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DESIGNING INTERVENTION FOR STUTTERING PUPILS WITHIN THE CHILD CENTERED EDUCATION PARADIGM

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INTRODUCTION

Methodological scope of the research. The retrieval of Lithuanian independence on 11th March 1990 highlighted the necessity for a new education system which would reorganize all educational sectors, rejecting the regulations of Soviet ideology towards the education of people with special needs. National legislation was formed and developed according to international strategic documents[1] which are in effect in Western European countries and were approved in Lithuania. Methodological support by Western European countries, the Salamanca Convention (1994), the Law on Special Education of the Republic of Lithuania (1998), the Law on Social Integration of Disabled People (2004) and the regulations of the National Lithuanian Educational Strategy for the period 2003–2012 had a major impact on structural and practical changes in social education. Educational development documents highlight the right of a child with special needs to learn according to his/her capabilities and to receive help corresponding to his / her needs. They also highlight the demands in cooperation between parents of children with special needs and educators, and the need for continuous professional development amongst educators. According to the legislation of the Republic of Lithuania and the recommendations of the European strategies of special education[2], an education system based on differentiation and integration is being created in Lithuania, a model for the provision of special educational support has already been developed, and special educational committees responsible for satisfying the needs of the ones they educate have been formed at educational institutions.

Legislation regulating special education and people with special educational needs has examined the evaluation of speech, language and communication disorders, as well as the provision of assistance for them. Related literature (Ambrukaitis, 2003) highlights that pupils with special educational needs constitute approximately 9% of the total population of Lithuanian pupils, of which a significant proportion (approximately 60%) are pupils with speech and language disorders. Speech, language and communication problems have a negative influence on a child's development, impede successful communication and often serve as a cause for learning difficulties. One of the main disorders impeding communication is stuttering[3]. Most children who stutter suffer specific difficulties in communication: they can feel shame or guilt, hesitate to answer during lessons,

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[1] Review of Lithuanian educational reform (1990–2000): Report of the Ministry of Education and Science of the Republic of Lithuania. Internet access path: <http://www.smm.lt/svietimo_bukle/docs-/apzvalgos/RAPORTAS_taisymai_pdf>; Salamanca Convention (1994); General rules on provision of equal rights to the disabled, decision *of Provision of special educational support to the children with special needs*, United Nations (1993)*;* EEC Strategy on the Disabled and the Convention on the Rights of the Child.

[2] Key Principles for Special Needs Education: Recommendations for Policy Makers (2003).

[3] Stuttering is determined as a speech rate and rhythm disorder disturbing normal communication (Ivoškuvienė, Garšvienė, 1993).

and have difficulties using the telephone and communicating with strangers. Statistical data shows that adults who stutter constitute 1% and children who stutter from 4–5% of the population (Bloodstein, 1995; Guitar, 1998; Shapiro, 1999; St. Louis, 2001). According to data of the Department of Statistics of the Government of the Republic of Lithuania[4], during the period 2006–2007, 29,560 children with speech, language and communication disorders were educated in national educational institutions. There is no information, however, on the number of people who stutter in Lithuania.

Stuttering therapy is based on the principles of a system of development in relation to other psychological processes, a holistic approach where individual features are emphasized (Volkova, 1989; Garšvienė Ivoškuvienė, 1993; Gregory, Hill, Campbell, 2000; Healey, Trautman, Susca, 2004; Cook, Boterill, 2007). It is based on a psychological-educational conception of speech, language and communication disorders. The goal of therapy is to reveal the etiology and structure of the problem of stuttering, finding adequate means and methods of individualized education. Since 1960, speech therapists have been trained at Šiauliai University: speech therapy groups and offices have been established – both for children and adults with speech, language and fluency disorders. Recently, speech therapy for children and adults who stutter has also been provided at educational and health care institutions. Speech therapy at schools and pre-school institutions is regulated by the law (The Order of Organization of Commission on Special Education in Educational Institutions and The Order of Proceedings)[5], which came into power in the year 2000. Reorganization in the health care system[6] provided for speech therapy services to people with speech, language and communication disorders. According to the Order of the Ministry of Health of the Republic of Lithuania (1998)[7], the services of a speech therapist must be prescribed by a doctor (pediatrician, neurologist). Up to 20 free hours of therapy are available to one patient annually as covered by compulsory health care insurance funds. The Order of the Minister of Health Care of the Republic of Lithuania (2005)[8] determines the duties, competence and responsibility of speech-language pathologists employed in health care institutions.

Strategic changes in the special education system have also changed the competencies of educators, special educators and speech-language pathologists. Related documents regulating the study programs of educators and their qualification requirements[9] highlight the significance of social and communication skills, the capability of the teacher to know him/herself, to determine his / her own social needs and roles in the organization, to communicate and cooperate, to be

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[4] <http://www.stat.gov.lt/uploads/docs/LT%20Vaikai_Svietimas.doc>.
[5] Order of the Minister of Education and Science of the Republic of Lithuania (2000), No. 71–2215.
[6] Law on Health Care Institutions of the Republic of Lithuania (1996), No. 66–1572.
[7] Order of the Ministry of Health Care on Approval of Base Price of Speech Therapy Services (1998).
[8] On the approval of Lithuanian Medical Norm: Speech therapists Rights, Obligations, Competence and Responsibilities (MN 136:2005).
[9] Concept of preparation of educators (2004); Qualification requirements of teachers (2004).

capable of combining his / her own knowledge and the ideas of other people, and to negotiate. The main provisions highlighted are interaction between educators, children and parents, the search for new and effective training methods, the evaluation of educational needs and the provision of adequate support. The Law on Education of the Republic of Lithuania (2003) and the Law on Special Education (1998) determine the composition of the special education system, the arrangement of education, the rights and responsibilities of people with special needs and their parents or guardians, ensuring the cooperation of educators and parents, consulting them on questions related to special education. However, a contradiction between the legislation and the educational reality has been highlighted: the participation of people with special needs and their families in the processes of decision-making and social relations is becoming more active, but is still poor; specialists are dominating in educational processes, and the terms applied are not clear and are often misinterpreted by the participants (Ambrukaitis, Ruškus, 2002).

A shift from the traditional to the modern paradigm of child education, based on the ideas of humanistic psychology and child-oriented education, reveal the problems of equivalence in the relationship of a child and an adult, educational individualization, family participation in the educational process, and specialists' continuing professional development. During the past decade, interest in the spread of new ideas and expression in educational practice has been active in Lithuania[10]. Various pieces of research dealing with questions arising from the context of change in the special education system[11] have highlighted the differences of education paradigms for disabled people and the social inclusion concept have helped to reveal changes in public attitude, and the contradictory preferences of educators towards children with special needs and their educational possibilities. Various pieces of research analyzing aspects of special educators' competencies, family participation, the individualization of the educational process, and meeting the special needs of pupils[12] have been performed. Researchers are interested in the theoretical and practical aspects of children with speech, language and communication disorders (Giedrienė, Monkevičienė, 1995; Ivoškuvienė, 1999, 2000; Ivoškuvienė, Gružaitė, 2004; Garšviene, 2005; Bankauskienė, Jegelavičienė, 2006).

Methodological basis of research. Thesis research is based on:

• *Theory of social constructivism,* tackling the development of knowledge between the participants of social relations. The authors of the theory[13] neglect "objective" explanation of the reality and claim that reality is a result of interactive social construction. People, interpreting the expressions of social life or

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[10] Juodaitytė, 1999; 2000; Jurašaitė-Horbison, 2000; Jucevičienė, 1998; Želvys, 1999.
[11] Ruškus, 2002; Ruškus, Mažeikis, 2007; Gudonis, Novogrodskienė, 2000; Ališauskas, 2002; Galkienė, 2003; Ambrukaitis, 2004; Ališauskienė, 2002; Kaffamanienė, 2001; Gribačiauskas, Merkys, 2003.
[12] Ambrukaitis, 1999; Gailienė, 1998; Kaffamanienė, Šedbaraite, 2005; Miltenienė, 2005; Gerulaitis, 2007; Šiaučiukenienė, Dabrišienė, 2000, Dabrišienė, Narkevičienė, 2002, Kaffamaniene, Lusver, 2004.
[13] Delanty, 1997; Crotty, Berger, Luckman, 1999; Taylor, 2000; Hruby, 2001.

situations constantly create knowledge relating it to the complex, realistic everyday situations with a gained experience (Greenwood, 1994; Crotty, 1998). Social constructivism theory determines the importance of social images and attitudes, closely related with personal behavior and activity. Theory of constructivism treats education as a search for purpose, development of self-reflection (Bonnie, Clements, 1991), in presence of close interaction of the participants and equal participation (Delanty, 1997; Taylor, 2000). The educator and the learner evaluate the context and the circumstances, create subjective concepts, construct the meanings and cognition. In this theory a person is understood as active, capable to experiment with his own social reality, rearranging resources and overcoming the difficulties presented by a real situation. In the context of social constructivism theory, the phenomenon of stuttering is subjective and situational construct of participants of communication system. People's who stutter personal experience and understanding of the social world, particularly the clinician-client relationship are critical to the change process (Shapiro, 1999). Therapist plays a significant part in the exploration of another person's construct system and effective support only occurs when the therapist is able to see events trough the eyes of stuttering person (Botterill, Cook, 2007). In other words, the speech-language pathologist must shift perspective so as to see child's world as the child who stutter sees it (Klein, Moses, 1994; Shapiro, 1999) and must assess whether the child's personal constructs can help or hinder the desired change.

- In terms of *Social participation theory*[14] the role and social position of the disabled people and their families are evaluated as a conflict between social discourses and interests (Ruškus, Mažeikis, 2007). These contradictions are caused by the shift of educational paradigms, social, economical, public changes. The concept of social participation means that every person has a right and can participate in everyday social situations and develop individual feelings, manner and own identity. Personal participation is expressed in social activity (Kar, Colman et al, 1988), development and maintenance of identity (Streen, 2002), voluntary making of decisions (Detraux, Di Duca, 2003). The main conditions of social participation are personal activity and open society (Ebersold, 2002; 2004). Applying the individualization principle and emphasizing unique personal needs in educational process is extremely important, stressing the development of partnership and equality of a child, parents and specialists, collecting internal and external resources, creating and implementing individual educational plan for a child with special needs. The guidelines of paradigm of social participation encourage treat people who stutter not as passive receivers of therapy services, but as active participants of interdisciplinary team, striving to decrease or overcome their difficulties of communication in everyday life. Social participation theory

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[14] The concept of social participation means that every person has a right and can participate in everyday social activity and develop individual feelings, manner and behavior of own identity, self-evaluation. Personal participation is expressed in social activity (Kar, Colman et al, 1988), development and maintenance of identity (Streen, 2002), participation in decision-making processes (Brown, Ashman, 1996, Cray et al, 1991, voluntary decision of activity (Detraux, Di Duca, 2003).

emphasizes the importance of individual's wishes, personal choice and active participation in decision making process (Douglas, Zimmerman, 1995; Loubat, 2003; Ebersold, 2004). These aspects influence both the directions and content of offered assistance and encourage individual's responsibility for therapy results. Manning (1996), Shapiro (1999), Gregory, Hill, Campbell (2000) note that it is very important to show understanding, to be available to the child and reward what he recognizes as progress in behavioral or affective change. Stuttering limits communication of people who stutter in different ways and degrees. Therefore, the limitations experienced by people who stutter may arise from self-imposed restrictions as well from the barriers encountered in society (Corcoran, Stewart, 1998; Crichton-Smith, 2002; Yaruss, Quesal, 2006). Crichton-Smith (2002) highlights that a successful therapeutic intervention would therefore assist the people who stutter recognize and act upon any limitations they place on themselves in communicative situations, equip them with the most functional strategies to use in different areas of their lives. According to social participation theory the main purpose of stuttering therapy is to provide support for person in developing effective interaction pattern and help overcome barriers of active participation in communication and public life.

