejami tarpusavyje. Izoliuotų multidimensinio modelio komponentų taikymas atskirų specialistų (neurologų, logopedų, psichologų ir kt.) praktikoje neužtikrina mikčiojančių vaikų sklandaus kalbėjimo gebėjimų pokyčių.

Nors formaliai vis dažniau deklaruojama interprofesinė pagalba ir pagalbos multidimensiškumas grindžiamas įvairioms profesijoms atstovaujančių specialistų tarpusavio bendradarbiavimu bei veiklos koordinavimu, tačiau realioje praktikoje susiduriama su iššūkiais. Teikiant pagalbą mikčiojančiam vaikui ir jo šeimai, išryškėja bendradarbiavimo patirties ir sistemingumo bei veiklos ir tikslų derinimo stoka. Praktikoje nesilaikoma ekologinio sisteminio požiūrio į vaiką ir jo funkcionavimą, menkai atsižvelgiama į individualius mikčiojančių vaikų ir jų šeimos poreikius. Vyrauja įsisenėjusi „darbo atskirai“ kultūra, kai pagalba grindžiama specialistų profesinių ribų saugojimu. Aukštą statusą turinčių profesijų atstovai (pavyzdžiui, gydytojai) siekia išsaugoti savo profesijos ribas ir tradiciškai sukonstruotą profesinį tapatumą. Laikantis viendimensės mikčiojimo įveikimo nuostatos ir profesinių ribų saugojimo tradicijos, formuojasi iškreiptas pagalbos mikčiojančiam vaikui ir jo šeimai teikimo požiūris, kad mikčiojimą įveikti arba jį sušvelninti yra neįmanoma. Šiame kontekste, siekiant kuo geriau suprasti apibrėžtos mokslinės problemos prigimtį ir esmę, yra itin svarbios specialistų, teikiančių pagalbą ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai, bei tėvų, auginančių mikčiojančius vaikus, patirtys. Dermė tarp teorinių nuostatų, formaliojo konteksto ir realios pagalbos praktikos, kurią atskleidžia specialistų ir tėvų patirtys, leidžia iš naujo modeliuoti ir perkonstruoti logopedinės bei interprofesinės pagalbos teikimą ankstyvojo amžiaus mikčiojantiems vaikams ir jų šeimoms.

Mokslinė problema disertaciniame tyrime konkretizuojama šiais **probleminiais klausimais**:

- *Kaip mikčiojimo kilmės aiškinimo teorinių požiūrių įvairovė dera su multidimensiniu mikčiojimo modeliu, intervencijomis ir mikčiojimo įveikimo strategijomis?*
- *Kaip keičiasi pagalba ankstyvojo amžiaus mikčiojančiam vaikui ir šeimai, taikant multidimensinius vertinimo, ugdymo ir įveikimo metodus?*
- *Kaip specialistai supranta ir interpretuoja praktiką, laikydamiesi multidimensinio požiūrio, ir kokius iššūkius kelia interprofesiniu bendradarbia-*

vimu grindžiama pagalba versus atskirų specialistų – ekspertų pagalba, grindžiama profesinių ribų saugojimu?

- *Kaip mikčiojančius vaikus auginantys tėvai interpretuoja interprofesinės pagalbos poreikį, resursus ir realizavimą bei kokius iššūkius, susijusius su pagalbos ieškojimu ir mikčiojimo įveikimu, patiria tėvai?*
- *Kaip multidimensinio mikčiojimo modelio elementai gali būti taikomi ugdymo ir pagalbos procese, remiantis interprofesiniu specialistų bendradarbiavimu, ir kokios interprofesinio bendradarbiavimo prielaidos sudaro sąlygas taikyti multidimensinę intervenciją?*

Šie klausimai ir atsakymų į juos paieška sudaro disertacinio tyrimo pagrindą.

Pastaraisiais dešimtmečiais Lietuvoje dedamos tam tikros pastangos pagerinti paslaugų prieinamumą ir užtikrinti gyvenimo kokybę ankstyvojo amžiaus vaikams ir jų šeimoms. Įgyvendindama ilgalaikės valstybinės švietimo strategijos (2003–2012 m.¹⁵; 2013–2020 m.¹⁶) nuostatas siekti švietimo prieinamumo ir socialinio teisingumo bei atsižvelgdama į šeimų, auginančių ankstyvojo amžiaus vaikus, poreikius, Vyriausybė patvirtino Vaikų nuo gimimo iki privalomojo mokymo pradžios gyvenimo ir ugdymo sąlygų gerinimo modelio aprašą¹⁷. Šiuo aprašu siekiama, kad įvairių sričių specialistai bendradarbiautų tarpusavyje ir teiktų paslaugas konkrečiam vaikui ir šeimai *kompleksiškai*. Darbą interprofesinėse specialistų komandose skatina ir LR švietimo įstatymo įgyvendinamasis teisės aktas¹⁸, kuriame siūloma savivaldybių administracijose plačiau taikyti tarpinstitucinį, tarpžinybinį bendradarbiavimą, be kurio neįmanoma sukurti kompleksškai teikiamų švietimo, socialinių, sveikatos priežiūros paslaugų sistemos šeimoms, auginančioms vaikus. Šiame kontekste randasi įvairių sektorių, institucijų, specialistų bendradarbiavimo poreikis ir būtinybė. Komunikacija interprofesinėje komandoje tampa itin svarbi, kartu ir sudėtinga,

¹⁵ LRS nutarimas „Dėl valstybinės švietimo strategijos 2003–2012 metų nuostatų“, 2003 m. liepos 4 d. Nr. IX-1700: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.215471>.

¹⁶ LRS nutarimas „Dėl valstybinės švietimo 2013–2020 metų strategijos patvirtinimo“, 2013 m. gruodžio 23 d. Nr. XII-745: https://www.sac.smm.lt/wp-content/uploads/2016/02/Valstybine-svietimo-strategija-2013-2020_svietstrat.pdf.

¹⁷ LR švietimo ir mokslo ministro įsakymas „Dėl Vaikų nuo gimimo iki privalomojo mokymo pradžios gyvenimo ir ugdymo sąlygų gerinimo modelio aprašo patvirtinimo“, 2009 m. lapkričio 11 d. Nr. 1509: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.358278>.

¹⁸ Kompleksiškai teikiamos švietimo pagalbos, socialinės paramos, sveikatos priežiūros paslaugų ikimokyklinio ir priešmokyklinio amžiaus vaikams ir jų tėvams (globėjams) tvarkos aprašas, LR švietimo ir mokslo ministro, LR socialinės apsaugos ministro 2017-08-28 įsakymas Nr. V-2068 / A1-467 / V946: http://www.smm.lt/uploads/documents/Svietimas_ikimokyklinis/ISAKYMAS-Del%20klompleksiskai%20teikiamos%20pagalbos-2011-11-04.pdf.

nes skirtingų sričių specialistai skirtingai suvokia vaiko (šiuo atveju – mikčiojančio) ugdymo ir ugdymosi, sveikatos bei socialinius poreikius ir problemas, pagalbos modelį ir metodus. Taip pat pastebimos ribotos tėvų įsitraukimo į pagalbos procesą galimybės. Vis dar stinga į šeimą orientuotų, arti namų bei gyvenamosios vietos teikiamų tarpusavyje koordinuotų paslaugų, kurias, reikalui esant, konkrečiam vaikui ir šeimai teiktų ikimokyklinio ir priešmokyklinio ugdymo specialistai, socialiniai darbuotojai, šeimos gydytojai, psichologai, specialieji pedagogai ir kiti specialistai. Paminėti iššūkiai išryškina mokslinio ir praktinio pagalbos diskurso reikšmingumą ankstyvojo amžiaus mikčiojantiems vaikams ir jų šeimoms.

Disertacijoje laikomasi nuostatos, kad ankstyvojo amžiaus vaikų mikčiojimo atveju pagalba turi būti multidimensinė, grindžiama įvairioms profesijoms, sektoriams bei institucijoms pagal poreikį atstovaujančių specialistų tarpusavio ir tėvų bendradarbiavimu, koordinuota specialistų veikla interprofesinėse komandose. Susitarimai dėl bendrų ugdymo ir pagalbos tikslų ir vertybių lemia interprofesinės pagalbos teikimo modelį, užtikrinantį sėkmingą pasidalytą komandos kompetenciją ir kiekvieno specialisto veiklą (Walter, Petr, 2000; Walter, 2009).

Disertaciniame tyrime interprofesinė pagalba suprantama kaip skirtingų profesijų specialistų, atstovaujančių tai pačiai disciplinai, darbo forma, siekiant bendrų tikslų įgyvendinimo. Tyrime laikomasi nuostatos, kad darbas interprofesinėse komandose yra veiksmingas, realizuojant pagalbą ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai.

