

SPEECH THERAPY PRACTICES WITH LANGUAGE IN THE EDUCATIONAL  
CONTEXT

*PRÁTICAS FONOAUDIOLÓGICAS COM A LINGUAGEM NO CONTEXTO  
EDUCACIONAL*

*PRÁCTICAS DE FONOAUDIOLOGÍA CON LENGUAJE EN EL CONTEXTO  
EDUCATIVO*



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**ABSTRACT:** This research aims to identify and analyze which practices, especially with language, have been carried out by a group of speech therapists working in education in Bahia, and to reflect on the theoretical bases that support these practices. This is a cross-sectional, qualitative study, which had the participation of five speech therapists working in the educational area. Data were produced through semi-structured interviews, later transcribed, organized and categorized for analysis. The results pointed to the fact that speech therapy practices carried out in the field of education, especially with language, are still quite heterogeneous and guided, above all, by demands related to disturbs and disorders. It is concluded that it is still necessary, at the base of speech therapy practices, health perspectives and demedicalizing language that contribute to improving the quality of education.

**KEYWORDS:** Language. Education. Health. Speech therapy.

**RESUMO:** Esta pesquisa tem como objetivo identificar e analisar quais práticas, especialmente com a linguagem, têm sido realizadas por um grupo de fonoaudiólogos que atua na educação da Bahia e, ainda, refletir sobre as bases teóricas que sustentam essas práticas. Trata-se de um estudo de corte transversal, qualitativo, que teve a participação de cinco fonoaudiólogos com atuação na área educacional. Os dados foram produzidos por meio de entrevistas semiestruturadas, posteriormente transcritos, organizados e categorizados para análise. Os resultados apontaram para o fato de que as práticas fonoaudiológicas realizadas no campo da educação, especialmente com a linguagem, ainda são bastante heterogêneas e pautadas, sobretudo, pelas demandas relacionadas aos distúrbios e transtornos. Conclui-se que ainda é preciso ter na base das práticas fonoaudiológicas perspectivas de saúde e de linguagem desmedicalizantes, que de fato contribuam para a melhora da qualidade da educação.

**PALAVRAS-CHAVE:** Linguagem. Educação. Saúde. Fonoaudiologia.

**RESUMEN:** Esta investigación tiene como objetivo identificar y analizar qué prácticas, especialmente con el lenguaje, han sido realizadas por un grupo de fonoaudiólogos que trabajan en educación en Bahia, y también reflexionar sobre las bases teóricas que sustentan estas prácticas. Se trata de un estudio transversal, cualitativo, que contó con la participación de cinco logopedas que actúan en el campo educativo. Los datos fueron producidos a través de entrevistas semiestructuradas, posteriormente transcritas, organizadas y categorizadas para su análisis. Los resultados apuntaron que las prácticas logopédicas realizadas en el campo de la educación, especialmente con el lenguaje, todavía son bastante heterogéneas y están guiadas, sobre todo, por demandas relacionadas con desórdenes y trastornos. Se concluye que aún es necesario tener como base de las prácticas logopédicas, perspectivas de desmedicalización de la salud y lenguaje que efectivamente contribuyan a mejorar la calidad de la educación.

**PALABRAS CLAVE:** Lenguaje. Educación. Salud. Terapia del Lenguaje.

## Introduction

Speech therapy takes its first steps in the education scenario, between the 1920s and 1940s, as part of a National Unity project, based on a language standardization policy that, under the effect of a proposal for language control measures, sought to establish linguistic standards and norms for speech. Speech therapy is not born from the need for healing or rehabilitation of sequelae, direct concern with the patient or the disease, but with the concern to “locate the limits between normal and pathological, right and wrong, adequate and maladjusted” (BERBERIAN, 2007, p. 22, our translation).

Historically, speech therapy in Brazil is organized and consolidated from a clinical perspective focused on the need for communication rehabilitation, with practices aimed at diagnosing pathologies, disease prevention, rehabilitation, a fact that can be observed in the laws that regulate the profession and its practice. This model of action, according to authors such as Cavaleiro (2001) and Berberian (2007), will go through the decades, even reaching the present day.

However, after the movement introduced by the creation of the SUS (Sistema Único de Saúde), which provoked reflections around the concepts of prevention and, mainly, of health promotion, it was possible to observe significant changes in the way of acting by some speech therapists, especially in the field of education. This began to follow, in a way, a new route, reassessing some concepts and practices, moving towards health needs and social and collective issues, according to Penteado and Servilha (2004).

