

# Educational Speech, Language Pathology and Audiology: considerations on the medicalization of education

Fonoaudiologia educacional: reflexões acerca da medicalização da educação

Fonoaudiologia educativa: Reflexiones acerca de la medicalización de la educación

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## **Abstract**

Introduction: Over the last few years educational speech-language pathology and audiology practices have been addressed to students to identify any impairment in their language and learning. Several professionals have been debating about this context, which, in the long run, reflects in school failure. Objective: to make considerations about the role of educational speech-language pathology and audiology and of the medicalization process in education. Method: Bibliographical research using the key words: educational speech-language pathology and audiology and medicalization of education. Results: School is considered a promoter of opportunities for improvement of the citizens' quality of life. For the student who does not present the expected development, school failure is what is left and its causes must be diagnosed by health professionals, as they are seen as capable of solving the problem. The performance of the educational speech-language pathologist requires knowledge about the educational context as well as about the specific features of the institution where he is inserted. This is the only way to develop citizenship and to offer benefits to the community as a whole. This is the goal of those who consider Education belongs beyond School walls. Conclusion: Over the last few years research and publications in this area continue to indicate strong tendency to maintain a clinical view of the School, despite institutional proposals. Initiatives seek to urge other possibilities of action, namely partnership

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with teachers and families, emphasizing the uniqueness of the learning process and the role the School plays preparing citizens, both in the regular education network and in special education.

**Keywords:** Speech, Language and Hearing Sciences; Language; Education; Medicalization.

### Resumo

**Introdução:** Ao longo dos últimos anos, práticas fonoaudiológicas educacionais têm sido direcionadas para identificar alterações de linguagem e aprendizagem do aluno. Diversos profissionais têm debatido esse contexto que, em última instância, se reflete no fracasso escolar. **Objetivo:** refletir sobre o papel da fonoaudiologia educacional e o processo de medicalização na educação. **Método:** Pesquisa bibliográfica com uso das palavras chaves: fonoaudiologia educacional e medicalização da educação. **Resultados:** A escola é considerada promotora de oportunidades para a melhoria na qualidade de vida do cidadão. Para o aluno que não apresenta o desenvolvimento esperado resta o fracasso escolar cujas causas têm sido diagnosticadas por profissionais da saúde vistos como capazes de solucionar o problema. **Conclusão:** Ao longo dos últimos anos, trabalhos e publicações da área, apesar de uma proposta institucional, continuam a assinalar forte tendência de manter o olhar clínico na Escola. Iniciativas procuram incentivar outras possibilidades de atuação, com vistas a uma parceria junto aos professores e famílias, com ênfase na singularidade do processo de aprendizagem e no papel que a Escola exerce como instituição formadora de cidadãos, tanto na rede regular de ensino, como na educação especial. A atuação do fonoaudiólogo educacional requer conhecimento do contexto educacional e das particularidades da instituição onde está inserido. Só assim as ações a serem desenvolvidas poderão favorecer a cidadania e reverter benefícios para toda comunidade. Essa é a meta daqueles que pensam a Educação para além dos muros da Escola.

**Palavras-chave:** Fonoaudiologia; Linguagem; Educação; Medicalização.

### Resumen

**Introducción:** A lo largo de los últimos años prácticas fonoaudiológicas educativas han sido dirigidas a identificar alteraciones de lenguaje y aprendizaje del alumno. Diversos profesionales debatieron ese contexto que, en última instancia, se refleja en el fracaso escolar. **Objetivo:** reflexionar el papel de la fonoaudiología educativa y proceso de medicalización en la educación. **Método:** Investigación bibliográfica con uso de palabras claves: fonoaudiología educativa y medicalización de la educación. **Resultados:** Escuela considerada promotora de oportunidades para la mejora en la calidad de vida del ciudadano. Para el alumno que no presenta el desarrollo esperado queda el fracaso escolar cuyas causas han sido diagnosticadas por profesionales de la salud vistos como capaces de solucionar el problema. **Conclusión:** A lo largo de los últimos años trabajos y publicaciones del área, a pesar de una propuesta institucional, siguen señalando fuerte tendencia a mantener mirada clínica en la Escuela. Iniciativas buscan incentivar otras posibilidades educativas, con miras a una asociación con profesores y familias, con énfasis en la singularidad del proceso de aprendizaje y en el papel que la Escuela ejerce como institución formadora de ciudadanos tanto en la red de enseñanza general como en la enseñanza especial. La actuación del fonoaudiólogo educativo requiere conocimiento del contexto educativo y de las particularidades de la institución donde está inserto. Sólo así las acciones a desarrollar podrán favorecer la ciudadanía y revertir beneficios para la comunidad. Esta es la meta de aquellos que piensan la Educación más allá de los muros de la Escuela.