Probleminių klausimų ir su jais susijusių tyrimo teorinių prielaidų formulavimas leido apibrėžti **tyrimo objektą** – interprofesinės pagalbos mikčiojančiam vaikui ir jo šeimai prielaidos, kontekstas, turinys, procesas ir patirtys multidimensinės intervencijos kontekste.

Tyrimo tikslas – atskleisti interprofesinės pagalbos ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai kontekstą, turinį, procesą ir patirtis, taikant multidimensinę intervenciją.

Tyrimo tikslui pasiekti keliami šie **uždaviniai**:

1. Atskleisti mikčiojimo kilmės teorinių požiūrių įvairovę, multidimensinio mikčiojimo modelio dermę su intervencijomis, metodais ir strategijomis, pagrįsti interprofesinės pagalbos ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai formalųjį kontekstą, remiantis tarptautinėmis bei nacionalinėmis nuostatomis.
2. Pagrįsti interprofesinės pagalbos mikčiojančiam vaikui ir jo šeimai empirinio tyrimo metodologiją.
3. Atskleisti interprofesinės koordinuotos pagalbos, grindžiamos interprofesiniu bendradarbiavimu, realizavimo galimybes, remiantis specialistų, teikiančių pagalbą ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai, patirtimi.

4. Identifikuoti interprofesinės pagalbos poreikį, resursus ir realizavimą, remiantis tėvų, auginančių ankstyvojo amžiaus mikčiojančius vaikus, patirtimis.
5. Atskleisti multidimensiniu mikčiojimo modeliu grindžiamo tyrimo galimybes, išbandyti multidimensinio mikčiojimo modelio elementus, siekiant rekonstruoti logopedinės pagalbos procesą bei metodologiškai pagrįsti interprofesinės pagalbos bendradarbiaujant prielaidas ir ribotumus, taikant multidimensinę intervenciją.

Tyrimo rezultatų interpretavimui pasitelktos šios **koncepcijos, teorijos ir nuostatos**:

- *Ekologinė sistemų teorija* (angl. *Ecological Systems Theory*) vaiko raidą aiškina tiesioginėmis abipusėmis sąveikomis tarp vaiko, jį supančios ir nuolat kintančios artimiausios aplinkos bei platesnio konteksto. Ekologinės sistemų teorijos dėmesio centru laikomas asmuo ir jo situacija įvairių aplinkų bei jų sąveikų kontekste (Bronfenbrenner, 1979). Aplinka suprantama kaip tiesiogiai ir netiesiogiai vaiko raidą veikiančių veiksnių derinys, kuris pagal lygmenis yra skirstomas į mikro-, mezo-, egzo-, makro-, chronosistemas. Akcentuojami abipusiai ryšiai tarp vaiko ir jo aplinkos. Ekologinis požiūris, orientuotas į visas vaiko sistemos dalis ir sąveikas tarp jų, disertacijoje yra apibūdinamas kaip teorinė metodologinė nuostata į vaiką šeimos ir platesnėje aplinkoje. *Ekologinė sistemų teorija* integruoja raidos psichologijos, sociologijos, socialinio darbo, šeimos paramos, ankstyvosios intervencijos vaikystėje teorijas ir tyrimus. Pagrindinė ekologinė prielaida šiame darbe yra ta, kad vaiko raidą veikia aplinkos, kuriose jis auga. Moksliniuose šaltiniuose (Berk, 2000; Mahoney, Warner, 2014; Vandell, Larson, Mahoney, Watts, 2015; Neal, Neal, 2013a; Coonard, Novick, 1996) nurodoma, kad sąveikos šeimoje bei sąveikos tarp skirtingų aplinkų sudaro vaiko ir šeimos ekologiją ir yra esminiai ekologinio modelio elementai. Remiantis ekologine sistemų teorija, akcentuojamas žmonių tarpusavio sąveikos su aplinka sudėtingumas ir žmonių gebėjimas tiek pasiduoti aplinkos poveikiams, tiek ir patiems keisti įvairių veiksnių įtaką jiems (Bailey, 2006; Troncale, 2006; Samuelson, 2006; Mulej, 2008). Švietimo paradigmos pokyčiai – perėjimas nuo individualios pagalbos „ekspertas“ – „pagalbos gavėjas“ prie interprofesinės praktikos ir sisteminio požiūrio suteikia galimybę įgyti profesinių žinių, mokytis sąveikaujant su kitais pagalbos proceso dalyviais ir formuoti profesiniam specialistų identitetui. Anning, Cottrell, Frost ir kt. (2006), Anning (2005) pažymi, kad sisteminis požiūris organizacijų lygmeniu skatina komandos narius vertinti vaiko ir šeimos poreikius sudėtingos sistemos ir aplinkos kontekste.
- *Šeimos sistemų teorija* (angl. *Family Systems Theory*) (Bowen, 1978; Neal, Neal, 2013a, 2013b; Titelman, 2014; Christine, 2014; Scher, Kozłowska,

2012; ir kt.). Logopedinė pagalba mikčiojantiems yra grindžiama *holistiniu požiūriu* į mikčiojimą, kuris remiasi šeimos sistemų teorija. Pagrindinė šios teorijos nuostata – šeima yra svarbiausias emocinis vienetas, lemiantis kiekvieno mūsų gyvenimo tikslus ir pasiekimus. Šiame darbe laikomasi nuostatos, kad komunikacinės sistemos (šeimos) nariai yra tarpusavyje susiję, todėl vieno nario patirtis ar pokyčiai veikia kitų sistemos narių pokyčius. Vieno asmens problema negali būti suprantama, vertinant ją izoliuotai nuo kitų šeimos sistemos narių. Liuterman (1996) nurodo, kad jei vienas šeimos narys turi kalbos ar komunikacijos sutrikimų, specialistas turi atsižvelgti į visų šeimos narių poreikius, nes mikčiojimas pirmiausia išryškėja šeimos kontekste. Ši tiesioginė narių tarpusavio sąveika šeimos komunikacinėje sistemoje atskleidžia šeimos, kaip intervencijos subjekto, potencialą. Turnbull, Turnbull (1997), analizuodami šeimos, specialistų ir įvairių sutrikimų turinčių asmenų bendradarbiavimą, nurodo, kad šeimos, kaip sistemos, supratimas atskleidžia sudėtingą narių tarpusavio sąveiką ir kompleksinės pagalbos reikšmingumą. Pabrėžiama, kad kiekvienai šeimai būdingas unikalūs balansas, „svorio centras“ ir teikiama pagalba turi būti naudinga ne tik vienam asmeniui, bet ir visai šeimos sistemai. Disertacijoje laikomasi nuostatos, kad mikčiojimą būtina vertinti komunikacinės sistemos kontekste, nes šeimos struktūra, interakcijos stilius lemia mikčiojančiojo ir kitų šeimos narių elgesį. Kiekvienai šeimai būdingas savitas mikčiojimo vertinimas, todėl būtina atsižvelgti į individualias šeimos charakteristikas bei poreikius ir patirtis.

- *Praktikos bendruomenių konceptas* (angl. *community of practice*) (Lave, Wenger, 1991, 1998; Wallace, Danny, 2007; Roberts, Joanne, 2006; Smith, 2003; Kietzmann, Plangger, Eaton, Heilgenberg, Pitt, Berthon, 2013; ir kt.) disertaciniame tyrime padėjo atskleisti pagalbos mikčiojančiam vaikui ir jo šeimai teikimo patirtis, kai pagrindiniu komponentu nurodomas mokymasis vieniems iš kitų. Šiai analizei pasitelktas praktikos bendruomenių konceptas tyrime naudojamas kaip viena naujausių mokymosi formų. Vienos svarbiausių praktikos bendruomenių funkcijų – mokytis vieniems iš kitų, dalytis praktine patirtimi ir kurti naujas žinias. Šios funkcijos tampa įmanomos jų nariams aktyviai bendraujant ir bendradarbiaujant tarpusavyje (Lave, Wenger, 1998). Autoriai išskiria tris komponentus, būtinus praktikos bendruomenei atsirasti: a) domėjimosi sritis – bendruomenė veikia pagal bendrą, dominančią sritį; b) bendruomenė – tam tikros srities bendruomenės nariai sąveikauja ir dalyvauja bendrai veikloje, padeda vieni kitiems ir dalijasi informacija tarpusavyje; jie kuria santykius, kurie leidžia jiems mokytis vieniems iš kitų; c) praktika – visi bendruomenės nariai atstovauja tam tikrai profesijai, sričiai. Šis konceptas yra svarbus ugdymo kontekste, nes, kurdami, dalydamiesi patirtimi, žiniomis, bendruomenės nariai gali efekty-

viai mokytis vieni iš kitų formaliam ir neformaliame kontekste. Praktikos bendruomenės nariai kaupia bendras žinias, patirtis, istorijas, priemones, padedančias darbuotis pasirinktoje veikloje. Leliūgienė, Sadauskas (2011) nurodo, kad bendruomenių poreikis dažnai išryškėja, susidūrus su negalios atveju, stipria rasine ir etnine segregacija aplinkoje, plečiantis pilietiniam solidarumui ir kt. Bendruomenė sudaro sąlygas nuolatinei socialinei raidai ir mažina žmonių bejėgiškumo jausmą susidūrus su problemomis, kurių gausu tiek atskiro asmens, tiek ir įvairių bendruomenių (šeimos, kolektyvo, tautos ir kt.) gyvenime. Bendruomenė reiškia ryšį, apimančią bendrus įsitikinimus, tikėjimą, vertybes ir pajėgumą kovoti su bendruomenės problemomis, sujungiant žmogiškuosius išteklius toms problemoms spręsti.