- In the e*mpowerment theory*[15]*,* based on social constructivism and social participation paradigm, a welfare of a child is linked with a wider self-expression in social environment, emphasizing the increase of individual social capabilities (Myrcik, John, Williams, 1994). Zimmerman (1995) points that empowerment encourages individuals to envisage and follow the concepts of wellness, convalescence, to reveal their competencies, strengths and abilities. The practice based on empowerment requires cognition and acceptance of his rights, responsibility, encouraging the activity of an individual and development of positive self-esteem (Ruškus, Mažeikis, 2007). The theory of individual powers emphasizes the importance of self-support (Shultz, Israel, Zimmerman, Checkoway, 1995). Self-support is an important tool in development of social relations, communicative skills and transfer of new skills for the people who stutter. This fact is proved by the activity of foreign self-support groups[16]. Bradberry, (1997), Cooper, (1987), Krauss-Lehrman, Reeves (1989) note positive significance of participation in self-support groups, combining this activity with a professional therapy. Therefore it is vital to develop the powers of the person who stutters and the other participants of communicative system, to seek for effective methods of stuttering therapy and means of evaluation of its efficiency. While clinicians traditionally have tried to involve family members in the intervention process, such attempts have been based on linear treatment model, in which an individual is the center of the treatment process (Andrews, Andrews, 1990; Shapiro, 1999). Family members where directed by the speech-language

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[15] Empowerment is a process of people, organizations or communities striving to participate (Douglas, Zimmerman, 1995).
[16] National Stuttering Association, Canadian Association for People who Stutter, the British Stammering Association, International Stuttering Association (Yaruss et al, 2002).

pathologist to engage in treatment-related activity in home settings. Empowerment theory emphasizes the ability of child who stutters and his / her parents to participate in therapy process as equal partners and requires more systemic approach to stuttering intervention.

- *Child centered educational paradigm* is based on the concepts of humanistic, progressive and pragmatic education, emphasizing the attitude towards an individual as a free, universal, conscious person, capable of understanding own needs, realizing own potentials and solving real problems of life (Bitinas, 2000; Korčakas, 1993; Jurašaitė-Horbisson, 2003). Child centered educational concept rejects adult domination and offers a possibility to cooperate with a child in educational processes, to seek for partnership, emphasizing the trust of an adult in child, gradually decreasing child's dependence on an adult, strengthening relations between a child and an adult (Korčakas, 1993; Juodaitytė, 2003). The main role of an educator is to ensure personal freedom, to help actualize own powers, to cooperate with a learner while planning educational practice, to encourage active participation of a child and his / her responsibility for the results of activity.

In literature (Andrews et al, 1983; Beitchman, 1986; Guitar, Peters, 1991; Bloodstein, 1995; Yairi, 1997; Onslow, 2007) stuttering is also called "a childhood disorder". Many authors (Shapiro, 1999; Gregory, Hill, Campbel, 2000; Cook, Boterill, 2007) emphasize the importance of stuttering prevention, early intervention, cooperation of the participants of a therapy based on equality, understanding and respect. With a communicative system being the center of stuttering intervention process, speech-language pathologists seek to adopt the consistent pattern of a child's development, his unique experience, attitude, feelings about themselves as communicators and individual needs. In this case an intervention plan meeting child's capabilities and social context is developed. Basing on a concept of free education, the main child cenered educational features are determined (Walsh, 1998; Walsh, 2001; Daniels, Stafford, 2000): active participation of family members in educational process, education based on individualization principle, holistic approach to the child, environment stimulating individual's choices, the use of active training methods and a continuous professional development amongst educators. Multidimensional structure of stuttering requires understanding and considering the unique features of each stuttering child by considering the complex interaction among the components that contribute stuttering. This could be especially useful in developing individualized educational plans (IEP's) in a therapy setting (Healey, Trauttman, Susca, 2004). Integrated approaches of stuttering intervention focus on creating speech changes with reduction or elimination of negative feelings, emotions, and avoidance behaviors in functionally meaningful context.

Scientific significance of the research is reflected by a complex structure of stuttering, unique combination of different stuttering components (motor, linguistic, affective, cognitive and social) of each child, complicated situation of integration fluency shaping and stuttering modification methods and contradictory

results of research on efficiency of stuttering therapy[17]. Analysis of foreign literature shows that progression of education and other sciences reveals new questions on the origin of stuttering, its development[18], emphasizes importance of self-support group's development, integrated therapy approach for the stuttering people and topics of their socialization. Basing on the International Classification of Functioning, Disability and Health (ICF, WHO, 2001), a new model of stuttering analysis (Yaruss, Quesal, 2006) was developed. It highlighted the interaction of the reaction of person who stutters and the environmental factors with the influence to the severity of the disorder as well as person's behavior in everyday life. A deeper cognition and understanding of people with special needs requires holistic point of view, conceptual basis, combination of knowledge and conception of various disciplines (Rubin, 1995). Complex dynamics of stuttering, different influence to the communication and social participation of the people who stutter motivates to seek for holistic and systemic approach, emphasize individual needs, and to look for the ways of different therapy methods integration, active participation of the person who stutters and the family in therapy, as well as adequate professional preparation. Topics on qualification of speech-language pathologists are tackled in the works of St. Louis, Lass, (1980), Sommers, Caruso (1995), Kelly, Martin, Baker et al (1997), Cooper, Cooper (1996). Performed analysis (Manning, 1996; St. Louis, Durrenberger, 1993) stressed that most of specialists feel less competent while working with people who stutter than with other clients having speech, language and communication disorders. Scientific discourse of the therapy for people who stutter reveals a certain pessimism, anticipatory attitude of speech-language pathologists due to scarce therapy capabilities for stuttering people, revealing the importance of scientific processes of stuttering therapy and its participant's research.

The data of research analyzing the stuttering phenomenon reveal the dimensions of social disclusion (Crocker, 1998). Bebout, Bradford (1992), Kalinowski, Armson, Stuart, Lerman (1993), Blood, Blood, Tellis, Gabel (2003) analyzed the public attitude towards stuttering and determined negative bias which was reported by parents of children who stutter toward their own children, elementary and secondary school teachers, special educators, speech-language pathologists, etc. Pervasiveness of the negative stereotype assigned to individuals who stutter may be formed in early childhood as accepted perceptions by the communication partners of the interaction (Bloodstein, 1995; Guitar, 1998; Shapiro, 1999). Most of the authors[19] approve negative stereotypes of the attitude

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[17] Onslow, Costa, Andrews, Harrison, 1996; Sciavetti, Metz, 1997;Cordes, Ingham, 1998; Ingham, Riley, 1998; Blood, Conture, 1998; Thomas, Howell, 2001; Langevin, Kully, 2003; Bothe, 2003, 2004; Onslow, 2003; Finn, 2003; Yaruss, Quesal, 2004; Frattali, 1998; Sackett, Straus, Richardson, Rosenberg, Haynes, 2000; Drayna, 2006, 2007; Quesal, Yaruss, Molt, 2004.

[18] Van Riper, 1982; Yairi, 1983; Yairi, 1997; Moore, 1984; De Nil, Kroll, Kapur, Houle, 1995; Webster, 1993; Bloodstein, 1993; Felselfend, 1997.

[19] Cooper, Rustin, 1985; Lass et al, 1994; Yairi, Carrico, 1992; Bebout, Bradford, 1992; Kalinowski, Armson, Stuart, Lerman, 1993; Ruscello et al, 1994.

towards people who stutter and claim that the reactions of the environment may influence anticipatory attitude of young children who stutter. The research by Conture (1990), Peters, Guitar (1991), De Nil, Brutten (1991), Ivoškuvienė (2000) show that children who stutter evaluate their speech negatively, using various strategies of avoidance in communication situations. We must highlight that very few pieces of research tackling the stuttering problem have been performed in Lithuania (Ivoškuvienė, 1999; 2000; Polukordienė, 1990; Kačiušytė-Skramtai, 2002). A child starting to attend school is affected by a new environment, strange people, teachers and peers. A child who stutters meets specific communication difficulties, feels uneasiness in various social situations, therefore early and effective support of speech therapist (psychologist, educationist, neurologist or / and psychiatrist) is extremely important.

In this research, therapy process for the people who stutter is tackled, using the basis of child centered education: holistic approach, individualization of education according to emotional experience of the stuttering child, self-perception, equal family participation in therapy process and professional competence development amongst speech-language pathologists and educators. In the context of new educational policy, inclusive educational paradigm, problem topics of theoretical and methodological intervention for people who stutter are revealed by concretizing both the nearest challenges of special education and practice of stuttering therapy, as well as **problem topics of dissertation analysis:**

1. How are the stuttering modification and fluency shaping methods integrated in stuttering therapy with respect to individual needs of school age children?
2. How does the efficiency of stuttering therapy qualify participants of intervention process (pupils who stutter, their parents, speech-language pathologists and teachers)?
3. How does stuttering therapy agree with child centered educational principles?

Research focus – stuttering therapy for the pupils who stutter using child centered educational principles.

Research aim – to design a model of therapy to pupils who stutter based on child centered educational paradigm.

Research tasks:

1. To analyze theoretical strategies and models of stuttering intervention for stuttering pupils in the aspect of a child centered educational paradigm.
2. To identify stuttering therapy methods most often employed in practice and the peculiarities of their integration, to show the perception of stuttering therapy efficiency by stuttering pupils, their parents, teachers and speech-language pathologists.

3. To highlight the situation of stuttering therapy for school age children who stutter in Lithuania, considering the following aspects: individualization of stuttering therapy, active and equal participation in educational process of both children who stutter and their parents and professional development amongst speech-language pathologists and teachers.
4. To analyze practice of child centered educational principles in therapy for pupils who stutter.
5. With respect to theoretical presumptions and the empirical data, to design a model of intervention for pupils who stutter, based on child centered educational principles.

Research hypothesis:
1. In the stuttering therapy, insufficient consideration is paid to the individualization of educational process for the pupils who stutter, considering emotional experiences and self-perception of a child.
2. Fluency shaping procedures are dominating in stuttering therapy for stuttering pupils, with insufficient implementation of capabilities of equal and active participation of a child, parents, teachers, in a stuttering intervention process.
3. Implementation of stuttering therapy methods encouraging the active participation of the child who stutters and his family is related to the professional competence of speech-language pathologists.
4. Child oriented educational paradigm enables the development of stuttering intervention efficiency and integration of fluency shaping and stuttering modification strategies while considering individual needs of participants of stuttering therapy process and different aspects of stuttering.

Research methods. The research was performed basing on *triangulation principle*, combining qualitative and quantitative methods (Merkys, 1999; Šaparnis, 2000; Kardelis, 2002; 2005). This decision was determined by the features of a research object of the thesis (multidimensional structure of stuttering and heterogeneous group of participants of stuttering therapy). In order to operationalize the concept of stuttering therapy for pupils, based on a child centered paradigm and to give theoretical motivation to the models of stuttering intervention, the method of *theory analysis* (i. e., educational, psychological, sociological, speech-language pathology literature) was used. During the first stage of the research, *individual half-structured interview method* was used in order to reveal the difficulties met by the pupils who stutter in everyday situations. This method was applied to reveal the content of opinions and practice of pupils who stutter, their parents, and teachers. Using the interview method, 14 pupils who stutter, 9 parents and 11 teachers were interviewed in Kaunas city. During the second stage, quantitative research methods dominated. *Questionnaire method* was

used for identifying the methods, most commonly used in stuttering therapy in Lithuania as well as the opinion of therapy participants on the efficiency of stuttering intervention methods and process. This method enables to evaluate the present situation in Lithuania in the analyzed aspect. The sample of quantitative research was 904 participants (283 speech-language pathologists, 223 pupils who stutter, 217 parents and 181 teachers) from various Lithuanian cities and towns. Practical experience of stuttering therapy for pupils based on child oriented principles was analyzed using *the method of case* analysis. Collected data was analyzed using *statistical methods* (descriptive statistics, factor analysis, multidimensional scale method) and qualitative (interpretative-narrative) methods. Collected data was processed, systematized and presented in a diagram form using the SPSS (*Statistical Package for the Social Sciences*) software, Windows Microsoft Word and Windows Microsoft Excel programs.

