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Dual care as a modality of interdisciplinary intervention in the clinic with young children

Atendimento em dupla como modalidade de intervenção interdisciplinar na clínica com crianças pequenas

Atención en doble como modalidad de intervención interdisciplinaria en la clínica con niños pequeños

*Patricia Menezes Schmitt**
*Isabela de Moraes Fattore**
*Bianca Fraga Halberstadt**
*Tamires Dias dos Santos**
*Ana Paula Ramos de Souza**

Abstract

Introduction: A therapeutic approach, with an interdisciplinary approach, allows us to think about the intervention in an integral way, assumed in the intervention centered in the family. **Objective:** This study aims to discuss the benefits and care that therapists need to have to perform joint care, and how to handle parents' presence in session. **Method:** Case study composed of two girls aged 3 years and 6 months and 4 years and 9 months attended by doubles of therapists in a school clinic. Qualitative analysis was carried out by means of observation in medical records, field reports of clinical experience, discussions after care, supervisions and guidelines. **Results:** In both cases, it was possible to observe positive evolutions in patients and in the family relationship, as well as to identify the scenes present during the joint care, which presented as an efficient modality of intervention in time. Further studies on the subject are still needed as a way of continuing to test its efficiency. **Conclusion:** Joint care proved to

*Universidade Federal de Santa Maria – UFSM, Santa Maria, RS, Brazil.

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Correspondence address: Schmitt Patricia Menezes patriciamschmitt22@gmail.com
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be effective, being a facilitator method in the clinic, especially when considering the baby-parent pair, provided there is harmony between the therapists and evaluate when it is possible or not the parents' presence in the session.

Keywords: Early Intervention; Interdisciplinary Communication; Child Development.

Resumo

Introdução: Uma abordagem terapêutica na clínica com crianças pequenas, no âmbito da atuação interdisciplinar, permite pensar a intervenção de forma integral, assumindo uma intervenção centrada na família. **Objetivo:** Este estudo tem como objetivo discutir os benefícios e cuidados que os terapeutas precisam ter para a realização de atendimentos conjuntos, bem como manejar a participação dos pais em sessão. **Método:** Estudo de caso composto por duas meninas com idade de 3 anos e 6 meses e 4 anos e 9 meses atendidas por duplas de terapeutas em uma clínica escola. Realizada análise de cunho qualitativo por meio de observação em prontuário, relato de campo da experiência clínica, discussões após atendimento, supervisões e orientações. **Resultados:** Em ambos os casos apresentados, foi possível observar evoluções positivas, nos pacientes e na relação familiar, bem como identificar as cenas presentes durante o atendimento conjunto, que se apresentou como modalidade eficiente de intervenção a tempo**. Conclusão:** O atendimento conjunto mostrou-se efetivo, sendo um método facilitador na clínica, principalmente quando considerada a dupla criança-familiar, desde que haja uma boa sintonia entre ambos os terapeutas.

Palavras-chave: Intervenção Precoce; Comunicação Interdisciplinar; Desenvolvimento Infantil.

Resumen

Introduction: Une approche thérapeutique, avec une approche interdisciplinaire, nous permet de penser l'intervention de manière intégrale, assumée dans l'intervention centrée dans la famille. **Objetivo**: Este estudio tiene como objetivo discutir los beneficios y cuidados que los terapeutas necesitan tener para la realización de atendimientos conjuntos,y cómo manejar la presencia de los padres in sesión. **Método:** Estudio de caso compuesto por dos niñas con edad 3 años y 6 meses y 4 años y 9 meses atendidas por dobles de terapeutas en una clínica escolar. Se realizó un análisis de cuño cualitativo por medio de observación en prontuario, relato de campo de la experiencia clínica, discusiones tras atención, supervisión y orientaciones. **Resultados**: En ambos casos presentados, fue posible observar evoluciones positivas, en los pacientes y en la relación familiar, así como identificar las escenas presentes durante la atención conjunta, que se presentó como modalidad eficiente de intervención a tiempo. Aún se necesitan más estudios sobre el tema, como forma de continuar probando su eficiencia. **Conclusión**: La atención conjunta se mostró efectiva, siendo un método facilitador en la clínica principalmente cuando se considera la doble bebé-familiar, desde que haya sintonía entre los terapeutas y evaluar cuando es posible o no la presencia de los padres en la sesión.