- *Interprofesinės praktikos koncepcija.* Disertaciniame tyrime interprofesinė pagalba suprantama kaip skirtingoms profesijoms atstovaujančių specialistų komanda, teikianti pagalbą ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai, siekianti bendrų tikslų įgyvendinimo. Ankstyvosios pagalbos mikčiojančiam vaikui ir jo šeimai teikimo kontekste interprofesinis bendradarbiavimas sudaro prielaidas partnerystei grįstiems tarpusavio santykiams, kompleksiškai teikiamoms paslaugoms bei interprofesiniam tobulėjimui (Barker, 2009; Olenic ir kt., 2010). Interprofesinė praktika suteikia galimybę bendradarbiauti, dirbti su mikčiojančiais vaikais ir jų šeimos nariais, specialistais, mokytis vieniems iš kitų. Praktikoje, kuri orientuota ne tik į vaiką, bet ir į šeimą, laikomasi prielaidos, kad interprofesinės komandos nariai yra partneriai, kurie dalijasi atsakomybe už individualios ir veiksmingos intervencijos sukūrimą bei įgyvendinimą. Interprofesinė praktika grindžiama įsipareigojimu rūpintis mikčiojančio vaiko ir jo šeimos gerove (Friend, Cook, 2013; Rokusek, 1995).
- *Kritinės teorijos nuostatos* (Habermas, 1963, 2002; Freire, 1985, 2000; Mayo, 2009; Schugurensky, 2011; ir kt.). Socialiniai reiškiniai kinta ir yra konstruojami tyrėjo ir tyrimo dalyvių. Subjektyvios tyrimo dalyvių (tėvų, specialistų) patirtys yra socialiai konstruojamos, siekiant pozityvių pokyčių ir supratimo. Interprofesinės pagalbos teikimo / gavimo ankstyvojo amžiaus mikčiojantiems vaikams vertinimas nėra disertacijos tyrimo tikslas. Empirinių duomenų interpretacija, remiantis logopedės tyrėjos subjektyvia patirtimi, logopedinės pagalbos rekonstravimas interprofesinio bendradarbiavimo pagrindu sudarė galimybę išryškinti praktikos pokyčių inicijavimo gaires, siekiant praktikos tobulinimo.
- *Socialinio konstruktivizmo teorijos nuostatos* (Berger, Luckmann, 1999; Packer, Goicoechea, 2000; Pritchard, Woollard, 2010; Andre, 2000; ir kt.). Disertacijoje laikomasi požiūrio, kad socialinė realybė yra konstruojama asmenims sąveikaujant tarpusavyje, o pažinimo objektas yra tyrimo dalyvių intersubjektyvi patirtis. Socialinio konstravimo idėja akcentuoja objek-

tyvios realybės nebuvimą, kai socialiniai vaizdiniai kuria, konstruoja, atnauja, keičia realybę.

Tyrimo metodologija: duomenų rinkimo ir analizės metodai. Tyrimas atliktas remiantis kokybine tyrimo prieiga ir yra grindžiamas mišria tyrimo metodologija – *veiklos tyrimu*, kuris sujungia veiksmą, tyrimą ir refleksijas. Tokį apsisprendimą lėmė pasirinkto disertacinio tyrimo objekto – *interprofesinė pagalba ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai* – ypatumai. Mikčiojančių vaikų sklendaus kalbėjimo gebėjimai vertinti remiantis Healey (2012) sudarytu mikčiojimo vertinimo ir įveikimo instrumentu *The Cognitive, Affective, Linguistic, Motor, and Social (CALMS) Assessment for School – Age Children Who Stutter*.¹⁹

- *Kokybinis-interpretacinis (turinio analizės)* metodas. Interviu metu gauti duomenys yra analizuojami, skirstant juos į kategorijas, paremtas tyrimo klausimais. *Turinio analizės* metodas taikomas kokybiškai apdorojant duomenis, vadovaujamosi konteksto informacija, struktūra ir (ar) teorijomis, kurios padeda paaiškinti studijos pagrindo fenomeną. Kokybinio tyrimo metu, atlikus interviu ir analizuojant mikčiojančius vaikus auginančių tėvų bei specialistų, teikiančių pagalbą mikčiojantiems vaikams ir jų šeimoms, patirtis, dokumentus, turinio analizės metodas leido susisteminti esmines pagalbos mikčiojančiam vaikui ir jo šeimai teikimo ir gavimo patirčių kategorijas.
- Mikčiojančių vaikų sklendaus kalbėjimo gebėjimų vertinimas (tyrimo pradžioje ir pabaigoje) ir individualaus mikčiojimo įveikimo plano sudarymas paremtas Healey (2012) *KELMS* mikčiojimo vertinimo ir įveikimo instrumento (*The Cognitive, Affective, Linguistic, Motor, and Social (CALMS) Assessment for School – Age Children Who Stutter*) elementais.
- Atlikta *tyrėjo vaidmens refleksija* atskleidžia visapusišką tyrėjos įsitraukimą į tyrimo procesą, nuolat stebint ir aktualizuojant asmeninę tyrėjos sąveiką su tyrimo dalyviais (mikčiojančių vaikų tėvais, specialistais), asmenines reakcijas, susiejant teorinius konceptus, praktines veiklas ir refleksijas, projektuojant ankstyvojo amžiaus mikčiojančių vaikų sklendaus kalbėjimo ugdymo strategijas, paremtas multidimensinės intervencijos bei tėvų ir vaiko interakcijos strategijų taikymu.
- Disertaciniam tyrimui remtasi požiūriu „iš vidaus“ (angl. *insider perspective*). Tyrėja, tuo pat metu atstovaudama ir pagalbos mikčiojančiam vaikui ir jo šeimai praktiką, atskleidžia tyrimo dalyvių patirtis, pateikia įvairias patirčių

¹⁹ Gautas mikčiojimo vertinimo instrumento autoriaus leidimas naudoti šio instrumento elementus disertaciniame tyrime. Healey, E. C. (2012). *The Cognitive, Affective, Linguistic, Motor, and Social (CALMS) Assessment for School – Age Children Who Stutter*. Florida, USA.

interpretacijas. Empirinių duomenų interpretacija, remiantis subjektyvia tyrėjos patirtimi ir teorinių koncepcijų pagrindu, sudarė galimybę atskleisti pagalbos mikčiojančiam vaikui ir šeimai praktikos tobulinimo būtinumą, siekiant praktinės naudos tyrimo dalyviams bei praktikų bendruomenėms (Mažeikis, 2005; Reeves, Lewin ir kt., 2010).