The scientific novelty and significance of the research is characterized by the following:

- In various aspects of analysis (opinions of participants of stuttering intervention process, child centered educational paradigm) this thesis reveals yet unexplored condition of stuttering therapy for the pupils who stutter in Lithuania, identifying the contradictions of modern educational paradigm and practice of stuttering therapy for pupils.

- Basing on a child centered educational paradigm, stuttering therapy for pupils is conceptualized, determining the aspects of individualization, active participation of children who stutter, their parents and teachers in therapy, developing professional competence of speech-language pathologists.

- Prepared empirically and in theory based model of stuttering intervention for the pupils who stutter.

Practical significance of the research is grounded by the fact that methods and tendencies of stuttering therapy for pupils were in detail determined, solving problems relevant to speech-language pathologists and other participants of intervention process, problems of development of individualized educational plan for the pupils who stutter. Aspects of modeling stuttering intervention for the pupils who stutter were analyzed. Empirically based practical recommendations to the speech-language pathologists, pupils who stutter, their parents and teachers were offered.

The volume of the thesis. Dissertation consists of introduction, four sections, conclusions, recommendations, reference list and attachments. The thesis contains 18 figures and 25 tables. Total volume of the thesis is 165 pages. 396 literature references have been used. The attachments present the instruments of survey, statistical calculation tables and interview materials.

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4. RESEARCH CONCLUSIONS. MODELING AND SCIENTIFIC DISCUSSION: THERAPY FOR STUTTERING PUPILS BASED ON THE CHILD CENTERED EDUCATION PARADIGM
4.1. The status of stuttering intervention for people who stutter in Lithuania and new challenges of practice
4.2. A model of intervention for stuttering pupils using principles of child centered education

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Appendixes

REVIEW OF THE CONTENT OF THE THESIS

Section 1. INTERVENTION FOR STUTTERING CHILDREN – THE PROBLEM OF SPECIAL EDUCATION SCIENCE

1.1. Stuttering therapy for the school aged children who stutter: theory and practice

In subsection 1.1.1 various concepts of stuttering and the theories of origin and development of stuttering are analyzed, highlighting multidimensional model of stuttering and the complex interaction among components of its structure.

In subsection 1.1.2 models and strategies of stuttering intervention for the pupils who stutter are discussed, analysis of fluency shaping and stuttering modification approaches is provided, listing the stages and components of stuttering therapy.

In subsection 1.1.3 features of pupils who stutter and the influence of stuttering to the everyday life situations are analyzed.

In subsection 1.1.4 the model of influence of stuttering to the person's functioning in communicational situations and the documenting multiple outcomes in stuttering therapy are analyzed by considering all components of the disorder. The importance of evidence-based practice in the field of speech-language pathology is emphasized.

1.2. Intervention for stuttering pupils in the context of child centered education paradigm

In subsection 1.2.1 the concept of child centered education in the context of changes of educational paradigms is explained, highlighting the main features of a child centered education principles.

In subsection 1.2.2 the concept of individualization of educational process is analyzed, tackling the aspects of individualization principles of stuttering intervention for the pupils who stutter.

In subsection 1.2.3 basing on a systemic approach, the significance of active and equal participation of family members and teachers in the stuttering therapy of the school age children who stutter is discussed.

In subsection 1.2.4 in the context of the new paradigm of child education, the need and importance of development of professional competence of speech-language pathologists, working with persons who stutter, is revealed.

In section **1.3 Intervention for the stuttering pupils: the design of research** the design of thesis research (strategy and methods) is presented (see Fig. 1).
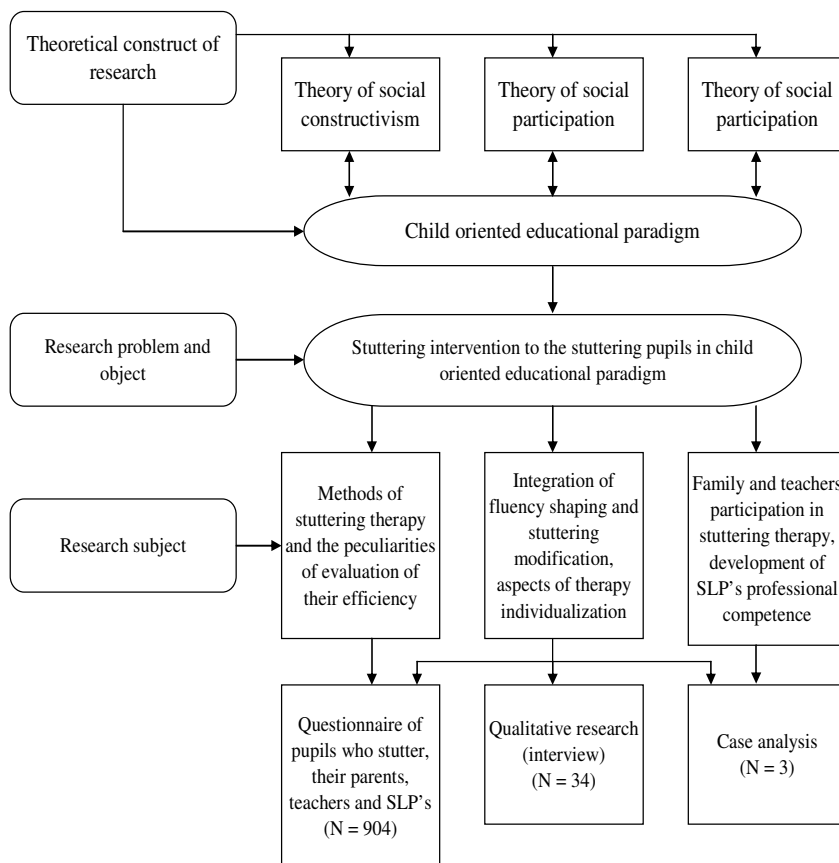
Figure 1. The design of research of stuttering intervention for pupils who stutter

The research consisted of two stages: *stage I*– operationalization of stuttering intervention for the pupils who stutter, basing on a child centered education paradigm. The interviews of pupils who stutter, their parents and teachers helped to reveal the difficulties rising in everyday situations and the strategies of their overcoming. In *stage II* cases of stuttering intervention practice was analyzed. The data of quantitative analysis helped to identify the most often used methods of stuttering therapy and the peculiarities of perception of their efficiency from the perspective of school age children who stutter, their parents, teachers and speech-language pathologists. Stuttering therapy to the pupils who stutter was analyzed in the context of child centered educational paradigm, highlighting the aspects of individualization of intervention, active participation of the stuttering pupils and their family – it constituted a basis for designing stuttering intervention process.

Section 2. **AN ANALYSIS OF THERAPY FOR SCHOOL AGED CHILD-REN WHO STUTTER BASED ON THE CHILD CENTERED EDUCATION PARADIGM: RESEARCH RESULTS**

2.1. Review of research methods contain the characteristics of the questionnaires and interview plan used in the thesis research. Four questionnaires were developed and used in the research: questionnaire for pupils who stutter, their parents, teachers and speech-language pathologists.

2.2. Characteristic of research sample presents characteristic of thesis research participants (respondent's age, sex, education, professional status and other aspects).

2.3. Characteristics of stuttering therapy practice and perception of their efficiency

Quantitative questionnaire helped to determine, how the speech-language pathologists, pupils who stutter, their parents and teachers gain new knowledge on stuttering, what methods and stuttering intervention forms are most often used in practice, how the participants of stuttering therapy evaluate their efficiency. Using the Wilcoxon method, we compared the frequency of use of various methods of stuttering therapy and the evaluation of their efficiency according to data of questionnaire of speech-language pathologists (N = 283). Determined results show that the frequency of various stuttering therapy methods applied in practice and the perception of speech-language pathologists on their efficiency varies in a statistically significant manner (p < 0.00). The average data of the frequency of stuttering intervention methods applied in practice and the perception of speech-language pathologists on their efficiency (number of items 31) is presented in Figure 2.
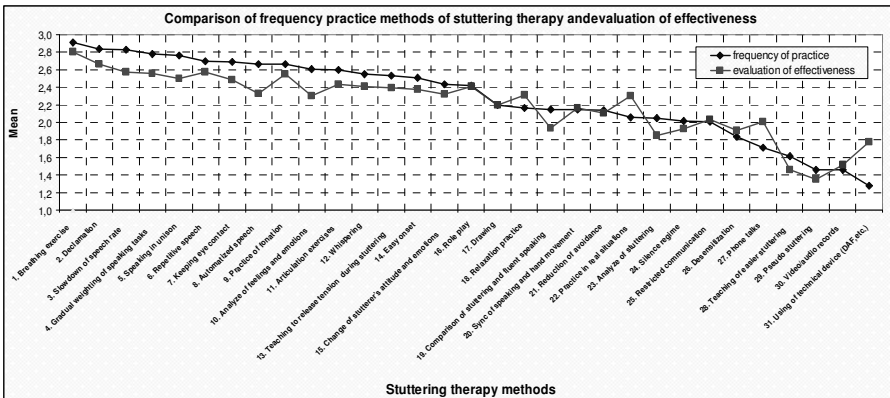

Figure 2. Comparison of frequency of stuttering therapy methods applying in practice and SLP's perception of their efficiency

Evaluation of efficiency of most common methods of stuttering therapy (i. e., breathing exercises, rhythmic speech, reduction of speaking rate etc.) is lower than the rate of their use. Comparing the average ($p < 0.001$) of the respondents' answers to the question 'the practice in real situations' resulted in a statistically important difference. Speech-language pathologists highly value the effectiveness of the practice in real situations, but they rarely use this method in their work. We can presume then that specialists feel more comfortable providing therapy in their office than working with people who stutter in real situations. The efficiency of two other methods, i.e. telephone calls and the use of technical devices are also highly regarded. It would appear that speech therapists infrequently use these equipments in their work because they do not have access to them, but they do think that it would help them to achieve better results in stuttering therapy. Because respondents did not provide reasons for their answers in the questionnaire, the aforementioned differences between the frequency of use and their perceptions of the efficiency of different stuttering therapy methods we can interpret only hypothetically. Correlation between the frequency of use of stuttering therapy methods and the demographic data of speech therapists was analyzed using Kruskall-Wallis test ($p < 0.05$). The methods of stuttering intervention were divided into 5 groups according to their contents: cognitive analysis of stuttering, fluency shaping, stuttering modification, attitude towards stuttering change, social communication skills. Reliability of factors was checked using confirmation factor analysis**.** Statistically significant correlation ($p < 0.02$) between professional competence of speech-language pathologists was determined with the first factor (cognitive analysis of stuttering). The methods of cognitive analysis of stuttering are mostly used by the speech-language pathologists qualified as experts. The methods of stuttering allocated to this factor (i. e., identification and analysis of disfluencies, comparison of stuttering and fluent speaking, analysis of speech sample in video / audio records) require practice and experience with people who stutter, observation and management skills of stuttering symptoms, therefore expert speech-language pathologists use these methods more often, than specialists with a lower category of qualification.

