



Report of a blind student of Speech-Language Pathology (SLP): personal experience with the care practice of stuttering in an undergraduate course

Relato de um aluno cego egresso de
Fonoaudiologia: sua experiência com o
atendimento em gagueira na graduação

Informe de un estudiante ciego
egreso de un curso de Logopedia:
su experiencia con la práctica del cuidado
de la tartamudez en el grado

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Abstract

Despite the increase in the enrollment of people with disabilities in higher education indicated by data from an official research institute in Brazil (INEP), these students still represent a small range in relation to the total number of admissions. As a higher education that is inclusive and open to diversity has been widely studied and encouraged in Brazil, it is of great relevance to report the experience of a blind student who graduated from a course of Speech-Language Pathology and Audiology, regarding his training and inclusion through teaching-service integration practices, such as the care of a stuttering patient.

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Authors' contributions:

PHSC: Study conception, literature review, data collection, article writing and outline.

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The undergraduate course in Speech-Language Pathology and Audiology and the action of professors specialized in visual disability promoted all support to the inclusion of the student. In the practical class in the care of patients with stuttering, the student was supported by the professor responsible for the subject and by a monitor from the Teaching Internship Program of the university. This joint work promoted actions such as material adaptations, image descriptions, and the opportunity to know the room beforehand, etc. Due to these and other actions, the student developed as a therapist, establishing a solid bond with the patient, who progressed and was discharged from therapy at the end of the semester. This experience reinforces the need for higher education institutions to be prepared and aware to the demands of people with disabilities in all undergraduate courses, such as Speech-Language Pathology and Audiology.

Keywords: Education, Higher; Teaching Care Integration Services; Blindness; Health Human Resource Training; Speech, Language and Hearing Sciences.

Resumo

Segundo dados do Instituto Nacional de Estudos e Pesquisas Educacionais Anísio Teixeira, tem-se observado um aumento no ingresso de pessoas com deficiência no ensino superior, no entanto, este número ainda é pequeno diante do total de alunos matriculados. Sendo assim, uma educação superior inclusiva e aberta à diversidade tem sido amplamente estudada e incentivada no Brasil e, por isso, é oportuno relatar a experiência de um aluno cego egresso de um curso de Fonoaudiologia, a respeito de sua formação e inclusão por meio de práticas de integração ensino-serviço, a exemplo do atendimento de um paciente com gagueira. O curso de graduação em Fonoaudiologia e a ação de docentes especialistas em deficiência visual promoveram todo apoio à inclusão do aluno. E, em disciplina prática na assistência a pacientes com gagueira, ele contou com o apoio da docente responsável pela disciplina e com uma monitora participante do Programa de Estágio Docente da mesma universidade. O trabalho conjunto promoveu ações como adaptações de materiais, descrições de imagens, reconhecimento do espaço da sala, etc. Graças a estas e outras ações, o aluno foi se construindo como terapeuta, tendo sido estabelecido sólido vínculo com o paciente, que, ao final, apresentou evolução, de modo que lhe foi dada alta terapêutica. Esta experiência reforça a necessidade de as instituições do ensino superior estarem preparadas e sensíveis às demandas de pessoas com deficiência, em todos os cursos de graduação, a exemplo da Fonoaudiologia.

Palavras-chave: Educação Superior; Integração Docente-Assistencial; Cegueira; Formação Profissional em Saúde; Fonoaudiologia.

Resumen

Según datos del Instituto Nacional de Estudios e Investigaciones Educativas Anísio Teixeira, se ha observado un aumento en el ingreso de personas con discapacidad en la educación superior, sin embargo, este número aún es pequeño frente al total de alumnos matriculados. Por ello, una educación superior inclusiva y abierta a la diversidad ha sido ampliamente estudiada e incentivada en Brasil, así es conveniente informar la experiencia de un alumno ciego egreso de un curso de Logopedia, a respecto de su inclusión y formación por medio de prácticas de “integración enseñanza-servicio”, a ejemplo de la atención del cuidado a un paciente con tartamudez. El curso de pregrado en Logopedia y la acción de docentes especialistas en discapacidad visual promovieron el apoyo y la inclusión del alumno. Y, en prácticas en la asistencia a pacientes con tartamudeo, él contó con el apoyo de la docente responsable de la signatura práctica y con una monitora participante del Programa de Prácticas Docente de la misma universidad. El trabajo conjunto promovió acciones como adaptaciones de materiales, descripciones de imágenes, reconocimiento del espacio de la sala etc. Gracias a estas y otras acciones, el alumno se fue construyendo como terapeuta, estableciéndose un sólido vínculo con el paciente, que, al final, presentó evolución, de modo que le fue dada alta terapéutica. Esta experiencia refuerza la necesidad de que las instituciones de educación superior estén preparadas y sensibles a las demandas de las personas con discapacidad, en todos los cursos de grado, a ejemplo de la Logopedia.

