



Speech therapists practice in Coexistence and Cooperative Center (CECCO): trajectories and challenges of professional qualification

Atuação de fonoaudiólogos em Centros de Convivência e Cooperativa (CECCO): trajetórias e desafios da formação profissional

Terapeutas del habla que actúan en Centros de Convivencia y Cooperativas (CECCO): trayectorias y desafíos de la formación profesional

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Abstract

Speech therapists are increasingly integrating teams of Psychosocial Care Centers and the Co-operative Living Center (CECCO) and services that integrate the Psychosocial Care Network (RAPS). The paradigms adopted by the Unified Health System (SUS) and the Psychosocial Care Policy challenge undergraduate courses in speech therapy to promote changes in the professional education of the area. Objective: to know the trajectories and singularities of speech therapists who work in CECCO in the city of São Paulo and to systematize from their reports reflections that may contribute to the formation of future speech therapists. Method: recorded and transcribed semi-directed interview with 8 speech therapists with experience or connection with CECCO. Content analysis was applied. Results: The working time in CECCO of the interviewees ranged from 1 year and 6 months to 17 years. Regarding further education, six interviewees reported post lato sensu, two stricto sensu and six continuing education. The main actions developed are integrative and complementary health workshops and practices. The main changes in their practices include the broader conception of health, interdisciplinary teamwork and the use of specific knowledge of speech therapy in the development of activities. They consider that during vocational training students

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should be aware of public psychosocial care policies, develop competence to use resources from culture, art, sport and health for health promotion, social inclusion, socialization of users and for work in health networks. Conclusion: The research shows the importance of undergraduate courses in providing students with knowledge about mental health politics and health promotion, as well as competencies and skills for interdisciplinary work and with group devices that through art, leisure and work enhance integral health care.

Keywords: Professional Training; Speech-Language and Hearing Sciences; Mental Health; Public Health.

Resumo

Os fonoaudiólogos têm, de modo crescente, integrado equipes de Centros de Atenção Psicossocial e de Centro de Convivência e Cooperativa (CECCO) e serviços que integram a Rede de Atenção Psicossocial (RAPS). Os paradigmas adotados pelo Sistema Único de Saúde (SUS) e pela Política de Atenção Psicossocial desafiam os cursos de graduação em Fonoaudiologia a promoverem mudanças na formação profissional da área. **Objetivo:** conhecer as trajetórias e singularidades de fonoaudiólogos que trabalhavam em CECCO em São Paulo e a partir de seus relatos tecer reflexões que possam contribuir para a formação profissional. **Método:** entrevista semidirigida realizada com 8 fonoaudiólogos com experiência ou vínculo no serviço, gravada e transcrita. Foi aplicada a análise de conteúdo. **Resultados:** O tempo de atuação dos profissionais em CECCO variou entre 1 ano e 6 meses a 17 anos. Sobre a formação continuada, seis sujeitos referiram pós-graduação *lato sensu*, dois em *stricto sensu*, sendo que seis mencionaram a realização de educação permanente. As principais ações desenvolvidas são oficinas e práticas integrativas e complementares em saúde. Como principais mudanças em suas práticas destacaram a concepção ampliada de saúde, o trabalho interdisciplinar e o uso de conhecimentos específicos da Fonoaudiologia no desenvolvimento de atividades de promoção da saúde e sociabilidade. Enfatizaram que durante a formação profissional os estudantes devem conhecer políticas públicas de atenção psicossocial, desenvolver competência para utilizar recursos da cultura, arte e esporte para a promoção da saúde, inclusão social, socialização dos usuários e saber trabalhar em redes de saúde e intersetoriais. **Conclusão:** A pesquisa mostra que a formação dos fonoaudiólogos, além dos aspectos específicos da área destinados à assistência em saúde, deve englobar outras dimensões do cuidado integral, bem como experiências com o trabalho interdisciplinar e intersetorial.

Palavras-chave: Formação Profissional; Fonoaudiologia; Saúde Mental; Saúde Pública.

Resumen

Los logopedas están integrando cada vez más equipos de Centros de Atención Psicossocial y el Centro de Vida Cooperativa (CECCO) y servicios que integran la Red de Atención Psicossocial (RAPS). Los paradigmas adoptados por el Sistema Único de Salud (SUS) y la Política de Atención Psicossocial desafian los cursos de pregrado en logopedia para promover cambios en la educación profesional del área. Objetivo: conocer las trayectorias y singularidades de los logopedas que trabajaron en CECCO en São Paulo y, a partir de sus informes, tejer reflexiones que pueden contribuir a la capacitación profesional. Método: entrevista semi-dirigida realizada con 8 audiólogos con experiencia o vínculo en el servicio registrado y transcrito. Se aplicó el análisis de contenido. Resultados: El tiempo de trabajo de los profesionales en CECCO osciló entre 1 año y 6 meses a 17 años. Con respecto a la educación continua, seis sujetos informaron estudios de posgrado *lato sensu*, dos en *stricto sensu* y seis mencionaron educación continua. Las principales acciones desarrolladas son talleres y prácticas integrales y complementarias de salud. Los principales cambios en sus prácticas destacaron la concepción más amplia de la salud, el trabajo interdisciplinario y el uso del conocimiento específico de la terapia del habla en el desarrollo de la promoción de la salud y las actividades sociales. Enfatizaron que durante la capacitación profesional, los estudiantes deben conocer las políticas públicas de atención psicossocial, desarrollar competencias para utilizar los recursos de la cultura, el arte y el deporte para la promoción de la salud, la inclusión social, la socialización de los usuarios y saber cómo trabajar en redes de salud e intersectoriales. Conclusión: La investigación muestra que la capacitación de los terapeutas del habla más allá de los aspectos específicos del área destinada a la atención médica, debe abarcar otras dimensiones de la atención integral, así como las experiencias con el trabajo interdisciplinario e intersectorial.