**Palabras claves:** Fonoaudiología; Lenguaje; Educación; Medicalización

## Introduction

Literature with respect to Speech-Language Pathology is vast in references regarding activities of the Speech-Language Pathologist in different fields of activity related to human communication. In the specific case of the work of the Speech-Language Pathologist related to Education, the Resolution No. 309/2005 of the Federal Council of Speech-Language Pathology and Audiology (CFFa) indicates the various possibilities of Speech-Language Pathology and Audiology work aimed at promoting actions with the school community in different life cycles<sup>1-5</sup>.

In the same perspective that the Federal Council of Speech-Language Pathology and Audiology (CFFa) has followed to recognize specializations in specific areas of the Speech-Language Pathology work, such as, oral motor skills, hearing, voice, dysphagia, in 2010 the resolution no. 382 established the recognition of expertise in Educational Speech-Language Pathology<sup>1,6</sup>.

For those who work in the Education field, this resolution was crucial in order to differ between clinical work and a proposal for institutional performance. More comprehensively, the Educational Speech-Language Pathology may address topics as diverse as the guidance to students and/or teachers on their performance in the classroom; development of strategies that favor the learning process of students, for example, during literacy; training of educators in identifying possible oral and/or written language changes; among others<sup>2-6</sup>.

Since the history of Speech-Language Therapy is strongly interwoven in Health and Education fields, it is important to emphasize that the speech-language pathologist is often expected to perform a clinical role in the School. Therefore, despite the area, several studies and publications in the literature that prioritize the differentiation of the role of the Educational Speech-Language Pathologist and in clinical scope, the belief that the Speech-Language Pathology actions in the School should be carried out by means of student screenings, mapping and diagnosis of language disorders is still frequent<sup>5,7,8</sup>.

Despite an institutional proposal, it has been possible to follow studies and publications of the area over the last years that continue to indicate a strong tendency to maintain the clinical view in the School. This can be well observed in several

publications that prioritize the use of protocols and assessments to categorize the performance and production of oral and written language of students and their changes. These data are used to elaborate the mapping and diagnosis of language changes and design of guidance to the teaching staff that aim at health promotion and referrals for clinical care according to the needs of the student<sup>9-11</sup>.

The information of professionals who work with children and young people on the problems that can change the evolutionary course of language development should be emphasized in order to guide and refer the families of children who are not evolving satisfactorily. In this perspective, the educational practices in Speech-Language Pathology are directed so that educators and parents identify and deal with language changes, mainly in order to avoid its progress or aggravation in a way that they could harm the abilities and learning development of the student<sup>12,13</sup>.

Thus, the teacher's view moves from methodological issues and teaching and learning processes of their students to difficulties that are characterized as deviations, disorders and/or pathologies that should be solved by health professionals, such as speech-language pathologists, psychologists, psychoeducators. Social issues that can be developed in the classroom start to be seen and understood as biological and intrinsic to the development of the child<sup>14,15</sup>.

We understand that this trend of professional performance reinforces the clinical view of student performance. Their skills and competences are evaluated by the teacher according to development goals or normality standards that are appropriate to each age group. That is why many professionals and researchers who work in the educational area have discussed this context that, ultimately, is reflected in the school failure.

The speech-language pathologist should understand and be aware of the fact that, at the school level, the school is the customer, not the student. Therefore, actions will be different from those developed for clinical care, but not less important or less effective: health promotion and student development is the result of partnerships between different professionals with proposals that should involve teachers, families and students<sup>15-18</sup>.

Therefore, it is essential that the speech-language pathologist who intends to work and develop his work in the School scope is aware of

the specificities and singularities of this area of activity that has its own and peculiar dynamics. In addition to be the first socialization environment outside the family context, it is also responsible for teaching specific contents of areas of knowledge, understood as essential for the development of new generations<sup>4,19</sup>.

Thus, the purpose of this article is to present an analysis of the bibliography of the last 20 years with respect to the role of educational Speech-Language Pathology and the medicalization process in education.