Palabras claves: Intervención Precoz; Comunicación Interdisciplinaria; Desarrollo Infantil.

Introduction

In this study, two clinical cases in time intervention will be addressed, attended by pairs of therapists (Speech Therapist and Occupational Therapist/ psychologist and occupational therapist) from an interdisciplinary perspective.

It is known that, since the 60's and 70's, emerged the multidisciplinarity, in which each professional works in his subject. This fragmented approach to children and their families, by focusing on a disciplinary instrument, making it difficult to approach the parental position in relation to the disabled or delayed child, because the diversification of therapists can have a dissociative effect in relation to the parents and the exercise of their functions, which may impair the development of the child. In order to avoid such risks, the idea of a single therapist was constituted, which proposes joint work in an interdisciplinary team, guided by transdisciplinarity, specifically clinical[1].

The idea of a single therapist, however, is not always feasible because of the complexity of cases, for example, as physical deficiencies that demand attention to motor aspects and aspects such as dysphagia and language, beyond the process of psychic constitution, or even serious risk of psychopathology in which the baby and family members need joint attention in the session, which creates additional complexity in therapy. Thus the psychological care in pairs, can allow interdisciplinarity in the action. It is known that this can exploit to the maximum the potential of each professional[2] and allow therapists to be in the understanding of global development of the child and, at the same time, can offer their disciplinary knowledge to the case[3].

It is understood the importance of early intervention, or in time, because it enables, through interaction with the other, a space to the subject in constitution that starts from their interests, providing a pleasurable moment, flexible and effective to their development[4], through the support of the child and his family[3]. In addition to protecting the subject from the iatrogenic effects that the amount of therapies can bring, exposing him to various therapists and stimulation procedures that are meaningless to the child and family, therefore, the focus on playing.

Playing encompasses the cognitive and psycho-affective dimensions, anchoring the development of language and psychomotricity[5]. In the analyzed cases it was a key element for the constitution of the scenes in the consultations carried out, because it is related to aspects of language, cognition and allows the support of the psychic constitution. It is through the play that the subjects develop their communication, interaction, creativity and discovery of the world, besides being the main way of discovering your "self", because it is in the relationship of the mother and / or caregiver that this "self" is constituted [6]. In this context, the play in the scenes of the clinic in Early Intervention or in time assumes a role of fundamental importance, being part of the whole therapeutic process. Therefore, the play was the clinical strategy for intervention with the child and to facilitate the development of shared attention and dialogue between family and child. The way in which family caregivers perceive and invest in it becomes an essential aspect of their psychic, cognitive and of language development[5].

In early intervention, there are mutable conformations regarding the distance between child--parents-therapists, not about the physical distance, but with the symbolic meaning that circulates among the subjects. The therapist mediates the events, inviting parents to take active positions and acquire a look at the child that allows them to enjoy, meaning and valuing the actions of the child, withdrawing the excessive focus on the difficulties that he presents[7]. Among the main scenes are Therapist-Child; Therapist-Family Member(s); Family member(s) –Child; Child-Family member (s) -Therapist. This participation in the scene causes parents to look with some meaning at the action developed by the child. In the care of couples of therapists the chances of the child being always assisted by one of the therapists increase, while the other therapist can talk with the family member at a time of his greatest distress. She, however, should not remove from the scene the therapist (s) -child--family member articulation and this is a care that the attendances reported presented.

The complexity of the infant or young child's care with their family member (s) has been demanding, both by the biological limits of the baby and by family difficulties, new intervention settings such as joint care by two therapists, which may give rise to new scenes among the participants as the therapist, child and family member (s), different from those listed by another study [7].

The objective of this study is to discuss the benefits and precautions that therapists need to have to

perform joint care, especially in the case of young children who are in time of psychic constitution. Also there will be analyzed and contextualized the different therapeutic scenes that can arise in the therapeutic setting during the clinical intervention in this configuration of therapist pairs, as well as its effectiveness in the process of re-idealization of the child with changes in the course of development, whether it is psychic, cognitive or linguistic.