Palabras-clave: Capacitación Profesional; Fonoaudiología; Salud Mental; Salud Pública.

Introduction

The demand for health professionals prepared to work in a humanized and universal model was triggered in Brazil by the sanitary reform movement and by the founding of the *Sistema Único de Saúde* – SUS (Brazil's publicly funded health care system). Based on the principles of integrality, universality, equity, decentralization and community's participation, the health care system, implemented in compliance with the Constitution of 1988, started to ensure that people would enjoy their rights and citizenship, as well as recognize the need, in health care, to consider social determination in the health-disease process^{1,2}.

Throughout the last 30 years, many transformations were accomplished in its institutional format, including among others the implementation of caregiving networks, health care centers and public policies centers, which prioritize the humanization of health care and attention, and the hiring of new professionals to work in the public system, as, for example, the speech-language-hearing therapist.

The speech-language-hearing therapists, as well as the other health professionals, when started working in public or private services in partnership with SUS, were required to work in compliance with this new assistance model, following the expanded health concept, which sees the health-disease process as beyond the elements of biological nature or the risks of getting ill. Ever since its foundation, SUS is concerned with reorienting strategies and manners of caring for individual and community health, since the health-disease processes in reality are very unique and complex³, demanding comprehension not only of the biological aspects, but also the historical, social and cultural ones.

Due to the growing need of work in the field of community health, significant changes have been taking place in the curricula of undergraduate programs, especially those of speech-language-hearing sciences, as pointed out by studies about the *PET-Saúde*⁴ (Educational Program for Work in Health). The National Curricular Guidelines regarding the programs of speech-language-hearing sciences, promulgated in 2002, point to a generalized profile in the professional training, with skills to attend the needs at SUS⁵. Programs such as *Pró-Saúde*, *PET-Saúde*, *VER-SUS*, multiprofessional residency, among others implemented in the last

decades, have been leading academic institutions and health services to draw closer to each other, emphasizing the importance of professional training in order to overcome the specialized healing assistive model, centered only on the outpatient and inpatient health care. Focusing on basic attention and on multiprofessional, interdisciplinary teamwork, these programs seek to train professionals capable of putting into action new practices and knowledge necessary to consolidate the assistive model of SUS.

In some Brazilian cities and towns, the speech-language-hearing therapists integrate professional teams at Social Interaction and Culture Centers, which, under various names – Social Interaction and Cooperative Center, or Social Interaction and Arts Center – refer to facilities that make up the nationwide Psychosocial Attention Network (RAPS, its Portuguese acronym), and are organized in the perspective of cooperation between sectors⁶.

These services are fundamentally conceived as belonging to the field of culture, and not exclusively to the field of health, with strategic importance and the potential to make social inclusion effective to the people with mental disorders, undergoing psychic suffering, and in a situation of vulnerability and social risk to the territory, thus being a space of articulation with daily living, culture and forms of intervention in the city⁷. These facilities were implemented in some Brazilian municipalities in the end of the 1980s. Belo Horizonte and Campinas were pioneers, and the municipality of São Paulo was the first to conceive the CECCO (Social Interaction and Cooperative Center) as a service from the substitutive network, which offers psychosocial attention and is opposed to the model of mental institutions⁸.

The care practices at the CECCO are distinguished by their being based on interdisciplinary knowledge. In these practices, the mental disorder – the nosological diagnosis – is not the center of the care, since the focus is the subjective and sociocultural dimension of the health-disease process, aiming to reposition in the world subjects in the process of social inclusion. Moreover, the actions target not only the people with diagnoses or specific problems, but also the local community as a whole (elderly, adults, adolescents and children) – everyone who desires to participate in their activities, workshops, social interaction, bonding,



producing and sharing something, including others or being included⁹.

Hence, they are services characterized as hybrid facilities that activate experiences, making up the health system and going beyond the sanitary frontiers, promoting actions of cooperation between sectors and across disciplines¹⁰.

The expansion of speech-language-hearing therapists' working context in public health services, the difficulties imposed by the process of professional training for the implementation of the assistive model recommended by the Psychosocial Attention Policy of SUS, the shortage of scientific papers in the field of speech-language-hearing sciences regarding the practices and training to work in this field, point to the importance of research problematizing aspects of the professional training in the field of speech-language-hearing sciences.

This study aimed at knowing the trajectories and singularities of the work performed by speech-language-hearing therapists in a CECCO in the city of São Paulo, and at sharing reflections which can contribute to the professional training in this area and in this field.

Methods

This is a qualitative, descriptive study, approved by the Research Ethics Committee of the Pontifical Catholic University of São Paulo – PUC-SP, under the Certificate of Presentation for Ethical Consideration (CAAE, Portuguese acronym) number 84994718.8.0000. Eight speech-language-hearing therapists who worked at the CECCO, at the Department of Health of the Municipality of São Paulo, and signed the Informed Consent Form, took part in the study.

