



Representations of educational professionals for speech-language and hearing sciences practice in schools

Representações dos profissionais da educação acerca do fonoaudiólogo educacional

Representación de los profesionales de educación sobre el fonoaudiólogo educacional

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Abstract

The speech-language and hearing sciences practice in schools emerged at the beginning of the 20th century and underwent conceptual and practical changes over time. Currently, efforts are being made to strengthen practices aimed at health promotion and the search for integral care in the school network, reducing perspectives focused on preventive and curative actions. In this way, this work aimed to analyze the representations of professionals of education about the performance of the speech-language and hearing sciences practice in schools. This research was evaluated and approved by the Research Ethics Committee of the institution of origin. It is characterized as qualitative, longitudinal and ethnographic, in which the data collection was carried out from participant observation, interviews and writing in the field diary. After the analysis of the field diaries, it can be observed that the speech-language and hearing sciences practice in schools for the professionals of education is considered to be responsible for the treatment of students with special needs and with learning disorders in the school.

Keywords: Speech, Language and Hearing Sciences; Education; School health.

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Resumo

A atuação fonoaudiológica educacional surgiu no início do século XX e passou por mudanças conceituais e práticas ao longo do tempo. Atualmente, tenta-se fortalecer práticas voltadas à promoção da saúde e busca da integralidade do cuidado na rede escolar, reduzindo perspectivas centradas em ações preventivas e curativas. Desse modo, este trabalho objetivou analisar as representações de profissionais da Educação acerca da atuação do fonoaudiólogo educacional. Esta pesquisa foi avaliada e aprovada pelo Comitê de Ética em Pesquisa da instituição de origem. Ela se caracteriza como qualitativa, longitudinal e etnográfica, na qual a coleta de dados foi realizada a partir da observação participante, entrevistas e escrita no diário de campo. Após a análise dos diários de campo, pode-se observar que o fonoaudiólogo educacional, para os profissionais da educação pesquisados, é considerado como o responsável pelo tratamento de estudantes com necessidades especiais e com distúrbios de aprendizagem na escola.

Palavras-chave: Fonoaudiologia; Educação; Saúde escolar.

Resumén

La acción de la fonoaudiología en las escuelas surgió a principios del siglo XX y ha sido objeto de cambios conceptuales y prácticos a través del tiempo. En la actualidad, se intenta fortalecer las prácticas destinadas a promover la salud y la búsqueda de la atención integral para la red escolar, reduciendo las perspectivas centradas en acciones preventivas y curativas. Siendo así, este estudio tuvo como objetivo analizar las representaciones de profesionales de la Educación sobre la actuación del fonoaudiólogo educacional. Este estudio fue evaluado y aprobado por el Comité de Ética de la institución de origen. Se caracteriza por ser cualitativo, etnográfico y longitudinal, en el que la recogida de datos se realizó a partir de la observación participante, entrevistas y la escritura en el diario de campo. Tras el análisis de los diarios de campo, se pudo observar que el fonoaudiólogo educacional, para los profesionales de la educación encuestados es considerado como el responsable por el tratamiento de estudiantes con necesidades especiales y con dificultades de aprendizaje en la escuela.

Palabras claves: Fonoaudiología; Educación; Salud Escolar.

Introduction

Even before being recognized as a science, Speech-Language Pathology and Audiology has been linked to educational institutions. In the 1920s, practices related to this profession emerged strongly based on school health proposals, mainly to identify and treat deviations from the standard language, thus guaranteeing the uniformity of the mother language¹. According to the Publication of the Regional Council of Speech-Language Pathology and Audiology - 2nd Region, "Speech-Language Pathology and Audiology in Education: Public Policies and Actuation of the Speech-Language Pathologist and Audiologist" ("Fonoaudiologia na Educação: Políticas Públicas e Atuação do Fonoaudiólogo"), due to the political and social context that was experienced in the country, the school was elected as the place where linguistic differences - among others - should be minimized

and, if possible, deleted. With this purpose, the need arises for a professional to be responsible for the identification, diagnosis, and treatment of language deviations and this need led to the speech-language therapist - initially called logopedist or phonotherapist - who entered the school focusing on the detection of communication disorders².