Around the 1990s, after the country's redemocratization context, the Sanitary Reform movement, the implementation of the new health policy resulting from the creation of the SUS and the 8th National Health Conference, the concept of health is seen as a complex process, resulting:

[...] the conditions of food, housing, education, income, environment, work, transportation, employment, leisure, freedom, access and ownership of land and access to health services. It is, therefore, above all, the result of forms of social organization of production, which can generate great inequalities in living standards (BRASIL, 1986, p. 4, our translation).

In this conception of health, the axis of the discussion shifts from pathology and prevention to Health Promotion and quality of life, to social determinants and conditions, to the way of life and work of the population in a given historical moment. By taking an expanded view of the health-disease process and its determinants as a reference, Penteado and Servilha

(2004) mention that the speech therapist starts to be inserted in broader, interdisciplinary projects, in tune with the proposal of Health Promotion.

It is important to highlight that the heart of the Health Promotion proposal also includes a change in the concept of health education. The conception of education, which sustains health education practices in the Promotion model, has deep roots in Freire's thought that education should be experienced as a concrete practice of liberation and construction of history. Freire (1967) proposes a liberating education that can awaken in people a posture of reflection about their social and political responsibilities, about their time and space. It is a critical, dialogical education (I-you relationship), for freedom, instead of “domestication”, for the “man-subject” and not “man-object”, an education in which awareness is the key means of escaping from the shadow of oppression. A liberating education is “education that, stripped of its alienated and alienating clothing, is a force for change and liberation” (FREIRE, 1967, p. 36, our translation).

Another highlight is related to language. By committing to the Health Promotion model, it is expected that Speech-Language Pathology also assume a broad conception of language and communication that can make a difference in people's health and lives, "since they allow man to reflect on himself and the world, streamline learning, induce participation and enable changes in the search for reducing inequalities, building citizenship and a quality life” (PENTEADO; SERVILHA, 2004, p. 113, our translation).

Considering the historical transformations that have occurred in the concepts of health and education in recent decades, and also the fact that these changes may imply shifts in the speech therapist's professional practices, is that the question of this study arose: what speech therapy practices have been developed in the scope of education in Bahia, especially with language?

It is understood that changes in speech therapy practices do not occur overnight, nor by decree. Transformations need time, effort; are stressed by different sectors of society, such as undergraduate courses, the relationship with education and health workers, continuing education courses, public policies, etc. Taking into account the above, this research aims to identify and analyze which practices, especially with language, have been carried out by a group of speech therapists who work in the area of education, in the state of Bahia, and also reflect on the theoretical bases that sustain such practices.

## Methodology

This is a qualitative, cross-sectional study that had a favorable opinion for its implementation by the Ethics Committee on Research with Human Beings of the Institute of Health Sciences (ICS), of the Federal University of Bahia-UFBA, CAAE number 5401617.7.0000.5662 and opinion number 2,081,615.

Five speech therapists who worked in the educational area in the state of Bahia participated in this study, 3 men and 2 women, distributed in 5 municipalities in Bahia, located in the following regions: 1 professional in the Center-South region, 1 in the Center-North region, 1 in the Northeast region, 1 in the Metropolitan region and 1 in the capital of Bahia, Salvador. Participants were identified using the “snowball” technique, in which each participant indicates another participant (FLICK, 2009) from any location in Bahia. Professionals registered with the Speech Therapy Regional Council and who worked in the public or private education system for a minimum period of six months were included. It is noteworthy that other professionals were identified, but did not participate in this study because they did not meet the inclusion criteria. Some were working with the management of the education department, without direct involvement in schools, carrying out specific actions. Other professionals, approved by competitive examination to work in the area of educational speech therapy, were working in the clinical area.

Chart 1 below presents a summary of the participants' profile, training and field of activity, identified by abbreviations (F1 to F5).

**Chart 1** – Profile of speech therapists selected for the study

	Age	Sex	Training Year	Postgraduate	Field of action on the network	Network Type
<b>F1</b>	31	Feminine	2009	Specialization in Special Education and Orofacial Motricity	Early Childhood Education, Elementary Education I and II	Municipal Public
<b>F2</b>	31	Masculine	2011	Specialization in Public Health. Specialization in Language in progress.	Early Childhood Education, Elementary Education I and II and Special Education.	Municipal Public
<b>F3</b>	24	Masculine	2016	Specializing in Mental Health with an emphasis on Autism Spectrum Disorder	Early Childhood Education, Elementary School I and II	Municipal Public
<b>F4</b>	28	Feminine	2012	Specialization in Clinical Speech Therapy	Early Childhood Education, Elementary Education I and II and Special Education.	Private
<b>F5</b>	29	Masculine	2015	Does not own.	Early Childhood Education, Elementary School I and II, Specialized Educational Service (AEE)	Municipal Public

Source: Elaboration of the author

For the production of data, semi-structured interviews were carried out throughout 2017, online, through *Hangout* or *Skype*, according to the preference of the participants. Oral recordings were obtained using instruments such as digital audio recorders, and free recording software was used.