Disertacijoje taikytas įvairių metodų derinys, būdingas veiklos tyrimui:

- *Individualiu pusiau struktūruotu interviu* atskleistos tyrimo dalyvių – įvairioms profesijoms atstovaujančių specialistų ir mikčiojančius vaikus auginančių tėvų – patirtys bei turinys, pagalbos ieškojimo keliai ir interprofesinės pagalbos būtinumas.
- *Formaliojo konteksto analizė* – nacionalinių ir tarptautinių *dokumentų analizė*. Analizuojami švietimo dokumentai, reglamentuojantys ankstyvąją kompleksinę, interprofesinę pagalbą bei specialistų bendradarbiavimą.
- *Teorinio bei tyrimų konteksto analizė* – *mokslinių šaltinių analizė*, kuria remtasi interpretuojant empirinio tyrimo rezultatus, paskatino teorines įžvalgas, leidusias pagilinti tiriamo reiškinio supratimą. Atlikta mikčiojimo kilmės ir multidimensinės mikčiojimo struktūros aiškinimo teorinė analizė. Analizuojami interprofesinės pagalbos ankstyvojo amžiaus mikčiojantiems vaikams ypatumai, mikčiojančių vaikų tėvų bei specialistų patirtys, jų edukacinis reikšmingumas. Nagrinėjami naujausi pagalbos mikčiojantiems asmenims būdai bei pagalbos kryptys. Analizuotas interprofesinės pagalbos mikčiojančiam vaikui ir šeimai reikšmingumas, interprofesinės praktikos būtinumas ir realizavimo galimybės praktikoje.
- *Neparametrinis* Vilkssono ženklų (angl. *Wilcoxon sign*) *testas* taikytas, siekiant kiekvieno mikčiojimo struktūros (KELMS) komponento vidurkių palyginimo veiklos tyrimo pradžioje ir pabaigoje. Procentinės analizės statistiniam patikimumui pagrįsti pasitelktas *Z* statistinis proporcių palyginimo kriterijus.
- Pokyčių inicijavimo ir logopedinės pagalbos rekonstravimo, teikiant pagalbą ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai, procese taikytas **veiklos tyrimas** (angl. *participatory action research*), naudojant **atvejo studijas** (angl. *case study*) metodą. Atliekant atvejo studijos analizę, gilinamasi į tyrimo dalyvių atskleidžiamas patirtis.

Mokslinės literatūros šaltinių ir teorinių nuostatų analizės pagrindu sudarytas interprofesinės pagalbos ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai, taikant multidimensinę intervenciją, tyrimo planas (1 paveikslas), kuriame pateikiami tyrimo etapai, numatant uždavinius, tyrimo metodus ir jų derinius, būdingus veiklos tyrimui, pristatomos teorijos, nuostatos ir koncepcijos, leidžiančios koordinuotai taikyti multidimensinį pagalbos modelį ankstyvojo amžiaus mikčiojantiems vaikams ir jų šeimoms.

TYRIMO PLANAS

INTERPROFESINĖ PAGALBA ANKSTYVOJO AMŽIAUS MIKČIOJANČIAM VAIKUI IR JO ŠEIMAI, TAIKANT MULTIDIMENSINĘ INTERVENCIJĄ

Tikslas – atskleisti interprofesinės pagalbos ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai kontekstą, turinį, procesą bei patirtis, taikant multidimensinę intervenciją.

Objektas – interprofesinės pagalbos mikčiojančiam vaikui ir jo šeimai prielaidos, kontekstas, turinys, procesas ir patirtys multidimensinės intervencijos kontekste.

UŽDAVINIAI

Atskleisti mikčiojimo kilmės teorinių požinių įvairovę bei multidimensinio mikčiojimo modelio dermę su intervencijomis ir strategijomis bei pagrįsti interprofesinės pagalbos ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai formalųjį kontekstą, remiantis tapatumėmis bei nacionalinėmis nuostatomis.

Pagrįsti interprofesinės pagalbos mikčiojančiam vaikui ir jo šeimai empirinio tyrimo metodologiją

Atskleisti interprofesinės koordinuotos pagalbos, grindžiamos interprofesiniu bendradarbiavimu realizavimo galimybes, remiantis specialistų, teikiančių pagalbą mikčiojančiam vaikui ir jo šeimai, patirtimi.

Identifikuoti interprofesinės pagalbos poreikį, resursus ir realią sąvą, remiantis tėvų, augančių ankstyvojo amžiaus vaikus, patirtimis.

Atskleisti multidimensinio mikčiojimo modeliu grindžiamo tyrimo galimybes, išbandyti multidimensinio mikčiojimo modelio elementus, siekiant rekonstruoti logopedinės pagalbos procesą bei metodologiskai pagrįsti interprofesinės pagalbos bendradarbiaujančių prielaidas ir ribotumus, taikant multidimensinę intervenciją.

TYRIMO METODAI IR JŲ DERINIAI BUDINGI VEIKLOS TYRIMUI

VEIKLOS
TYRIMAS

Mokslinių šaltinių,
dokumentų analizė

Interviu;
Atvejo studija

Tyrimo vaidmens
refleksija;
Dienoraštis

Veiklos pragmatinis
interpretavimas bei
emancipacinis tyrimas

Konteksto ir
turinio
analizė

KELMS multidimensinio
mikčiojimo vertinimo ir
veikimo instrumento
elementų taikymas

TEORIJOS, NUOSTATOS, KONCEPCIJOS: Ekologinė sistemų teorija; Šeimos sistemų teorija; Multidimensinio mikčiojimo teorija; Interprofesinės praktikos koncepcija; Praktikos bendrumo teorijos ir socialinio konstruktivizmo teorijos nuostatos.

Prielaidos ir strategijos, leidžiančios koordinuotai taikyti multidimensinio mikčiojimo modelio elementus ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai.

1 pav. Tyrimo planas

Disertacinio tyrimo naujumas ir mokslinis reikšmingumas: 1) atskleistas pagalbos ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai formalusis kontekstas bei multidimensinio mikčiojimo modelio realizavimo galimybės ankstyvajame amžiuje; 2) išryškintos pagalbos galimybės ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai, taikant multidimensinius mikčiojimo įveikimo metodus; 3) išskirti ir pagrįsti teoriniai interprofesinės praktikos, laikantis multidimensinio mikčiojimo modelio, veiksniai; 4) atliktas logopedinės pagalbos teikimo mikčiojančiam vaikui ir jo šeimai rekonstravimas.

Praktinį tyrimo reikšmingumą pagrindžia veiklos tyrimo vykdymas. Veiklos tyrimas laikomas įrankiu, leidžiančiu ieškoti ir rasti atsakymus į aktualius klausimus, siekiant profesinio tobulėjimo, tarpusavio sąveikos, praktikos reflektavimo bei pokyčių praktikoje (Campbell, 2003; McNiff, Whitehead, 2006; Ferrance, 2008; ir kt.). Tyrimas atliktas natūralioje ugdymo aplinkoje (logopedo kabinete), realiose situacijose, sujungiant veiksmus bei refleksijas, kurie sudaro prielaidas moksliskai pagrįsti tyrimo rezultatus ir praktikos tobulinimo kryptis.

Siekiant metodologinių tyrimų vienovės, teoriniai metodai disertaciniame tyrime glaudžiai siejami su empiriniais metodais. Disertacinis tyrimas atliktas 4 etapais: 1) Teorinė mokslinės literatūros analizė; 2) Interprofesinės pagalbos mikčiojančiam vaikui ir jo šeimai tyrimo instrumentų parengimo etapas; 3) Empirinio tyrimo etapas: interprofesinės pagalbos patirčių analizė; 4) Empirinio tyrimo etapas: logopedinės pagalbos teikimo mikčiojančiam vaikui ir jo šeimai rekonstravimas interprofesinio bendradarbiavimo pagrindu. Atliekant tyrimą, laikomasi logiškumo, nuoseklumo principų. Visi etapai išsamiai apibūdinami 1 lentelėje.

1 lentelė

Disertacinio tyrimo struktūra

Etapai	Tyrimo duomenų rinkimo metodai, tyrimo imtys	Duomenų apdorojimo metodai
I etapas. Teorinė mokslinės literatūros analizė		
1.1.	Mikčiojimo kilmės teorinių požiūrių įvairovės bei multidimensinio mikčiojimo modelio dermės su intervencijomis ir strategijomis atskleidimas.	<i>Teorinė analizė, operacionalizacija, sisteminimas, apibendrinimas.</i>
1.2.	Pagalbos ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai reglamentų tarptautiniuose bei nacionaliniuose dokumentuose analizė.	
1.3.	Bendradarbiavimu grįstų pagalbos modelių, įveikiant mikčiojimą, analizė.	
1.4.	Interprofesinės komandos specialistų pagalbos modelių ir interprofesinės pagalbos teorinių pagrindų atskleidimas.	

