



Narrative assessment in children with phonological disorder: case reports

Avaliação de narrativa em crianças com transtorno fonológico: relato de casos

Evaluación narrativa en niños con trastorno fonológico: informes de casos

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Abstract

Language is an integral human skill, interconnected with various cognitive and executive functions, so that alterations in one domain can impact the functioning of others. Understanding the relationship between language and cognition is essential for the diagnosis and intervention in childhood developmental disorders. This study aimed to analyze the oral narrative skills of children with Phonological Disorder, considering linguistic and cognitive aspects involved in discursive production. Five children, aged between 6 and 8 years, enrolled in public schools, participated. They were evaluated using the Children's Oral Narrative Discourse Test (DNOI), the ABFW Children's Language Test, and tonal and vocal audiometry. The results showed below-expected performance in partial and complete narrative retelling tasks, with greater impairment in sequential organization and maintenance of textual cohesion. In contrast, comprehension of narrative content was preserved in most cases. The findings reinforce the importance of integrated approaches in speech-language pathology assessment and intervention, considering the interdependence between linguistic systems and executive functions in child development.

Keywords: Speech Sound Disorders; Child Language; Narrative; Language Assessment; Child.

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AJTM,SCNS: study conception; methodology; data collection; article drafting.

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Received: 11/12/2025

Accepted: 05/03/2026



Resumo

A linguagem é uma habilidade humana integral, interligada a diversas funções cognitivas e executivas, de modo que alterações em um domínio podem impactar o funcionamento de outros. Compreender a relação entre linguagem e cognição é essencial para o diagnóstico e a intervenção em distúrbios do desenvolvimento infantil. Este estudo teve como objetivo analisar as habilidades de narrativa oral em crianças com Transtorno Fonológico, considerando aspectos linguísticos e cognitivos envolvidos na produção discursiva. Participaram cinco crianças, com idades entre 6 e 8 anos, matriculadas em escolas públicas, avaliadas por meio do Teste de Discurso Narrativo Oral Infantil (DNOI), do Teste de Linguagem Infantil ABFW e de Audiometria por via tonal e vocal. Os resultados evidenciaram desempenho abaixo do esperado nas tarefas de reconto parcial e integral da narrativa, com maior comprometimento na organização sequencial e na manutenção da coesão textual. Em contrapartida, a compreensão do conteúdo narrativo mostrou-se preservada na maioria dos casos. Os achados reforçam a importância de abordagens integradas na avaliação e na intervenção fonoaudiológica, considerando a interdependência entre os sistemas linguísticos e as funções executivas no desenvolvimento infantil.

Palavras-chave: Transtornos dos Sons da Fala; Linguagem Infantil; Narrativa; Avaliação da Linguagem; Criança.

Resumen

El lenguaje es una habilidad humana integral, interconectada con diversas funciones cognitivas y ejecutivas, de modo que alteraciones en un dominio pueden impactar el funcionamiento de otros. Comprender la relación entre lenguaje y cognición es esencial para el diagnóstico e intervención en trastornos del desarrollo infantil. Este estudio tuvo como objetivo analizar las habilidades narrativas orales de niños con Trastorno Fonológico, considerando los aspectos lingüísticos y cognitivos involucrados en la producción discursiva. Participaron cinco niños, de entre 6 y 8 años, matriculados en escuelas públicas. Se les evaluó mediante la Prueba de Discurso Narrativo Oral Infantil (DNOI), la Prueba de Lenguaje Infantil ABFW y audiometría tonal y vocal. Los resultados mostraron un desempeño por debajo de lo esperado en tareas de narración narrativa parcial y completa, con mayor deterioro en la organización secuencial y el mantenimiento de la cohesión textual. Por el contrario, la comprensión del contenido narrativo se conservó en la mayoría de los casos. Los hallazgos refuerzan la importancia de los enfoques integrados en la evaluación e intervención de la logopedia, considerando la interdependencia entre los sistemas lingüísticos y las funciones ejecutivas en el desarrollo infantil.

Palabras clave: Trastornos de los Sonidos del Habla; Lenguaje Infantil; Narrativa; Evaluación del Lenguaje; Niño.

Introduction

Speech and language development is a complex and challenging process¹. This process does not merely involve acquiring vocabulary but also the refinement of linguistic abilities and executive functions, which are essential for establishing social relationships, structuring thought, and supporting learning.