The interviews were carried out in a meeting, lasting approximately 1 hour, at a previously scheduled time and day. The interview script was previously structured from two thematic blocks: the first with identification data of the interviewees and the second with guiding questions.

From the responses, analysis categories and subcategories were created. For the thematic axis related to speech therapy practices with language in the educational field, the following subcategories were created: a) screenings, guidelines and referrals; b) meetings, workshops, lectures; and c) intersectoral actions.

In order to carry out this study, after collection, all interviews were fully transcribed and read carefully, in order to study the data in depth and start the information selection process. Then, for data analysis, a table was organized containing a summary of the main speech therapy practices with language mentioned by the participants. The analysis was carried out from the

socio-historical perspective proposed by Freitas (2002). For the author, the analysis of the material collected in the field seeks to “understand what emerged in an observation or interview situation” (FREITAS, 2002, p. 29, our translation). This understanding allows us, from a theoretical framework, to perceive the meeting points, the similarities, the differences and the particularities of each interview.

The next section will present the results and discuss the analyzed data.

### Speech therapy practices with language in the field of education

The analysis of the practices of educational speech therapists, carried out especially in the field of language, pointed to different actions that, even having the same denomination, varied from one professional to another. The analysis also made it possible to observe convergences and divergences between professionals. Chart 2 below presents a summary of the main practices reported by speech therapists in the interviews. The results will be presented and discussed in the subsections below.

**Chart 2 – Speech therapy practices reported by respondents**

Practices	F1	F2	F3	F4	F5
<b>Screening Guidelines Forwarding</b>	Screening Prevention Guidelines referrals	School screening (cognitive profile) referrals	Screening (few cases)	Guidelines for Parents referrals	Screening/evaluation (complaints) Guidance on screening results referrals
<b>Meetings/ Workshops/ Speeches</b>	Workshops and Lectures	Workshops/Training/Training teachers	Workshops/ Speeches		Lectures/Advice
<b>Intersectoral Actions</b>	Articulation with the health area	CRAS, CAPS and Child Rehabilitation Center	NASF, PSE, CRAS, CREAS	FAME Project	Articulation with the area of health, social assistance (CRAS) and PSE nurses

Source: Elaboration of the author



## Triages, orientations and referrals

Speech-language pathology screening, followed by guidance and referrals, were the most recurrent practices reported during the interviews. With regard more specifically to screening, only 1 (one), among the 5 (five) professionals interviewed, did not mention performing the procedure. Even though it was a procedure applied by almost all interviewees, it was possible to observe that the concept of screening, the way it was carried out and the reasons why it was carried out, presented variations.

Based on the responses provided by the participants, it was observed that the speech therapists performed, mainly, screening focused on aspects of language, auditory screening, and also a screening called “school screening”. In general, the screening carried out by the professionals aimed to identify children considered to have difficulties (by the professional or teacher) and who needed a diagnosis and/or referrals. In F1's reports, it is noted that screening, in addition to serving to identify children who, from his point of view, needed a diagnosis, had a character attributed to prevention:

I carried out the triage issue more when I saw the need, that I needed a more specific diagnosis, right? Because there are areas where we need another professional to complete a diagnosis, I would refer them. But there was no diagnosis. (F1, our translation).

[...] with the students I did more prevention work. I did triage, right? I saw the need, if that child needed a referral, I would refer them, but it was more of a work of guidance. (F1, our translation).

F2, on the other hand, mentions that, in addition to performing “school screenings” in order to reach the “student profile” through “cognitive assessment”, he performed hearing screening, facts that can be observed in the excerpt below:

I do school screenings to find out how the students are doing. So, for example, there's a cognitive profile form, cognitive assessment. I go and apply with the profile and number of students, right? And then, among these questions, I take these students and carry out a more careful evaluation process. (F2, our translation).

[...] I work doing hearing screening in schools, right? So with the otoscope I go and do the triage with the meatoscopy, I identify infections, cerumen plug, strange objects, right? I make the referral and soon after I send him to do the audiometry. (F2, our translation).