II etapas. Interprofesinės pagalbos mikčiojančiam vaikui ir jo šeimai tyrimo instrumentų parengimas		
2.1.	Tyrimo instrumento (interviu klausimyno specialistams) parengimas, remiantis multidimensine mikčiojimo struktūra (KELMS) ir interprofesinės praktikos koncepcija.	Diagnosticinių kintamųjų prasmių turinio analizė, kategorizavimas.
2.2.	Tyrimo instrumento (interviu klausimyno tėvams) parengimas, remiantis Chmela (1997) tėvų, auginančių ankstyvojo amžiaus mikčiojančius vaikus, apibūdinimu ir multidimensine mikčiojimo struktūra (KELMS) ir interprofesinės praktikos koncepcija.	
2.3.	Ankstyvojo amžiaus mikčiojančio vaiko situacijos vertinimas, pritaikant Healey (2012) KELMS multidimensinio mikčiojimo vertinimo instrumento (CALMS assessment for children who stutter, 2012) elementus.	
III etapas. Empirinis tyrimas: Interprofesinės pagalbos patirčių analizė		
3.1.	Interprofesinės pagalbos patirčių analizė: specialistų patirtys. Metodas: pusiau struktūruotas interviu. Tyrimo dalyviai: specialistai, teikiantys pagalbą ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai (N=29).	Interviu tekstų turinio analizė.
3.2.	Interprofesinės pagalbos patirčių analizė: tėvų patirtys. Metodas: pusiau struktūruotas interviu. Tyrimo dalyviai: ankstyvojo amžiaus mikčiojančius vaikus auginančių vaikų tėvai (N=11).	
IV etapas. Empirinis tyrimas: Logopedinės pagalbos teikimo mikčiojančiam vaikui ir jo šeimai rekonstravimas interprofesinio bendradarbiavimo pagrindu		
4.1.	Multidimensinio mikčiojimo modelio (KELMS) elementų taikymas, teikiant pagalbą mikčiojančiam vaikui ir jo šeimai: ankstyvojo amžiaus mikčiojimo vaiko situacijos vertinimas. Metodai: veiklos tyrimas; atvejo studija. Tyrimo dalyviai: logopedė tyrėja; psichologas, specialusis pedagogas, meninio ugdymo pedagogas; ankstyvojo amžiaus mikčiojantys vaikai (N=11).	Duomenų turinio analizė. Atvejo studijos duomenų apdorojimo metodai: Dokumentų (pedagoginės psichologinės tarnybos sklandaus kalbėjimo gebėjimų vertinimo pažymos),
4.2.	Individualaus mikčiojimo profilio konstravimas, remiantis vaiko situacijos vertinimo aspektais. Metodai: veiklos tyrimas; atvejo studija. Tyrimo dalyviai: logopedė tyrėja; psichologas, specialusis pedagogas, meninio ugdymo pedagogas; ankstyvojo amžiaus mikčiojantys vaikai (N=11).	

1 lentelės tęsinys

4.3.	Logopedinė pagalba mikčiojančiam vaikui ir jo šeimai interprofesinėje specialistų komandoje. Metodai: veiklos tyrimas; atvejo studija. Tyrimo dalyviai: logopedė tyrėja; psichologas, specialusis pedagogas, meninio ugdymo pedagogas; ankstyvojo amžiaus mikčiojantys vaikai (N=11).	<i>interview tekstų</i> turinio analizė. <i>Kelms</i> vertinimo instrumento elementų taikymas.
4.4.	Tyrėjo vaidmens refleksija.	Refleksija.

Disertacinio tyrimo struktūra ir apimtis. Daktaro disertaciją sudaro įvadas, penki skyriai, mokslinė diskusija, išvados, literatūros sąrašas ir priedai (elektroninis išteklius). Darbo apimtis – 170 puslapių. *Pirmas* ir *antras* skyriai orientuoti į teorinę su tyrimo objektu susijusių konceptų analizę, juose atskleidžiama mikčiojimo kilmės aiškinimo teorinių požiūrių įvairovė, multidimensinio mikčiojimo modelio struktūra, dermė su mikčiojimo įveikimo strategijomis ir programomis, teoriniai interprofesinės pagalbos pagrindai. *Trečiame* skyriuje pagrindžiama interprofesinės pagalbos mikčiojančiam vaikui ir jo šeimai tyrimo metodologija: pristatomas tyrimo planas ir tyrimo etika; pagrindžiamos veiklos tyrimo strategijos; aprašoma tyrimo imtis, eiga ir etapai; pateikiamas tyrimo instrumentas (mikčiojimo vertinimo ir įveikimo metodika); pateikiami tyrimo dalyvių patirčių analizės kontekstai ir demografinės charakteristikos. *Ketvirtame skyriuje* pateikiama interprofesinės pagalbos patirčių analizė: pristatomos specialistų ir mikčiojančius vaikus auginančių tėvų patirtys. *Penktame skyriuje* pristatomas logopedinės pagalbos teikimo mikčiojančiam vaikui ir jo šeimai rekonstravimas interprofesinio bendradarbiavimo pagrindu: aprašomas vaiko situacijos vertinimas, konstruojami individualūs mikčiojančių vaikų profiliai ir pateikiama pagalbos teikimo interprofesinėje specialistų komandoje struktūra. Disertacijos pabaigoje pristatoma tyrėjos vaidmens refleksija, mokslinė diskusija, išvados, pateikiama rekomenduojamos mikčiojimo vertinimo ir įveikimo tobulinimo kryptys, mokslinės literatūros šaltinių sąrašas ir priedai.

MOKSLINĖ DISKUSIJA

Multidimensinis mikčiojimo vertinimo ir įveikimo modelis Lietuvoje yra visiškai naujas reiškiny, o šio modelio taikymas praktikoje reikalauja specifinių žinių ir gebėjimų.

Mikčiojančiojo asmens situacijos sudėtingumas edukologiniame kontekste reikalauja gilesnių diskusijų. Disertaciniu tyrimu buvo siekiama atskleisti interprofesinės pagalbos ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai kon-

tekstą, patirtis, turinį ir procesą, taikant multidimensinę intervenciją. Remiantis disertacinio tyrimo rezultatais, tikslinga diskutuoti apie švietimo, sveikatos priežiūros ir socialinės apsaugos srityse vykstančią paradigmos kaitą, kuri vis labiau išryškina interprofesinės pagalbos svarbą ankstyvosios intervencijos tyrimams. Dėl šių priežasčių tyrime buvo laikomasi nuostatos, kad darbas interprofesinėje specialistų komandoje yra veiksmingas, siekiant sklandaus kalbėjimo gebėjimo pokyčių ir realizuojant pagalbą ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai. Šio tyrimo išvados patvirtina Europos šalyse ir JAV vykdytų tyrimų išvadas, kuriose pagrindžiama būtinybė mikčiojimą vertinti kaip multidimensinį sutrikimą; ankstyvasis mikčiojančių vaikų ugdymas yra multidimensinis reiškinys, apimantis pažinimo, emocijų, lingvistinius, motorinius bei socialinius komponentus, todėl siekiama sveikatos apsaugos, socialinės bei švietimo srities specialistų veiklos interprofesinėje komandoje; ypač svarbus vaidmuo tenka įvairių sričių, skirtingas profesijas atstovaujančių specialistų interprofesinės komandos narių bendradarbiavimui.

Lietuvos kontekste tyrimų, atskleidžiančių interprofesinės pagalbos realizavimą ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai, taikant multidimensinę intervenciją, nėra. Galima atrasti šio disertacinio tyrimo sąsają su Makauskienės (2008) atliktu tyrimu *Logopedinės pagalbos mikčiojantiems moksleiviams modeliavimas į vaiką orientuoto ugdymo paradigmoje*, kuriame pagrindžiamas logopedinės pagalbos veiksmingumas mikčiojantiems mokyklinio amžiaus vaikams. Interprofesinės komandos specialistų bendradarbiavimo prielaidos ir ankstyvosios pagalbos vaikui ir šeimai teikimas išryškinamas Kairienės (2012) atliktame tyrime *Bendradarbiavimo kultūra ankstyvąją pagalbą vaikui ir šeimai teikiančiose interprofesinėse komandose*. Kačiūsytės – Skramtai (2010) atlikto tyrimo *5-7 metų mikčiojančių vaikų ugdymo optimizavimas muzikine veikla* išvados akcentuojami mikčiojančių vaikų muzikinėje veikloje išryškėję ypatumai ir pateikiamas mikčiojančių vaikų ugdymo muzikine veikla modelis.

Disertacinio tyrimo naujumą atspindi inovacijos, remiantis veiklos tyrimu, diegimas. Tai – pirmasis mokslinis tyrimas, išsamiai paaiškinantis multidimensinę mikčiojimo struktūrą; atskleidžiantis interprofesinės koordinuotos pagalbos, grindžiamos interprofesiniu bendradarbiavimu, realizavimo galimybes; identifikuojantis interprofesinės pagalbos poreikį, resursus ir realizavimą bei atskleidžiantis multidimensiniu mikčiojimo modeliu grindžiamo tyrimo galimybes.