Analysis of data on the frequency of use of different stuttering programs for the pupils who stutter shows that the respondents indicated the following programs as most familiar: program of speech rhythmic, program of gradual transition from unison to spontaneous speaking, singing therapy, articulation, phonation and breathing coordination method, etc. The least part of respondents had knowledge about stuttering intervention programs used in Western countries: Successful Stuttering Management Program (SSMP), Lidcombe, Delayed Auditory Feedback (DAF) and computer programs for people who stutter. The results are closely related to the data of block of questionnaire "gaining new knowledge". Only 13% of speech therapists indicated they seek for new information in the Internet, 6.3% of respondents read professional literature in foreign languages (e.g., English, German), 2% of respondents participate in conferences or workshops in foreign countries. Correlation between demographic data and the use of stuttering therapy

programs was checked using Kruskall-Wallis nonparametrical test (when $p < 0.5$). The results of a test show that there is no statistically reliable correlation between the age, qualification category, of speech-language pathologists and stuttering therapy programs used in clinical settings. Application of stuttering therapy programs is most closely related to the location of habitation of specialists. Speech-language pathologists from the largest cities of Lithuania (i.e., Kaunas, Vilnius, Klaipėda) are mostly familiar with the methods of stuttering therapy, such are: speech rhythmic ($p < 0.00$), combination of body and emotional relaxation with fluency training ($p < 0.05$). Besides of these methods, speech-language pathologists are also interested in the use of acupressure ($p < 0.01$). The greatest number of statistically reliable correlations was determined between the stuttering therapy programs and speech-language pathologists – residents of Šiauliai city. The results shows that methods and programs based on fluency shaping approach are the most popular in Lithuania. Fluency shaping helps to reduce overt stuttering symptoms during therapy session, however, these methods are not efficient enough for transfer of new speaking skills to real everyday situations. The directions and tendencies of most commonly used stuttering therapy methods and programs in Lithuania were influenced by Russian special education and scarce capabilities of specialists to gain new knowledge on methods of stuttering intervention used in foreign countries.

Analysis of results of questionnaire of speech-language pathologists shows that specialists usually work with their clients in individual sessions or try to combine individual work and group therapy for people who stutter (number of items 6). The average data of the stuttering intervention forms is presented in Figure 3.
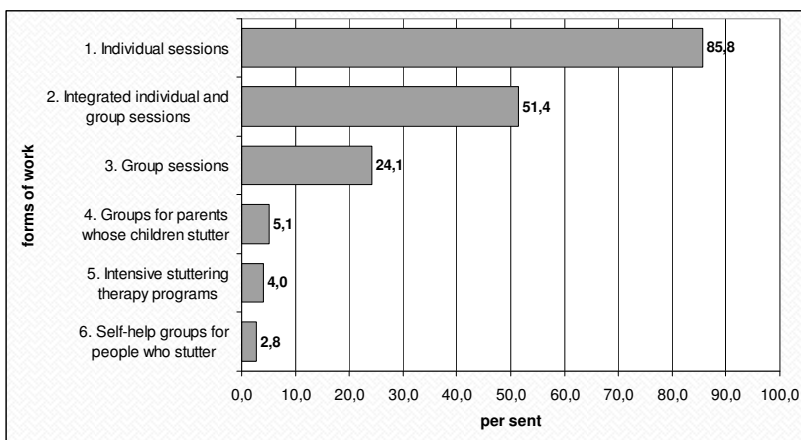

Figure 3. Forms of stuttering intervention with pupils who stutter

Research data indicated that speech-language therapists in Lithuania usually provide individual sessions for children who stutter and rarely held intensive stuttering therapy programs, meetings for the parents of stuttering children and develop self-help groups for people who stutter.

In subsection 2.3.1 participation of parents and educators in stuttering therapy process is discussed, as well as the activity of children, revealing the contents of methods, most commonly used in practice. The results of questionnaire and interview showed that during the therapy most of the pupils perform tasks requiring little activity, and the participation of parents and educators in planning and accomplishing individual plan of intervention for the children who stutter is limited.

In subsection 2.3.2 the aspects of education individualization, directed towards emotional experiences of a child and self-perception are analyzed, comparing the data of questionnaires of stuttering pupils, parents and teachers. Three groups of methods of stuttering therapy were determined: methods directed towards emotional experiences of a child, directed towards self-perception and stuttering cognition, and stuttering intervention, related to emotional and cognitive aspects.

In subsection 2.3.3 situations of family participation in stuttering intervention process of pupils who stutter are analyzed, identifying the forms of cooperation of parents and speech-language pathologists, revealing the opinion of parents on the provided therapy for the children who stutter, and their correlation with social demographical characteristics of participants of study.

In subsection 2.3.4. multidimensional model of integration of stuttering therapy approaches is discussed, highlighting the conception of Lithuanian speech-language therapists towards the stuttering intervention in the context of theoretical dimensions. Following the multidimensional approach to the stuttering nature (Healey, Trautman, Susca, 2004) we used a method of conformational factorial analysis by assigning the stuttering intervention methods into 5 groups (factors): fluency shaping ($\alpha = 0.64$), stuttering modification ($\alpha = 0.56$), attitudes toward stuttering change ($\alpha = 0.60$), cognition of stuttering ($\alpha = 0.54$) and social speaking skills ($\alpha = 0.65$). In order to reveal the dimensionality of therapy approaches in Lithuania, the method of explorational factorial multi-dimentional scaling (MDS) was applied (see Fig. 4).
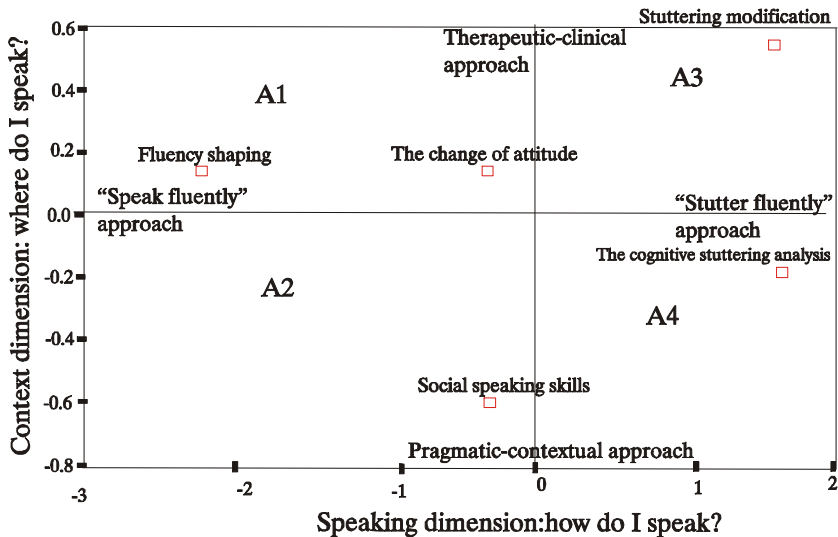
Figure 4. Multidimentional model of stuttering intervention *(stress = 0.0038, RSQ = 0.999)*

The horizontal axis of model represents the *aim dimension* (how do I speak?) of the clinical approach, where the fluency shaping is at one end of continuum and the stuttering modification therapy is at the other. The vertical axis represents the *context dimensions* (where do I speak?), where one side indicates the help for person, reduced to the therapeutic environment, and other pole indicates the therapy, oriented to the natural environment. Accordingly four directions of stuttering intervention for the people who stutter show up. The first direction of intervention (A1) means the clinical-therapeutic model, where the primary attention is paid to fluency achievement during the therapy session, with less emphasis on the emotional, cognitive and social components of stuttering. In measuring the frequency of use of stuttering therapy methods (see Fig. 1), we can see that the "speak fluently" stuttering therapy approach is the most common of speech-language therapist's practice in Lithuania. The second direction (A2) represents the fluency shaping therapy which is oriented to the skills transfer to the natural environment. The advantage of this model is structured, consistent therapy, where the generalization of fluency skills and maintenance in daily situations are emphasized. The third direction (A3) incorporates the methods of the approach "stutter fluently". The use of these methods is oriented towards the environment of the therapy setting. The aim of stuttering modification therapy is to help people who stutter to accept the stuttering and themselves, to reduce avoidance, to teach the person to analyze and manage stuttering (Van Riper, 1982). When the person

who stutters leaves the therapy room he or she is not solely transferring fluency skills but also is establishing a new reaction pattern. The main weakness of this direction of stuttering intervention is the lack of experience of the use of stuttering modification skills in real situations. The fourth direction (A4) represents the methods of stuttering modification and pragmatic-conceptual approach, which emphasizes the importance of the use of new speaking skills in real situations. This direction includes social, cognitive, emotional and motor components of stuttering and emphasizes practice in real speaking situations.

Guitar & Peters (1991) remark that most clients will benefit from the integration of stuttering modification and fluency shaping approaches at some stage of treatment. It is very important to have a regard to the unique experience of person who stutter, his/her individual needs, and the nature and severity of the disorder. And it is also important to search creatively for ways to integrate these two therapy approaches, with the purpose of ensuring an impact on all components of the stuttering.

In subsection 2.3.5. correlation between development of professional competence of speech-language pathologists and stuttering therapy encouraging activity of a child who stutters is analyzed.

Section 3. THE DEVELOPMENT OF A NEW THERAPY ENVIRONMENT FOR STUTTERING PUPILS: CASE ANALYSIS

In subsection **3.1**. **Speech Therapy Center – a new child centered educational environment,** fields of activity of the institution, where practical case analysis was performed, are described, analyzing the differences of Speech Therapy Center from other educational institutions.

In subsections 3.1.1–3.1.3 practical cases are analyzed, revealing the possibilities of active participation of pupils who stutter in therapy, integration of the methods of stuttering intervention and the individualization of intervention, respecting emotional experiences and self-perception of a child.

Section 4. RESEARCH CONCLUSIONS. MODELING AND SCIENTIFIC DISCUSSION: THERAPY FOR STUTTERING PUPILS BASED ON THE CHILD CENTERED EDUCATION PARADIGM

4.1. The status of stuttering intervention for people who stutter in Lithuania and new challenges of practice. Based on the provision of child centered education paradigm, summarized data of quantitative and qualitative research of stuttering therapy for the pupils who stutter in Lithuania, opinions and experience of parents, speech therapists and teachers, is highlighted, forming new challenges of professional competence development of speech-language pathologists and integration of different stuttering therapy approaches.

4.2. A model of intervention for stuttering pupils using principles of child centered education. Concluding Lithuanian and foreign research works, generalizing the data of thesis research, modeling scheme of stuttering intervention, based on child centered education paradigm, was developed (see fig. 5).

A model of intervention for stuttering pupils based on child centered education paradigm

Child oriented paradigm / Stages of individual plan	Active participation	Individualized intervention	Family participation	Integration of stuttering therapy methods	Development of competence of SLP's
Case analysis (collection of information)	Situation is analyzed from the perspective of all participants	Individual needs of the child who stutters and other participants of the system are highlighted	Experiences, expectations of parents are analyzed, highlighting positive aspects of family system	Basing on a holistic approach, intervention process seek to address all components of stuttering	Counseling skills of pupils who stutter, parents and teachers are emphasized
Decision making	Intervention goals and strategies are formed on mutual decision of participants	Various interpretations of situation, opinions are respected	Parents are evaluated as equal partners, making relevant and meaningful decisions	Individual characteristics of stuttering determine the ratio of stuttering intervention methods	Negotiation skills, skills of development of individual intervention plan
Implementation	Responsibilities, commitment and activities of every participant are determined	Resources and capabilities of every participant are considered	Family members implement their decisions and evaluate their activity	The goals of are implemented, combining the fluency shaping and stuttering modification approaches	Theoretical knowledge on various methods of stuttering therpy and practical skills
Review	The pupils who stutter, parents and teachers directly participate in the evaluation of changes	The goal is to reveal changes, the obstacles of intervention, considering individual needs of the person who stutters	Parents are encouraged to express their opinion, planning further steps	Efficiency of different methods of stuttering therapy is evaluated	Decision-oriented dialogue, self-reflection activity analysis skills

CONCLUSIONS

This research (theoretical analysis of stuttering therapy for the pupils who stutter and empirical research, appended with a discussion of foreign scientists) underlined a few essential conclusions, useful while solving problems related to the education of the pupils who stutter, and the potential of implementation of stuttering therapy based on child-oriented educational principles. Various research methods enabled to highlight the situation of stuttering therapy for stuttering pupils from the positions of all participants of educational process, to reveal the practice of combination of various methods of stuttering intervention, the aspects of continual professional development of speech-language pathologists, active participation of family members in educational process, therapy individualization , and to develop the model of stuttering intervention for pupils, based on child centered educational principles.