Method

This research is linked to the research "Comparative analysis of the development of premature and full-term babies and their relation with psychic risk: from detection to intervention" approved by the Research Ethics Committee of the University under protocol number of CAEE n. 28586914.0.0000.5346. All Norms and Regulatory Guidelines for Human Research were respected according to Resolution 510/2016 of the National Health Council. Those responsible signed the Free and Informed Consent Form (TCLE), consenting, thus, with the achievement and dissemination of the study and its results.

For this study, a convenience sample of two female subjects was used, in the age group from 3 to 5 years, here named by subject A (3 years and 6 months) and B (4 years and 9 months). The sample selection of the present study was because both were receiving follow-up by the pair of professionals in the Interdisciplinary Nucleus in Child Development (NIDI). Follow-up was weekly, lasting approximately one hour. The pairs of professionals involved in this intervention were speech therapist/ occupational therapist and psychologist / occupational therapist, what was sought to present is the effectiveness of the therapeutic intervention, independent of the pair of professionals.

In the intervention with subject A there was the participation of the mother and/ or father in all the sessions, beyond the therapists, a speech therapist (Therapist 1), and an occupational therapist (Therapist 2). In the intervention with subject B, there was no parent participation in the session, since, these when inserted, demanded significantly of both therapists, generating a child's disorganization, therefore, the therapeutic decision was to attend them individually in another time, in the initial approach, until the anguish could diminish and they could return to participate more effectively. Faced with this, attended the sessions the subject B, a psychologist (Therapist 3) and an occupational therapist (Therapist 4).

The therapies performed by professionals, in both cases, are based on the naturalistic approach of development, having the play as the main strategy to sustain child development. Playing is a basic tool in time intervention, through the discourse of all the disciplines that are part of the clinical practice with children[8]. When the children can choose the toys it is believed that their protagonism is respected. The expansion of play and possibilities of imagination and symbolism with the help of the therapist can have a positive effect on development, but should not assume a purely instrumental character, because it must be meaningful to the child, especially in times of constitution[5].

The data obtained from the analysis of the evolution of the children were described in some scenes, in which it was sought to highlight aspects related to the child and play, with the therapist and with the parents.

Presentation of clinical cases

Subject A

This subject presents medical diagnosis of traumatic brain injury (TBI) as a result of a domestic accident occurred at the age of 1 year and 5 months old. This episode did not show any organic lesion, but at the beginning of the therapies, the child had little communication and presented developmental delays in psychic, cognitive and of language aspects. The clinical history suggests that these symptoms already existed before the domestic accident. The child did not use medication. The report will deal with scenes of speech therapy care (Therapist 1) and occupational therapy (Therapist 2), A. and her relatives mother and father.

Subject A. started follow-up two years ago, only with the speech therapist professional, due to the main complaint of language delay. During the consultations, there were, by the mother, many demands, making it difficult for a single therapist to accept such manifestations, compromising the best performance in the interpretation of the signs of the child in the therapy. Faced with such a situation began to receive follow-up by the dual speech therapist/ occupational therapist, maintaining this dynamics about ten months long.

The following will describe some scenes that occurred in that period, selected for presenting appropriate discussion situations about the relevance of listening, of orientation and of form and work in double. Subject A. presented little attention and concentration with scarce moments of interaction with the other, as well as sensory-motor play, which shows a certain delay in her development.

Scene 1. During this scene, A's mother narrated to therapist 1 facts such as the description of jokes and songs used in her daughter's daily routine, at home and at school and how much it has helped to improve the relationship and the daily routine. The mother narrated that she acquired clans and utensils that simulated a meal, arranging with daughter feeding scene, the two (mother and daughter) and a doll. In the scene, at home, A. gave food to the baby and mother, as well as vice versa.

During the maternal narrative, in the same therapy room, Therapist 2 sang with A. the song of "Itsy Bitsy Spider" moving the body concomitantly with a drawing activity. At the end of the session, the mother entered the game with her daughter and Therapist 2.

The purpose of this scene was to provide a moment of listening and dialogue with the mother, at the same time, dispose of situations for the therapist to interact directly approaching A., already at the end of the session, to observe if it was time to play between mother and daughter. In this scene, we had three moments. The first was the dialogue between mother and Therapist 1, concomitant with this, A. with Therapist 2 and, ending the session, both therapists along with mother and daughter, in the proposal joke – drawings and children's songs.