Multidimensinio modelio ir interprofesinės pagalbos teikimo / gavimo patirtys analizuojamos trimis pagrindiniais aspektais: 1) atskleidžiant interprofesinės koordinuotos pagalbos realizavimą, remiantis specialistų patirtimi; 2) identifikuojant interprofesinės pagalbos poreikį, resursus ir realizavimą, remiantis tėvų patirtimis; 3) išbandant multidimensinio mikčiojimo modelio elementus, teikiant pagalbą mikčiojančiam vaikui ir jo šeimai.

Šiuo disertaciniu tyrimu pavyko ne tik atskleisti interprofesinės pagalbos teikimo / gavimo kontekstą, prielaidas, procesą ir turinį formaliuose kontekstuose, remiantis tarptautinėmis ir nacionalinėmis nuostatomis, bet ir praktikoje išbandant multidimensinio mikčiojimo modelio elementus, siekiant rekonstruoti logopedinės pagalbos procesą. Interprofesinės pagalbos ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai, taikant multidimensinę intervenciją ypatumus gali lemti įvairūs veiksniai, susiję su įvairias profesijas atstovaujančių specialistų pagalbos teikimo situacija, taip pat su šeimos, kurioje auga mikčiojantis vaikas, situacija. Moksliniai tyrimai (Kairienė, 2012; Hall, Weaver, 2001; Hammick, Freeth ir kt., 2009) patvirtino prielaidą, kad teikiant pagalbą ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai, interprofesinėje komandoje svarbų vaidmenį atlieka įvairias profesijas atstovaujantys specialistai, o siekiant bendrai spręsti praktikoje kylančias kompleksinio pobūdžio problemas, svarbu, kad bendrautų skirtingų profesijų atstovai, dalytųsi vaidmenimis ir atsakomybėmis. Tokios išvados siejasi ir su disertacinio tyrimo rezultatais, įrodančiais, kad skirtingų profesijų specialistai dirbantys atskirai, negali užtikrinti tinkamos pagalbos, kuri prisidėtų prie sklandaus kalbėjimo gebėjimų pokyčių, mikčiojimo sušvelninimo / įveikimo ar pagalbos mikčiojančio vaiko šeimai. Lietuvoje interprofesinė praktika ir darbas tokiose komandose dar neturi senų tradicijų, todėl gauti tyrimo rezultatai rodo pradinį šių tradicijų kūrimosi etapą, kurį palengvina komandos narius tenkinanti tarpasmeninė sąveika. Disertacinio tyrimo rezultatai rodo, kad nepriklausomai nuo tipo įstaigos, kurioje dirba pagalbą teikiantys specialistai, praktikoje vyrauja viendimensis mikčiojimo įveikimo modelis, o pagalba, orientuota į ankstyvojo amžiaus mikčiojantį vaiką ir jo šeimą vis dar yra viena iš problemiškų sričių.

Remiantis Christine (2014), Thompson (2013), Barr (2015), Andersonn (2016) atliktais moksliniais tyrimais, teikiant pagalbą interprofesinėse komandose, nelieta segmentuoto švietimo, atsisakoma hierarchijų, neteisingų supratimų ir nesusijusių ryšių. Interprofesinė pagalba įteisina holistinį požiūrį, kai skirtingų sričių specialistai pripažįsta vienas kito įnašą. Tokia pagalba dekonstruoja iš anksto suplanuotus, netikslius stereotipus ir atkuria žinias, kurios tinkamai panaudojamos, atsižvelgiant į profesionalius išteklius. Gali būti pasiektas optimalus į mikčiojantį vaiką ir jo šeimą orientuotas rezultatas, nes toks komandos darbas palengvina ir optimizuoja bendradarbiavimą ne tik su kitais specialistais, bet ir su vaiko šeima.

Aptarti tyrimo rezultatai ir jų palyginimas su kitų tyrimų metu išryškėjusiais radiniais leidžia teigti, kad analizuojant mokslinę literatūrą išskirtos įvairios mikčiojimo kilmę aiškinančios teorijos, požiūrių įvairovė, o mikčiojimo sampratos daugiadimensiškumas lemia kiekvienu atveju skirtingą ir unikalią mikčiojimo struktūrą. Tai patvirtino ir empirinio tyrimo radiniai, kuriais remiantis suformuotos disertacinio tyrimo išvados.

Nors mokslinėje literatūroje pateikiami multidimensinio mikčiojimo aiškinimai, tyrime dalyvavę įvairias profesijas atstovaujantys specialistai mikčiojimą linkę neakcentuoti sutrikimo kompleksiskumo ir multidimensinės jo struktūros. Dar daugiau diskusijų kelia mikčiojimo vertinimo, tinkamų metodų, darbo krypčių ir strategijų parinkimo klausimai. Curlee (2007), Ingham (2003), Langevin, Kully, Ross-Harold (2007) teigimu, teigiamų sklandaus kalbėjimo pokyčių leidžia pasiekti skirtingų mikčiojimo įveikimo programų, metodų ir strategijų deriniai. Tai atliepia ir Bloodstein, Bernstein Ratner (2008), Guitar, McCauley (2010) atliktus tyrimus, patvirtinančius mikčiojimo intervencijos taikymo efektyvumą ankstyvajame amžiuje. Kokybinio tyrimo rezultatai rodo, kad specialistams trūksta žinių apie mikčiojimo identifikavimo bei įveikimo metodus, o mikčiojimui įveikti taikomi metodai nėra susiję su šio sutrikimo struktūra. Specialistų patirtys atskleidė, kad dažnai mikčiojimui įveikti pasirenkamos nespacificinės pagalbos kryptys, skirtos kitiems kalbos ir kalbėjimo sutrikimams įveikti, taikomi moksliniais tyrimai nepagrįsti pagalbos būdai. Šiame kontekste reikšmingas veiklos tyrimas, kuris leido apjungia veiksmą, tyrimą ir refleksijas.

Logopedinės pagalbos rekonstravimas interprofesinio bendradarbiavimo pagrindu grindžiamas multidimensiniu mikčiojimo struktūros modeliu KELMS, o tai sudarė galimybę interprofesinėje komandoje dirbantiems specialistams numatyti pagalbos teikimo mikčiojančiam vaikui ir šeimai kryptis. Disertaciniame tyrime pavyko atskleisti teigiamų sklandaus kalbėjimo gebėjimų pokyčių raišką, remiantis Healey (2012) sudarytu KELMS mikčiojimo vertinimo ir įveikimo instrumento elementais. KELMS mikčiojimo vertinimo instrumento elementų taikymas buvo veiksmingas visiems tyrime dalyvavusiems vaikams. Kiekvienas mikčiojantis vaikas padarė individualią pažangą. Šio tyrimo radinių atgarsius galima atpažinti ir kituose moksliniuose tyrimuose, kuriuose instrumento autorius įrodė ir pagrindė būtinybę mikčiojimą vertinti kaip multidimensinį sutrikimą, atsižvelgiant į 5 jo komponentus.

Tyrimo rezultatai atskleidė kai kuriuos probleminius pagalbos teikimo mikčiojantiems ankstyvojo amžiaus vaikams ir jų šeimoms aspektus. Pastebėta, kad nepriklausomai nuo įstaigos tipo (sveikatos, švietimo sistemos), kurioje dirba specialistai, praktikoje vyrauja viendimensiai mikčiojimo įveikimo modeliai ir pasitaiko atvejų, kai taikomi moksliskai nepagrįsti pagalbos teikimo metodai. Tokios tendencijos verčia diskutuoti apie specialistų profesinio pasirengimo klausimus, pasirengimą identifikuoti, gebėjimą vertinti ir teikti pagalbą mikčiojantiems vaikams ir jų šeimoms. Tai suponuoja tolesnių tyrimų klausimus, kurie galėtų būti ateities tyrimų lauko objektu.

Disertaciniame tyrime atliktas logopedinės pagalbos rekonstravimas interprofesinio bendradarbiavimo pagrindu ir multidimensinio mikčiojimo struktūros modelio taikymas buvo veiksmingas visiems tyrime dalyvavusiems vaikams, todėl pagalbos mikčiojantiems vaikams ir jų šeimoms teikimas interprofesinė-

je specialistų komandoje turėtų tapti ne siekiamybe, o realybe. Tai patvirtina Shapiro (2015) atlikto tyrimo išvados, jog aukščiausios kokybės paslaugos užtikrinamos tik tuomet, kai įgyvendinama interprofesinė praktika. Reikėtų paminėti, kad tai suteikia galimybes bendradarbiauti, dirbti drauge su mikčiojančiais vaikais, jų šeimos nariais ir specialistais bei mokytis vieniems iš kitų. Vadinas, interprofesinės pagalbos ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai realizavimas praktikoje, gali būti vertinamas kaip kompleksinis edukacinis reiškinys. Tolimesni tyrimai gali būti nukreipti į atskirų interprofesinių komandų, veikiančių skirtinguose sektoriuose pagalbos teikimo mikčiojančiam vaikui ir jo šeimai ypatumus, taikant multidimensinę intervenciją.