It is noted that the proposal that supports the instrument called “school screenings” used by F2 is restricted to the assessment of cognitive aspects, that is, it reduces the complexity of



the student's language to its cognitive aspects. For Chacon (2020), in a language assessment situation (screening can be considered a type of language assessment situation), “what the child shows in terms of language is evaluated according to how the evaluator is constituted, for her, as an interlocutor” (p. 85). For the author, it is “the sense that guides action through language in the process called linguistic communication. Every act of communication (and not just linguistic ones) has, therefore, as its fundamental orientation, the production and attribution of meanings” (p. 84). Reducing language and student learning to cognitive aspects, disconnected from the relationship with the evaluator and the production of meanings, is to disregard the complexity of these phenomena and the danger of this action; it is to erase the subject and, as a consequence, cause or increase his suffering.

Still with regard to the screening procedure, a difference can be observed in the reports of F5. The professional mentions that the screening was performed by both the teacher and the speech therapist, as reported below:

First, it's like this, let me go back... It was triage. I forwarded a triage to these schools, in this triage I was putting topics directing it more towards the educational part, so I forwarded this triage to these schools... the teachers, through that triage, identified the complaints and forwarded them to the Department of Education. I did this analysis of all the screenings that were sent and so later, I went to the school, I did this feedback, giving this support, right? (F5, emphasis added by the authors, our translation).

It is observed in F5's report that when asking the teacher to carry out the screening procedure, he assigns the teacher a task that is strictly for the professional speech therapist, and also transforms the teacher into a detector of problems/disorders. Giroto (1999) highlights in his studies that transforming the teacher into a detector of problems contributes to reinforce the pathologization of language/language and to potentiate curative and preventive actions at school.

Professional F3 is the only one who questions the use of the screening procedure in order to identify children with supposed disorders and/or pathologies, he says he avoids using it whenever possible, as shown below:

When I arrive at the school like this, I say, look, as a last resort, the school is already kind of sad because, initially, they want us to go there to identify something, dyslexia, ADHD, disorders, that we give direction for these treatments and decrease the demand. But then I've also been working on another movement, that of deconstructing many of these concepts and getting closer to these teachers to... come here, since a student has all that you're saying, how are we going to deal with him? So how are we going to enhance this literacy process? (F3, our translation).

It is noted that, unlike other professionals, F3 questions the screening procedure and conducts her practice elsewhere, towards an action that can provide data for joint work, for joint actions between speech therapist and teacher. The professional asks “how are we going to deal with him?”, and also, “how are we going to enhance this literacy process?”, shifting his performance from an individualized place to a joint action. In another part of F3's interview, it is observed that even when the professional considers it necessary to use screening, the procedure seems to be different:

With children, it is sometimes necessary to do screening, because there are cases that call attention. And then, as in the municipality where I worked, there was a complicated adherence of parents to treatments, even more outpatient ones, so I was able to observe at least a few children at least some children with significant delays at school, language delays that called attention. And there it was. But the focus was on collective activities with these children. So I took, for example, storytelling, I would play with interpreting texts. [...] I would play with the children, but games that involved reading and writing, to take these practices to other places. (F3, our translation).

It is observed that F3 proposes collective language practices for the screening procedure (storytelling, games), seeks an expanded look at children, considering the real language practices in which they are inserted. The professional gives visibility to the subject and to the way he produces meaning in the interactions in which he participates.

With regard to guidelines and referrals, in general they are procedures correlated with the speech-language pathology screening. Only F4 mentions not doing it, probably due to the pressure he mentioned receiving from the school to carry out practices from a more clinical perspective, according to his report: “Because the school board and coordination expected me to act as a clinical speech therapist at the school and that was a big problem between me and them, because I didn't accept working as a clinical speech therapist”. F4 mentions that when he noticed a child with difficulties, he “talked to the parents about the demand and referred them to other professionals”.

Regarding the guidelines (and mainly referrals) carried out by professionals, these practices were related, in most cases, to a pathologizing perspective, to the suspicion or identification of a problem or disorder. Only F3 had a different position on the subject of guidance, especially when directed towards teachers:

[...] I never went to school to... it's dyslexic, it's ADHD, it's autistic... I didn't go to school to point out anything. He always questioned everything. It was my way out, I said: it's in doubt, calm down, let's see, let's take it easy, let's evaluate, let's observe, and then, halfway through, I was already

deconstructing much of the diagnosis, and then I managed to direct. (F3, our translation).

We can never arrive like this... I think it's a practice that we have and that we need to improve, we are very imposing when it comes to guiding, we arrive with the truth and put it there, whoever wants to turn around. So he needs to change that, that's it, but sometimes it's not in his reality to change all that. (F3, our translation).