A total of 23 CECCO registered in that Department were contacted by phone; five of these had speech-language-hearing therapists in their team, namely: CECCO Freguesia do Ó (two professionals); CECCO Ibirapuera (two professionals); CECCO São Domingos (one professional); CECCO Santo Amaro (one professional); CECCO Trote (one professional), and Health Technical Supervision Pirituba/Jaraguá (one professional), adding

up to eight speech-language-hearing therapists that agreed to participate in the presential and individual semi-structured interview.

The interviews were elaborated with open-ended questions, organized by means of a semi-structured script, with the following questions: 1) Participants' professional and training trajectory; 2) Detailing of speech-language-hearing therapists' activities and context of work at the CECCO; 3) Indicators of changes and ruptures in the professional practices required when working in the field of mental health; 4) Knowledge, skills and abilities to work in this field. Thus, the interview sought to obtain details in aspects relevant to the speech-language-hearing therapists' insertion and practice in this modality of service, aspects regarding their training and previous professional experiences that helped the practices performed in the work developed in these facilities.

The interviews were recorded, transcribed and analyzed based on the content analysis, as proposed by Bardin¹¹, in which the raw material is organized around five chronological poles: preanalysis, exploration of the material, treatment of the results, inference, and interpretation.

Results

The content analysis and the crossing of results obtained in the interviews were grouped into five analytical categories, namely:

Category 1 – Training and professional profile of the subjects of the research on the five selected CECCO.

The eight subjects of the research are female, graduated from universities in the state of São Paulo, seven of them having graduated in the 1980s and entered public service between 1985 and 2009. The period working at a CECCO ranged from 1 year and 6 months to 17 years. Regarding further education, two undertook master's programs, whereas six undertook postgraduate specialization courses. As for training and complementary courses, six highlighted as modality the permanent education programs (Table 1).



Table 1. Training and professional profile

| | |
|--|---|
| Graduation | |
| PUCSP | 4 |
| UNIFESP | 2 |
| USP | 2 |
| Time since graduation | |
| Less than 5 years | 0 |
| 6 to 10 years | 0 |
| 11 to 15 years | 1 |
| 15 to 17 years | 7 |
| Time working at public services | |
| Less than 5 years | 0 |
| 6 to 10 years | 1 |
| 11 to 15 years | 0 |
| 15 to 17 years | 7 |
| Time working at CECCO | |
| Less than 5 years | 4 |
| 6 to 10 years | 2 |
| 11 to 15 years | 1 |
| Other training | |
| Improvement | 2 |
| Permanent education | 6 |
| Specialization in other themes | 5 |
| Specialization in public/mental health | 1 |
| Graduation in other areas | 1 |
| Master's degree | 2 |
| no. | 8 |

Category 2 – Trajectories, route and institutions of professional work

The data indicate greater occurrence of professional work in health facilities, with 18 modalities of service. In addition to the field of health, the subjects of the research referred to municipal educational institutions and two units related to the field of sports and leisure (Table 2).

Category 3 – Activities developed by speech-language-hearing therapists or their work at the CECCO

The activities performed were specified in Table 3 and analyzed in the discussion session.

Table 2. Route and institutions of professional work

| | |
|--|---|
| Route and institutions of professional work | |
| Specialties outpatient center | 1 |
| Mental health outpatient center | 2 |
| CAPS (Psychosocial Attention Centers) | 2 |
| School health clinic | 1 |
| Sports club/center | 2 |
| Clinic | 3 |
| Office of education | 1 |
| Hospital | 1 |
| Day hospital | 1 |
| Health supervision | 2 |
| UBS (community health centers) | 5 |
| Rehabilitation unit | 1 |



Table 3. Activities developed

| Interviewee | Activities/workshops | Duration | Frequency |
|-------------------------------------|--|------------------------|--------------|
| 1 | "Always pretty" workshop (aesthetic speech-language-hearing therapy exercises) | 30 minutes | Weekly |
| | Lian Gong (Traditional Chinese medicine) | 30 minutes | Weekly |
| | "Whoever doesn't communicate will get in trouble" workshop | 1 hour and 30 minutes | Weekly |
| | Circle Dance | 1 hour and 30 minutes | Weekly |
| | Cultural soiree | 3 hours | Mensual |
| 2 | <i>Dao Yin</i> | 1 hour and 30 minutes | Weekly |
| | <i>Management</i> | ** | ** |
| 3 | Health supervision | ** | ** |
| 4 | Social interaction workshop | 2 hours | Twice a week |
| | Mixed crafts | 2 hours | Weekly |
| | Circle Dance | 2 hours | Weekly |
| | Art in wood | 2 hours | Weekly |
| | Percussion | 2 hours | Weekly |
| | Singing and music | 2 hours | Weekly |
| 5 | Elderly groups | 2 hours | Weekly |
| | Bodily expression | 2 hours | Weekly |
| | Soccer | 2 hours | Weekly |
| | Management | ** | ** |
| 6 | Walks | 2 hours | Weekly |
| | Playroom | 2 hours | Weekly |
| | Recycling with art | 2 hours | Weekly |
| | Embroidery | 2 hours | Weekly |
| | Tapestry | 2 hours | Weekly |
| | Memory | 2 hours | Weekly |
| 7 | Yoga | 2 hours | Weekly |
| | Art in fabric step by step | 2 hours | Weekly |
| | Intermediate art in fabric | 2 hours | Weekly |
| | Advanced art in fabric | 2 hours | Weekly |
| | Creative encounters | 2 hours and 30 minutes | Weekly |
| | Tai Chi Pai Lin | 1 hour and 30 minutes | Weekly |
| | Detachment projects | 2 hours | Weekly |
| | Ibira Art Project | 2 hours | Weekly |
| | Welcoming | 2 hours | Weekly |
| Supervisions and technical meetings | 2 hours to 3 hours | Weekly | |
| 8 | chat groups | 1 hour and 30 minutes | Weekly |
| | Tai Chi Pai Lin (traditional Chinese medicine) | 1 hour and 30 minutes | Weekly |
| | Meditation | 1 hour and 30 minutes | Weekly |
| | Ibira Art Project | 2 hours | Weekly |
| | Colloquium and cultural outings | 2 hours | Weekly |
| | Yoga | 2 hours | Twice a week |
| | Preceptor in multiprofessional residency | ** | ** |