## Method

This is an exploratory and descriptive study with data from documents of the last 20 years (1998 to 2018). Scientific studies available in electronic databases, books, theses and annals of scientific events were subject to analysis of bibliographic production. The period of time selected is due to the understanding that it is sufficiently broad for the analysis of the scientific production related to Speech-Language Pathology and education.

Both in the international and national scientific context, the conduction of retrospective studies on certain areas of knowledge has proved to be a valuable device for production, memory building and knowledge improvement. It also provides reflection so that the knowledge produced can be incorporated by the community and fulfill its transforming role, by providing a mapping of contributions, needs and deficits in several areas of knowledge<sup>3</sup>.

The following descriptors were used separately for the online search in the selected databases, Scientific Electronic Library Online (SCIELO),

Latin American and Caribbean Center on Health Sciences Information (LILACS) and Medical Literature Analysis and Retrieval System Online (MEDLINE): **speech-language pathology education and medicalization of education.**

The survey incorporated studies that, according to their abstracts, were related to initiatives in the field of Speech-Language Pathology and Audiology work in educational institutions, educational speech-language pathology and medicalization of education. All papers that presented one or more of these descriptors with free online access to the full text were considered to the study.

With respect to books, legal documents, theses and annals of scientific events the selection was made from bibliographical references that had previously been used by the authors or found in the previously mentioned studies.

47 (forty-seven) studies were found and divided into 2 tables: the first contains all studies, while the second table includes other types of documents. The tables were divided into 5 parts: source (journal, book, book chapter, thesis, resolution, and annals), title, date of publication, descriptors present in the original document, knowledge area. Given the size of this material and the relevance for this study, both tables were placed in full in the appendix at the end of this study (Appendix 1- Table 1).

Table 2 includes all references selected for discussion and analysis.

Table 3 shows other documents used for discussion and analysis.

Table 2

Journal	Title	Year	Descriptors	Knowledge area
J. Research in Special Educational Needs	Inclusion and medicalization: from primary education to higher education	2016	Inclusion, medicalization, primary education, higher education	Health/ Education/ medicalization
J. Research in Special Educational Needs	Inclusion and medicalization of learning	2016	Literacy teacher, Writing Learning, Difficulty in learning.	Health/ Education/ medicalization
R. Bras. Crescimento Desenvolvimento Humano	The hygienist physician at school: the historical origins of the medicalization of school failure	2007	School health. School hygiene. Educational psychology. History of psychology. School failure. Medicalization. Pathologization.	Health/ Education/ medicalization
R. Bras. Educação Especial	Systematization of a training program for teachers of deaf students	2015	Special education; Inclusion; Training; Teacher; Deaf student	Speech-language pathology/ Education
CEFAC	Knowledge and instrumentalization of teachers on speech development: health promotion actions.	2011	Training; Child education; Speech; Health promotion; Public health	Education/health
CEFAC	The speech-language pathologist and the school - reflections on school inclusion: a case study.	2011	Speech-language pathology; Autistic disorder; Special Education; Case studies	Speech-language pathology/ Education
CEFAC	Health promotion and speech-language pathology in child education	2011	Public health; Health promotion; Communication; Child education; Language Development	Health/Education
CEFAC	The written language in the perspective of educators: subsidies for proposals of speech-language pathology assistance in school.	2012	Speech-language pathology; Health promotion; Teacher; Child language	Speech-language pathology/ Education
CEFAC	Supports for educational speech-language pathology work	2013	Not present in the study	Speech-language pathology/ Education
CODAS	Mapping of educational speech-language pathology in Brazil: training, work and professional experience	2017	Speech-language pathology; Education; Professional Competence; Indicators; School health	Speech-language pathology/ Education/health
Rev. DIC	Interface between Speech-Language Pathology and Education: analysis of production in scientific journals	2011	Speech-language pathology; Education; Publications.	Speech-language pathology/ Education
Rev. DIC	Speech-language pathology program for early childhood education teachers	2011	Speech-language pathology; Education; Guidance; Child education.	Speech-language pathology/ Education
Rev. DIC	School in times of inclusion: common teaching, special education and speech-language pathologist work	2012	Speech-language pathology; Education; Special education	Speech-language pathology/ Education
Rev. DIC	Contributions of the institutional diagnosis for speech-language pathology work in schools	2015	Speech-language pathology; Education; Assessment; Qualitative research	Speech-language pathology/ Education
Rev. DIC	The perception of teachers of early childhood education on the speech-language pathology work in the school	2017	Speech-language pathology; Child education; Teacher	Speech-language pathology/ Education
Rev. DIC	Association between language development and school environment in children in early childhood education.	2017	Speech-language pathology; Language development; Child education.	Speech-language pathology/ Education
Rev. Interface	Attention Deficit Hyperactivity Disorder (ADHD) case and the medicalization of education: an analysis from reports of parents and teachers	2016	TDAH. Medicalization. Childhood. Parents. Teachers.	Health/ Education/ medicalization
Rev. Interface	Pedagogical devices of education in collective health	2018	Not present in the study	Health/ Education/ medicalization
Rev. Movimenta	School complaint and child development: subsidies for interdisciplinary interventions	2015	Child development; School complaint; Remarks; Interdisciplinary interventions.	Health/Education
Rev. Psicologia & Sociedade	Attention, childhood and educational contexts	2017	Attention; Inattention; Invention; TDAH.	Health/Education
Rev. Psicopedagogia	Collaborative partnership between speech-language pathologist and teacher: analysis of reflexive diaries	2012	Speech-language pathology. Collaborative behavior. Special education. Language.	Speech-language pathology/ Education