According to the American Speech-Language-Hearing Association (ASHA)², communication disorders are defined as difficulties in the ability to receive, process, and/or understand a symbolic system. These disorders may vary in severity, may have developmental or acquired origins, and may manifest as primary conditions (idiopathic or directly caused) or secondary conditions (resulting from another clinical condition). Furthermore, they may occur in isolation or in association with other disorders.

Phonological disorder is characterized by an inadequate phonological system compared to what is expected for a given age group, without an identifiable cause and without limitations in articulatory production.³

When a child presents with a phonological disorder, the manifestations are not limited to occasional episodes but occur continuously in daily life, interfering with the acquisition, organization, and refinement of communicative competencies⁴. Language, as a complex symbolic and cognitive function, involves interconnected processes of comprehension, formulation, and expression. Consequently, an alteration in any of these components affects the others. Difficulties observed in phonological, lexical, syntactic, or pragmatic aspects reflect the integrated nature of language functions. When speech and linguistic structure are compromised, the impact is not limited to articulation but extends to the ability to construct and express meaning in a cohesive and coherent manner, particularly affecting oral narrative discourse—a domain in which thought, memory, temporal organization, and communicative intentionality converge.⁵ Understanding language disorders therefore requires recognizing that language is not a set of isolated skills but rather an interdependent system that supports the cognitive, social, and communicative development of children.

In addition, the development of narrative discourse in children depends not only on linguistic

mastery but also on the functioning of sophisticated cognitive processes, such as executive functions including working memory, attention, planning, and sequential organization of ideas. Coherent and cohesive narratives represent a refined use of articulated language. In children with language difficulties, these demands become even greater, since phonological, syntactic, semantic, or pragmatic deficits may substantially compromise the ability to narrate experiences effectively.⁶

Children's narratives are considered an ecological and comprehensive tool for simultaneously assessing linguistic, cognitive, and prosodic aspects. The analysis of narration and retelling tasks allows integrated observation of morphosyntactic, socio-cognitive, and communicative abilities. Prosodic analysis in children's narratives provides important indicators regarding temporal organization, intonation patterns, and expressive aspects of speech.¹⁵

Understanding the neuropsychological aspects involved in narrative discourse production is crucial for developing more accurate diagnostic and therapeutic strategies. Although several studies address child language development, research exploring the relationship between cognitive functions and narrative production in children with language disorders remains limited. Analyzing these abilities from a neuropsychological perspective contributes to outlining a more comprehensive communicative profile and enables more effective and individualized interventions.

Despite advances in the field of child language, studies that investigate, in an integrated manner, the relationship between narrative abilities and cognitive functions in children with Phonological Disorder remain scarce. In this context, the present study aims to analyze the oral narrative construction abilities of children with Phonological Disorder through the application of the Children's Oral Narrative Discourse Test (DNOI)⁷, contributing to a broader understanding of the linguistic and cognitive profile of this population. To date, there are no studies applying this test to children with phonological disorder.

Materials and methods

This project was developed in accordance with the ethical requirements established by the Brazilian National Research Ethics Commission (CONEP). The study was submitted to the Research

Ethics Committee and, only after approval (Opinion No. 7.689.003; CAAE 88560325.1.0000.5342), were the research procedures initiated.

Participants were referred by their schools. Both the children and their guardians received clear and understandable information about the objectives and procedures of the research. The potential risks and benefits were discussed, and participation was voluntary. Confidentiality of all data was guaranteed, ensuring that no personal identification or individual test results would be disclosed. Participants were free to withdraw from the study at any time without any negative consequences.

Guardians signed the Informed Consent Form, and the children provided assent through the Assent Form before the procedures began.

The assessment battery included case history (anamnesis), narrative discourse testing⁶, the ABFW Language Test,⁷ and auditory evaluation.

Speech-Language Case History

The speech-language pathology case history (anamnesis) is an initial interview conducted by the speech-language pathologist to collect information regarding the patient's clinical, family, social, and developmental history. It aims to understand the reason for the complaint, overall development, daily habits, general health, and expectations regarding the intervention. These data are essential for guiding the diagnostic process and therapeutic planning. The anamnesis used for data collection was the one provided by the Speech-Language Pathology Teaching Clinic of the University of Passo Fundo. During the information-gathering process, questions related to linguistic, motor, and auditory development were addressed, as well as conditions from pregnancy to the present day and screen time.

ABFW

The ABFW⁷ – Child Language Test, which assesses phonology, vocabulary, fluency, and pragmatics, is a standardized instrument widely used by speech-language pathologists to evaluate the oral language development of children aged approximately 3 to 12 years.