Scene 2. As soon as she arrived at the session, A's mother was anxious and restless. Realizing this, the therapists divided themselves so that both were attended (mother and daughter). Therapist 2 began a conversation with A's mother, at the same time as Therapist 1 was with A.

In the maternal report, she has shown fears and doubts about the diagnosis, the familiar questions and the behavior of the daughter in public spaces made her tense. It is emphasized how much A.'s mother has difficulties in believing in the potential of her daughter, distrusting progress and not betting on her abilities. After a few minutes, A's father arrived at the session and participated in the dialogue that was being discussed between Therapist 2 and mother. Unlike the mother, A's father observes and narrates powerful facts of the daughter's development. Both parents have difficulty establishing limits for A., which disorganizes her.

In the same scene, listening to maternal complaints and paternal comments, A. disorganized herself in the joke with Therapist 1, started to cry, got the backpack, went towards the father and after towards the door, asking to go home. She could not stay in the therapy room anymore. Faced with this, parents have been shown how much their speech has meant to their daughter. The session ended.

In this scene we had two important moments: the parents' contradictory speech with one of the therapists and A's reaction listening to this speech and how much this influenced the desire of not wanting to stay in the place. Noting the occurrence in scene 2, it is verified the importance of a listening moment for the parents, separately from the session with A., which was opportune at another time.

Scene 3. In this scene, in the initial 15 minutes, were present in the room the two therapists, the mother of A. and A. The play chosen by A. was a scene with two dolls, plastic food, simulating a meal. All participants were sitting at the small table, participating closely of the play.

A's mother played actively, even in some moments showing little pleasure, sought to understand the dynamics proposed by the daughter. After these initial minutes, A's father arrived in the therapy room. As soon as she saw her father sitting at the table, A. started to store the toys, put the backpack on her back, went to his father and said: - "Fa-Ca". "Fa" meaning Father and "Ca" meaning car and/or house.

In front of this scene, the therapists questioned the mother about what was happening. The mother then reports that before entering the session, she told her daughter that as soon as her father arrived, they would go home by car.

Not having more success in keeping A. on the therapeutic scene, since she expressed a desire to go home, the session was ended, being combined that in the next occasion there would be a conversation with the parents on the situation occurred, precisely because the therapists perceived that there is, commonly, a breach of the promises made to the daughter, since it is very present the discredit that she has on the saying of the parents.

Scene 4. A. arrives in the session accompanied by her mother; on this instant, she goes toward the bookcase and chooses a book of her preference.

Therapist 2 invites the child to sit and she is positioned in the sitting posture in front of the activity table and begins the exploration of the material. The proposed game was to make drawings, accompanied by songs of the child's interest, together with a book. The child has fun and concentrates on the activity, exploring the paint pens and doing some scribbling on the paper. Therapist 1 accompanies both in this activity.

The mother watches the scene and the therapists 1 and 2 remain with the child. In the course of the activity, the mother stays calm, and reports on some of her daughter's ongoing. At this time, Therapist 1 highlights her attention on the mother, listening to the reports and Therapist 2 stays with the child, involved in the activity in question.

During the mother's dialogue with Therapist 2, when the mother said "(...) We left and when we got back home she played (…)" the child who was in the activity with Therapist 1 was going to the door, opening the lock and talking "Ho"(home).

These facts occurred more than once during the session; we describe this fact to demonstrate how much understanding the child had, because the mother did not seem to suppose that A. could record what she was saying. Nor did she hold the play with her daughter for long.

After some interventions such as those described in the scenes and interviews with the father and mother, it was observed that the maternal discourse began to focus on the more positive actions of the daughter, a little different from the speeches from previous sessions, but still showed difficulty in assuming the competence of the daughter. Here are some lines from the mother on the scene:

> "...She wants to use my makeup now...."
> "...She wants to choose clothes and sometimes puts dresses over her clothes....".
> "Is it normal for a child to want to do this?"

Throughout the scene, Therapist 1 began to accept such manifestations of the mother, because at that moment that was necessary. Making progress of the moment, Therapist 2 retook with the mother the fact that occurred in the previous care (scene 3), and emphasized again how much the child had an understanding of what she visualized and heard, highlighting the linguistic potential of A. He stressed the importance of dialogue, especially in the anticipation of what will happen in the daily life of the family and in the organization of the routine of A., in order to avoid tantrums and limiting difficulties.