Category 4 – Knowledge, skills and abilities necessary to work in this field.

The data synthesize the issue of training to work at the CECCO, dividing it in subcategories: knowledge, skills and abilities to work in the field.

Statements which demanded inferential analysis of the interviews were selected, considering the importance of culture, arts, sports and health to the work at the CECCO.

Knowledge

Subject 1 – “Knowing the history of mental health (anti-mental institution proposal), understanding about the groups, the logic of care and citizenship, the CECCO need to articulate with the health system for the other facilities to see their importance in this network. Knowing work methodologies with integrative practices. Knowing about groups, logic of care and citizenship”.

Skills

Subject 2 – “Having skills to work in teams and being open to new forms of offering care, follow-up and education in health. New health care approach in the field of mental health and speech-language-hearing therapy, community health and in the field of living. The proposal of the CECCO is not only health, but also well-being, work, that is, life as a whole. Being flexible to understand health beyond medication or specific speech-language-hearing protocol. It has to do with a level of health not focused on speech-language-hearing therapeutic projects. The speech-language-hearing perspective on mental health is fundamental”.

Subject 3 – “It is necessary that the health professional be the transforming agent working with health promotion and prevention in all age groups, through therapeutic workshops, meetings, assemblies, and citizenship quarters in this space for sociocultural differences to be evaluated, in order to contribute to the biopsychosociocultural aspects.

I had a project from 1991 to 1992, which is the honor of my whole career. It was a project with the goose (animal) at the Chico Mendes CECCO. The focus of the project was the language and communication concerning the inclusion of children with autism, hearing loss, and speech and language development problems, as well as their relatives.

I could count on a mother whose son was autistic, with relevantly disorganized hygiene and eating habits. She also presented a serious behavior disorder and reported family disorganization. They lived in a neighborhood in the outskirts of town, in precarious conditions.

In the workshop, we explored the park. I would show the children the goose, which I used to call ‘Nando’. In a certain moment, the boy said ‘Nando’ (goose), and it was then that I realized the possibility of developing a therapeutic project with the goose. The animal lived with us and never hurt anyone; so, this relationship with the animal brought about impressive results in the language workshop. The project even called the attention of the media.

The children had the habit of giving whatever they had for the animals to eat. I started organizing the eating habits with the boy, showing what the goose and ducks in the park should eat, as well as their hygiene. So, the boy took care of the animal and took care of himself too [...]. This way, the organization was also done with his family. At the time, the boy indicated that he would like to have a colored chick; despite the financial difficulties to afford the animal, the mother allowed the animal to be adopted”.

Abilities

Subject 8 – “Allowing encounters and bonding to be promoted. Not looking to the pathology, but to the functioning, and how this functioning expresses itself. It is a different working model, a listening technology. It is not a hierarchical relationship; you work together. Having the ability to clear up the listening in order to see beyond the clinical – extended and in a team effort”.

Subject 6 – “The CECCO opens the possibility of joining things, integrating not only the attenders, but also everything in the surroundings, as for instance, the partnerships with museums in the park and other resources. We technicians also participate in the workshops with the attenders. Starting with the project in the museums, there was a communication between them that did not exist before. The proposal of the facility is for us to mingle with them. All the work at the CECCO is thought based on this interdisciplinary, transdisciplinary work, and not worrying whether or not I’m being a speech-language-hearing therapist; it is necessary to have such flexibility”.

Subject 4 – “The CECCO has social interaction and theme workshops (crafts, music, gardening, tricot, etc.), and speech-language-hearing therapy in inserted in these workshops. It is necessary to have the ability to use music, physical activities and others as tools to be offered. The clinical perception alone is not enough to work in this facility”.

The Category 5 – Indicators of changes and ruptures in the professional practices, based on the work in the field of mental health

Reflect the peculiarities of the speech-language-hearing therapist's work at the CECCO and the effort of breaking paradigms in favor of constructing a community social clinic. Based on the statements from the interviewees, this category 5 could be divided into subcategories, namely: extended conception of health, interdisciplinary teamwork and use of specific knowledge in performing activities.