In this study, the phonology component was applied, analyzing speech sound production through picture naming and imitation tasks, identifying possible phoneme substitutions, omissions, or distortions, which contribute to the diagnosis of phonological disorders.

DNOI

The main instrument used in this study was the Children's Oral Narrative Discourse Test (DNOI)⁶. The DNOI is characterized as a complex cognitive tool used in clinical neuropsychological and neuropsycholinguistic assessment, requiring the integration of multiple cognitive functions. Among these functions are focused attention, executive attention (involving cognitive effort and mental control), oral language, working and episodic memory, as well as components of executive functions. Although several abilities are involved, language at the discourse level is the primary focus of the assessment. The instrument consists of three subtasks: the partial retelling of a narrative, the complete retelling of the same narrative, and discursive comprehension, allowing for a comprehensive analysis of the individual's linguistic and cognitive performance.

Auditory Evaluation

Pure-tone audiometry through air and bone conduction was conducted following the World Health Organization (2020)⁸ reference values for pediatric auditory assessment. Pure-tone audiometry is considered the gold standard procedure for evaluating auditory capacity in a standardized and subjective manner. It allows the identification of potential hearing alterations and guides clinical decisions.

In air-conduction audiometry, the patient is exposed to pure tones at frequencies ranging from 250 Hz to 8000 Hz through supra-aural headphones.⁸ The objective is to determine the lowest intensity level (in decibels) detected at each frequency. In bone-conduction testing, sounds are transmitted directly to the cochlea through a bone vibrator placed on the mastoid process of the temporal bone, allowing evaluation of the sensory auditory pathway and differentiation between conductive and sensorineural hearing loss.

The Speech Recognition Percentage Index (SRPI) evaluates the individual's ability to recognize and repeat words, expressed as a percentage. The Speech Recognition Threshold (SRT) assesses the lowest intensity at which the patient correctly identifies 50% of the presented words, reflecting functional auditory ability for speech perception.⁸

For the analysis of the results, the present and essential information reported by each individual during the partial retelling, the number of correct

pieces of information conveyed in the complete retelling of the story, and the text comprehension questions related to the addressed text were considered. The numerical values presented in the table refer to the obtained and expected scores, compared with the normative data of the DNOI⁶ test, as well as whether the child is a public or private school

student. In the present test, all participants are public school students. The expected score for the Narrative Discourse Test was determined based on the mean obtained during the validation of the aforementioned protocol.

Presentation of Clinical Cases

Table 1. Individual performance obtained in the child oral narrative discourse test

Identification	Age	Task Information Essential (obtained)	Task Information Essential (expected)	Task Information available (obtained)	Task Information present (expected)	Task: Complete Retelling (obtained)	Task: Full Retelling (expected)	Comprehension Task (achieved)	Comprehension task (expected)
Subject 1	8 years and 7 months	12/18	12.52	14/29	15.67	5/13	8.05	9/11	8.95
Subject 2	7 years and 9 months	13/18	11.5	13/29	15.22	7/13	8.06	6/11	8.28
Subject 3	7 years and 6 months	4/18	11.5	1/29	15.22	3/14	8.06	9/11	8.28
Subject 4	6 years and 2 months	4/18	10.4	4/29	13.25	1/13	5.9	7/11	7.55
Subject 5	6 years and 5 months	3/18	10.4	3/29	13.25	4/13	5.9	9/11	7.55

Subject 1

Male patient, aged 8 years and 7 months, with a diagnostic hypothesis of Phonological Disorder. During the speech-language assessment, the ABFW Child Language Test was administered, which allowed the identification of the phonological processes of palatal fronting, liquid simplification, and consonant cluster simplification. These processes indicate immaturity in phonological development, with an impact on articulatory accuracy and overall speech intelligibility.

In the auditory evaluation, auditory thresholds and speech recognition were within normal limits.

During the administration of the DNOI test, the patient remained attentive and focused, demonstrating good engagement and interest in the proposed activity. He showed a collaborative and participatory attitude, responding appropriately to all requests. No signs of distraction, abrupt topic changes, or fatigue were observed throughout the task, which contributed to consistent performance during the entire assessment.

In the domains assessing present information and complete retelling, the patient demonstrated performance below the average expected by the authors of the test, showing some difficulty main-

taining the chronological sequence of events and preserving all narrative details. However, in the report of essential information and text comprehension, the performance obtained was within the expected average range.

The observed linguistic profile suggests functional communicative competence, with adequate text comprehension.