1. After performing the operationalization of stuttering intervention for the pupils who stutter, theoretical and practical models of stuttering therapy in the aspect of child centered educational paradigm were analyzed. Quantitative and qualitative analysis of speech-language pathologists, the pupils who stutter, their parents and educators revealed that methods of fluency shaping, helping to decrease stuttering during practice, are dominating in Lithuania; however, these methods are difficult to use in actual communication situations. Technical equipment and methods of stuttering modification (stuttering analysis, tasks helping to decrease avoidance of speech situations), helping to form a positive self-esteem of a child who stutters, to communicate and to overcome the fear of stuttering, are the least commonly used methods in Lithuania. Empowerment and social participation theories and child centered educational principles helped to conceptually base the need for combination of various methods of stuttering intervention, considering individual features of the pupils who stutter and striving to use new speech skills in everyday practice.

2. The present situation on the intervention methods, most commonly used in Lithuanian stuttering therapy practice, could be conditioned by a long-term concept of Russian special education and therapy for the people who stutter, based on development of fluent speech and scarce capabilities of the specialists to gain new knowledge about stuttering therapy methods, used in foreign countries. This thesis emphasizes the cognition of variety and capabilities of the pupils who stutter, as well as education, meeting the interaction of various components of the stuttering structure. Limited knowledge of speech-language pathologists on the modern methods of stuttering therapy, models and their integration determine the tendency of development of fluency shaping in practice, with insufficient consideration paid to cognitive, emotional and social aspects of stuttering.

3. Most of the speech-language pathologists gain new knowledge on stuttering while participating in local, regional professional events, however they rarely read information related to stuttering in the Internet or study foreign publications. Collected information shows that the frequency of application of

stuttering therapy methods and the perception of speech-language pathologists on their efficiency are statistically significantly different. Speech-language pathologists believe in the efficiency of various methods of stuttering therapy, however they lack methodological knowledge on their implementation in practice. Analysis on therapy for the pupils who stutter in practice and demographical information related to the speech-language pathologists, highlighted statistically significant correlation between place of residence of speech-language pathologists and methods of stuttering therapy, affecting cognitive, emotional social components of structure of stuttering. Pathologists from the largest cities of Lithuania have more possibilities to participate in various workshops, programs of development of qualification and conferences, discussing various topics related to education of children with various speech, language and communication disorders, therefore they often seek to reveal the feelings, emotions of pupils who stutter. Speech-language pathologists from Šiauliai city have more knowledge related to various programs of stuttering therapy, as various conferences of specialists are often held in Šiauliai, tackling various topics related to stuttering therapy, presenting various therapy programs. Analysis on demographical information of specialists and various methods of stuttering intervention revealed the need of various events, related to stuttering, held in smaller towns and regions of Lithuania – this would increase the quality of stuttering therapy services.

4. Development of individual therapy plan, considering emotional experiences of a child who stutters, his attitude to the speech problem and self-perception, reveals the importance of active participation of all therapy members in educational process. Expressed needs and expectations enable better cognition of peculiarities of functioning of a child who stutters in communicative system, as well as common determination of the main goals of stuttering therapy, commitment and responsibility of all participants. Questionnaire revealed that speech-language pathologists assess the condition of a child who stutters, basing on stuttering symptoms observed during the conversation, and formal records in child's health history - these measures restrict the cognition of environment where the learner grows, the style of communication in the family, and development of cooperation with the family. Collected information revealed that the procedure of stuttering assessment met the expectations of very small part of parents participating in the questionnaire. One half of parents indicated they express their opinion to a speech-language pathologist and understand the goal of therapy. Stuttering intervention plan is discussed, informing the parents and educators on the results of stuttering evaluation. The difference between opinions of speech-language pathologists, pupils who stutter and their parents on the frequency and efficiency of application of various methods of stuttering therapy is statistically significant. This difference reveals different understanding between the participants of stuttering therapy, based on different representation of stuttering intervention. Development of equivalent participation of pupils who stutter, their parents and specialists in the decision-making processes, related to the education of a child who stutters, is insufficient.

5. Basing on systemic approach, thesis reveals the importance of active participation of parents and teachers in the stuttering therapy process. The youngest parents aged 20–30 years, having a higher education, are the most active seekers for assistance to their child, interested in various methods of stuttering intervention. The habitants of the largest cities of Lithuania usually seek for information related to stuttering in media and contact the specialists of health care institutions. Habitants of villages and rural areas usually seek for assistance communicating with other people. Reading the recommendations of a speech-language pathologist is the most commonly used form of communication between the parents and speech-language pathologists. Research shows that parents with higher education tend to communicate with a speech-language pathologist directly and to participate in stuttering therapy. Means of communication with a speech-language pathologist via telephone or e-mail are poorly used; these means of communication could encourage more active participation of parents, unable to directly communicate with a specialist because of a busy work schedule. Statistically reliable correlation based on to the place of residence of parents, frequency and duration of stuttering therapy practice, forms of communication with a speech-language pathologist was not determined. Teachers participating in the questionnaire indicated that they gain most of their knowledge related to stuttering while cooperating with a speech-language pathologist and the parents of a child who stutters. Most of the educators are interested in the problem of stuttering and strive to gain new knowledge about the peculiarities of education of the stuttering pupils, therefore their active participation in the process of planning and implementing stuttering therapy would be meaningful while transferring gained skills to new environments.

6. Analysis of results of questionnaire of speech-language pathologists determined that specialists usually work with people who stutter individually or combine individual and group work. Self-support groups of the people who stutter, intensive therapy programs and groups for parents of children who stutter are the least popular methods, therefore the potential of children (internal resources), their parents and teachers (external resources) is used insufficiently. Individual sessions, which is the most popular method applied in stuttering therapy, does not solve the contradiction between various needs of children who stutter and provided assistance. Tasks requiring little activity of a child dominate in therapy of children who stutter, with insufficient consideration paid to solving difficulties arising in actual speech situations, therefore the feelings of fear, shame and uneasiness discourage a child to use new skills in everyday activities.

7. Developed multidimensional model of integration of stuttering therapy methods highlighted the concept of Lithuanian speech-language pathologists on the approaches of stuttering intervention in the context of theoretical dimensions. Analysis of stuttering therapy practice in a context of child centered educational paradigm revealed that the priority goals of assistance to the children who stutter - active communication, self-expression and self-support in all everyday activities – are implemented insufficiently. Therapy methods encouraging the activity of

pupils who stutter and active participation of their parents are related with a higher qualification of speech-language pathologists, therefore continuous professional development amongst educators is extremely important using child centered educational principles in the stuttering therapy.

8. Child centered educational principles actualize the importance of holistic approach, individualization of therapy process, active family participation, professional development amongst speech-language pathologists and teachers and intervention, respecting emotional experiences of the stuttering pupils, determining the conditions of implementation of efficient stuttering therapy. Case analysis of stuttering therapy revealed the potential of integration of various methods of stuttering intervention, equivalent participation of participants in educational processes, cooperation of participants, activity, various competences of the person who stutters and development of participation in social situations.

The following publications on the topic of the thesis have been announced in the Lithuanian scientific publications included in a special list approved by the Council of Science:

1. Goštautas, A., Makauskienė, V., Pilkauskienė, I. (2002). Verbal Thought Pecularities of Stuttering Primary Class Pupils (Mikčiojančių pradinių klasių moksleivių verbalinio mąstymo ypatumai). ISSN 1392-5369. *Special education (Specialusis ugdymas)*, 1 (6), p. 46–53.
2. Makauskienė, V. (2004). Pecularities of Self-Esteem of Children with Speech Impairments (Vaikų, turinčių kalbos sutrikimų, savęs vertinimo ypatumai). ISSN 1392-5369. *Special education (Specialusis ugdymas)*, 1 (10), p. 125–131.
3. Makauskienė, V., Oržekauskienė, J. (2005). Group Therapy for Scholl Age Children Who Stutter (Pagalba mikčiojantiems moksleiviams grupėje, rusų kalba). ISSN 0130-3074. *Defektology*, 2, p. 70–75.
4. Ivoškuvienė, R., Makauskienė, V. (2005). Combining the Systems of Fluency Shaping and Speech Modification in Stuttering Therapy (Mikčiojimo įveikimas derinant sklandaus kalbėjimo ir mikčiojimo modifikavimo sistemas). *Special education (Specialusis ugdymas)*, 2 (13), p. 123–129.
5. Makauskienė, V., Ivoškuvienė, R., Ruškus, J. (2006). Provision of Support to the People who Stutter in Lithuania: Practice, Methods and Tendencies (Pagalbos mikčiojantiems teikimas Lietuvoje: praktika, metodai, tendencijos). *Special education (Specialusis ugdymas)*, 1 (14), p. 123–137.
6. Ivoškuvienė, R., Makauskienė, V. (2006). Qualitative Analysis of the Attitudes of Students, their Parents and Teachers Towards Stuttering (Moksleivių, jų tėvų ir pedagogų požiūrio į mikčiojimą kokybinė analizė). *Special education (Specialusis ugdymas)*, 2 (15), p. 37–45.

Other important publications on the topic of the thesis:
1. Pecularities of Counseling of People who Stutter (Mikčiojančiųjų konsultavimo ypatumai). Thesis of International Scientific Conference: The Quality of Education and Life of Children with Special Needs (*Specialiųjų poreikių vaikų ugdymo ir gyvenimo kokybė: tarptautinės mokslinės konferencijos tezės)*, 2003, p. 52–54.
2. Presentation in 7th World Congress for People who Stutter "A Holistic Look at Stuttering", 2004-02-14, Perth, Australia. The Topic of presentation: "*Stuttering Therapy in Lithuania*".
3. Scientific conference "Special pedagogic support in educational institutions, 2004-12-22, Šiauliai. The Topic of presentation: „*Holistic Approach in Stuttering Intervention*", p. 68–71.
4. Scientific conference "Looking for a new ways in mental health care", 2007-05-18, Kaunas. The Topic of presentation: "*Psychologial aspects of Support for Children and Adults whose Stutter*".
5. Ivoškuvienė, R., Makauskienė, V. (2007). Speech therapy for people who stutter in Lithuania: the results of a speech-language pathologists' survey. 8th *World Congress for people who stutter, Inclusion: Creating our place in society*, *Croatia,* p. 20.

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LOGOPEDINĖS PAGALBOS MIKČIOJANTIEMS MOKSLEIVIAMS MODELIAVIMAS Į VAIKĄ ORIENTUOTO UGDYMO PARADIGMOJE

Santrauka

Įvade pagrindžiamas tyrimo aktualumas, mokslinis naujumas ir pateikiama metodologinė tyrimo apibrėžtis.