Extended conception of health

Subject 2 – “The speech-language-hearing therapist, as a health professional, needs to have a broad view of health. The CECCO makes it possible for speech-language-hearing therapy to be thoroughly used, to use the knowledge regarding the various specific areas to develop actions. It moves from the isolated logic of the clinic to the context of life, besides the issue of mental health that deals with the exchange, the being together, the welcoming, etc. The interdisciplinary team is important”.

Subject 4 – “The speech-language-hearing therapist sees from a clinical perspective with therapeutic resoluteness, through outings, courses, parties, etc. With these tools, they have the versatility of language that enables the work at the CECCO. There is the paradigm shift regarding the clinical part, as at the CECCO it is necessary to see health more broadly. Seeing users in their entirety, not as subjects divided into many compartments. Even when a person has a phonological disorder, the focus will not be their disorder, but how they behave in the group and interact with the other users”.

Interdisciplinary teamwork

Subject 4 – “The speech-language-hearing therapist, as the other professionals working at the CECCO, does not have a specific clinical work; their work is part of a multidisciplinary team; thus, specificity is diluted. The work is approached as a team”. “Each professional (technician) can attend with the same degree of importance, looking to the specificity their training contributes to, but not restricting to it, for it is necessary to see the individual in their entirety”.

Subject 3 – “Teamwork is important for the therapeutic process in accordance with what is instituted in daily life in many ways”.

Use of specific knowledge in performing activities

Subject 3 – “The CECCO enables speech-language-hearing therapy to be thoroughly used, using knowledge of the various specific areas to develop actions. Although specific speech-language-hearing therapy groups are not formed, but, they work, for example, in a workshop that includes singing, the contribution of speech-language-hearing therapy to vocal health will be relevant; organizing the discourse, the thinking and the memory (elderly population); checking the vestibular (balance) issue in the tai chi exercises; or even offering guidance when necessary, differently from an individual attention. Speech-language-hearing therapy at the CECCO implies change in life and in paradigm, as in this space it is necessary to understand they are health professionals and, at the same time, they need to articulate their knowledge acquired from their studies to use in the actions/workshops. For example: in a workshop with children, what needs to take place? Language stimulation? Discourse stimulation? They need to understand their role in this space. The CECCO demands a lot from the professional”.

Subject 4 – “The workshops have to be multidisciplinary, composed of both health and education professionals and interns. Through the team, the welcoming, interviews, clinical meetings and institutional supervision (partnership with other facilities) are conducted”.

Subject 2 – “The speech-language-hearing therapy perception of mental health is fundamental, not only for the CECCO, but in many territories”.

Subject 8 – “It is important to know the pathologies, but there needs to be an interest in meeting and in being together with the other person”.

Discussion

Category 1 presents data related to training and professional profile of the subjects of this research. The professionals graduated from PUC-SP (Pontifical Catholic University of São Paulo) are the ones who have been working the longest in public services and at the CECCO. This fact may be related to the inclusion of human sciences in the undergraduates' professional training at this university.

Notions regarding the practice in the field of public health or mental health were not introduced



during undergraduate studies of the subjects of this research; instead, they were acquired in service, through permanent education, which, as seen in the statements, contributed to overcoming the fragmented logic of health and to understanding the expanded clinic, as well as the importance of constructing attention and care networks¹². Among other courses and complementary training, those that enable integrating practices stand out: Tai Chi Pai Lin (a modality of Tai Chi practiced in Brazil), Circle Dance; Xian Gong, art therapy, and others; as well as studies on gerontology, active aging, memory and others.

All the subjects of the research reported that during their undergraduate studies, they did not have disciplines, visits or internships approaching the work perspective developed at the CECCO; moreover, six of the subjects did not work as interns in the public health system. This is due to most of them having graduated in the 1980s, when training self-employed workers in this field was predominant, seeing themselves as specialists, centered on the rehabilitation of speech-language-hearing pathologies. Disciplines and internships in public health were more systematically integrated in the curricula after the National Curricular Guidelines regarding the programs of speech-language-hearing sciences were promulgated in 2002^{5,13}.

Concerning contents on public health and mental health, four subjects mentioned that little was said about these topics in their undergraduate classes, but they recognize that currently “what some universities are developing is very important, as disciplines, internships and debates on public health; they are fundamental to prepare the future professional”.

It should be noted that the speech-language-hearing sciences entered to the field of public health even before SUS was created, between the 1970s and 80s. At that time, the prevailing clinical model was strictly focused on rehabilitating from communication and language disorders; speech-language-therapists were trained in the perspective of the clinical-liberal model and, once graduated, worked in clinics and offices attending patients in the areas of language, hearing and voice. They used to focus their practice entirely on developing skills, abilities and attitudes related to functional aspects of communication¹⁴.

The practices were centered on the logic of complaint and behavior, in which clinical work

constituted of applying a set of procedures constructed by the specialty, which aimed to minimize or eliminate the symptoms, alterations, deviating patterns of aspects constituting the processes of producing communication. This logic focused on specifically both the complaint and the behavior, without considering other needs and singularities of the subject¹⁵.

The subjects of the research evaluate that during undergraduate studies, the knowledge acquired for professional training was insufficient for this field of work, since the programs were exclusively directed towards technical aspects of the profession and did not stimulate the work along with professionals of different areas: “The internships were more closely connected to work in specialties of the speech-language-hearing clinic, in the areas of voice, language, orofacial motor functions”. They have also highlighted that: “A university that does not prepare the student for community health and mental health is not training for the professional life”.