Table 3

Other documents	Title	Year	Descriptors	Topic
Thesis	Family and school: interfaces of the speech-language pathology care of children with language disorder.	2013	Language; Family; School; Speech-language pathology; Winnicott.	Speech-language pathology/ Education
Chapter Book	Reflections on the advances of speech-language pathologists in the school	2013		Speech-language pathology/ Education
Book	The family/school relationship: challenges and perspectives	2010		Speech-language pathology/ Education
Chapter Book	Language promotion and prevention in childhood	2016		Speech-language pathology/ Education
Chapter Book	Guidelines for schools with children with language disorders	2016		Speech-language pathology/ Education
Book	Hyperactive! Beneath the culture of attention deficit	2016		Speech-language pathology/ Medicalization/Health
CFFA Website	Resolution no. 309	2005		Speech-language pathology/ Education/health
CFFA Website	Resolution no. 382	2010		Speech-language pathology/ Education

## Results and Discussion

Table 2 lists the 21 studies selected. It is possible to notice that there is a greater number of articles that address the topic of speech-language pathology and education in the *Revista Distúrbios da Comunicação* (6 articles) and in the *Revista CEFAC* (5 articles). *Interface journal* and the *Journal of Research in Special Educational Needs* have two articles each. Other journals – *Rev. Bras. Crescimento e Desenvolvimento humano*, *Rev. Bras. Educação Especial*, *CODAS*, *Rev. Movimenta*, *Rev. Psicologia e Sociedade* and *Rev. Psicopedagogia* – have one article each.

Considering the 3 journals of the speech-language pathology – *DIC*, *CEFAC* e *CODAS* - that are recognized for their excellence in the dissemination of scientific knowledge, the great difference in the number of articles (6, 5, and 1 respectively) must be questioned, since these articles include proposals that address educational speech-language pathology and the medicalization of education. All other publications are focused on the dissemination of proposals for interdisciplinary work, educational inclusion or from the psychological area.

With respect to Table 3, it is possible to notice a greater coherence of approach regarding the point of view of the discussion proposal in this study: educational speech-language pathology and medicalization of education. This synchrony of approaches may be a consequence of being part of references previously used by the authors for the

presentation of this relevant topic for contemporary society.

It should be noted that the increasing participation of the speech-language pathologist in education in the last 10 years can be noticed in Tables 2 and 3 that enable to observe that most of these publications are from 2010 onwards.

In part, this is due to the perception of society that in the last decades the school has been considered as an institution that promotes opportunities, due to teaching, and also essential for the improvement in the quality of life of the citizen. In this sense, education has opened doors for several professionals in the education and health fields, including speech-language pathologists and audiologists<sup>16, 19</sup>.

In general, the school is responsible for the selection or assists to select students who will pursue an academic career or who will obtain any other socially recognized degree<sup>19</sup>. Thus, the presence of professionals who favor quality of teaching is required to enter the educational institutional space. That is why it is so common to observe pedagogues, psychopedagogues, and educational speech-language pathologists integrating school staffs in daily practice.