Subject 2

Female patient, 7 years and 9 months old, with a diagnostic hypothesis of Phonological Disorder. The speech-language evaluation was conducted using the ABFW Child Language Test, which revealed the following phonological processes: liquid simplification, palatal fronting, final consonant simplification, and consonant cluster simplification. These processes reflect a delay in the development of articulatory patterns expected for the patient's age, thereby affecting speech clarity and precision.

Pure-tone and speech audiometry results were within normal limits.

During the administration of the narrative discourse test, the patient showed moments of inattention and reluctance, demonstrating low motivation and reduced engagement with the

proposed activity. This behavior may have negatively influenced her performance, particularly in tasks that required working memory and sustained auditory comprehension. Despite this, the patient answered all the requested questions, although at times she showed difficulties in retaining and reproducing information from the text in a complete and coherent manner.

The quantitative and qualitative analysis of the results presented in Table 1 shows that the patient's performance was above the expected level for her age group and educational level only in the presentation of essential information according to the instrument's parameters. During the narrative retelling, imprecise references, omissions of relevant details, and the insertion of information unrelated to the original content were observed, indicating difficulties in sequential organization and textual cohesion.

In summary, the patient's performance indicates limitations in both oral expression and narrative comprehension, associated with deficits in sustained attention and linguistic memory.

Subject 3

Male patient, aged 7 years and 6 months, referred for a speech-language assessment with a diagnostic hypothesis of Phonological Disorder. The evaluation was conducted through the administration of the ABFW Child Language Test, which revealed the presence of the phonological processes of velar fronting, liquid simplification, devoicing of plosives, and final consonant simplification.

The auditory evaluation tests revealed responses within normal limits.

During the administration of the DNOI test, the patient showed interest in the story and participated actively at certain moments. However, he demonstrated a tendency to become easily distracted, alternating between periods of focused attention and moments of inattention and distraction. This behavior may be related to difficulties in maintaining sustained attention and in the sequential organization of information.

The analysis of the results revealed that only text comprehension, as shown in Table 1, assessed through interpretation questions, was above the average for the age group. In contrast, performance on the narrative retelling tasks showed significant difficulties, with disregard for the chronological order of events, omission of relevant information,

and imprecise references to the characters and events in the story.

Overall, the results indicate a linguistic profile characterized by impairments in oral expressive abilities, particularly in narrative planning and organization, although verbal comprehension appears to be preserved or above the expected level.

Subject 4

Female patient, aged 6 years and 2 months, diagnosed with Phonological Disorder. The speech-language assessment was conducted through the administration of the ABFW Child Language Test, which made it possible to identify the phonological processes of liquid simplification, consonant cluster simplification, and final consonant simplification. These processes indicate a delay in the acquisition of phonological patterns expected for this age group.

Pure-tone and speech audiometry indicated results within normal limits.

During the administration of the narrative test, the patient initially demonstrated a participatory and collaborative attitude, showing interest in the task. However, as the activity progressed, signs of fatigue, reduced engagement, and moments of distraction were observed, requiring additional prompts to regain attention. Despite this, the participant completed all proposed stages, allowing for a comprehensive analysis of her performance.

As presented in Table 1, the results obtained in the Child Oral Narrative Discourse Test (DNOI) revealed performance below the average in the partial retelling and complete retelling tasks. In contrast, performance in comprehension, assessed through interpretation questions, remained within the expected average according to the criteria established by the authors of the instrument.

During the narrative retelling, the patient demonstrated limited lexical repertoire, imprecise references, and difficulty maintaining verbal fluency, with frequent pauses and hesitations during sentence formulation. These aspects suggest difficulties in discursive organization and limitations in lexical access, which may affect both the cohesion and coherence of discourse.

The participant's linguistic profile indicates preserved comprehension abilities, but significant deficits in oral expression, particularly in tasks that require narrative planning and sequential organization of ideas.

Subject 5

Male patient, aged 6 years and 5 months, diagnosed with Phonological Disorder. The phonological assessment conducted using the ABFW test revealed the processes of liquid simplification, consonant cluster simplification, and final consonant simplification. These processes reflect immaturity in phonological development, affecting articulatory accuracy and overall speech intelligibility.

The findings of pure-tone and speech audiometry were within normative parameters.

During the administration of the oral discourse test, the patient was collaborative and receptive to instructions, participating appropriately for most of the time. However, moments of distraction and inattention were observed, requiring verbal redirection to maintain focus and ensure the continuity of the activity. This attentional fluctuation may have negatively influenced performance in longer and more complex tasks, such as the complete retelling of the story.