They have further emphasized that the work done in a team is constructed by the possibilities of exchange and cooperation, bringing about a broadened understanding of the health-disease process and the forming of other intervention perspectives which go beyond the professional’s work in their specific area. They presuppose a practice based on the relationship between the professionals that work in a team, which is strengthened in the institution of community spaces of debate, either in the CECCO itself, or in the health system, in coordination between the sectors or with the community.

In category 2, the trajectory of the speech-language-hearing therapist’s professional work at the CECCO was presented. The professionals interviewed had working experiences on other levels of health attention. Most of them worked at basic health attention facilities, which emphasize the practice in the technical assistive health model aimed at health promotion.

Due to its characteristics and to its working in integration with the health attention system, the CECCO has an important role in preventing worsening of or damage to health, and in promoting health. Its interventions have the purpose of not only decreasing the risk of diseases, but also increasing the chances of health and life. The Ottawa Charter states that the conditions and requirements for health are: peace, education, housing,





nutrition, income, stable ecosystem, sustainable resources, social justice and equity; and it encompasses in health promotion the process of enabling the community to work towards improving their own quality of life and health, including a greater participation in the control of this process¹⁶. For this reason, the work developed at these facilities has an impact on the determining factors of the health-disease process¹⁷. In this sense, no CECCO professional, including speech-language-hearing therapists, should develop their work strictly clinically, but be open, instead, to a caring welcoming ethos to promote health and quality of life¹⁰.

Six of the subjects of the research mentioned that the health attention networks, including that of mental health, were dismantled in the period from 1992 to 2000, when Maluf and then Pitta were governors. All the health assistance in the municipality was outsourced, being under the responsibility of professional cooperatives, when the *Plano de Assistência à Saúde* – PAS (Health Assistance Plan) was implemented.

For this situation to be understood, as highlighted by the subjects of the research, it is important to clarify the historical context of the establishment of São Paulo's health system, which took place when Luiza Erundina was the governor, between 1989 and 1992, as well as the establishment of the CECCO.

The CECCO were established in 1989, as part of a policy for the establishment of a health system, with the purpose of implementing an assistive model capable of substituting the treatments offered at psychiatric hospitals, which made use of overmedication and exclusion processes based on permanent or intermittent stays. These were projects conceived for the cooperation between sectors, with culture, education and sports facilities and represented a significant contribution to the construction of new manners of mental health care⁸.

As public policy, they are considered services for the promotion of inclusion, activities and debates along with the population to demystify the prejudice towards people with mental disorder, based on the reflection about social determiners of this condition, and having as mission to favor the humanization of the man-man, man-nature and man-society relationships, preventing medicalization and the oppressive technique to mortify the person. Spaces for the development of activities that recognize and value popular cultural knowl-

edge, and practices as means of social balance, relativizing scientific knowledge. Culture is seen as a device for the construction of the right to life, citizenship and new values, knowledge and manners of perceiving and putting into effect the care for the person with mental disorder¹⁰.

According to data from the citizen's observatory¹⁸, in the 1990s, when the PAS was implemented, approximately 28 thousand municipal health workers were transferred to other departments (education, sports, green, social well-being, regional administration), most of them facing partial or complete deviation from their job description, so that the health practices became restricted to appointments and exams, with attention centered on the traditional medical-curative model. In this study, two speech-language-hearing therapists reported that in their practice during this period, they worked in sports club/center, one in an office of education and one in a school clinic. As other facilities, the CECCO was impacted by this assistive model, as three out of the 18 CECCO belonging to the mental health network of the municipality were deactivated.

Only in 2000, when Marta Suplicy was the mayor, the municipality started working again in consonance with the principles and guidelines of the SUS. Currently, through the Regulation of the Municipal Department of São Paulo (SMS) no. 964 of October 27, 2018, recently promulgated, the guidelines for their functioning were established¹⁹.

The document emphasizes that the CECCO were idealized as health units making part of the Psychosocial Attention System in consonance with National Health Promotion Policy, connected to sectors of culture, sports, environment, education and labor, having social innovation as one of their characteristics. Their purpose is to use social interaction technologies to promote meetings and to work with diversity. These units count with multidisciplinary teams that work in the perspective of transdisciplinarity, with activities aimed at benefitting people of each and every age group, health condition, sociocultural, economic and schooling profiles, place of living and work, and of ethnic, gender and belief diversity, especially the population in social vulnerability and at risk of health impairment¹⁹. Thus, the CECCO welcomes the population with mental suffering, victims of violence, users of psychoactive substances, living on the streets, with physical and sensorial disability



and other vulnerabilities, as well as the other people on the surrounding community who are interested in participating of the activities at the CECCO. Regarding the physical space, it is recommended that they be located in open public spaces, such as: parks, squares, recreation areas, cultural centers, which are of free access to the community¹⁹.

Concerning category 3, the description of activities conducted by speech-language- hearing therapists: they highlighted as main activity workshops with different themes and objective, lasting a minimum of 30 minutes, mean of two hours, and maximum of 3 hours, with an average frequency of once a week. Workshops on traditional Chinese medicine stand out, such as Dao Yin, Tai Chi Pai Lin, Lian Gong, and they are conducted by four of the subjects of the research.