It is worth remembering that, since the 1980s, there has been a greater effort on the part of the school in the relationship with parents, with a view to greater family-school integration. These initiatives are commonly performed through parental involvement in the homework of children, as well as in meetings and guidance with families so that



the student acts according to the standards and rules set by the school environment. When this is not the case, the confrontation between family and school is a common result: the dynamics provided usually present the student as the one who does not fulfill these expectations and, therefore, that student would not be able to learn<sup>16,19</sup>.

Given this context, it is possible to question whether the school should serve as a funnel of social opportunities, turning its focus to disputes of social power, to the detriment of a more open and sympathetic socialization of children and youth people, since educational institutions are among the preferential places for the child to have experiences in order to establish links and relationships that condition and define the personal conceptions, as well as the conceptions regarding others<sup>16,18,19</sup>.

For those who fail to achieve goals and behaviors that are consistent with what is expected for their grade or age group, the school failure remains as a possibility. The explanations for these cases may follow a scientific reasoning of socioeconomic nature: only the most fit and most capable succeed, while social inequality would be the determinant of school failure. Public policy issues regarding the lack of investment in educational programs and of a methodological nature in the school environment are relegated to a second plan<sup>18-20</sup>.

Another aspect to explain school failure attributes pathologies to children who do not learn or do not behave according to school expectations: that is, medicalizing or pathologizing explanations. To medicalize school failure is to interpret the school performance of student that is not in line with what the institution expects of them in terms of behavior or performance as a symptom of a disease in the individual, whose causes must be diagnosed<sup>20,21</sup>.

For this reason, the Medicalization of Education is an issue that has been discussed by professionals and researchers who, over the last few years, have shown the relationship between the scientific reasoning that explains the phenomenon of school failure and the dominant ideology, according to which only the most fit and most capable would succeed, blaming low-income students and their families, thus justifying social inequality and ignoring educational and political determinants of learning difficulties. The reasoning that attributes pathologies to children who do not learn or do not behave according to school expectations highlights among the possible explanations for school failure:

that is, medicalizing or pathologizing explanations.<sup>15,19-21</sup>

Some professionals, such as physicians, psychologists, speech-language pathologists and psychopedagogues have adopted this interpretation of student behavior: the difficulties faced are framed in diagnoses that justify the performance of the student. In this way, it is possible to observe in the last years a great number of diagnoses in the school context: attention deficit (AD), hyperactivity, attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and dyslexia, among others<sup>21-24</sup>.

There are authors in this line of reasoning who define it as pathologization of difficulties at school, as they consider it a more comprehensive term. There are two main versions regarding difficulties at school that remain to this day: school failure as a consequence of malnutrition, most commonly attributed to low-income children, and the school failure as a result of neurological dysfunctions, such as learning disorders, hyperactivity, and dyslexia<sup>22-24</sup>.

To medicalize or pathologize school failure is to interpret the school performance of student that is not in line with what the institution expects of him in terms of behavior or performance as a symptom of a disease in the individual, whose causes must be diagnosed<sup>20,25</sup>.

This approach with a curative focus contributed to the medicalization of school failure, understood here as the attribution of medical and organic causes, behavioral and individual, inherent to children, with difficulties in school performance. Currently, it is still very common for teachers to assign labels to children with school difficulties, based on their own expectations as to what each child should learn or produce in school every day. Thus, the child or their family is often held accountable for school failure<sup>14-16,18-20,25</sup>.

In this perspective of pathologization of school failure, teachers and education specialists have usually understood the problem of language disorders within the framework of characteristics that are intrinsic to students or, at most, to their closest social environment, without relating these disorders to the school process and with the social structure<sup>15,16,20</sup>.

Therefore, the relationships between education and health professionals begin to be supported by a biological bias, which favors the transfer of



the clinic to the school and the maintenance of hierarchical relationships between education and health professionals. The requirement for reports prepared by health professionals contemplates the status of patients to students who do not meet the expectations of the school<sup>14,20,22,24</sup>.

Thus, the school moves away from the co-responsibility in overcoming social and educational problems that are then delegated to health professionals, as if they had a scientific knowledge capable of explaining and solving the problems involved with the pedagogical work. This position has contributed to the characterization of the school as an institution responsible for the socialization of symbolisms constituted by humanity and to direct pedagogical actions in favor of reversing mechanisms that perpetuate the discrimination and social inequalities<sup>13-16,24,25</sup>.

There is no question of the need for the School to rethink its place beyond pedagogy and its role in contemporary society. In this way, we can observe the growth of professionals who are discussing the possibility of another form of action, with a view to an integrated work, in partnership with School and Family focusing on promoting the development and learning of students<sup>13-16,18, 25-27</sup>.