IŠVADOS

Disertacinis tyrimas leido suformuluoti esmines išvadas, svarbias sprendžiant interprofesinės pagalbos ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai, taikant multidimensinę intervenciją, klausimus.

1. Mikčiojimo kilmę aiškina įvairios, neretai viena kitai prieštaraujančios teorijos. Mikčiojimo kilmės teorinių aiškinimų raidai būdingas perėjimas nuo viendimensio, arba *vieno faktoriaus*, mikčiojimo kilmės teorinio aiškinimo prie multidimensinio.
 - 1.1. Multidimensinės mikčiojimo kilmės aiškinimo teorijos, jungiančios *psichoanalitinę (užslopintų poreikių), diagnosogeninę, psichologinio mikčiojimo aiškinimo, išmokimo, motorinės diskoordinacijos ir kitas teorijas*, atskleidžia sudėtingų įgimtų ir išorinių veiksnių, *išskiriant predispozicinius, mikčiojimo pasireiškimą skatinančius ir palaukančius veiksnius*, sąveikas. Atsižvelgiant į individualų mikčiojimo profilį, multidimensinės mikčiojimo kilmės teorijos leidžia paaiškinti užsikirtimų atsiradimo mechanizmą ir (arba) mikčiojimo požymius ir dinamiką, identifikuoti ir taikyti integruotą multidimensinę mikčiojimo vertinimo ir įveikimo modelį.
 - 1.2. Remiantis multidimensiniu mikčiojimo teoriniu aiškinimu, mikčiojimo įveikimo programos, strategijos ir metodai parenkami atsižvelgiant į mikčiojimo priežastį, individualias mikčiojančio vaiko savybes, poreikius ir kalbėjimo ar kalbos sutrikimo pobūdį bei mikčiojimo dinamiką. Gali būti taikomos tiesioginės ir netiesioginės pagalbos strategijos arba jų deriniai. Siekiant efektyvios pagalbos, svarbus paties mikčiojančiojo, jo aplinkos narių aktyvus dalyvavimas ir pagalbos teikimas interprofesinėje specialistų komandoje.

- 1.3. Pagalbos ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai formalusis kontekstas grindžiamas tarptautinėmis ir nacionalinėmis nuostatomis, akcentuojančiomis ankstyvosios interprofesinės pagalbos svarbą, vis daugiau dėmesio skiriant ankstyvajai intervencijai ir inkliuziniam ankstyvajam vaikų ugdymui. Šiame kontekste išryškinaimi ankstyvojo ugdymo, prevencijos ir intervencijos sričių politikos ir praktikos pokyčiai, užtikrinantys kiekvieno vaiko teisę gauti kokybišką ugdymą ir pagalbą laiku, atsižvelgiant į poreikius.
2. Interprofesinės pagalbos mikčiojančiam vaikui ir jo šeimai tyrimo metodologija pagrįsta ekologiniu-sisteminio holistiniu požiūriu bei multidimensiniu mikčiojimo struktūros modeliu, kuris apima 5 komponentus: kognityvinį, emocinį, lingvistinį, motorinį ir socialinį (KELMS). Mikčiojimas suprantamas kaip interaktyvi sistema, jungianti mikčiojančio vaiko ir jo šeimos elgesį, emocijas, suvokimą, įsitikinimus, jausmus, vaiko fiziologines reakcijas. Pokyčių inicijavimo ir logopedinės pagalbos rekonstravimas, teikiant pagalbą ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai procese, grindžiamas daugiamačiu veiklos tyrimo konstruktu, sujungiančiu veiklos pokyčius, tyrimą ir refleksijas. Tyrimo dalyvių patirtys, šių patirčių kontekstai, pagalbos mikčiojančiam vaikui ir jo šeimai pokyčių dinamika bei tyrėjos „iš vidaus“ pozicija yra centrinė veiklos tyrimo ašis.
3. Empirinis tyrimas leido atskleisti pagalbos ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai skirtinguose sektoriuose – sveikatos priežiūros ir švietimo bei ugdymo – realizavimo patirtis ir galimybes.
 - 3.1. *Sveikatos priežiūros* įstaigose dirbančių specialistų patirtys parodė, kad pagalba mikčiojantiems vaikams ir jų šeimoms yra grindžiama interprofesiniu modeliu, tačiau pasižymi tokiomis charakteristikomis:
 - specialistai dažnai yra paveikti sveikatos priežiūros institucijose nusistovėjusių tradicinių hierarchinių santykių;
 - specialistams trūksta žinių apie mikčiojimo identifikavimo ir įveikimo metodus. Praktikoje pasitaiko atvejų, kai mikčiojimui įveikti taikomi metodai, nesusiję su šio sutrikimo struktūra, pasirenkamos nespēcifinės pagalbos kryptys, skirtos kitiems kalbos ir kalbėjimo sutrikimams įveikti, taikomi moksliniais tyrimai nepagrįsti pagalbos būdai;
 - specialistai, dirbdami su mikčiojančio vaiko šeima, labiau orientuojasi į greitą paslaugos teikimą ir trumpalaikį „efektą“ nei ilgalaikį teigiamą poveikį vaiko raidai ir funkcionavimui;
 - sunkumų kyla dėl žinių, informacijos, priemonių, profesinio tobulėjimo ir bendradarbiavimo su vaikų tėvais stokos. Pagrindiniai sunkumai ir iššūkiai siejami su nepakankama specialistų kompetencija – menkais bendradarbiavimo gebėjimais, interesų speci-

alistų komandoje derinimo sunkumais, nedidele darbo su mikčiojančiais vaikais ir jų tėvais patirtimi ir nepakankamomis žiniomis.

3.2. *Švietimo sektoriuje* dirbančių specialistų patirtys atskleidė dominuojantį multiprofesinės pagalbos teikimo modelį ir tokius pagalbos ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai teikimo ypatumus:

- vaikų lopšeliuose-darželiuose specialistai dažniausiai dirba multiprofesinės komandos principu, kai komandos nariai pripažįsta ne tik savo, bet ir kitų specialistų svarbą teikiant pagalbą mikčiojančiam vaikui ir jo šeimai. Šeimos narių susitikimai su skirtingų profesijų specialistais (logopedu, psichologu, specialioju pedagogu ir kt.) vyksta pagal atskirą, individualų susitarimą, kai kiekvienas specialistas, teikdamas pagalbą mikčiojančiam vaikui ir jo šeimai, dirba individualiai;
- švietimo įstaigose dirbantys specialistai (logopedai, specialieji pedagogai, psichologai) mikčiojimą apibūdina kaip multidimensinį sutrikimą. Jų teikiama pagalba pasižymi pagalbos būdų įvairove; taikomos tiesioginės ir netiesioginės mikčiojimo įveikimo strategijos, orientuotos į viendimensius mikčiojimo įveikimo metodus. Specialistų patirtys taip pat liudija, jog dalis tyrime dalyvavusių specialistų negeba tinkamai parinkti ir taikyti mokslškai pagrįstų pagalbos mikčiojančiam vaikui metodų;
- ugdymo praktikoje išryškėjo teisinio kompleksinės pagalbos mikčiojančiam vaikui ir jo šeimai reglamentavimo stoka, komandinio darbo, bendradarbiavimo su vaiko tėvais ir kitais specialistais sunkumai.

Nepriklausomai nuo įstaigos, kurioje dirba pagalbą teikiantys specialistai, tipo, tyrime dalyvavusių specialistų patirčių analizė atskleidė, kad praktikoje vyrauja viendimensis mikčiojimo įveikimo modelis.