In this excerpt from F3's interview, it is possible to observe a practice that is not based on problems, illnesses or disorders (language, reading, writing, speaking or any other). On the contrary, the practice of F3 questions what the school points out as a disorder, proposes doubt and observation in the first place, strives not to build a hurried and medicalizing look. In this study, medicalization is understood as “a type of deterministic rationality that disregards the complexity of human life, reducing it to issues of an individual nature, whether in its organic aspect, or in its psychic aspect, or in a restricted and naturalized reading of the social aspects” (FÓRUM, 2021, p. 345, our translation). It is noteworthy that although the topic of medicalization has been widely debated in recent years, it is still incipient in the training and practice of most speech therapists.

Another important fact is the shift in meaning that F3 proposes for the practice of guidance when reporting that “it is a practice that we have and that we need to improve, we are very imposing when it comes to guiding, we arrive with the truth and throws there, whoever wants to turn around”. Penteado and Servilha (2004, p. 114, our translation) emphasize that normative and prescriptive practices, which do not involve the community, are in the process of bankruptcy and that “new forms of approximation, awareness and communication with the population” are needed. The authors point out that it is necessary to listen to the population “and, more than that, to consider it active and capable of change (rather than a mere spectator or depository of guidelines about health)”.

### **Meetings, lectures, workshops**

With regard to meetings, lectures, workshops, advice and training, four (4) of the five (5) professionals interviewed carry out these activities in the educational context. It was observed in the reports that these activities were carried out mainly with parents, teachers and directors. Another important point is the theme of these activities, most of the time, focusing on the pathology: Dyslexia, Attention Deficit Hyperactivity Disorder (ADHD), Learning Disorders, Language Disorders, Phonological Disorders, etc. Here are the reports of F1 and F5 when asked about the theme of the lectures for teachers, coordinators and parents:

I went deeper into the subject of language disorders, speech disorders, reading and writing disorders, the issue of dyslexia, I also gave lectures on these subjects. (F1, our translation).

In some of the lectures, one of the main subjects was about the development of children's language, so what was expected for children in their age group, what is expected for children according to the disorder they present, so we reported all of this in the lectures. I chose a specific theme, mainly early childhood education and the lectures on language were worked on a lot, so much so that the teachers were super curious about it because it was very new, although many are pedagogues, but sometimes they don't have a different look than a speech therapist has for these questions, such as phonological exchanges, the child's phonological framework. (F5, our translation).

It is noteworthy that in the reports of most interviewees, the theme was proposed by the speech therapist, in a unidirectional way, extracted from the teachers' complaints about the students and the screenings. Only F3 demonstrated to build a different practice. The themes of the activities emerged from the relationship built with the school community and were agreed in a more symmetrical way. Here is an excerpt from the interview in which F3 mentions the construction of this relationship and the proposed work:

Initially, when the secretariat releases us to access the schools, we go there, meet the management, the school team, present the work and get to know the reality of that school. Knowing who composes it, the number of students, what is the profile of the community it is inserted in, knowing the relationship between parents and the school, and even between the school and the students themselves. [...] So, I have been working a lot with support for teachers. So, I sit down and we go to study with them, so, how is the writing acquisition process? The process of speech acquisition and reading? (F3, our translation).

[...] So one week we were there working on what is proper and what is not in the written acquisition process, then other things came up. Ah, the students really have some question that they don't like, let's think about other writing practices next time, then next time I worked on literacy, then I discussed something else, there was always something to discuss [...] (F3, our translation).

In the report above, it is possible to observe that the proposed activity (studying together, for example) arises from the relationship built with the school. It is observed that in the work of “support for teachers”, the main theme is the language acquisition process (spoken or written) and not the pathology, the disorder. F3 talks about his work with the acquisition of writing, the importance of thinking along with teachers about “other writing practices” and discussing, for example, the topic of literacy. The study carried out by Berberian *et al.* (2013), with the aim of analyzing the knowledge of a group of public elementary school teachers about writing concepts and about the concept of literacy, pointed to the importance of speech therapists

inserted in the school network to be involved in the continuing education of teachers to contribute to the discussions on the appropriation of writing from a literacy perspective. The authors highlighted that

[...] by establishing a partnership relationship with the teacher, the speech therapist can enable an improvement in the quality of Brazilian teaching, bringing such teaching closer to the guidelines specified in the National Curriculum Parameters - Portuguese Language and in the National Curricular Guidelines, based on a perspective that takes language as social and historical work (BERBERIAN *et al.*, 2013, p. 1640, our translation).

The partnership between teacher and speech therapists is extremely important and can bring important gains for education, as pointed out by Berberian *et al.* (2013). However, as can be seen in the interviews, it is still necessary for Speech Therapy to move towards the construction of practices (such as meetings, lectures, workshops, advisory services, among others) that are the result of a dialogue that meets the needs of the teacher, the school and education and that also tension medicalizing conceptions of language, education and childhood.