The speech-language pathologist inserted in the school has much to contribute in the school team working with the language and mediating actions of social relations. However, in order to establish a partnership between teachers and speech-language pathologists in addition to the diagnosis of learning changes, it is necessary to consider that educators understand the importance of language in the underlying role of the subject and how they can help in the classroom to drive the language development in children<sup>8,9,6,22-26</sup>.

In this context, health promotion in the school environment starts from a comprehensive and multidisciplinary view of the human being that understand people in their family, community and social context, seeking to strengthen everything that contributes to the individual development of the group and that can be translated into quality of life<sup>21,22-25</sup>.

Given that children are entering school more and more early in life, the continuing education of education professionals involved with children with a focus on language can contribute to activities in the school context that help the students' linguistic development. Thus, the speech-language

pathologist in a partnership with the teaching staff can constitute a favorable educational environment in order to enable communicative abilities and the potential of the children, promoting the school health<sup>13,16,18,25,26</sup>.

A careful observation of child development favors building and providing valuable stimulus for student progress and is primarily aimed at early intervention. That careful observation can benefit children who move away from a typical development or who present a different development when compared to that expected for the age group. In this sense, the opportunity to intervene and favor language constitution in the context of the classroom reduces the creation or use of pathological labels that often remain throughout life<sup>16,22,25, 27</sup>.

For the teacher to have a differentiated look it is essential that problems that can change the evolutionary course of children's development are the focus of a context where social and cultural issues are also present and understood. Bearing in mind these aspects, it is possible for the educator to have a careful looking and listening to everything that is beyond the pedagogical aspect. This differential can favor the strategies of the teacher in the educational context in order to flourish the potential of each student respecting their singularity and pace of development. In the same way, a different attitude of the teacher in the classroom favors their contact with the family so as to be able to guide and direct those children who do not present a typical evolution and, therefore, who need an intervention program outside the School<sup>12,9,16-18,27</sup>.

It is possible to avoid changes in children's language through programs to promote health of human communication in schools of early childhood education. The integration of knowledge encourages the partnership with teachers and can foster actions aimed at improving the development of students. From this perspective, educational speech-language pathology practices can advance the capacity building of educators and in the relationship with families to deal with possible language changes. The aim is to avoid the advance or creation of unfavorable conditions for learning and, as a consequence, the abilities and potential of each student can be enabled by favoring learning<sup>12, 6-18,24-28</sup>.

The work of Educational Speech-Language Pathology and Audiology with a view to the continuing education of educators has been a sat-

isfactory alternative of performance in the school institution since it favors the teacher's careful look at the singularity of each child. The development of joint actions can help the teacher to understand the process of oral and written language development, as well as the difficulties presented, thus collaborating to reflect on the needs of adjustments and adaptations of pedagogical practices that favor the teaching and learning process of the school<sup>13,19,29,30</sup>.

In this sense, the speech-language pathologist can contribute both to the regular and special education systems by providing support, information and guidance in the processes of school inclusion, curricular adjustments or rethinking pedagogical strategies for learning<sup>16-18,29</sup>.

In the specific case of the discussions on educational inclusion, the processes are not only based on the actions of teachers in the classroom, since it demands a chain of care, as well as the exchange of knowledge between the professionals that work in each segment of the chain and the recognition of the potential of each student as an apprentice. Language as an object of speech-language pathology study, transversalizes each link in this chain and assumes an essential role in inclusive education due to its mediating role in learning processes<sup>2,16-18,29</sup>.

In addition, the speech-language pathologist can work in the building process of school planning and in procedures related to communicative processes, in addition to act as mediator between school-family-student in the language construction process and, as so, favor inclusion possibilities in pedagogical activities<sup>16, 28,29</sup>.

## Conclusion

Despite an institutional proposal, it has been possible to follow studies and publications of the area over the last years that continue to indicate a strong tendency to maintain the clinical view in the School.

This trend of professional action is in line with the medicalization process on Education, which has grown increasingly and generated constant discussions of professionals and researchers concerned about the increase of cases related to school failure.

Those who work in the perspective of medicalization, including the speech-language pathologist, tend to exempt the teacher, the institution, or even the educational system from its formative role in learning to reinforce the idea that the student is

responsible for school failure. Therefore, it is necessary to reflect and analyze the speech-language pathologist work in the school context that may contribute to the pathologization of school difficulties.