The workshops are widely used methodologies to work in groups and are considered as psychosocial intervention resources because they are not restricted to a rigid reflection on themes, facts, experiences; instead, they involve the people in general, regarding their ways of thinking, feeling and acting²⁰.

Conducting this type of workshop has the purpose of incorporating and implementing the Complementary and Integrative Practices (PICS, Portuguese acronym) institutionalized in SUS²¹ by the Regulation of the Ministry of Health (MS) no. 971 of May 3, 2006²², initially offering services and products related to homeopathy, traditional Chinese medicine/acupuncture, medicinal plants, and physiotherapy; posteriorly, they were expanded by the Regulation of the Ministry of Health (MS) no. 849 of March 27, 2017²³, which incorporated art therapy, Circle Dance, meditation, music therapy, integrative community therapy, among others, adding up to 19 practices. The PICS broaden the approaches to care and the therapeutic possibilities for the users, ensuring greater integrality and resoluteness in health attention²¹. These activities are offered in the perspective of preventing impairments and of health promotion and recovery, with emphasis on basic attention, having continuous, humanized and integral health care in view.

Although each CECCO has its own workshops program, the most developed are crafts, embroidery, Circle Dance, social interaction/chat groups, musical/cultural activities and sports. One of the CECCO, for instance, develops the “Whoever doesn’t communicate will get in trouble” work-

shop, mentioned by subject 1, which places communication as a basic need in users daily life, as the “construction of something in common, by means of cultural experiences and the sharing of experiences and stories”. This workshop has the purpose of “promoting health, inclusion, encounter between people, the being together, the social interaction, working with an approach of communication practices”.

The activities made available to the people who attend the CECCO spaces are propositions developed independently of the nature of existing diagnosis or psychic suffering^{9,10}. A great part of these activities has cultural profile and is always structured as opportunities, which are chosen according to one’s desire to participate, to institute or reconstitute the contractual power of their participants. They also aim to contemplate other needs, not being restricted to the specific health problems of each person. Hence, they broaden sociability and autonomy, and provide for the sense of living to be constituted or reconstituted. Since they encompass dimensions that go beyond health problems, they develop practices of cooperation between sectors, articulating them to other culture, education, housing and sports facilities.

The Regulation of the Municipal Department of São Paulo (SMS) no. 964, of October 27, 2018¹⁹ states that the CECCO must develop activities of welcoming; individual and group approaches and follow-up; workshops with different languages, with therapeutic reach: PICS; home visits; actions in the territory; articulation and development of actions of cooperation between sectors and departments; foment the perspective of heterogeneous groups, actions towards creating jobs and income, as well as solidary economy.

The home visits and actions to create income and solidary economy were not mentioned, maybe because the operation of the mental health system has been fragmented in the last years, wearing out relationships and weakening the collective debate spaces in the system. It should be noted that, even though the terms “creating income” and “solidary economy” are not used, subjects 4, 6, and 7 mention workshops with the potential of creating jobs and income, as it is the case of the workshops “Art in wood”, “Art in fabric”, “Tapestry” and “Embroidery”, for example.

Through technical and financial support, the CECCO have the commitment of creating



culture, education and social interaction spaces, self-administrated by the population, to meet the needs of various groups and welcome people who require support to build or rebuild social bonds²⁴.

In their practices, they make use of music, crafts, painting, dance, drama, sports and other activities that provide subjectivity, the process of working with the purpose of being inserted into society. Research reports point to the existence, in some CECCO, of work centers where users have the possibility to cooperate in the production of goods and services, and commercialize these products, so the profit is divided among them. In this activity, they problematize the production process, not only with the product to be sold, but that which the user produces²⁴.

The subjects of this research highlight the inexistence of an effective health care system, emphasizing that there are barriers to the access to specialized services to attend speech-language-hearing disorders. They point out that, if on the one hand the CECCO is not responsible for meeting specific speech-language-hearing demands (speech, writing, learning disorders), on the other hand the system offers few possibilities for rehabilitation.

It must be highlighted that two subjects of the research hold management offices and that in such position they develop the work of constructing and maintaining networks of cooperation between disciplines and sectors towards possible connections within the territory where their facility is located.

Regarding category 4, knowledge, skills and abilities necessary for working at the CECCO, the subjects of the research state that the professional must be familiar with these practices and know how to use them as tools for health promotion, social inclusion, socialization and network articulation.

The mission of the CECCO is to emphasize social interaction in its plurality, and the personal life and social potentialities of their users, as well as being attentive to aspects of their subjectivity, giving priority to the expression of such subjectivity by means of the “listening technology”, professional practice model, as reported by the subject of the research. Listening enables integral care because it furnishes openness to the other, giving opportunity for users to be protagonists and recognizing the living power in suffering; furthermore, it brings quality to the work, creating environments conducive to transposing the tendency of specialisms in mental health²⁵.

The activities developed in this space provide experiences that can increase their users’ capacity to try different modes of existence. Two subjects stated that the CECCO does not hold a strictly clinical practice, whereas for another three, there is a need of practices that look beyond pathology. It is perceived in their statements the concern in using the knowledge related to speech-language-hearing sciences to qualify activities of the users’ context of living. Health promotion requires the speech-language-hearing therapist to redefine their role and function, which are much broader than those provided by the preventionist model²⁶, because they are related to well-being and quality of life, and not simply the absence of a disease.