Palabras-clave: Educación Superior; Servicios de Integración Docente Asistencial; Ceguera; Capacitación de Recursos Humanos en Salud; Ciencia del Habla y Audición.





Introduction

The Brazilian National Curriculum Guidelines for the Undergraduate Course in Speech-Language Pathology and Audiology¹, as well as for other health-related courses, establish the adoption of teaching-service integration practices by coordinators and structuring centers of Higher Education Institutions (HEIs), aiming at training of general practitioners, qualified and prepared to work in the Brazilian Unified Health System (SUS). These practices consist of articulated work between professors and students, with workers and managers of the health services in the region where the HEI is located, which promotes resoluteness and the quality of care provided, in addition to a more humanized academic training²⁻⁴.

In this context, students have the opportunity to have contact with the Health system, as it is in reality, with all its weaknesses and strengths, thus providing a critical reflection and questioning about the determinants and conditions of health, individual and collectives, and labor relations in the context of the functioning of the Health network service(s)^{3,4}. However, it is assumed a change from the biomedical and fragmented health paradigm to a biopsychosocial perspective, which is correlated to the integral care of the subject.

In addition to the services of the Health network located in the territory where the HEI is located, the teaching-service integration practices also are developed in the clinic-schools, which are implemented by the HEI to compose the Health Care Network of a certain region. This is done through agreements between the HEI and the management of the municipality and state in which it is located, which further contributes to the training of health professionals and to the consolidation of the SUS as a public policy⁵. In these spaces, whose name indicates the integration between teaching/learning and practice in Health, students assume the roles of protagonists in the care provided, as, with the support of guiding teachers, they define and design the actions to be implemented with the patients, thus developing a Unique Therapeutic Plan (UTP).

Therefore, it is essential that the proposal of teaching-service integration, both in the services of the Health network and in the clinic-schools, is based on active methodologies, which is also recommended in the National Curriculum Guidelines

for Undergraduate Courses in Speech-Language Pathology and Audiology^{1,4,6}. Contrary to the traditional teaching-learning process, where students receive theoretical knowledge from the teacher, active teaching strategies propose a mediating role for teachers who must provide directions for the construction of knowledge by the students themselves, who are protagonists in this interaction^{2,4}. In this sense, in the context of teaching-service integration practices, some authors⁴ propose activities based on real situations/problems, on which the student elaborates hypotheses and resolution proposals, based on the theoretical framework suggested in the syllabus of the subject.

As these methodologies represent a break from the traditional teaching paradigm, in which contents are provided in an expository way and students take a passive stance, it is assumed that teachers are prepared to adopt and apply active strategies with students, mainly in the context of practical activities in Health. In these contexts, it is possible to take advantage of the students' previous experiences and, thus, favor the emergence of situations never experienced before and the reflection about them. Furthermore, as each class has its own characteristics and works in its own way, different strategies may be needed to teach the same contents. Thus, teachers must carry out constant (re)assessments of their own work, so that they can help students find the best way to "learn to learn"^{4,6}.

With respect to Speech-Language Pathology and Audiology, some studies^{7,8} report experiences with the adoption of active strategies related to teaching-service integration practices in the context of the Teaching Program for Health Work (in Brazilian Portuguese, *PET-Saúde*), established by the Ministry of Health, in partnership with the Ministry of Education, aiming at training professionals to work in the SUS network and reducing the distance between the HEI and the real health needs of the territory, so that these needs are integrated into research projects and extension courses. The results of these studies^{7,8} indicate benefits of using the active teaching methodology, both for the training of students and for the community, as these students will be more prepared for the challenges of teamwork and for carrying out actions that involve disease prevention, and health promotion and recovery based on community demand^{7,8}.

It should be noted that universities have promoted diversity, highlighting the inclusion of



people with disabilities in higher education. According to data from INEP (*Instituto Nacional de Estudos e Pesquisas Educacionais Anísio Teixeira*) of the Ministry of Education, about 48,520 students with a disability entered public and private HEIs in Brazil in 2019⁹. Among them, 16,504 individuals had some degree of visual impairment (VI), thus being the second most frequent impairment, following the population of students with physical disabilities⁹.