### **Intersectoral actions**

Intersectoral actions were practices reported by all respondents in this study, however, important differences were observed between the reports, highlighted later. In the last two decades, the System of Federal and Regional Councils of Speech-Language Pathology and Audiology created documents that broaden the discussion about the work of speech-language pathologists in the educational field and point to intersectoral actions. One of these documents, published in 2015, is the booklet entitled “Contributions of the Educational Speech-Language Pathologist to his Municipality and his School” (CFFA, 2015). In this document, doubts about the performance of speech therapists are clarified, and contributions of this professional are presented both for the school and for the municipality. Regarding intersectoral actions, the booklet mentions that, in partnership with education, the speech therapist can “develop intersectoral and intersectoral projects or programs for articulation between health and education departments, contributing to comprehensive care for citizens” (CFFA, 2015, p. 7, our translation).

The other document, entitled “Performance of the Educational Speech-Language Pathologist: Guiding Guide”, published in 2016, highlights the importance of intersectoral actions in the practice of the educational speech-language pathologist. The guide defines intersectoral actions as those that “involve the articulation of strategies between different social

sectors or different public policies, which are necessary to face problems that affect society” (CFFA, 2016, p. 16, our translation) and cites as an example of intersectoral actions:

- > actions aimed at workers' health;
- >> primary care actions aimed at the school community (families, education workers and students), such as health promotion actions, matrix support, among others;
- >> actions in intersectoral policies, such as the Health at School Program;
- >> participate in municipal, state or federal Social Control instances, both in the area of health and education (CFFA, 2016, p. 16-17, our translation).

In the data analyzed in this study, it was possible to observe that all interviewees mentioned performing some intersectoral practice. Interviewee F4 was the one who reported the greatest difficulty in acting in an intersectoral way, as observed in her report:

I didn't do it because... well, the most I have... my relationship was with FAMA, right? Fantastic World of the Autistic, I knew the founder of FAMA and I had teenagers at school, autistic teenagers and I... the parents who marked and appeared I talked about FAMA, right? Because they were already in their teens and other autistic institutions in Salvador no longer accepted these children. But it wasn't a relationship between the school and the project, right? It was a relationship between me and the founder of the project (F4, our translation).

It is noted in F1's report that the relationship with the FAMA project <sup>3</sup>was sustained by an individual effort by the professional in guiding parents about the institution's work with autistic children, not obtaining support from the school. When asked about the articulation of work at school with other network services or with other sectors, F1, F2, F5 answered:

I articulated it together with another professional who was not a speech therapist, because there was no way. Then I articulated together with a social worker, with a psychologist, when I had the opportunity also with the neurologist, who sometimes had a student who needed a diagnosis such as dyslexia, then I articulated through these services. But not with the speech therapist, because there isn't one in the municipality (F1, our translation).

[...] all the referral processes that we do, we refer vulnerable children to the CRAS, right? We refer children who have seizure profiles to the CAPS, right? Any other health complaint has the Child Specialty and Rehabilitation Center where we make some proposals for referrals, there is a psychopedagogue and such. So, it's a job that has a flowchart already set up (F2, our translation).

With the Department of Social Assistance, with the CRAS and the Department of Health. I had a very good relationship with some nurses, so they ended up articulating some demands that arrived at the PSF, and as the city is small, so

<sup>3</sup>FAMA - Fantástico Mundo Autista project, created in 2014, in the city of Salvador-BA, by a non-profit association. It works in job development for adolescents and adults with ASD and its mission is to responsibly include people with autism in the world of work, ensuring employment and income.



everyone knows, they already forwarded it to the speech therapist, I asked how this can be worked on? Do you answer it? [...] I hope to increase this articulation much more, but I did have this good articulation with the Social Assistance Department and the Health Department (F5, our translation).

In the reports of F1, F2 and F5, it is possible to observe that the relationship with the other sectors (CRAS<sup>4</sup>, CAPS, Specialty and Child Rehabilitation Center, Social Assistance Secretariats and Health Secretariat) had as main objective the referral of children, especially with demands in the field of language, for specialized services. These are important actions that dialogue with the principle of comprehensive care provided by the Unified Health System (SUS). According to Silva *et al.* (2018), all professional practice must be open to dialogue between managers, health professionals and users, so that better interaction, empathy and exchange of knowledge can be achieved, in a social construction that enhances results and enables practices for comprehensive care. However, the practices reported by professionals are still restricted to the referral and counter-referral system; they do not constitute intersectoral and interdisciplinary projects based on a truly collective construction. It is noted in the report of interviewee F3 that he is the one who most advances in this aspect:

[...] usually [articulate] with social assistance and education. Here in the interior, these articulations were more complicated because there are very serious political issues, so it is very complicated to structure. But we try all the time, right now I'm in another reality, I've already established partnerships with CAPS, with CRAS, with CREAS,<sup>5</sup> which are social assistance devices, and starting to establish partnerships with schools to be able to do this articulation. **We are still organizing, for the beginning of December, a municipal meeting in the areas of education, health and social assistance for us to discuss how we are going to behave within the network.** Because we need to understand what's on the network, how these mechanisms work, to be able to access properly. Because it's not because ... Oh, the boy isn't learning, there's a psychologist at the CAPS, send him there. The CAPS psychologist is not for that. Ah, there is a speech therapist [at the NASF<sup>6</sup>], but the speech therapist at the NASF is not for that. I can do it, normally we look for a pact with everyone, education, health and social assistance and develop

<sup>4</sup>With regard to the sectors mentioned, it should be noted that the CRAS (Reference Center for Social Assistance) works to prevent situations of social vulnerability and risk in the territories. (Available at: <https://blog.gesuas.com.br/diferenca-cras-creas/>). As for the CAPS (Psychosocial Care Center) "they are open and community health services aimed at caring for people with psychological distress or mental disorders, including those with needs arising from the use of alcohol, crack and other substances, which are in crisis situations or in psychosocial rehabilitation processes" (Available at: <https://www.gov.br/saude/pt-br/aceso-a-informacao/acoes-e-programas/caps>).

<sup>5</sup>CREAS (Specialized Social Assistance Reference Center) takes care of the consequences of vulnerable situations and monitors families and individuals who have had their rights violated (Available at: <https://blog.gesuas.com.br/diferenca-cras-creas/>).

<sup>6</sup>The NASF (Family Health Support Center) is made up of a multidisciplinary team that works in an integrated way to support the Primary Care health teams.



the work. It would be great to agree with other secretariats for structure, leisure, other things, but it's complicated (F3, our translation).

It is observed in F3's report, more specifically in the highlighted section in bold, the search for the collective construction of an intersectoral project between the areas of education, health and social assistance. Another point that deserves to be highlighted is that referral and counter-referral can be part of the work, but it is not the only objective of intersectoral actions. Intersectoral actions should not be limited to the search for professionals in the network to meet the demands of language and learning difficulties identified at school. Silva and Rodrigues (2010), in a study that proposes to analyze the intersectoral practices for health promotion in the Family Health Strategy (ESF), explain the importance of creating and expanding communicative spaces, "in which the different sectors, services and social equipment can dialogue, in the sense of building consensus, as well as identifying common problems and objectives in order to plan more effective interventions" (p. 768, our translation).

The results of this study showed that speech therapy practices carried out in the field of education, especially with language, are still quite heterogeneous and guided, above all, by demands related to disorders and disorders. Despite the advances made in recent decades, especially in the proposal of broader practices linked to the basic principles of the SUS (comprehensiveness, equity and universality), it is still necessary to base these practices on health perspectives and demedicalizing language that in fact contribute to to improve the quality of education.

### **Final remarks**

Considering the results of this study, moving away from practices linked to the speech therapy clinic is perhaps one of the greatest challenges for the professional speech therapist in education. This fact occurs, most likely, due to speech therapy historically treating language from the normal x pathological logic.

The results of this study allow us to state that educational speech therapy still has a long way to go in the construction of speech therapy practices that prioritize intersectoral and interdisciplinary actions, especially in a demedicalizing perspective, that is, that does not reduce the learning subject to a pathology. It is also far from a sustained action in emancipatory educational practices, that is, that value dialogic communication, which aims at building knowledge about the health-disease-care process that enables individuals to decide which are the most appropriate strategies for promote, maintain and restore your health.

In this challenging performance, which contemplates the singular and the collective, it must be said, inspired by Oliveira (2018), that even in the face of various forms of action aimed at working with speech, reading and writing, of the student with or without language alteration, the professional educational speech therapist must have an ethical commitment with the language, with the linguistic varieties, with the different ways of reading and writing of the child/adolescent, with the professionals involved and with the school. Your work should not be for the student, the teacher, the family, but with the student, the teacher and the family, not in the sense of telling those involved what to do, in an asymmetrical and vertical way, but in the sense of building together actions that are consistent and articulate, within a proposal of listening and respect for those involved.