Considering the needs described above, Speech, Language Pathology and Audiology courses were instituted in Brazil in the 60's², based on a medical-centered model, which dedicates much of the professional's training to the identification, evaluation, and treatment of different communication disorders without emphasizing the conditions, realities, and justifications by which such disturbances have settled, and when doing so, using as prerogative the prevention of such disturbances, isolated from the entire socio-cultural context of the subjects. It is necessary to draw attention to the fact that both the longing to preserve the Portuguese linguistic identity, the valorization of a standard

variety of this language, and the search for identification, diagnosis, and treatment of deviations in communication, reveal that since the emergence of Speech Language Pathology and Audiology practices, this profession has an essentializing and pathological character and objectives, focused on curativism and the search for an “ideal” standard. These objectives eventually place and consolidate Speech, Language Pathology and Audiology in the clinic, with emphasis, mainly, on the individual and clinical practice.

However, it should be remembered that it was also using such objectives that the speech-language therapist chose [again, this time after the institutionalization of the profession] the school as one of its fields of activity. In this sense, speech-language therapy practices in schools were, and still are, generally based on the identification of disturbances or “risk factors” for the development of communication pathologies that could hinder student learning. Therefore, the performance of the educational speech-language therapist often ended up reduced to screenings with students, and lectures directed at parents and/or teachers, whose central theme was pathologies affecting communication and, consequently, the children’s learning – which, in this view, most of the time, were the target audience of the speech-language pathologist and audiologist.

The need to legitimize such practices, as well as to standardize speech-language pathology and audiology in schools, gave rise to Resolution No. 309 of April 1, 2005, which deals with the speech-language pathologist and audiologist’s performance in Education³. This resolution, despite prohibiting clinical speech-language pathology and audiology within the school - except in special cases and schools, in reverse school shift - is still guided by a strong clinical character, as it emphasizes speech-language pathology and audiology intervention in the identification of disorders related to speech, oral motricity, language (oral and written), and hearing, and guides the performance of actions that establish, as a rule, a vertical relationship between health and education, in which medical knowledge stands out in relation to other knowledge.

Notwithstanding, although this vision is still easily found today among speech-language pathologists and audiologists working in education, it is important to emphasize that since the international conferences began, the notion of health as a

dynamic process has been disseminated, considering the socio-historical aspects as determinants for better quality of life, under the influence of a greater strengthening of the Marxist dialectical thought in the scope of Health.

Since the publication of the Ottawa Charter⁴ in 1986, health promotion has been interpreted more broadly, transcending the idea that it was only part of the process of disease and injury prevention, suggesting educational approaches that allow the subjects to be aware of the necessity of their participation in this process, in search of a better quality of life^{5,6}. Through this new paradigm of health promotion, the social question, previously understood in a restricted way, became related to the historical, cultural, political, and economic determinants.

The understanding of health promotion as a social practice has determined, therefore, the displacement of a preventive model to a comprehensive health care model. This displacement represented a conceptual revolution that enabled the school, as an institution, to be interpreted no longer as a place of adaptation and control to the norm, but rather a healthy environment, a space for knowledge production and for practices towards better quality of life and reduced social inequalities^{4,7}.

This understanding made possible, among other aspects, the expansion of the actions performed by the speech-language pathologist and audiologist in schools. It is worth highlighting the publication of Resolution No. 387 of 2010, by the Federal Council of Speech, Language Pathology and Audiology⁸, which, in addition to instituting Educational Speech-Language Pathology and Audiology as a specialty in Speech-Language Pathology and Audiology, also deals with the performance of these professionals, considering, among other aspects, the National Curriculum Guidelines and the advances made in the area.

It can be considered that there was an expansion of the possibilities of speech-language pathology and audiology practices in Education, as this resolution tends to consider the speech-language pathologist and audiologist no longer as an outsider who practices at school, but as a professional who can be part of the school team, which, in a way, horizontalizes the previously verticalized relationship. That is, the speech-language pathologist and audiologist can and should move away from the traditional position of holder of knowledge,



responsible for the ‘cure’ of problems related to learning, and assume the role of partner and constituent member of educational institutions, sharing experiences and knowledge and enabling the performance of practices that allow the development of learning according to the reality found in each of these institutions. It is important, therefore, to emphasize the importance of the speech-language pathology and audiology work to be held in partnership and in harmony with the educational planning, in which this professional must participate, and with public education policies. The resolution also foresees participation in the process of institutional diagnosis, or its practice by the speech-language pathologist and audiologist. This action allows the speech-language pathologist’s work to be based on the real needs, difficulties, and potentialities of each school, without the need for a standardization of the work of this professional, as envisaged by the previous resolution⁹.

Thus, it should be said that in recent years, the relationship between Speech-Language Pathology and Audiology and Education is being the subject of discussions that address the different conceptions of subject, language, and health, which support the performance of speech-language therapy in schools, and the most varied possibilities of objectives and actions in the educational context.