Lopes²⁷ states that the practices developed at the CECCO require from the professionals with clinical training to be stripped, which does not mean putting aside or doing without the knowledge made of the specialty they practice; instead, it furnishes the professional exercise in new contexts and generously promote their field’s dialogue with other fields of knowledge, other proposals, other practices, which contribute to the desired social and health transformations.

Communication is a fundamental element for social interaction and insertion, but the CECCO demand from the speech-language-hearing therapists a different attitude, less concerned with identifying pathologies and rehabilitating, more centered on promoting and preventing. In this perspective, they mentioned the therapeutic projects that deal with specific aspects such as memory, bodily expression, always as part of contextualized activities in the sociocultural standpoint (singing, dancing, visits to museums, social interaction workshops, theme workshops, etc.). Four of the subjects of the research believe that the work is based on the logic of the “expanded clinic”, and that they should furnish social interaction, recreation and culture. It is noted in the statements from the subjects of the research that the skills and knowledge acquired in the professional training specific to the area enable the handling of important tools for this social interaction work. Knowing how to handle situations which produce “communication and development and preservation of the language” is considered an important skill for the speech-language-hearing therapist’s work at the CECCO.

In the view of the subjects of the research, the professional who works at the CECCO needs

to have a generalist training, with the potential to use the knowledge gained at the core of their training and contribute to the production of the users' health in the activities they develop with their team. For five of them, the specific aspects of speech-language-hearing (vocal, auditory, vestibular, etc.), even though they are not the focus of their work, are relevant to health promotion, and thus they are an integral part of their practices.

The statement presented by subject X concerning the work done with animals at the CECCO makes clear the skill and the flexibility needed to work in unique contexts, making use of approaches that can facilitate the social interaction of subjects and families which require care with the subjective structuring and the sociability²⁶. Assisted activities with animals potentialize the communication and the social interaction in activities in the fields of health and education, as they are facilitators of social interaction, another focus of the work in this type of service²⁸.

The professional subjects of this research believe that what unites the people attending the CECCO is the social interaction, and that there should not be in these spaces a commitment with healing or standardization, much less the prescription of behaviors, medications or conducts.

The data obtained from the structuring of the first axis and its themes indicate that the professional practice, in the context of the CECCO prioritize the use of group devices, workshops, meetings, assemblies. As they are social interaction centers, they work based on sets of notions that provide the experimentation of new modes of organizing health management and attention: bonding, strengthening social ties, promoting interpersonal relationships, promoting inclusion. The idea of social interaction places the participants in the activities in a permanent process of recreating, which enables the power of subjects and groups to be broadened⁹.

Another important issue is the teamwork. As the other professionals in the field of health, the speech-language-hearing therapists that work in these services need to overcome the division of the multiprofessional and specialized work, in order to work in a team in an interdisciplinary and transdisciplinary manner, and hence create new and differentiated forms of care, according to the individual and collective needs of the territory where such services are situated.

According to seven subjects, all the activities developed count with the participation of other technician/professionals. The interdisciplinary teamwork at the CECCO or any other health facility is irreplaceable for paths to be traced towards powerful tools for the work in health in the territory. Thus, it is necessary that the speech-language-hearing therapists, as well as the other workers at SUS, are aware of the guidelines and normative and administrative characteristics in a broader context, for them to work in the logic of integrality, broadening the references of their disciplinary cores. The speech-language-hearing therapist needs to get acquainted with the issues pertaining to SUS so they can organize their work and direct actions of health promotion and production, which can bring about effects in the public institution and in the community^{29,30}.

Thinking this way, the professional's actions must be guided not only by the public health policies, but also by other policies fond of aspects of the population's quality of life (education, culture, recreation).

The abovementioned authors consider that among the CECCO's countless action initiatives, their mission is characterized by promoting encounters, producing networked care, and intervening in the city through social interaction policies and the activation of experiences. It is a work that values diversity, making that the other users can experience practices that allow them, as they meet with one another, to construct and reconstruct a less rigid self-identity, and frame and reframe their stories and modes of being and living in the world.

Final considerations

It was possible to identify that the interdisciplinary teamwork appeared as a fundamental element in the trajectories of the speech-language-hearing therapists participating in this research. This interaction has unique facets, because they work in networks internal and external to the service, in the perspective of providing health care.

The exchange of knowledge between professionals furnishes an interdisciplinary and transdisciplinary view. The production and operation in networks have the sense of expanding knowledge and power to give more care, with quality, providing social reinsertion, empowerment and autonomy of the subjects involved. This is one of the singu-

larities which speech-language-hearing therapists describe in their statements. Another one is going beyond the technical-professional knowledge and transform knowledge and expertise the area has built in the work with the communication and the language, using it as an essential tool in socialization, inclusion and autonomy processes, insignias of the mental health policy of SUS.

There is consensus between the participants in the research that the professional training in the area was insufficient to work at the CECCO. For these professionals, the training of speech-language-hearing therapists must contemplate, in addition to the specific aspects of the area aimed at health assistance, other dimensions of the integral care, as well as experiences of cooperation between disciplines and sectors.

This research collected data from professionals of a single municipality, whose training took place in programs within the same state, but their findings point to the importance of implementing disciplines in the speech-language-hearing sciences undergraduate programs, supervised internships and projects to insert the undergraduate students in services as CECCO and other points of attention of the RAPS.

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