On the other hand, there are initiatives and works in the field of educational speech-language pathology that aim to promote and encourage other possibilities, with a view to a partnership with teachers and families, focusing on the singularity of the learning process and on the role that the School plays as an educational institution for citizens for both in the regular education network and in special education.

It should be noted that, in addition to training related to educational legislation and speech-language pathology strategies, this differential in the work of the educational speech-language pathologist requires knowledge of the educational context in which the professional intends to act and of the particularities of the community where they are inserted. In this way, it will be possible to establish a partnership with the School to create joint actions to be developed that favor citizenship and generate benefits to the whole community. Ultimately, this is the greatest goal and concern of those who think on Education beyond the borders of the School.

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Appendix 1 - Table 1

Journals	Title	Year	Descriptors	Field
Reports in Public Health	Health and school: reflections on the medicalization of education	2016	Medicalization; Academic institutions; Child; Adolescent	Health/Education/medicalization
Caderno Terapia Ocupacional	Language changes and their meanings: effects of a speech-language pathology work in a network	2015	Signs; Language disorders; Family-professional relations; Education; Speech-language pathology	Speech-language pathology/Health
Ciência & Educação	Speech-language pathology: Epistemology, educational and pedagogical implications	2005	Epistemology; Language; Speech-language pathology	Speech-language pathology/Education
J. SBFa	Performance of students with dyslexia, learning difficulties and disorders in metaphonological skill tests (PROHFON)	2011	Assessment; Learning; Dyslexia; Learning disorders; Education	Speech-language pathology/Education
J. SBFa	Fluency and reading comprehension in students with reading difficulties	2011	Reading; Understanding; Learning; Public sector; Students	Speech-language pathology/Education
J. SBFa	Speech changes in students in Belo Horizonte	2011	Child health; Primary health care; Speech disorders; Auditory perception disorders; Age factors	Health/Speech-language pathology/Education
J. SBFa	Inclusion of people with special needs in regular education: literature review	2011	Special education, People with disabilities/education, Mainstreaming (Education); Teaching; Evidence-based clinical practice	Health/Education
J. Research in Special Educational Needs	Inclusion and medicalization: from primary education to higher education	2016	Inclusion, medicalization, primary education, higher education	Health/Education/medicalization
J. Research in Special Educational Needs	Inclusion and medicalization of learning	2016	Literacy teacher, Writing Learning, Difficulty in learning.	Health/Education/medicalization
R. Bras. Crescimento e Desenvolvimento Humano	The hygienist physician at school: the historical origins of the medicalization of school failure	2007	School health. School hygiene. Educational psychology. History of psychology. School failure. Medicalization. Pathologization.	Health/Education/Medicalization
R. Bras.de Educação Especial	Speech-language pathology in the relationship between regular elementary schools and special education school in the inclusion process	2008	Speech-language pathology; Teaching; Teachers; Communication; Special education.	Speech-language pathology/Education
R. Bras.de Educação Especial	Systematization of a training program for teachers of deaf students	2015	Special education; Inclusion; Training; Teacher; Deaf student	Speech-language pathology/Education
CEFAC	Knowledge and instrumentalization of teachers on speech development: health promotion actions.	2011	Training; Child education; Speech; Health promotion; Public health	Education/health
CEFAC	The speech-language pathologist and the school - reflections on school inclusion: a case study.	2011	Speech-language pathology; Autistic disorder; Special Education; Case studies	Speech-language pathology/Education
CEFAC	Health promotion and speech-language pathology in child education	2011	Public health; Health promotion; Communication; Child education; Language Development	Health/Education
CEFAC	The written language in the perspective of educators: subsidies for proposals of speech-language pathology assistance in school.	2012	Speech-language pathology; Health promotion; Teacher; Child language	Speech-language pathology/Education
CEFAC	Supports for educational speech-language pathology work	2013	Not present in the study	Speech-language pathology/Education
CEFAC	Knowledge analysis of teachers in elementary education on written language in the perspective of literacy	2013	Reading; Writing; Education; Language	Education/Speech-language pathology
CEFAC	Narrativity of teacher: mediation and language in the classroom	2013	Speech-language pathology; Language; Learning	Speech-language pathology/Education
CEFAC	Identification of language disorders at school	2014	Language development; Child language; Child education; Speech-language pathology	Speech-language pathology/Education
CEFAC	Point of view of the graduates of the speech-language pathology course on educational speech-language pathology from their theoretical-practical experiences	2016	Speech-language pathology; Education; Continuing Education	Speech-language pathology/Education
CODAS	Mapping of educational speech-language pathology in Brazil: training, work and professional experience	2017	Speech-language pathology; Education; Professional Competence; Indicators; School health	Speech-language pathology/Education/health