Currently, among the main conceptions and objectives of the speech-language pathologist and audiologist’s work in the school, the preventive model stands out, characterized by dichotomizing the relationship between Health and Education, and which, in general, considers the school as an entity responsible for teaching written language in its standard variant, adopting as a goal for the speech-language pathologist and audiologist in the educational environment the adoption of practices towards prevention of disorders, identification of speech and writing changes, and implementation of normative measures, including teacher training. Moreover, the comprehensive health care model, which conceives the school as a social agency responsible for literacy, contributing to the insertion and participation of children in a literate society, emphasizes a joint work, without segregation or hierarchization, between health and education, in the sense of favoring access to language and literacy, as well as the social protagonism, cooperating for the development of the entire educational context^{9,10}.

Therefore, although discussions about speech-language pathology and audiology approaches at school have evolved since the emergence of Speech Language Pathology and Audiology in Brazil, it is still common for professionals to go to school to develop practices for identifying and treating communication disorders. It is important to point out that most of the studies in Speech Therapy concerning teachers aim to describe their knowledge and ability to identify children’s communication disorders. Even after the regulation of the specialty of Educational Speech-Language Pathology and Audiology, the productions regarding speech therapy at school have a nature that is strongly influenced by pathologization. This can be observed, for example, in studies that try to compare the linguistic performance of children with and without “learning disorders”. They show the attempt to justify the low performance of children by individual characteristics and problems. Likewise, studies with teachers focus on the identification of individual changes in school children¹¹.

Thus, the present study aims to analyze the representations of education professionals regarding the performance of the educational speech-language pathologist and audiologists, as well as to discuss the performance of this professional in a public school located in a capital in northeastern Brazil.

Description

This research is part of the study that resulted in the doctoral thesis titled “The other in the school: some representations regarding differences” (“O outro na escola: algumas representações a respeito das diferenças”), defended in the Doctoral Program in Applied Linguistics of UNICAMP. It was approved by the CEP of the CCS-UFPB under Opinion No. 66692/2012, and carried out between the years of 2011 and 2015, in a public school located in a capital of northeastern Brazil. It is a qualitative, longitudinal and ethnographic research.

It should be noted that participant observation is an essential part of ethnography, and records are made by the researcher through field and/or retrospective diaries and field notes. It is important to emphasize the importance of these as a personal instrument that can be used by the researcher as a tool that allows him to take distance from the studied field. The field diary should be written with

information that the researcher deems pertinent and in accordance with his or her view of the event in question, allowing him/her to advance in his/her work, rethinking previously established questions, raising questions that had not been considered until then, and enabling progress in his/her interpretations about the research¹³.

Therefore, in the accomplishment of this research, the records were generated from the notes of field diaries and retrospective diaries of the researcher, who attended the schools weekly, for an average period of two and a half hours. Here, will be exposed excerpts related to different situations experienced at school, which allow inferring the expectations of education professionals in relation to the performance of the educational speech therapist.

Data analysis was didactically divided into two phases: 1) Reading and analysis of field diaries; 2) Interpretation, relating the data of perceptions obtained in the study, recorded in the field diaries, with the questions and the theoretical framework that underlies the research.

Results

Conceptions about the performance of Speech-Language Pathology and Audiology

Excerpt 1 refers to one of the first conversations of the speech therapist, made with the coordinator of elementary school I of that institution, and its unfolding.

Excerpt 1

...The coordinator of elementary school informed me that during the weekly meeting, when they talked about our work at the school, the teachers agreed to do a list of the students who needed follow-up to give me. I asked if I could talk to these professionals, and she informed me that I should be comfortable, because they were already waiting for that to happen. When I arrived in some rooms, the teachers informed me the names of the students who, according to them, had learning difficulties. And when I arrived in one of the 3rd-grade classes, the teacher told me: "ah, I do not need a 'phono' (phonoaudiologist), no one is special here".

Researcher's field diary, August 2013.

Excerpt 2 below also refers to one of the visits made to the school in the year 2015. This visit had

the objective of knowing how was the follow-up of a child considered to have learning difficulties, to which speech therapy was requested in 2013, which at the time could not be carried out due to lack of space in the partner institution.