## REFERENCES

- BERBERIAN, A. P. **Fonoaudiologia e Educação: um encontro histórico**. São Paulo: Plexus Editora, 2007.
- BERBERIAN, A. P. *et al.* Análise do conhecimento de professores atuantes no ensino fundamental acerca da linguagem escrita na perspectiva do letramento. **Revista CEFAC**, v. 15, n. 6, pp. 1635-1642, 2013.
- CAVALHEIRO, M. T. P. Reflexões sobre a relação entre a fonoaudiologia e a educação. *In*: GIROTO, C. R. M. (org.) **Perspectivas atuais da fonoaudiologia na escola**. São Paulo: Plexus Editora, 2001.
- CHACON, L. Subsídios linguístico-discursivos para a avaliação de linguagem. *In* GIACHETI, M. C (org.). **Avaliação da fala e da linguagem: perspectivas interdisciplinares em fonoaudiologia**. São Paulo: Cultura Acadêmica, 2020.
- CONFERÊNCIA NACIONAL DE SAÚDE, 8., 1986, Brasília. **Anais [...]**. Brasília, DF: Ministério da Saúde, 1986. Available at: [http://www.ccs.saude.gov.br/cns/pdfs/8conferencia/8conf\\_nac\\_anais.pdf](http://www.ccs.saude.gov.br/cns/pdfs/8conferencia/8conf_nac_anais.pdf). Access: 15 Nov. 2022.
- CONSELHO FEDERAL DE FONOAUDIOLOGIA (CFFA). Contribuições do fonoaudiólogo educacional para seu município e sua escola. *In*: **Sistemas de Conselhos Federal e Regionais de Fonoaudiologia**. [S. l.: s. n.], 2015. Available at: [https://www.sbfa.org.br/portal2017/themes/2017/departamentos/artigos/materiais\\_21.pdf](https://www.sbfa.org.br/portal2017/themes/2017/departamentos/artigos/materiais_21.pdf). Access: 16 Nov. 2022.
- CONSELHO FEDERAL DE FONOAUDIOLOGIA (CFFA). Atuação do Fonoaudiólogo Educacional. Guia norteador. *In*: **Sistemas de Conselhos de Fonoaudiologia**. Brasília, DF: [s. n.], 2016. ISBN: 9788557470002.

FLICK, U. Pesquisa Qualitativa online: a utilização da internet. *In*: FLICK, U. **Métodos de Pesquisa**. introdução à pesquisa qualitativa. 3. ed. Porto Alegre: Artmed, 2009.

FREIRE, P. **Educação como prática de liberdade**. Rio de Janeiro: Paz e Terra, 1967.

FREITAS, M. T. A. A abordagem sócio-histórica como orientadora da pesquisa qualitativa. **Cadernos de Pesquisa**, n. 11, p. 21-39, 2002.

FÓRUM SOBRE A MEDICALIZAÇÃO DA EDUCAÇÃO E DA SOCIEDADE. Carta do IV seminário internacional a educação medicalizada: desver o mundo, perturbar os sentidos. *In*: OLIVEIRA, E. C.; VIÉGAS, L. S.; NETO, H. S. M. **Desver o mundo, perturbar os sentidos: caminhos na luta pela desmedicalização da vida**. Salvador: EDUFBA, 2021. Available at: <https://repositorio.ufba.br/handle/ri/35343>. Access: 10 Nov. 2022.

GIROTO, C. R. M. O professor na atuação fonoaudiológica na escola: participante ou mero expectador? *In*: GIROTO, C. R. M. (org.). **Perspectivas atuais da Fonoaudiologia na escola**. São Paulo: Plexus; 1999.

OLIVEIRA, D. P. C. **Concepções e práticas na fonoaudiologia educacional: reflexões sobre a atuação do fonoaudiólogo na rede básica de ensino**. 2018. Dissertação (Mestrado em Educação) – Universidade Federal da Bahia, Salvador, 2018.

PENTEADO, R. Z.; SERVILHA, E. A. M. Fonoaudiologia em saúde pública/coletiva: compreendendo prevenção e o paradigma da promoção da saúde. **Revista Distúrbios da Comunicação**, São Paulo, v. 16, n. 1, p. 107-116, 2004.

SILVA, K. L.; RODRIGUES, A. T. Ações intersetoriais para promoção da saúde na estratégia saúde da família: experiências, desafios e possibilidades. **Revista Brasileira de Enfermagem**, v. 63, n. 5, p. 762-769, 2010. Available at: <https://www.scielo.br/j/reben/a/FqzM4D9v75DcPdNrRZJ7NxP/?lang=pt>. Access: 15 Nov. 2022.

SILVA, M. F. F. *et al.* Integralidade na atenção primária à saúde. **Revista Família, Ciclos de Vida e Saúde no Contexto Social**, v. 1, p. 394-400, 2018.

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