According to the conceptual definition, “(...) a visual impairment is observed when an eye disease affects the visual system and one or more visual functions” (p. 10)¹⁰. Visual impairment is assessed by an ophthalmologist based on the visual acuity measure, which is a quantitative measure of vision performed using specific tables composed of letters in different dimensions according to a logarithmic scale. However, visual impairment does not include people whose visual condition can be corrected and normalized by wearing lenses (glasses or contact lenses)^{10,11}. Visual impairment is classified as mild, moderate or severe, for visual difficulties at a distance and up close, in addition to being divided between low vision and blindness⁹.

In addition to visual acuity, other visual functions must be assessed, such as the visual field, which represents the 180° area seen by an individual when facing a point in space¹². Visual functions are understood as the abilities of the visual system to identify the qualities of images that reach the individual's eyeball¹². In this sense, in addition to acuity and visual field, other important functions are as follows: in addition to acuity and visual field, other important functions are: light-dark adaptation, which refers to the ability of the visual system to adapt to different ambient lighting conditions; color vision, which is related to the detection of different shades of color; contrast sensitivity, which refers to the identification of differences in the brightness pattern between two nearby surfaces; binocular vision, which is related to the notion of depth obtained by coordinating the images seen by both eyes; three-dimensional vision, corresponding to the visual perception of the position of objects in space and the differentiation between the figure and its background; and oculomotor functions, which are responsible for controlling eye movements during gazing¹². Functional assessment of vision aims to obtain information on visual functions and the use of vision in everyday situations^{11,13}.

With regard to inclusion in higher education, it should be noted that, despite the increase in the admission of people with disabilities in absolute values, these students still represent a small range in relation to the total number of admissions (approximately 0.5%)^{9,13}. These data highlight the need for the development of public policies to promote the inclusion of people with disabilities in universities, in order to consider the specifics of each disability and ensure the right of these people to access education, at all levels¹⁴.

The challenges faced by people with disabilities to access and remain in higher education institutions are shown in barriers, which, according to Article 3, Section IV, of Law no. 13146 of July 6, 2015 (Brazilian Law on the Inclusion of Persons with Disabilities (LBI)), represent any obstacle that may prevent them from enjoying their fundamental freedoms and rights¹⁴.

Furthermore, based on the same article of the LBI¹⁴, the main barriers associated with the access for people with disabilities in higher education, including those with visual impairments, include: architectural and urban barriers; barriers in transport; barriers in communication and access to information; attitudinal barriers and technological barriers¹⁴.

In order to face the barriers faced by people with disabilities in higher education, some authors^{13,15} suggest the implementation of a Specialized Educational Service Center (NAEE) at the HEI, including a team of specialists, pedagogues and educational psychologists. The objective of this team is to work with professors and students, aiming to discuss strategies that make the syllabus and course materials accessible to the student's abilities and limitations. These centers are provided for in the Accessibility Program in Higher Education (*Incluir*), implemented by the Ministry of Education and aimed only at federal HEIs¹⁶. Despite the limitation regarding the universities covered by the program, which does not include state and private public universities, the centers can promote access and permanence of people with disabilities in higher education.

Furthermore, the functional assessment of vision is a primary resource to guide the work of the NAEE teams, as reports aimed at teachers can be prepared by the rehabilitation team based on this assessment, including the main information that will influence the student's learning process, as for





students with low vision, with recommendations on font size, use of contrast, lighting characteristics to be used, among others¹⁷. This shows the need for an interdisciplinary and intersectoral work between the rehabilitation teams, in the Health area, and the NAAE teams, in the Education area¹⁷.

In the case of blind students, investments are needed to adapt teaching materials written in conventional alphabet to the Braille system, as well as electronic documents in an accessible format, compatible with a screen reader software, considering the availability of the resource and its functionality for the person's needs based on their preferences. As for the images, resources such as embossing, 3D printing, tactile architectural model, or audio description can be used¹⁸.

In addition to changes in the educational scope, deeper structural changes are needed, such as the training of human resources, from the various sectors of the administrative organization chart, to deal with the differences and specificities of students with VI¹⁹. However, these changes do not develop quickly, as they are part of a process that involves the constant engagement of university managers and employees, as well as people with disabilities, who must also take an active role in the process¹⁹.

Another change towards inclusion is related to the training of teachers, in the undergraduate degree or in the form of continuing education practices, so that they at least have contact with the basic concepts about disabilities. Thus, teachers would be able to know the main characteristics and educational needs of people with disabilities.