Excerpt 2

After explaining the reason for my visit to the school and talking to the 5th-grade coordinator; the teachers in the classroom, and the person in charge of the Specialized Educational Assistance, I could observe that the school's desire remains the same: finding specialized treatments that could assist in the child's learning. When leaving the school, already inside my car, the 5th-grade coordinator approached me and asked if I could "fit" M. in the clinic-school attendance at the university. I explained that I could see the situation of the waiting queue for evaluation, but that there is the difficulty of the child's mother not being able to bring the child on the reverse shift, neither to perform a speech therapy assessment or for care if necessary. The coordinator tells me to try the shift in which the child studies, because as it only takes one day, she makes up for the missing, talks to the teachers.

Researcher's field diary, April 2015.

Excerpt 3 contemplates a scene that occurred during the process of institutional diagnosis in a school. In it, the researchers dialogued with the teacher of the regular classroom and with the Brazilian Sign Language/Portuguese interpreter who assisted her.

Excerpt 3

In one of the 4th-grade classes, the teacher informed us that she would like to talk to us and called the interpreter responsible for that room to participate in the conversation. The teacher said that sometimes she feels insecure to carry out activities related to the deaf, and that is why the interpreter helped her; she asked if, and how, we could guide her. The interpreter, however, at various times during the conversation was troubled by the presence of the Speech-Language Pathology and Audiology staff at the school. He asked what we intended to do at school, and said that the deaf students of the 4th-grade were already performing speech therapy at a specialized service. According to him, "they already do speech-language therapy, but it is to oralize. Because the issue with speech therapy is to make them talk, right?" and at school, there was no time for this, since the Brazilian sign language



(Libras) had to be performed. I explained that our work there is different from what was done at the clinic, but the interpreter remained reluctant and asked me to bring a project so that he understands our purpose in school.

Researcher's field diary, August 2013.

Discussion

The data presented in this study, in general, may indicate, firstly, that there are still doubts on the part of the education professionals about the performance of the speech-language pathologist and audiologist in schools. Probably one of the factors that influence and lead to this doubt is the fact that the performance of speech therapy in schools in the city studied is still considered recent and discrete¹², since in the public service there is only one speech therapist (hired as a technician by the city hall) responsible for meeting the demand of the entire municipal education network. In addition, it is possible to observe, especially in the excerpts 1, 2 and 3, that, commonly, education professionals relate the speech therapy in schools with clinical practice, and tend to reduce the target audiences of the speech-language pathologist and audiologist in educational institutions for children who have learning difficulties and/or verified medical diagnoses. In this sense, it can be affirmed that in that school, the educational speech-language pathologist and audiologist is usually seen and represented as the professional who works with "special" children, as the teacher said in the door of her room.

Here, it is important to reflect that "historically, the speech-language pathologist and audiologist's work in the school has been directed to orientations to teachers, or interventions after the detection of problems, in order to contribute to a better school performance"¹³. In this sense, it can be inferred that the representation of the professionals of that school can be based on the work that is usually performed by these professionals in the school and by the concepts pre-established by the teachers regarding the educational speech-language pathologist and audiologist. Thus, based on the technical discourse of rehabilitation, from the perspective of assistance to children with disabilities, "interventions by the speech-language pathologist and audiologist at the school generated adaptations that functioned as a parallel curriculum, and were

guided by the premise of clinical rehabilitation and, therefore, did not focus on the skills and potentials of the child"¹³.

This representation is repeated in excerpt 2, added to the fact that, in that school, education professionals often represent the speech-language pathologist and audiologist as the professional responsible for the referrals necessary for children considered to be carriers of learning difficulties. In this way, it is necessary to seriously think over the relationship that has historically been established between health and education. It is not uncommon to listen to speeches by teachers and coordinators referring to a particular child who is performing specialized care but who still cannot learn. These discourses, as well as the one presented in excerpt 2, suggest that the school has waited for the health services to solve the learning problem of children who deviate from its rules. Health services, in turn, generally represented by professionals with biological and medical-centered training, have sought to heal children, or to bring patients closer to the normal pattern, despite their limitations. In this way, little space has been given to differences and, more than that, little has been done to make this reality and these discourses modified. From this, proposing a differentiated work often becomes difficult.