Subject B.

The second case, subject B., presents medical diagnosis of global developmental disorder, attention deficit hyperactivity disorder (ADHD) and suspect of Autism Spectrum Disorder (ASD). The girl is attended by a psychologist (Therapist 3) and occupational therapist (Therapist 4), with the support of the interdisciplinary team.

Parents did not enter the treatment room due to their significant demand in the therapeutic scene, especially in what concerns the medical diagnoses and their difficulties to understand the daughter, which left B. very disorganized. Faced with this, individual therapeutic care was performed, especially for the mother, aiming to meet their demands, to re-insert her into the therapeutic setting posteriorly.

B. arrived much disorganized, presenting a significant psychomotor agitation, with few exchanges with the other, a precarious symbolic play without constancy and with difficulty to accept the proposed limits. Faced with this, a strategy was used in which the two therapists interacted with B., but Therapist 3 played the role of the "owner of toys", which kept them under her control, trying to avoid the frequent exchange of play, for this, B. chose one toy at a time. And Therapist 4 sought to expand B's time in the play, proposing different ways of playing with the same object, investing in interaction and dialogue.

This strategy aimed at concentrating and organizing B. in one play at a time and helping her understand the proposed limits.

In case B., the therapeutic scenes are formed from the choice of the girl to perform the interaction. It is worth mentioning that she can demand the therapists individually and the two simultaneously.

Scene 1. In the first attendance, when the mother entered the therapeutic setting, she was soon directed to Therapist 3, asking questions about the possible medical diagnosis of ASD, about her difficulty to understand, and deal with her daughter and give her limits. B.'s mother said that the family had recently changed the place they lived and that B. had changed schools. From this moment on, the mother reported having observed that the girl was challenging and seemed to be vindictive, because every time she asked B. to keep quiet, because they now reside in an apartment, the girl

made even more noise. Therapist 3 accepted the mother's demands and explained that the girl was more disorganized at that time because she had undergone many changes in a short time, and that it was necessary to announce these changes to B. so that she would understand and become accustomed to this new reality.

Concomitantly, Therapist 4 invested in the search of developing a play with the child, however, the girl wandered around the room, without interest in interaction or objects, expressing excessive anxiety with mother's speech. Until during a complaint of the mother in which she verbalized that her daughter did not understand her speeches, B. sits on the chair beside her and lays her head on her lap, seeming to console her mother. At this time, the therapists announce to the mother that her daughter understands her speech and that she approached in an attempt to comfort her.

Only after the conclusion of the mother's speech, on the final moments of the session, B. was able to develop a food play, using modeling clay to make mini balls, and when asked what she was doing, B. said she was doing "beans". In this game, the girl interacted with all (Therapist 3, Therapist 4 and the mother) concomitantly and distributed a small dish and a mini ball of "bean" for each one.

At end, it was agreed with the mother that individual meetings would be held with her to heal her doubts, explaining that those questions cited in attendance left B. disorganized.

Scene 2. During the attendance, the child chose the soap bubble, with the object on hand made some bubbles, made exchanges especially with Therapist 4, which burst the bubbles made by the child. Shortly after the girl handed the object to Therapist 4 saying "now a big one", which request was made, meanwhile Therapist 3 made some considerations during the exchanges. After the girl said " I want to hide with the bubble", Therapist 3 arranged her to close the toy, before starting another activity.

In the play of "hide and seek", the girl defined one therapist at a time to find her, usually beginning with the choice of Therapist 4. In these moments, the therapist who was not chosen was observing the scene without interfering, only answering if requested by the child and / or the other therapist.

When the child demanded the inversion of the play, in which a therapist hid and the girl sought her, she disorganized herself, failing to understand the rules of the play. So, while a therapist hid, the other assisted in the organization of the girl, especially for her not to look where the therapist would hide.

Scene 3. In this day, B. chose to play with a "frog of plastic that when blowing in a straw, a soap foam comes out, imitating the tongue of the frog". B. loved playing with the object, in which the therapists were creating different meanings with that foam. Therapist 4 suggested that B. make a foam headband for a doll, B. accepted but needed help to make the proposal.