Journals	Title	Year	Descriptors	Field
DIC	Interlocution between speech-language pathology and teaching	2007	Communication; Teachers; Voice.	Speech-language pathology/Education
DIC	Interface between Speech-Language Pathology and Education: analysis of production in scientific journals	2011	Speech-language pathology; Education; Publications.	Speech-language pathology/Education
DIC	Speech-language pathology program for early childhood education teachers	2011	Speech-language pathology; Education; Guidance; Child education.	Speech-language pathology/Education
DIC	School in times of inclusion: common teaching, special education and speech-language pathologist work	2012	Speech-language pathology; Education; Special education	Speech-language pathology/Education
DIC	Contributions of the institutional diagnosis for speech-language pathology work in schools	2015	Speech-language pathology; Education; Assessment; Qualitative research	Speech-language pathology/Education
DIC	The perception of teachers of early childhood education on the speech-language pathology work in the school	2017	Speech-language pathology; Child education; Teacher.	Speech-language pathology/Education
DIC	Association between language development and school environment in children in early childhood education.	2017	Speech-language pathology; Language development; Child education.	Speech-language pathology/Education
R. Entreideias	The medicalization of education against the national curriculum guidelines of primary education	2014	Medicalization. Education. National Curricular Guidelines.	Health/Education/medicalization
R. Fractal	Medicalization of behavior problems in school: perspectives of teachers	2016	Medicalization; Behavior problems; Historical-Cultural Psychology	Health/Education/medicalization
Interamericana Bibliotecologia	Analysis of scientific collaboration networks between special education and speech-language pathology	2012	Special education; Speech-language pathology; Scientific Collaboration Networks.	Education/Speech-language pathology
Interface	Attention Deficit Hyperactivity Disorder (ADHD) case and the medicalization of education: an analysis from reports of parents and teachers	2016	TDAH. Medicalization. Childhood. Parents. Teachers.	Health/Education/medicalization
Interface	Inter-capitalistic disputes, biomedicalization and hegemonic medical model	2017	Medical-industrial-financial complex. Hegemonic medical model. Biomedicalization. Resistances and creation of new subjectivities. Market and health.	Health/Education/medicalization
Interface	Pedagogical devices of education in collective health	2018	Not present in the study	Health/Education/medicalization
Movimenta	School complaint and child development: subsidies for interdisciplinary interventions	2015	Child development; School complaint; Remarks; Interdisciplinary interventions.	Health/Education
Psicologia & Sociedade	Attention, childhood and educational contexts	2017	Attention; Inattention; Invention; TDAH.	Health/Education
Psicopedagogia	Collaborative partnership between speech-language pathologist and teacher: analysis of reflexive diaries	2012	Speech-language pathology. Collaborative behavior. Special education. Language.	Speech-language pathology/Education
R. Semestral da Assoc Bras Psicol Escolar e Educacional,	Criticism of medicalization in education	2012	Medicalization; Learning problems; Historical-Cultural Psychology	Health/Education/medicalization
R. SBFa	Literacy of 1st and 2nd grade students of public elementary school	2011	Education; Educational Assessment; Reading; Handwriting; Learning	Education/Speech-language pathology
Other documents	Title	Year	Keywords	Topic
Thesis	Family and school: interfaces of the speech-language pathology care of children with language disorder.	2013	Language; Family; School; Speech-language pathology; Winnicott.	Speech-language pathology/Education
Chapter Book	Reflections on the advances of speech-language pathologists in the school	2013		Speech-language pathology/Education
Book	The family/school relationship: challenges and perspectives	2010		Speech-language pathology/Education
Chapter Book	Language promotion and prevention in childhood	2016		Speech-language pathology/Education
Chapter Book	Guidelines for schools with children with language disorders	2016		Speech-language pathology/Education
Book	Hyperactive! Beneath the culture of attention deficit	2016		Speech-language pathology/Medicalization/Health
Book	Electronic poisoning: the individual in the age of virtual relationships	2017		Medicalization/Health/Education