Therefore, given the teaching practices/strategies that have been adopted by courses in the area of Health, including Speech-Language Pathology and Audiology, it is essential to reflect on the infrastructure required for the inclusion of students with disabilities in the context of teaching-service integration, and indicate the importance of valuing the potential and capabilities of people with disabilities in higher education, as well as making HEIs and corporate institutions aware of the necessary investment in social inclusion actions.

Description

This is the report of a blind student who was admitted in a Speech-Language Pathology course, in the interior of São Paulo, about his own experience with stuttering care during his undergraduate

course. The term “student” will be used throughout this study in order to highlight the relationship between teachers, monitor and student, in the process of inclusion in the course and in a practical language subject.

The evaluated student has congenital blindness, diagnosed with Leber Congenital Amaurosis (LCA), a high prevalence (2 to 3 in every 100,000) hereditary degenerative disease that affects the retina and causes severe visual loss²⁰. The student was diagnosed at three months of age and, at seven months of age, he entered an institution specializing in the habilitation and rehabilitation of people with VI, where he was also literate in the Braille system, which “opened the doors to schooling”, in his opinion. Then, he studied at a private school, facing several barriers and challenges in this process and, with the support of his family, especially his mother, who is an educator, he grew and developed until he entered the Speech-Language Pathology and Audiology undergraduate course in 2016.

Since the student was admitted to the university, the institution has trained the professors of course through training with specialists in visual impairment, including: lectures, workshops, conversation circles, discussions, etc. In addition, the role of the student as an active subject in his inclusion process should also be highlighted, since he always tried to discuss with teachers the best way to present the content, when they did not know, or had doubts.

Teacher training is one of the most important pillars of the inclusion process of students with VI, so that they can meet the student's specific educational needs, with a view to the presence or absence of visual residue and the data on vision functionality. However, some authors²¹ report that, despite the progress in discussions about inclusive education, many teachers did not even have contact with this topic during their training, which indicates the need for public policies to train teachers on inclusive education, aiming to provide the necessary sensitivity with students with disabilities in their various areas of expertise.

In this context, it is believed that if teachers are aware of the topic of disability, inclusion will be favored in higher education. Furthermore, students without disabilities will also be aware of this inclusive process, according to the mediation of the teacher, in the use of teaching strategies





that favor interaction between students with and without disabilities.

In addition, as teacher training for higher education is most often through *stricto sensu* graduate courses (Master's and Doctorate), this also reinforces the reflection on the structuring of courses in Brazil. It also raises the questioning whether the graduate courses in Brazil are including inclusive education in its guidelines, not only in the access of people with disabilities to this level of education, but, above all, in the training of human resources receptive to diversity – in this case, disability.

Reis, Eufrásio and Bazon²¹ reported that training allows teachers to think about possible adaptations and adjustments in their practice, so that the students with VI would have equal access to the syllabus of the subjects. To this end, training activities were carried out aimed at teachers of the Speech-Language Pathology and Audiology course, after the admission of the blind student, to clarify the specifics of VI and to raise awareness among teachers in areas not related to rehabilitation and inclusive education. These activities were carried out and promoted by professors of the course who are experts in visual impairment, which is one of its unique features, and also included an external guest, who was a specialist in audio description.

It should be emphasized that the entire process of including the student was made possible by the awareness and knowledge of teachers specializing in visual impairment, who identified his needs and expectations after meetings with the student and his family, taking them to the bodies and authorities involved so that the necessary measures for the student's permanence in the course could be implemented. These meetings constitute a fundamental practice for the establishment of strategies and actions to be carried out for the effective inclusion of students with disabilities in undergraduate courses¹³.

In addition, it should be noted that the university hired an educational psychologist specialist in visual impairment who, in partnership with the service aimed at the inclusion of people with disabilities, adapted the teaching materials and texts requested by the teachers. The university also provided the student with training in Orientation and Mobility (OM) by a renowned professional in the area, to facilitate his movement around the campus with autonomy and independence, as well

as Assistive Technology resources, which were essential to his learning.

In addition to these hirings, the university also encouraged monitoring, an activity aimed at interaction between undergraduate and graduate students. Therefore, the student was supported by several monitors during his course, such as: anatomy, genetics, and audiology monitor, among other areas.

With regard to practices in Speech-Language Pathology and Audiology, the practical subjects in the fourth and final year of the course and structured in two semesters will be used as an example - Speech-Language Pathology in Language I and II -, which includes the annual care of cases of language changes and stuttering. At this time, the student was already used to the university's infrastructure, the clinical environment, the professors and monitors. In addition, in the aforementioned selected subject, he was assisted by a monitor, who was a Speech-Language Pathology and Audiology doctoral student from a postgraduate program at the institution, involved in research projects on VI and also on active teaching methodologies.