After, B. asked Therapist 4 to make a foam headband on her head saying "I want a pretty big foam headband", the therapist made the request. At this time, Therapist 3 suggested that B. should look in the mirror, thereby, she ran to do the suggested. And Therapist 4 questioned B. if it was beautiful, the girl said yes.

Then B. expressed desire to make foam headbands for the two therapists, and so it was outlining the play. B. also asked to do the headband for her and every time it was done, B. was going to look in the mirror. At one point Therapist 3 said to B. "You are very beautiful wearing a headband, did you know?!" and B. answered "Yes! With a princess headband".

This play was practiced practically throughout the session, but at the end B. expressed the desire to go to the playroom to get a soap bubble and a ball. However, due to the fact that the session was ending and B. disorganizes herself significantly in the toy room, Therapist 3 explained that in this day she would not play with those objects, since it was time to go home, proposing that in the next session she could play with the bubble and with the ball. Therapist 4 accepted the decision of the Therapist 3, but B. in an attempt to persuade them to give her what she wanted, threw herself into Therapist's 4 lap, closing her eyes and staging a cry.

Faced with this, Therapist 3 talked again with B. explaining the situation, thereby, B. accepted the proposal to bring the objects to the next session, and proposed that Therapist 4 make a headband on her head to show off to her mother, who was waiting outside, and so it was done. B. ran off toward her mother speaking. "mom, the headband!", and Therapist 4 said "she is wearing a foam headband", B. complemented "of princess!" and the mother said "how pretty the princess foam headband!" and B. left happy afterwords.

Scene 4. B. presents significant interest in playing of "cooking food", and then the therapists

took to the session a cooking kitchen toy which contained a stove, sink, table, chairs and clans. Four dolls were also taken.

B. presented difficulty in assembling the table which was divided into 4 parts, then Therapist 3, in an attempt to assist her said "the table is round like a ball", B. questioned "like a ball?", Therapist 3 confirmed "yes! Like a ball ". Throughout the session, for several times B. repeated "the table is round like a ball", in an attempt to internalize that comparison that had been given to her.

B. named the dolls, as uncle Teco, aunt Vera, Alicinha and the boy (which she said was Alicinha's neighbor). So, B. put them all on the table and Therapist 4 asked "what now? What are they going to do? ", B. answered "They will have lunch!". B. gave food and juice to the dolls.

When Therapist 4 said she also wanted juice, B. ignored the speech, then Therapist 3 said "the juice is only for them (dolls)", thereby Therapist 4 said "fine".

B. said it was Alicinha's birthday and that she would make a cake, putting the doll that represented Alicinha to sleep away from the kitchen. She rearranged the dolls on the table and said "Alicinha woke up, let's sing happy birthday!", so they all sang the song of happy birthday to Alicinha and B. spoke "Alicinha is graceful". During play B. also assigns adjectives to the boy, saying "the boy is handsome".

After the session, it was questioned to the mother if the names mentioned by B. would be of the family coexistence; the mother affirmed and told that at the end of the week they went to visit these relatives.

From this day B. began to report daily events of her life and verbalize about her relatives as "uncle Teco, Aunt Vera and Alicinha (who is a cousin)".

Discussion

It is observed in the cases that there are positive and negative effects in the joint appointments, as well as specific settings for each service.

A positive effect is the possibility of maternal/paternal listening by a therapist at times when the parents are very anxious while the other can pay attention to the child and welcome her in the choice of playing. This is very visible in the case of A.

The negative effect, on the other hand, seems to be in the unpredictability of the maternal report that can take ways that disregard the child. However, only in the joint service it would be visible, because the therapists would not know the difficulties of assuming a subject in A. by the mother and, sometimes, by the father too. Thus, the identification of this difficulty in session allows one to seek a direction of therapy that can accommodate the parental ghosts in an interview only with the parents in a deeper way, and at the same time signaling in the joint session with the child the fact that the actions and statements of the child express their possibility of understanding what the parents say and, therefore, can be invested in another way. In a way, this movement allows the parents to be exposed to the potential of the child for the functioning of language in its comprehensive dimension and in the play, which seems to trigger the re-idealization process from the discovery of a child's potential, which denominates the dimension of competencies in the process and re-idealization[12].