In excerpt 3, which brings the conversation with the teacher and the interpreter of the Brazilian sign language of the fourth grade with the speech therapist/researcher, once again it is possible to verify the representation of the speech-language pathologist and audiologist in the school as a professional who can contribute in the educational process only of children who present some medical report, in this case, of deafness - a well-known area of action of the speech-language pathologist and audiologist. Notwithstanding, it is necessary to call attention to the fact that the interpreter of Libras himself feels uncomfortable with the speech therapy performance because of the idea that the work that the speech-language pathologist and audiologist can perform with deaf people is only the one of oralization. Therefore, it can be inferred that the interpreter of Libras who works in that classroom represents the speech-language pathologist and audiologist as the professional responsible for oralizing the deaf, or making them speak. This representation refers to the fact that being the professional responsible for making the deaf

speak also means being the professional responsible for bringing deaf people closer to the standard considered and accepted as “normal”. Thus, the speech-language pathologist and audiologist ends up being represented as one of the professionals who contribute to the process of medicalization of deafness and education - once again. This theme should be discussed, since it is characterized^{14,15,16} by the disrespect to the linguistic and cultural differences of the deaf, and the attempts to make them invisible, for example, by their oralization, so that they become closer to the listeners.

It is worth noting that, in none of the above options, the speech-language pathologist and audiologist is represented as a professional partner of the school, which acts in a way to horizontalize the relations between health and education. Far from this, this professional is generally seen as responsible for or related to those who deviate from the standard idealized by the school and historically and culturally accepted as normal or ideal by this institution. In this way, it is possible to consider that the relationship between health and education, historically verticalized, is still present in those who focus on school education. One interpretation that may follow is that, at least at first, these education professionals expected the “cure” from the educational speech-language pathologist and audiologist, or the solution to specificities in the learning process, especially when these are related to communication, object of knowledge of this author’s occupation area^{17,18}.

Schools are considered points of health care networks, which are organizational arrangements of actions and health services that seek to guarantee the integrity of care¹⁹. Thus, the practice of essentially curative practices contributes little to this new logic of organization of health services and actions. A work focused on the search for integral care should consider the social, educational, cultural, economic, environmental, and other aspects that relate to the health and learning of school children. A speech-language pathologist and audiologist sensitive to this reality will have a range of possibilities for acting in the school environment.

Final Considerations

In this study, it can be observed that the (re) approximation of health professionals in the field of education, represented here by the presence and

performance of the educational speech-language pathologist and audiologist in schools, often seems to reinforce the hygienist practices still present in school - even if under the disguise of inclusion. Here, it can be concluded that in the institution in which this research took place, the educational speech-language pathologist and audiologist is represented by the education professionals as: a) who that only works with children with special needs, or with children with learning disabilities; and b) the professional should act clinically in the identification, diagnosis, referral and/or rehabilitation of children with learning disabilities.

What can be observed is that, probably due to the place occupied in the school by the educational speech-language pathologists and audiologists over time, and to the essentially biologizing practices performed by them during their trajectory in the school, the education professionals still seem to view the speech-language pathologist and audiologist that acts in schools as a “healing” agent.

In these schools, it is still common to relate the performance of this professional to children who for some reason present difficulties in the teaching-learning process. And even when a work that escapes from those traditionally and historically presented by speech-language pathologists and audiologists is proposed, some discourses still demonstrate that there is the desire for the child to be referred to the health sector, or for the clinical performance of the speech-language pathologist and audiologist in the school.

Therefore, given the analyzed records, it is understood that the school has not created conditions of possibilities to think of alterity^{20,21}. In addition, it is common to find practices that erase, silence, and obscure any differences that permeate the school environment. Thus, the development of different normalization strategies has been privileged to bring “the other” - (the different) - as close as possible to the common, to the standard accepted as ideal. The authors state that by acting in this way, the school institution ends up (re)inventing normality, mainly through its hampered and uncritical pedagogical practices.

Practices based on a reductionist conception of subject, health, and language also reinforce the vision and representations which those who are part of the school have regarding the health professional. In the case of the speech-language pathologist and audiologist, his/her performance

at school has been closely related to the presence of students with special educational needs in the classrooms.

However, it is important to point out that, because of their professional profile, speech-language pathologists and audiologists have much to contribute, not only for the creation of collective spaces for interaction of knowledge and practices necessary for inclusive education, but also for overcoming communicational barriers and articulating integral actions of health and education of the child¹³. It is also worth mentioning another professional capacity of the speech-language pathologist and audiologist in this field, which is the support for the construction and consolidation of working relationships that favor the recognition of the potentialities of all actors present in the inclusion processes (child, family, and professionals).

In this sense, the speech-language pathologist and audiologist who works in schools has been engaged in the construction of his/her identity as a professional aimed at health promotion, in order to legitimize his/her performance in the school team^{22,23}. Hence, it may be further suggested that the proposals of the speech-language pathologist and audiologist's performance in the school environment that have been successful are those that aim at the partnership between speech-language pathologists and audiologists and the professionals of the school.

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