4. Tyrime dalyvavusių tėvų pagalbos ieškojimo ir gavimo patirčių analizė atskleidė akivaizdžią sistemines koordinuotos pagalbos mikčiojančiam vaikui ir jo šeimai stoką. Tėvų patirčių pagrindu parengtų pagalbos ieškojimo žemėlapių analizė parodė, kad nepaisant to, jog tėvai pagalbos ieškojo įvairiose įstaigose, konsultuodamiesi su įvairių profesijų specialistais vidutiniškai vienus metus ir ilgiau, kvalifikuotos ir veiksmingos pagalbos jie negavo. Švietimo ir sveikatos priežiūros įstaigose teikiama pagalba dažnai nepateisina tėvų lūkesčių, todėl jie dažnai renkasi netradicinius, mokslškai nepagrįstus „gydymo“ metodus (žolininko, būrėjų, ekstrasensų paslaugas).
5. Logopedinės pagalbos rekonstravimas interprofesinio bendradarbiavimo pagrindu grindžiamas multidimensiniu mikčiojimo struktūros modeliu KELMS, kuris leido atskleisti kiekvieno individualaus atvejo mikčiojimo struktūros komponentus – kognityvinį, emocinį, lingvistinį, motorinį ir so-

cialinį, ir sudarė galimybę interprofesinėje komandoje dirbantiems specialistams numatyti pagalbos teikimo mikčiojančiam vaikui ir šeimai kryptis:

- 5.1. Mikčiojančio vaiko situacijos vertinimas leido nustatyti sklandaus kalbėjimo gebėjimus, o multidimensinio mikčiojimo struktūros modelio taikymas sudarė galimybę parengti mikčiojimo įveikimo interprofesinėje komandoje planą. Logopedinės pagalbos rekonstravimas buvo pagrįstas aktualiomis vaikui temomis ir vaiko – tėvų – vaiko – specialistų interakcijomis.
- 5.2. Logopedinės pagalbos rekonstravimas interprofesinio bendradarbiavimo ir multidimensinio mikčiojimo struktūros modelio pagrindu buvo veiksmingas visiems tyrime dalyvavusiems vaikams – padėjo pasiekti teigiamų rezultatų. Kiekvienas mikčiojantis vaikas padarė individualią pažangą: teigiama linkme formavosi vaikų elgesys, socialiniai, emociniai ir lingvistiniai gebėjimai.

DISERTACINIO TYRIMO REZULTATŲ APROBAVIMAS

Pagrindiniai disertacinio tyrimo teiginiai **paskelbti šiose mokslinėse publikacijose** Lietuvos mokslo tarybos pripažintose tarptautinėse duomenų bazėse esančiuose periodiniuose leidiniuose:

1. Kantanavičiūtė, R. (2015). Interprofesinės pagalbos teikimas ankstyvojo amžiaus mikčiojantiems vaikams: tėvų patirtys. *Specialusis ugdymas*, 1 (32), 11–30. ISSN 1392-5369.
2. Kantanavičiūtė, R. (2017). Multidimensinis požiūris į mikčiojimo vertinimą ir įveikimą. *Jaunųjų mokslininkų darbai*, 47(1), 14–19. ISSN 2424-3345.
3. Kantanavičiūtė, R. (2017). Specialistų pagalbos teikimo mikčiojančiam vaikui ir šeimai komandinės sąveikos modeliai ikimokyklinio ugdymo įstaigoje. *Scientific Research in Education*, 57–65. ISBN 978-9955-18-972-5.

Disertacijos tema **paskelbtos publikacijos mokslinių konferencijų leidiniuose**:

1. Kantanavičiūtė, R. (2015). Interprofessional support to stuttering children at an early age. *The 2nd Congress of Baltic speech and language therapists “Neurological speech and language disorders: towards evidence – based practice”*. 2-ojo Baltijos šalių logopedų kongreso medžiaga. Šiauliai, Šiaulių universitetas, 64–67.
2. Kantanavičiūtė, R. (2015). Į šeimą orientuotos strategijos mikčiojimui įveikti. *Mokslu grįsto švietimo link: mokslinių pranešimų santraukos*. Vilnius, Lietuvos edukologijos universitetas, 119–120.

3. Kantanavičiūtė, R. (2017). Tėvų, auginančių ankstyvojo amžiaus mikčiojančius vaikus, patirtys: multidimensinis požiūris. *Pasaulis vaikui: ugdymo realijos ir perspektyvos*. Konferencijos medžiaga. Vilnius, Lietuvos edukologijos universitetas, t. 6, 7–14.
4. Kantanavičiūtė, R. (2017). Multidimensional assessment approach of stuttering children. *The 4th Congress of Baltic Countries Speech and Language Therapists “Eat safe, speak brave!”*. Books of Abstracts. Riga, Latvia, 34–35.
5. Kantanavičiūtė, R. (2018). Using the thematic intervention to fluency therapy for the young stuttering children. *The 5th Congress of Baltic States SLTs “Alternative and Augmentative Communication: More than Words...”*. Book of Abstracts. Šiauliai, Šiauliai University, 25.

Disertacinio tyrimo **rezultatų sklaida** vyko skaitant pranešimus disertacijos tema:

1. The 2nd Congress of Baltic speech and language therapists “Neurological speech and language disorders: towards evidence – based practice”. Presentation *Interprofessional support to stuttering children at an early age*. 2015.04.17 // Šiauliai, Lithuania.
2. Conference “Social welfare in the interdisciplinary approach”. Presentation *Ankstyvojo amžiaus vaikų mikčiojimo įveikimas, taikant multidimensinę intervenciją*. 2015.04.23 // Faculty of social welfare and disability studies, Šiauliai University, Lithuania.
3. Conference “Children with SEN and their wellbeing at Lithuanian Saturday schools”. Presentation *Elements of Art Therapy applying in collaborative Speech and Language Therapist Practice*. 2015.05.24 // London, UK.
4. Tarptautinė mokslinė-praktinė konferencija „Pasaulis vaikui: ugdymo realijos ir perspektyvos“. Pranešimas *Tėvų, auginančių ankstyvojo amžiaus mikčiojančius vaikus, patirtys: multidimensinis požiūris*. 2015-09-17 // Lietuvos edukologijos universitetas, Vilnius.
5. Tarptautinė mokslinė konferencija „Mokslo grįsto švietimo link“. Pranešimas *I šeimą orientuotos strategijos mikčiojimui įveikti*. 2015-10-15 // Lietuvos edukologijos universitetas, Vilnius.
6. Project “We can too“. Presentation *Social Communication (Pragmatical) Disorders: Good Practice and Challenges in Speech and Language Therapists Work*. 2016.07.29 – 08.7 // Kranevo, Bulgaria.
7. The 4th Congress of Baltic Countries Speech and Language Therapists “Eat safe, speak brave!”. Presentation *Multidimensional assessment approach of stuttering children*. 24-25. 02. 2017 // Riga, Latvia.
8. I tarptautinė edukologijos doktorantų, VI doktorantų mokslinė konferencija. Pranešimas *Interprofesinė pagalba ankstyvojo amžiaus vaikams ir jų*

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Mokslinės stažuotės užsienyje:

1. Tarptautinė mokslinė stažuotė „*Erasmus Intensive Programme Doctoral studies in research methodologies*“, Anadolu university in Eskisehir, Turkey (2013 m. birželio 6–20 d.), Eskişehir, Turkija.
2. Švietimo ir mokslo ministerijos Švietimo aprūpinimo centro vykdomo projekto „Ikimokyklinio ir priešmokyklinio ugdymo plėtra (IPUP)“ VP1-2.3-ŠMM-03-V-02-001 stažuotė „*Tarpinstitucinio bendradarbiavimo patirtis Anglijoje teikiant švietimo ir kitas paslaugas vaikams nuo gimimo iki privalomojo mokymo pradžios ir jų tėvams (globėjams)*“ (2013 m. spalio 14–18 d.), Londonas, Anglija.

INFORMACIJA APIE AUTORE

Rita Kantanavičiūtė – Šiaulių universiteto Specialiosios pedagogikos katedros asistentė; Klaipėdos rajono Slengių daugiafunkcio centro logopedė; Klaipėdos VŠĮ „Testas“ logoterapeutė (vaikų vystymosi sutrikimų ankstyvoji reabilitacija). Moksliniai interesai: interprofesinė pagalba ankstyvojo amžiaus mikčiojančiam vaikui ir jo šeimai, mikčiojimo vertinimas ir įveikimas įvairiuose amžiaus tarpsniuose.

Adresas: Šiaulių universitetas, Specialiosios pedagogikos katedra,
P. Višinskio g. 25, 76351 Šiauliai, Lietuva,
tel. (8 41) 59 57 34, el. p. rita.kantanaviciute@gmail.com

Rita Kantanavičiūtė

**INTER-PROFESSIONAL SUPPORT TO AN EARLY AGE
STUTTERING CHILD AND ONE'S FAMILY WHILE
APPLYING THE MULTIDIMENSIONAL INTERVENTION**

Summary of the Doctoral Dissertation
Social Sciences, Education (07 S)

Redaktorius Algirdas Malakauskas (lietuvių k.),
Vertė į anglų k. Monika Gruslytė
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