Disertacinis tyrimas grindžiamas **socialinio konstruktyvizmo teorija**, nagrinėjančia žinių tarp socialinių santykių dalyvių formavimąsi. Žmonės, interpretuodami socialinio gyvenimo reiškinius ar situacijas, nuolat kuria (konstruoja) žinias, susiedami realias gyvenimiškas situacijas su turima patirtimi (Greenwood, 1994; Crotty, 1998). Socialinis konstruktyvizmas numato socialinių vaizdinių bei nuostatų, neatsiejamų nuo žmogaus elgsenos ir veiklos, svarbą. Mikčiojimo fenomeną analizuojančių tyrimų duomenys atskleidė socialinės mikčiojančių žmonių atskirties dimensijas (Crocker, 1998; Blood, Blood, Tellis, Gabel, 2003; Silverman, 1996; Anderson, 1995). Pradėjusį lankyti mokyklą vaiką veikia nauja aplinka, nepažįstami žmonės, mokytojai ir bendraamžiai. Mikčiojantis vaikas susiduria su specifiniais bendravimo sunkumais, jaučia nerimą socialinėse situacijose, todėl labai svarbi savalaikė ir veiksminga logopedo (psichologo, pedagogo, neurologo ar / ir psichiatro) pagalba. Dauguma užsienio autorių[20] patvirtina negatyvius požiūrio į mikčiojančiuosius stereotipus ir teigia, kad aplinkinių reakcijos gali veikti išankstines mikčiojančių vaikų nuostatas ankstyvame amžiuje. Conture (1990), Peters, Guitar (1991), De Nil, Brutten (1991), Langevin (1998) pažymi, kad mikčiojantys moksleiviai neigiamai vertina savo kalbėjimą, taiko įvairias mikčiojimo, kalbinių situacijų vengimo strategijas. Konstruktyvizmo teorija ugdymą traktuoja kaip prasmės ieškojimą, savirefleksijos plėtotę (Bonnie, Clements, 1991), esant glaudžiai dalyvių sąveikai ir lygiaverčiam dalyvavimui (Delanty, 1997; Taylor, 2000). Žmogus yra matomas kaip aktyvus, gebantis eksperimentuoti savo socialine realybe, kurti subjektyvius konceptus, reorganizuoti resursus ir įveikti situacijos keliamus sunkumus. Šios teorijos kontekste mikčiojimo fenomenas yra subjektyvus ir situatyvus komunikacinės sistemos dalyvių konstruktas, kurio supratimas grindžiamas asmenine individo patirtimi. Remiantis socialinio konstruktyvizmo nuostatomis, pagalbos mikčiojantiesiems procesas turi būti analizuojamas kaip kintanti komunikacinės sistemos narių tarpusavio sąveika, skatinanti atitinkančius esamą situaciją ugdymo(si) tikslus ir jų realizavimą.

Socialinio dalyvavimo požiūriu (Streen, 2002; Detraux, Di Duca, 2003), kiekvienas žmogus turi teisę ir gali dalyvauti kasdieninėje visuomenės veikloje ir

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[20] Cooper, Rustin, 1985; Lass ir kt., 1994; Yairi, Carrico, 1992; Bebout, Bradford, 1992; Kalinowski, Armson, Stuart, Lerman, 1993; Ruscello ir kt., 1994.

plėtoti individualius savo tapatumo, savęs vertinimo jausmus, būdą ir elgesį. Remiantis socialinio dalyvavimo teorija, negalę turinčių asmenų bei jų šeimų vaidmuo ir jų padėtis visuomenėje vertintini kaip socialinių diskursų ir interesų konfliktas (Ruškus, Mažeikis, 2007). Šiuos prieštaravimus skatina ugdymo paradigmų kaita, socialiniai, ekonominiai ir visuomeniniai pokyčiai. Pagrindinės socialinio dalyvavimo sąlygos yra asmens aktyvumas (Ebersold, 2004; Gordon, Adelman ir kt., 2000) ir atvira bendruomenė (Baron, Field, Schuller, 2000). Socialinio dalyvavimo idėja siekia sumažinti socialinio dalyvavimo trukdžius ir skatina paties žmogaus jėgomis ir valia aktyviau įsitraukti į visuomenės gyvenimą. Pabrėžiamas individualizuotas, orientuotas į skirtingus asmens poreikius edukacinis požiūris, vaiko, tėvų ir specialistų santykių lygiavertiškumas, kai, sutelkiant vidinius ir išorinius pagalbos dalyvių resursus, kuriamas ir vykdomas individualus vaiko ugdymo(si) planas. Skirtingos teorinės mikčiojimo sampratos ir įveikimo strategijos (Thomas, Howell, 2001; Langevin, Kully, 2003; Bothe, 2003, 2004; Onslow, 2003; Finn, 2003; Yaruss, Quesal, 2004), sklandaus kalbėjimo ir mikčiojimo modifikavimo metodų pasirinkimo bei derinimo logopedinėje praktikoje dilemos, prieštaringi logopedinės pagalbos veiksmingumo tyrimų (Sackett ir kt., 2000; Onslow, Harrison, Packman, 2000; Sciavetti, Metz, 1997; Quesal, Yaruss, 2006) rezultatai skatina ieškoti naujų būdų, plėtojant mikčiojančių moksleivių socialinio dalyvavimo galimybes. Socialinio dalyvavimo paradigmos požiūriu, mikčiojančiuosius būtina vertinti ne kaip pasyvius paslaugų gavėjus, bet kaip aktyvius logopedinės pagalbos proceso dalyvius. Atsižvelgiant į individualius mikčiojančiojo poreikius, suteikiant laisvo pasirinkimo galimybes, kinta teikiamos logopedinės pagalbos turinys ir skatinama individo atsakomybė. Loubat (2003), Ebersold (2002) pabrėžia kooperacinių ryšių kūrimo, asmens įsitraukimo į visuomeninį gyvenimą reikšmingumą, kuris ypač aktualus plėtojant mikčiojančiųjų dalyvavimą įvairiose komunikacinėse situacijose.

Įgalinimo teorijose, kurios grindžiamos socialinio konstravimo ir socialinio dalyvavimo paradigma, vaiko gerovė siejama su platesne saviraiška socialinėje aplinkoje, akcentuojamas individų socialinių galimybių didinimas (Douglas, Zimmerman, 1995; Myrcik, John, Williams, 1994). Įgalinimas skatina į individus žvelgti ir vadovautis sveikatingumo, sveikimo koncepcijomis, atsižvelgti į jų kompetencijas ir stiprybes. Remiantis įgalinimo nuostatomis, svarbu atskleisti įvairius mikčiojančio vaiko gebėjimus, juos plėtoti ir suteikti savirealizacijos skirtingoje veikloje galimybes. Įgalinanti praktika reikalauja suprasti ir pripažinti savo teises, atsakomybę, skatina individo veiklą bei teigiamo savęs vertinimo formavimąsi (Ruškus, Mažeikis, 2007). Individualių galių teorija akcentuoja savipagalbos reikšmę (Shultz, Israel, Zimmerman, Checkoway, 1995). Remiantis Tarptautine funkcionavimo, negalės ir sveikatos klasifikacija (2001), sudarytas mikčiojimo analizės modelis (Yaruss, Quesal, 2006) išryškina aplinkos veiksnių bei paties mikčiojančiojo reakcijos sąveiką ir įtaką sutrikimo sunkumui, mikčiojančio žmogaus elgesiui kasdieninėse situacijose, todėl mikčiojančiųjų savipagalbos (Cricton-Smith, 2002; Hayhow, 1999; Corcoran, Stewart, 1998), socializacijos (Hayhow, Cray, Enderby, 2002; Manning, 1999) ir visuomenės

švietimo problemos tampa ypač aktualios. Mikčiojantiesiems savipagalba yra svarbi naujų kalbėjimo ir elgesio įgūdžių, socialinių ryšių, komunikacinių gebėjimų plėtojimo ir įtvirtinimo priemonė. Tuo tikslu būtina skatinti paties mikčiojančiojo ir kitų komunikacinės sistemos dalyvių galias, ieškoti veiksmingų, į vaiką orientuotų mikčiojimo įveikimo būdų, logopedinės pagalbos veiksmingumo vertinimo formų.

Į vaiką orientuoto ugdymo paradigma remiasi humanistinio, progresyvistinio ir pragmatinio ugdymo koncepcijomis, kurios akcentuoja požiūrį į asmenybę kaip į laisvą, visapusišką, sąmoningą būtybę, galinčią suvokti savo poreikius, realizuoti turimas potencijas ir spręsti realias gyvenimo problemas (NAEYC, 1987, 1992; Bitinas, 2000; Korčakas, 1993; Juodaitytė, 2003; Jurašaitė, 2003). Svarbiausias ugdytojo vaidmuo – suteikti asmenybei laisvę, padėti aktualizuoti savo galias, bendradarbiauti su ugdytiniu planuojant ugdymo veiklą, skatinti vaiko aktyvumą ir atsakomybę už savo veiklos rezultatus. Juodaitytė (2002) nurodo, kad galima išskirti dvi ugdymo kryptis: vaiko asmenybės formavimą per jo paties natūralią sąveiką su aplinka, laisvės, savarankiškumo, saviraiškos skatinimą ir kitą ugdymo kryptį, kai siekiama, kad vaikas išmoktų pateiktus elgesio ir veiklos formų pavyzdžius. Ugdymo paradigmų pokyčiai skatina naujai pažvelgti į mikčiojančio vaiko situaciją, ugdymo(si) procese formuoti lygiavertiškus santykius, suprasti ir atsižvelgti į vaiko socialinę aplinką, patirtį, interesus bei gebėjimus. Mokslinės literatūros analizė rodo, kad ugdymo ir kitų mokslų raida kelia įvairius mikčiojimo kilmės, raidos, logopedinės pagalbos mikčiojantiems vaikams teikimo ir jos veiksmingumo vertinimo klausimus. Literatūroje (Andrews ir kt., 1983; Beitchman, 1986; Bloodstein, 1995; Yairi, 1997; Onslow, 2007) mikčiojimas dažnai vadinamas „vaikystės sutrikimu", pabrėžiama ankstyvosios intervencijos, prevencijos reikšmė, logopedinės pagalbos proceso dalyvių bendradarbiavimas. Vaikui tampant ugdymo centru, siekiama prisitaikyti prie jo raidos dėsningumų, savitumų, poreikių, kuriamas vaiko gebėjimus ir kontekstą atitinkantis individualaus ugdymo planas. Remiantis laisvojo ugdymo samprata, skiriami pagrindiniai į vaiką orientuoto ugdymo bruožai (Walsh, 1998; Walsh, 2001; Daniels, Stafford, 2000). Sudėtinga mikčiojimo dinamika, skirtingas poveikis mikčiojančio asmens komunikacijai ir socializacijai skatina ieškoti individualius poreikius atitinkančių ugdymo(si) metodų, jų derinimo galimybių, aktualizuoja aktyvaus mikčiojančiojo ir jo šeimos narių dalyvavimo logopedinės pagalbos procese bei plataus specialistų profesinio pasirengimo problemas. Logopedų kvalifikacijos klausimai nagrinėjami St. Louis, Lass (1980), Sommers, Caruso (1995), Kelly, Martin, Baker ir kt. (1997), Cooper, Cooper (1996) darbuose. Atlikti tyrimai (Manning, 1996; St. Louis, Durrenberger, 1993) rodo, kad dauguma specialistų turi išankstines nuostatas apie menkas logopedinės pagalbos galimybes ir jaučiasi mažiau kompetentingi dirbdami su mikčiojančiais nei su kitų kalbos, kalbėjimo ir komunikacijos sutrikimų turinčiais asmenimis. Nors užsienio šalių mokslininkai plačiai domisi įvairiais mikčiojimo aspektais, tenka pažymėti, kad logopedinės pagalbos tyrimų rezultatai prieštaringi ir aktualūs tiek teoriniu, tiek metodiniu požiūriu. Lietuvoje atlikta tik keletas šią

temą nagrinėjančių tyrimų (Ivoškuvienė, 1999, 2000; Polukordienė, 1990; Kačiušytė-Skramtai, 2002). Teikiant logopedinę pagalbą mikčiojantiems vaikams svarbu atsižvelgti į kognityvinius, emocinius, lingvistinius ir socialinius mikčiojimo struktūros aspektus, sudėtingą vaiko savybių ir aplinkos veiksnių sąveiką, todėl į vaiką orientuoto ugdymo nuostatos tampa ypač reikšmingos.