The analysis of the results presented in Table 1 demonstrated that performance in the partial retelling and complete retelling tasks was below the expected average for the age group. In contrast, performance on the comprehension questions was above average, indicating a good capacity for interpretation and retention of auditory information.

During the narrative retelling, omissions of temporal and causal markers, imprecise references, and the insertion of intrusions unrelated to the original content were observed. These findings indicate difficulties in textual cohesion and in the sequential organization of narrated events, possibly associated with weaknesses in the structuring of oral discourse and limitations in the use of connectives and discourse markers.

Overall, the patient demonstrates preserved comprehension and cognitive potential consistent with the age group; however, expressive difficulties are observed in structured oral production, with an impact on narrative organization and communicative clarity.

Discussion

This study highlights the close relationship between narrative abilities and language development in children with phonological disorder. Analysis of narrative productions obtained through the DNOI⁶ test indicates that phonological dif-

iculties frequently coexist with limitations in discourse organization, cohesion, and coherence. Oral narrative production requires linguistic planning, working memory, attention, and integration of semantic and syntactic information. Therefore, speech disorders may broadly affect children's communicative abilities.

The greatest difficulties were observed in partial and complete retelling tasks, in which most children demonstrated problems retaining and organizing essential information. However, comprehension questions were generally answered correctly, suggesting preserved narrative understanding despite expressive limitations.

The findings of this study are consistent with the observations described in a recent that investigated the relationship between speech sound production accuracy and linguistic performance in narrative retelling tasks in children with Speech Sound Disorders (SSD). Similar to what was observed in the present research, these children tended to present a greater number of linguistic errors and lower structural organization in their narratives, indicating difficulties in maintaining coherence and in retrieving the essential information of the storyline. These results reinforce the idea that phonetic and phonological limitations interfere not only with articulatory production, but also with discursive abilities and the development of oral narratives, affecting the cohesive and comprehensible construction of discourse. Thus, both the data obtained in the present study and those reported in the referenced study⁹, point to the interdependence between the phonological and discursive domains in child language development.

It is also important to emphasize that executive functions, which are fundamental for the development of language and narrative discourse, are directly related to learning. These functions influence performance in children's oral discourse, since narrative production involves cognitive processes similar to those used in reading and writing¹⁰. During oral discourse, the child needs to plan what to say (planning and working memory), maintain the logical sequence of the story (inhibitory control and sustained attention), and adapt speech to the context and the interlocutor (cognitive flexibility). Thus, the same executive functions that predict academic performance are essential for the organization and coherence of oral language. Children with deficits in these functions tend to produce shorter and more

disorganized narratives, or present difficulties in connecting events, which compromises both oral communication and the development of linguistic and academic skills. Therefore, strengthening executive functions may contribute not only to formal learning, but also to the quality and complexity of children's oral discourse, an essential element for the overall development of language.

Language development is a dynamic and multifactorial process that depends on the gradual integration of different linguistic components—phonological, lexical, morphosyntactic, semantic, and pragmatic—which interact with and influence each other throughout childhood. This interaction supports the progressive construction of communicative competence, enabling the child to organize thoughts into increasingly complex structures, such as sentences, paragraphs, and narratives. Language is therefore based on a dual competence: lexical competence, related to the storage and selection of words, and grammatical competence, responsible for combining them into coherent and meaningful sequences. For this process to occur efficiently, the integrated functioning of several brain regions is required, particularly the Broca's area and the Wernicke's area, which play central roles in language production and comprehension. Neuroscientific evidence indicates that the structural and functional integrity of these regions, as well as their connections through white matter pathways, such as the arcuate fasciculus, is crucial for linguistic and narrative performance^{11,12}. These findings reinforce the understanding that the difficulties observed in children with speech and language disorders are not limited to articulation or phonology, but involve a broader neural network responsible for the integration of auditory perception, motor planning, and discursive formulation, all of which are essential for the construction of cohesive and meaningful oral narratives.

Language acquisition encompasses not only lexical expansion and the mastery of morphosyntactic structures, but also the refinement of phonological, prosodic, and pragmatic skills, which ensure the functionality and appropriateness of communication¹³. Studies^{14,15} highlight important milestones in the phonological acquisition of Brazilian Portuguese, particularly with regard to the gradual development of consonants, which occurs in predictable stages and is closely related to the child's motor and perceptual maturation. These

phonological advances are closely linked to morphosyntactic development, as the consolidation of speech sounds facilitates the construction of more complex and grammatically structured utterances. In addition, prosodic aspects such as rhythm, intonation, and stress and pragmatic aspects, related to the social use of language, emerge in an interdependent manner, supporting communicative competence. Thus, the trajectory of language acquisition reflects an integrated dynamic between form, sound, and use, in which each domain contributes to the overall development of children's language.