So, in this case three main configurations were formed: Therapist 2-A and Therapist 1- mother of A.; Therapist 1 and Therapist 2- A.- Mother of A. and Mother- Father of A. - Therapist 1 - Therapist 2 and A. Unfolding in more scenes the initial proposal of Brandão et al.[7]

In the case of B. the perception of the impossibility of her mother investing in playing during the initial care made the Therapists 3 and 4 to adopt the decision of the mother and the father to be attended individually to talk about the diagnosis and their doubts. This action evidenced the need to, in some cases, the participation of the parents being by means of the continuous interview [11], in order to ensure new possibilities for participation in the session or care of the child.

In the attendances of B., the Therapists 3 and 4 took turns in meeting the girl's demands for the development of intersubjectivity, crucial aspect in a case of autism. As a result, the girl could not only develop symbolic play, as she has evolved in an important way in the acquisition of language, especially in the occupation of a discursive place.

In both cases, the common vision of child development and psychic constitution made it possible for therapists to follow the child's context through a familiar approach [09,10,11], through an intervention that was not only with the child but with the parents and child. This approach in the case of A. was possible with the maintenance of parents all the time in session. In the case of B. it was necessary a

continuous interview time until her reinsertion into session. This allowed B. to evolve so as to reduce maternal distress and some investment is possible.

It was also noticed that the parents' reading of the child's actions did not match the child's real potential. In the case of A., this was because the parents seemed to have difficulty supposing a speaker in the girl, since she did not speak and, therefore, there seemed to be a non-speech equation - does not understand and has nothing to say. There was also a ghost about her normality since the accident that caused the TBI in A. seems to have opened ghosts about her potential to speak and listen, and doubts about the future, important dimension regarding the process of re-idealization and investment in the child [12].

It is observed that, after the therapies, A.'s mother began to interpret the hand signals, even the most precarious of the daughter as a saying about their interests, giving meaning to these actions. Faced with this, there was an increase in vocalizations of A. during the therapeutic scenes, addressed to the other indicating her wishes, which demonstrates the importance of the principle of intersubjectivity in the functioning of language [5], in other words, at the moment when a space of listening to the child is opened, the adult functions as a YOU (interlocutor) installing at one time the "I" of speech in the child (speaker) and enabling the passage from speaker to subject in language, in other words, allowing the child to make the appropriation of a place of speech[13,14].

The configurations adopted were able to reduce maternal anxiety and interpret the signs coming from the child. Therapists 1 and 2 can divide themselves into scenes to welcome such manifestations, but invested in the continued interview with the parents [15] in order to create an additional space that did not withdraw from the therapeutic scene the possibility of realizing the girl's potentialities, which corroborates the results of a study[12] which stated as identification of competencies, necessary aspect for the investment in the real child.

In the case of B., the medical diagnosis had an iatrogenic effect of obscuring any perception about the girl's potential at the beginning. From some evolution of the girl and the continuous interviews with the mother, it was realized that there was a long way to the process of re-idealization, since in this case there was a medical diagnosis of biological alteration[12]. A study[13] stated that parents attribute meanings to biological limits or risks, in the case analyzed by the authors, prematurity, and may not be able to visualize the real potentials of the child, which was similar in the case of B.

Another aspect to highlight in the case of B., was that, with the progress of the therapy the initial configuration (Therapist 3 as owner of toys and Therapist 4 investing in interaction) was gradually undoing, since the girl was organized and remained for some years in the symbolic plays. However, despite the dismantling of the configuration, it is noted that in some moments the child demands reception, she addresses to Therapist 4, especially when it is said "no" to her, or when limits are placed, what Therapist 3 did more often in the initial sessions. Somehow, the Therapists 3 and 4 incarnated in a rather schematic way the paternal and maternal functions in the first sessions. Later these functions could circulate more between both therapists. Maybe this configuration was possible because they were two therapists in action. This differed somewhat in cases where a therapist acts with the autistic child. According to the author, in the clinic with autistic children, the therapist would at first maintain the place of another primordial, offering the child meanings without reproducing the other excessive, and, in a second moment, would support the parental role [13]. In the report presented here, it can be said that the girl's age and her social experience demanded to operate simultaneously with the incarnation of the two functions.