Disertacijoje logopedinė pagalba mikčiojantiesiems nagrinėjama remiantis į vaiką orientuoto ugdymo principais. Analizuojami holistinio požiūrio, ugdymo individualizavimo, aktyvaus mikčiojančių moksleivių ir jų šeimos dalyvavimo ugdymo(si) procese, specialistų kvalifikacijos kėlimo aspektai ir jų raiška logopedinėje praktikoje. Naujos švietimo politikos, inkliuzinio ugdymo realybės kontekste išryškėja teorinio ir metodinio pobūdžio logopedinės pagalbos mikčiojantiems vaikams probleminiai klausimai, kurie konkretizuoja ne tik artimiausius specialiojo ugdymo (logopedijos) mokslo bei praktikos iššūkius, bet ir disertacinio **tyrim**o **probleminius klausimus:**

1. Kaip logopedinėje praktikoje yra derinami įvairūs mikčiojimo modifikavimo ir sklandaus kalbėjimo ugdymo būdai, atsižvelgiant į individualius mikčiojančių moksleivių poreikius, gebėjimus, sutrikimo pobūdį ir sunkumą?
2. Kaip logopedinės pagalbos mikčiojantiems vaikams veiksmingumą vertina ugdymo(si) proceso dalyviai – mikčiojantys moksleiviai, jų tėvai, logopedai ir mokytojai?
3. Kaip logopedinėje praktikoje realizuojami į vaiką orientuoto ugdymo principai?

Tyrimo objektas – logopedinė pagalba mikčiojantiems moksleiviams taikant į vaiką orientuoto ugdymo principus.

Tyrimo tikslas – parengti logopedinės pagalbos mikčiojantiems moksleiviams modelį, remiantis į vaiką orientuoto ugdymo paradigma.

Disertacinio tyrimo tikslas sąlygojo šiuos pagrindinius **tyrimo uždavinius**:

1. Išanalizuoti teorines logopedinės pagalbos mikčiojantiems moksleiviams strategijas ir modelius į vaiką orientuoto ugdymo paradigmos aspektu.
2. Identifikuoti dažniausiai praktikoje taikomus logopedinės pagalbos būdus, jų derinimo ypatumus, specialistų kvalifikacijos kėlimo kryptis, atskleisti, kaip pagalbos veiksmingumą vertina mikčiojantys moksleiviai, jų tėvai, mokytojai ir logopedai.
3. Išsiaiškinti logopedinės pagalbos mikčiojantiems vaikams situaciją Lietuvoje ugdymo individualizavimo, aktyvaus mikčiojančių vaikų, jų tėvų ir mokytojų dalyvavimo mikčiojimo įveikimo procese aspektais.
4. Išanalizuoti praktinę į vaiką orientuoto ugdymo principų taikymo patirtį teikiant logopedinę pagalbą mikčiojantiems moksleiviams.
5. Remiantis teorinėmis prielaidomis bei empirinio tyrimo rezultatais, parengti į vaiką orientuoto ugdymo principais grįstą logopedinės pagalbos mikčiojantiems moksleiviams modelį.

Disertacinio tyrimo hipotezės. Tikėtina, kad:

1. Logopedinėje praktikoje skiriamas nepakankamas dėmesys ugdymo individualizavimui, atsižvelgiant į mikčiojančio vaiko emocines patirtis ir savęs pažinimą.
2. Mikčiojančio vaiko aktyvumą ir jo šeimos narių įsitraukimą į ugdymo(si) procesą skatinančių pagalbos būdų taikymas yra susijęs su logopedų kvalifikacijos kėlimu.
3. Į vaiką orientuoto ugdymo paradigma sudaro prielaidas plėtoti logopedinės pagalbos veiksmingumą ir derinti skirtingas mikčiojimo įveikimo strategijas, atsižvelgiant į individualius logopedinės pagalbos dalyvių poreikius.

     Tyrimo metodai. Tyrimas atliktas vadovaujantis trianguliacijos principu, tarpusavyje derinant kokybinius ir kiekybinius tyrimus (Merkys, 1999; Šaparnis, 2000; Kardelis, 2002; 2005; Denzin, Lincoln, 2003). Šį pasirinkimą lėmė disertacinio tyrimo objekto ypatumai (multidimensinė mikčiojimo struktūra ir logopedinės pagalbos dalyvių heterogeniškumas). Siekiant operacionalizuoti logopedinės pagalbos mikčiojantiesiems konceptą, remiantis į vaiką orientuota paradigma, ir teoriškai pagrįsti pagalbos mikčiojantiems moksleiviams modelį, naudotas **teorinės analizės metodas** (pedagoginės, psichologinės, sociologinės, metodologinės literatūros analizė). Pirmajame tyrimo etape, siekiant išsiaiškinti moksleivių požiūrį į savo kalbos problemą, atskleisti, su kokiais sunkumais kasdieninėse situacijose susiduria mikčiojantys vaikai, kokius iššūkius patiria jų tėvai bei mokytojai, buvo pasirinktas individualus pusiau struktūruotas **interviu metodas**. Šis metodas naudotas mikčiojančių moksleivių, tėvų ir pedagogų nuomonių ir patirties turiniui atskleisti. Antrajame tyrimo etape dominavo kiekybiniai tyrimo metodai. Siekiant identifikuoti dažniausiai Lietuvoje taikomus mikčiojimo įveikimo būdus bei logopedinės pagalbos dalyvių nuomonę apie jų veiksmingumą, naudotas **anketinės apklausos metodas**, kuris leido įvertinti esamą situaciją nagrinėjamu aspektu. Kiekybinės logopedų apklausos rezultatus papildė Vakarų Karolinos universitete parengta atviro tipo anketa „Tarptautinis mikčiojimo intervencijos tyrimas"[21].

     Praktiniai pagalbos mikčiojantiems moksleiviams atvejai realiose edukacinėse situacijose nagrinėjami taikant **atvejų analizės metodą**. Analizuojant duomenis, taikyti **statistiniai metodai**: aprašomoji statistika, faktorinė analizė, multidimensinis skalių metodas ir kokybiniai (interpretacinis – naratyvinis) metodai. Gautiems tyrimo duomenims apdoroti, sisteminti ir grafiškai vaizduoti naudota SPSS (Statistical Package for the Social Sciences) programinė įranga, Windows Mikrosoft „Excel" programa.

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[21] Shapiro, D. A. (2006). *Multicultural Investigation of Stuttering Intervention: Assumptions, Practices and Lessons.* Western Caroline University. Prieiga per internetą: <http://ceap.wcu.edu/accreditation2007visit/vita/shapiro,d.pdf>

Tyrimo imtis. Interviu metodu buvo apklausta 14 mikčiojančių bendrojo lavinimo mokyklose besimokančių moksleivių, 9 tėvai ir 11 pedagogų. Kiekybinio tyrimo imtį sudarė 904 dalyviai. Taikant uždaro tipo anketą apklausta 223 mikčiojantys moksleiviai, 217 tėvų, 283 logopedai ir 181 pedagogas, gyvenantys įvairiose Lietuvos vietose. Atviro tipo klausimynu apklausta 30 logopedų. Remiantis individualaus planavimo schema, išnagrinėti trys praktinės patirties atvejai VšĮ Kalbos korekcijos centre.

Tyrimo mokslinį naujumą ir reikšmingumą apibūdina tai, kad:
- disertacijoje skirtingais analizės aspektais, iš visų ugdymo proceso dalyvių pozicijų (mikčiojančių moksleivių, jų tėvų, logopedų ir mokytojų) atskleidžiama iki šiol netyrinėta logopedinės pagalbos mikčiojantiems moksleiviams situacija Lietuvoje;
- remiantis į vaiką orientuoto ugdymo paradigma, konceptualizuota logopedinė pagalba mikčiojantiems moksleiviams, nagrinėjamos ugdymo individualizavimo, aktyvaus mikčiojančių moksleivių, jų tėvų, pedagogų dalyvavimo logopedinės pagalbos procese, specialistų kvalifikacijos kėlimo galimybės;
- parengtas empiriškai ir teoriškai pagrįstas logopedinės pagalbos mikčiojantiems moksleiviams modelis.

Praktinį tyrimo reikšmingumą pagrindžia tai, kad buvo detaliai apibrėžti logopedinės pagalbos mikčiojantiesiems būdai ir metodinės kryptys, veikta realiose situacijose, spręstos logopedams praktikams ir kitiems ugdymo proceso dalyviams aktualios individualizuoto mikčiojančių moksleivių ugdymo problemos. Atliekant disertacinį tyrimą, buvo analizuojami logopedinės pagalbos mikčiojantiems moksleiviams modeliavimo aspektai, pateiktos empiriškai pagrįstos praktinės rekomendacijos logopedams, mikčiojantiems moksleiviams, jų tėvams ir mokytojams.

Disertacijos struktūra ir apimtis. Darbą sudaro įvadas, keturi skyriai, išvados, rekomendacijos, literatūros sąrašas ir priedai. Disertacijoje pateikta 18 paveikslų ir 25 lentelės. Bendra darbo apimtis – 165 puslapiai. Panaudoti 396 literatūros šaltiniai. Prieduose (kompaktiniame diske 12 priedų) pateikiami apklausų instrumentai, statistinių skaičiavimų lentelės, interviu medžiaga.

IŠVADOS

Disertacinis tyrimas (teorinė logopedinės pagalbos mikčiojantiems moksleiviams analizė ir empiriniai tyrimai, papildyti užsienio mokslininkų diskusija) leido suformuluoti keletą esminių išvadų, kurios yra vertingos sprendžiant mikčiojančių moksleivių ugdymo(si) problemas ir logopedinės pagalbos, remiantis į vaiką orientuoto ugdymo principais, realizavimo galimybes. Skirtingi tyrimo metodai leido pažvelgti į logopedinės pagalbos mikčiojantiems moksleiviams situaciją iš visų ugdymo(si) proceso dalyvių pozicijų, atskleisti įvairių mikčiojimo įveikimo metodų derinimo praktiką, logopedų kvalifikacijos kėlimo, aktyvaus šeimos dalyvavimo, mikčiojančiųjų ugdymo individualizavimo aspektus ir parengti į vaiką orientuoto ugdymo nuostatomis grįstą logopedinės pagalbos modelį.

1. Atlikus logopedinės pagalbos mikčiojantiems moksleiviams operacionalizaciją, išanalizuoti teoriniai ir praktiniai mikčiojimo įveikimo modeliai į vaiką orientuoto ugdymo paradigmos aspektu. Kiekybinis ir kokybinis logopedų, mikčiojančių moksleivių, jų tėvų ir pedagogų tyrimas padėjo atskleisti, kad Lietuvos logopedinėje praktikoje dominuoja sklandaus kalbėjimo ugdymo būdai, kurie padeda sumažinti užsikirtimus pratybų metu, tačiau sunkiai pritaikomi realiose bendravimo situacijose. Rečiausiai praktikoje taikomos techninės priemonės ir mikčiojimo modifikavimo sistemai priskiriami logopedinės pagalbos būdai (užsikirtimų analizavimas, kalbinių situacijų vengimą mažinančios užduotys), padedantys formuoti teigiamą mikčiojančio vaiko požiūrį į save, bendravimą ir įveikti mikčiojimo baimę. Įgalinimo, socialinio dalyvavimo teorijos ir į vaiką orientuoto ugdymo nuostatos padėjo konceptualiai pagrįsti įvairių mikčiojimo įveikimo strategijų derinimo būtinybę, atsižvelgiant į individualius mikčiojančių moksleivių ypatumus ir siekiant pritaikyti naujus kalbėjimo įgūdžius kasdieniniame gyvenime.