Similarly, the participants underwent audiological evaluation, presenting auditory thresholds within normal limits⁸. Consistent with the literature, studies¹⁶ indicate that skills such as organization and coherence of discourse depend not only on auditory perception, but also on linguistic and cognitive factors, such as vocabulary and phonological memory. These findings suggest that oral narrative performance also depends on factors such as auditory development and refinement.

Narrative discourse constitutes an essential resource for the development of children's language and cognition, as it involves the integration of multiple contextual and semantic elements. However, the excessive amount of information present in a narrative may hinder the selection and storage of the most relevant data, requiring greater engagement of higher cognitive functions. Research indicates that working memory and executive attention play a fundamental role in this process, enabling the child to organize, maintain, and manipulate the information heard, relating it to prior knowledge and personal experiences^{17,18,19,20}. Thus, the comprehension and production of narratives are directly associated with the maturation of executive functions, which support the coherence, temporal sequence, and logical structure of children's discourse.

Low performance in children's oral narrative discourse tests is related to the multifactorial nature of narrative competence, which requires the integration of different linguistic and cognitive levels. The construction of narratives involves the ability to organize ideas, sequence events, and appropriately employ cohesive, morphosyntactic, semantic, and pragmatic resources. Therefore, alterations in any of these domains may compromise the coherence and cohesion of discourse. Evidence indicates that morphosyntactic, semantic, or pragmatic diffi-

culties interfere with the logical and temporal structuring of narratives, while persistent phonological inaccuracies may impair speech intelligibility and the communicative impact of speech.^{16,17}

The narrative test is a tool used to assess a child's ability to organize ideas, structure storylines, and use linguistic resources that enable the construction of a coherent discourse. This type of assessment allows the identification of aspects related to vocabulary, grammar, and textual cohesion, in addition to providing important information regarding cognitive-linguistic functioning and verbal planning abilities. Thus, the narrative test contributes both to the diagnosis and to the monitoring of the developmental progress of children with language difficulties, serving as an essential resource in clinical and educational contexts.⁶

Thus, by enabling the analysis of potential neurocognitive dysfunctions that affect linguistic processing, the DNOI task proves to be a valuable tool to be incorporated into neuropsychological and pediatric speech-language assessment batteries. Because it is a complex and detailed activity, it allows the observation of subtle alterations in language functioning in interaction with executive functions. This relationship between language, memory, and comprehension becomes evident, for example, when a child demonstrates significantly better performance in written text comprehension tasks than in oral reconstruction, indicating greater difficulty related to memory rather than to language itself, as described by the authors. They emphasize that the assessment of children's narratives integrates linguistic and cognitive aspects mediated by executive functions and working memory.¹⁹ Furthermore, they highlight that neuropsychological assessment is essential for understanding cognitive functioning and for guiding more effective interventions.²¹

As a limitation of the present study, the small number of participants should be highlighted, which restricts the generalization of the results to other populations and school contexts. This study consists of a case series analysis, whose initial purpose is to descriptively explore the correlations between language and executive functions. Therefore, the data presented should be progressively expanded in future studies, in order to enable a more robust and comprehensive understanding of the cognitive and linguistic processes involved in the narrative performance of children with language disorders.

Speech production represents much more than the mere ability to communicate words, as it constitutes an expression of human identity, thought, and emotions. Understanding the individual in their multiple dimensions means recognizing that each gesture, sound, and word reflects the way they construct and share the world around them.

Conclusion

The findings indicate that children with phonological disorder in this sample presented narrative performance below what is expected for their age group, particularly in organization and textual cohesion, although comprehension remained preserved. These results support the interdependence between language and executive functions, as phonological deficits affect more complex discourse levels. Narrative analysis proved effective in identifying limitations in global story structure, emphasizing the importance of interdisciplinary assessment integrating speech-language pathology and neuropsychology. Future studies should expand sample size and consider environmental variables influencing language maturation. Understanding children's discourse requires an integrated investigation of all language domains—phonological, lexical, morphosyntactic, semantic, and pragmatic—since their interaction underlies children's ability to think, communicate, and construct meaning, which is essential for effective and individualized intervention.

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