During this time of intervention, continuous interviews were conducted with the family, receiving the demands of the mother, especially in the difficulties of understanding her daughter. It should be noted that the family has modified the place of residence and the child's school. This reformulation of family everyday life, at the first moment disorganized the girl, but after a short time it was noticed that contributed to the development of B., through the good process of inclusion of the girl in the school.

With the progress of the therapy the girl took on her own speech, coming out of isolated productions of words for the reporting of facts and daily experiences, in other words, passed from speaker to subject in language because she was listened and recognized as an speaker. Studies[15,16] affirm that this is possible when the therapist recognizes the child as subject of speech, despite her limitations in the semiotic domain of the language, as happened

with B. From the evolution of B. in session and in the process of continuous interview, it is possible to alert the mother to the new girl potentials, including linguistic, which may have an effect on the re-idealization process[12].

It was also clear, from the descriptions of the scenes formed in the therapeutic setting with subjects A. and B., regardless of the parents' presence, that for this modality to be effective it is necessary that there is harmony among the therapists, respecting the moment of speech of each one, trying to avoid crossings and difficulties in the concentration of the child. Follow the child's spontaneous search and wait for her requests, investing in the same direction of the play, allowed in the analyzed cases the good progress of the activity, by means of the simultaneous reception of the demands of the child and parents.

Regarding how the disciplinary knowledge appeared, it can be stated that in the case of A., the presence of the Speech Therapist (Therapist 2) allowed to know to what extent there were or not functional limits to language since the TBI was not identified as the cause of the delay in the language of A. Therapist 1, with training in occupational therapy, was able to approach issues of daily life extensively with the mother.

In the case of B., the presence of a psychologist (Therapist 3) and an occupational therapist (Therapist 4) allowed receiving the demands of subjectivation of B. since the interdisciplinary team that supported the case had already identified in the first evaluations that B. did not seem to have any impediments to mastering spoken language. Thus, not only the disciplines of the therapists in question, as the support of the team as a whole, allowed to perceive that the therapeutic choices could make the cases evolve towards the amplification of the play with the other, of the linguistic and cognitive domain in both cases, because the assumption of a subject in A. and B., with the respect for their protagonism in playing allowed both to expand their initial potentials toward development from the cognitive point of view, linguistic and psychic constitution, and that could at least initially modify the parents' gaze [9,10].

That way, the presence of the pair in session is a configuration that allows interdisciplinary and even transdisciplinary, the integration of necessary knowledge in sustaining the psychic and linguistic constitution of infants and young children. The choice of pairs obeyed the criterion of demand of the cases, because while in case A. there was a more important demand in linguistic matters and the organization of the familiar every day, in case B., subjectivation and daily life were in this order more relevant. Thereby, the choice of therapists was not random and needed to meet what the team perceived as priorities in each case. The interdisciplinary team that supported the clinical discussions helped to think possible aspects that were beyond the disciplinary reach of the therapists involved in both cases.

It should be noted that although all the professions involved admit a common view on playing in the sense that it aches subjectivation, cognition and language development for any child, there were specificities in the therapeutic look of each discipline on what occurred in play activities with children. Therefore, it was observed that, despite common basic aspects, the therapists were able to analyze the evolution of the children and make therapeutic choices that complement each other in an interdisciplinary way in the intervention during the free play.

Final considerations

The cases study evidenced that the modality of pair is effective in the care of a small child as long as the therapists are able to observe the speech spaces during the visits, so that there are no speech crossings that create a competition in the attention of the child. For this, it is necessary to seek understanding and respect for the child's desire, especially in exchange with one or another therapist. This configuration creates new therapeutic scenes described in the study as Therapist 1 – mother, Therapist 2- child, among others.

This modality was effective, as well as the assistance with a single therapist for the process of re-idealization of the child, with developmental delay or disturbance, positive repercussion on cognitive evolution, psychic and linguistics in the two cases analyzed.

Therefore, the debate in the enlarged team, in which the different visions of the professionals are heard and therapeutic decisions taken in such a way as to offer to each case what it demands. It is essential to identify the demands of each discipline and those that are shared by the interdisciplinarity.

Faced with this, it is clear the need for further studies in this theme to better understand this possibility of configuration in the clinic with children at the time of constitution and the ways to achieve interdisciplinary and transdisciplinary work in this modality.

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