2. Dažniausiai taikomų pagalbos būdų Lietuvos logopedinėje praktikoje situaciją galėjo lemti ilgai vyravusi Rusijos specialiosios pedagogikos ir pagalbos mikčiojantiesiems samprata, kurios pagrindą sudarė sklandaus kalbėjimo ugdymas bei menkos specialistų galimybės įgyti naujų žinių apie užsienio šalyse taikomus mikčiojimo intervencijos būdus ir metodus. Disertaciniame tyrime akcentuojamas mikčiojančių moksleivių įvairovės ir jų galimybių pažinimas, skirtingą mikčiojimo struktūros komponentų sąveiką atitinkantis ugdymas. Ribotos logopedų žinios apie šiuolaikiškus logopedinės pagalbos būdus, modelius ir jų derinimo galimybes lemia tai, kad praktikoje didžiausias dėmesys skiriamas sklandaus kalbėjimo lavinimui, nepakankamai atsižvelgiama į kognityvinius, emocinius ir socialinius mikčiojimo aspektus.

3. Dauguma logopedų naujų žinių apie mikčiojimą įgyja dalyvaudami savo miesto, rajono kvalifikacijos kėlimo renginiuose, tačiau retai skaito informaciją apie mikčiojimą internete ir studijuoja užsienio šalių publikacijas. Gauti duomenys parodė, kad logopedinės pagalbos būdų taikymo dažnumas ir logopedų nuomonė apie jų veiksmingumą statistiškai reikšmingai skiriasi. Specialistai mano, kad įvairūs

mikčiojimo įveikimo būdai gali būti veiksmingi, tačiau stokoja metodinių žinių apie jų pritaikymą praktiniame darbe. Analizuojant logopedinės pagalbos mikčiojantiems moksleiviams praktiką ir logopedų demografinius duomenis, nustatyti statistiškai reikšmingi ryšiai tarp logopedų gyvenamosios vietos ir kognityvinius, emocinius socialinius mikčiojimo struktūros komponentus veikiančių mikčiojimo įveikimo būdų. Didžiųjų Lietuvos miestų specialistai turi daugiau galimybių dalyvauti įvairiuose seminaruose, kvalifikacijos kėlimo programose ir konferencijose, kuriose aptariami įvairūs kalbos, kalbėjimo ir komunikacijos sutrikimų turinčių vaikų ugdymo(si) klausimai, todėl šie specialistai dažniau siekia atskleisti mikčiojančių moksleivių jausmus, emocijas. Šiauliuose gyvenantys logopedai turi daugiau žinių apie įvairius mikčiojimo įveikimo metodus, nes šiame mieste dažniausiai rengiamos specialistų konferencijos, kuriose nagrinėjami praktiniai logopedinės pagalbos klausimai, pristatomos skirtingos programos. Siekiant užtikrinti aukštesnę logopedinių paslaugų kokybę, specialistų demografinių duomenų ir mikčiojimo įveikimo būdų analizė išryškino kvalifikacijos renginių mikčiojimo tema poreikį mažesniuose Lietuvos miestuose ir rajonuose.

4. Individualaus plano kūrimas, atsižvelgiant į emocines mikčiojančio vaiko patirtis, požiūrį į kalbos problemą bei savęs pažinimą, atskleidžia aktyvaus visų pagalbos dalyvių įsitraukimo į ugdymo(si) procesą reikšmingumą. Išsakyti poreikiai ir lūkesčiai leidžia geriau pažinti mikčiojančiojo funkcionavimo komunikacinėje sistemoje ypatumus, bendru susitarimu numatyti pagrindinius logopedinės pagalbos tikslus, visų dalyvių įsipareigojimus ir atsakomybę. Apklausos rezultatai parodė, kad logopedai vertina mikčiojančiojo situaciją remdamiesi pokalbio metu matomais mikčiojimo požymiais bei formaliais įrašais vaiko sveikatos istorijoje, o tai riboja aplinkos, kurioje auga ugdytinis, bendravimo stiliaus šeimoje pažinimą ir bendradarbiavimo su tėvais plėtotę. Gauti duomenys parodė, kad mikčiojančio vaiko kalbos įvertinimo procedūra atitiko mažos dalies apklausoje dalyvavusių tėvų lūkesčius. Tik pusė tėvų nurodė, kad jie logopedui išsako savo nuomonę ir supranta, ko siekiama pratybose. Logopedinės pagalbos plano aptarimas vyksta tėvus ir pedagogus supažindinant su kalbos įvertinimo rezultatais. Logopedų, mikčiojančių moksleivių ir jų tėvų nuomonė apie įvairių mikčiojimo įveikimo būdų taikymo dažnumą ir veiksmingumą statistiškai reikšmingai skiriasi. Šis skirtumas rodo, kad logopedinės pagalbos dalyviai skirtingai supranta taikomų mikčiojimo įveikimo būdų prasmę, jų turinį, remiasi skirtingomis logopedinės praktikos reprezentacijomis, nepakankamai plėtojamas mikčiojančių moksleivių, jų tėvų ir specialistų lygiavertiškas dalyvavimas priimant sprendimus, susijusius su mikčiojančio vaiko ugdymu(si).

5. Disertaciniame tyrime, remiantis sisteminiu požiūriu, atskleista aktyvaus tėvų ir mokytojų dalyvavimo logopedinės pagalbos procese svarba. Aktyviausiai pagalbos vaikui ieško ir įvairiais mikčiojimo įveikimo būdais domisi jauniausi, 20– 30 metų amžiaus, aukštąjį išsilavinimą turintys tėvai. Didžiųjų Lietuvos miestų gyventojai dažniausiai informacijos apie mikčiojimą ieško spaudoje, kreipiasi į gydymo įstaigų specialistus. Gyvenvietėse ir kaimo vietovėse gyvenantys tėvai pagalbos ieško bendraudami su kitais žmonėmis. Dažniausiai taikoma tėvų ir

logopedų bendradarbiavimo forma yra raštu pateiktų logopedo rekomendacijų skaitymas. Gauti duomenys rodo, kad aukštąjį išsilavinimą įgiję tėvai dažniau tiesiogiai kontaktuoja su logopedu ir dalyvauja logopedinėse pratybose. Mažai išnaudotos galimybės bendrauti su logopedu telefonu ir elektroniniu paštu, galinčios padėti aktyviau įsitraukti tėvams, kurių darbo grafikas neleidžia tiesiogiai kontaktuoti su specialistais. Pagal tėvų gyvenamąją vietą, logopedinių pratybų lankymo dažnumą, trukmę ir bendravimo su logopedu formas statistiškai patikimo ryšio nėra. Apklausoje dalyvavę mokytojai nurodė, kad daugiausiai žinių apie mikčiojimą įgijo bendradarbiaudami su logopedu ir mikčiojančio vaiko tėvais. Dauguma pedagogų domisi mikčiojimo problema, siekia įgyti naujų žinių apie mikčiojančių moksleivių ugdymo(si) ypatumus, todėl jų aktyvesnis dalyvavimas logopedinės pagalbos planavimo ir teikimo procese būtų prasmingas perkeliant įgūdžius į naujas aplinkas.

6. Atliktas tyrimas padėjo nustatyti, kad Lietuvoje logopedai dažniausiai su mikčiojančiais dirba individualiai arba derina individualų ir grupinį darbą. Rečiausiai organizuojamos mikčiojančiųjų savipagalbos grupės, intensyvios mikčiojimo įveikimo programos bei grupės mikčiojančių vaikų tėvams, todėl pačių mikčiojančių moksleivių (vidiniai resursai), jų tėvų ir mokytojų (išoriniai resursai) potencialas išnaudojamas nepakankamai. Dažniausiai logopedinėje praktikoje taikomos individualios pratybos neišsprendžia skirtingų mikčiojančių moksleivių poreikių ir teikiamos pagalbos prieštaravimų. Mikčiojančių vaikų ugdymo(si) procese dominuoja mažo paties vaiko aktyvumo reikalaujančios užduotys, nėra skiriamas pakankamas dėmesys realiose kalbinėse situacijose kylančių sunkumų sprendimui, todėl baimės, gėdos ir nerimo jausmai trukdo pasinaudoti logopedine pagalba ir veiksmingai pritaikyti naujus įgūdžius kasdieninėje veikloje.

7. Sudarytas multidimensinis logopedinės pagalbos metodų integravimo modelis išryškino Lietuvos logopedų sampratą apie mikčiojimo įveikimo būdus teorinių dimensijų kontekste. Logopedinės praktikos analizė į vaiką orientuoto ugdymo paradigmos požiūriu atskleidė, kad prioritetinis pagalbos mikčiojantiems vaikams tikslas – aktyvus bendravimas, saviraiška ir savarankiškumas visose kasdieninio gyvenimo situacijose – nėra pakankamai realizuojamas. Mikčiojančių moksleivių aktyvumą ir tėvų dalyvavimą skatinantys pagalbos būdai susiję su aukštesne logopedų kvalifikacija, todėl profesinės specialistų kompetencijos tobulinimas tampa ypač aktualus taikant šiuolaikiškus, į vaiką orientuoto ugdymo principus, logopedinėje praktikoje.

8. Į vaiką orientuoto ugdymo principai aktualizuoja holistinio požiūrio, ugdymo individualizavimo, aktyvaus šeimos dalyvavimo, specialistų kvalifikacijos kėlimo ir pagalbos, atsižvelgiant į mikčiojančiojo emocines patirtis, reikšmingumą bei numato veiksmingos logopedinės pagalbos realizavimo sąlygas. Logopedinės praktikos atvejų analizė padėjo atskleisti įvairių sklandaus kalbėjimo ir mikčiojimo modifikavimo būdų derinimo, lygiavertiško ugdymo(si) proceso dalyvių bendradarbiavimo, skirtingų mikčiojančiojo kompetencijų ir dalyvavimo socialinėse situacijose plėtojimo galimybes. Galima teigti, kad aktyvus

mikčiojančių vaikų, jų tėvų ir mokytojų dalyvavimas kuriant ir realizuojant individualų pagalbos planą leidžia išsiaiškinti visų dalyvių nuomones, suformuluoti bendrus logopedinės pagalbos tikslus, numatyti įsipareigojimus, identifikuoti ir panaudoti įvairius dalyvių resursus bei kompetencijas. Apibendrinant teorinius konceptus ir realiose mikčiojančių moksleivių ugdymo situacijose atskleistas sąveikas, remiantis individualaus vaikų ugdymo(si) plano konstravimo patirtimi, parengtas į vaiką orientuoto ugdymo principais grįstas logopedinės pagalbos mikčiojantiems moksleiviams modelis. Pagal parengtą modelį, realizavus ugdymo diferencijavimo ir integravimo, šeimos įsitraukimo, holistinio ugdymo principus, įvyko teigiami pokyčiai: atsižvelgta į mikčiojančio vaiko ugdymo(si) proceso dalyvių nuomones, komunikacinės sistemos narių sąveikos ypatumus, taikytos individualios mikčiojimo įveikimo strategijos padėjo įveikti realiose situacijose kylančius mikčiojančių vaikų komunikacijos sunkumus.

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DESIGNING INTERVENTION FOR STUTTERING PUPILS WITHIN THE CHILD CENTERED EDUCATION PARADIGM

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

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