Also with regard to the subject that includes stuttering care appointments, it is a practice of teaching-service integration^{6,22}, as students provide supervised speech-language pathology care in an outpatient clinic aimed at patients with language impairment, linguistic development related to neurological pathologies, and also patients with stuttering.

In addition, the syllabus provides for students to develop the therapeutic planning, outlining the goals and therapeutic strategies to be used; fill in the patient's clinical record for each service performed; discuss the case with the supervising teacher and other professionals, such as educators, doctors, occupational therapists, etc., if necessary; and prepare a half-yearly report on the assessment and service provided. Due to the inclusion of students in clinical practice, all these actions described are supervised and closely monitored by the supervising professor, so that the reports and evolutions in clinical records had their stamp and signature, in addition to the student's signature.

During supervisions, the teacher sought to propose strategies for the care and, above all, invited students to constantly reflect on their practices and urged them to bring their points of view and clinical reasoning about the patient(s) attended by them and





discuss with the class. These supervisory practices are suitable for an active teaching methodology, since case presentations and discussions with the supervisor and other students allow students to develop their own clinical reasoning about the case⁴.

The therapeutic practices in stuttering in that clinic are based on a theoretical approach called “discursive approach”, whose main representative and founder is the speech-language pathologist Silvia Friedman. According to this author²³, stuttering in its origins can be characterized as a result of constant attempts to “speak right”. However, these attempts reinforce even more the disfluencies, as the individual starts to control his own speech and “anticipate” when he will stutter, which makes him avoid some words that may be difficult to him. This urge to “speak well” is the result of a “bad self-image as a speaker” that is developed by the individual throughout his development, due to situations in which his speech was denied while presenting meaning and relevance, or even was cause for ridicule or reprimand.

The student’s practice in stuttering care was carried out in 2019 with a young adult diagnosed with stuttering. Initially, the student reported that he was insecure in carrying out the appointments, as he thought about the possible reaction of the patient in knowing he would be cared by a “blind student”. Thus, the student felt that he could not be prepared for the service, which resulted in a feeling of distrust of his own ability, as a speech-language pathologist, as reported by him:

“(…) In the beginning, I didn’t have enough self-confidence to handle the case and I always asked the monitor and the teacher for help, to know if the strategy I was thinking about for the therapies was right. And I also thought: “Wow! What will this patient think when he becomes aware that he will be assisted by a blind student? Will he take me seriously?” (Report of the student)

According to Alexandrino, Souza, Bianchi, Macuch and Bertolini²⁴, self-confidence is essential for people with disabilities to face the barriers of higher education with self-esteem and resilience. However, a solid bond was established between student and patient over the weeks of care, which was essential for the continuity of the therapeutic process.

In addition to all the support from the university and from the teacher supervising the practical

class, the support of the student’s family was essential, as they were always present and involved throughout their education process. Some authors²⁴ report that the family has a fundamental role in establishing these feelings, which will facilitate the academic and/or professional training of the person with a disability.

Regarding the practice of monitoring, Fernandes and Costa²⁵ report that monitoring is strength in the training of students with visual impairment in higher education. In line with this study, the authors²⁵ reported strengths, such as participation during classes, to complement explanations and/or support the performance of activities that depend on vision, and the mediation between the student and the professional(s) of the university responsible for adapting teaching materials.

Thus, the monitor’s contributions aimed to facilitate the handling of issues related to the configuration of the therapeutic environment and adaptations of the strategies to be used by the student. It should be noted that discussions were held with the professor of the subject to define all the conducts in this regard, during supervision, including the participation of the other students in the class, which enriched the training of students as speech-language pathologists who promote inclusion.

Among the changes in the therapy environment agreed upon with the student, as he has perception of light and figure, he was instructed to sit beside the patient, with the support of a table and facing the room window, in order to take advantage of natural lighting, that is, the organization of the room aimed to favor the use of the remaining senses as facilitators.

Before starting the appointments, the monitor showed in detail the room where the student would attend to him, which reinforces the relevance of her presence in the development of practical activities by the student with a disability. However, all the previous work carried out with the student by professionals hired by the university (such as the educational psychologist specialist in visual impairment, the student with training in Orientation and Mobility, as well as the institute’s qualification team) provided the student with the necessary concepts so that he could know and become familiar with different environments. Therefore, the monitor used this base to facilitate the presentation of



the care environment and to make the necessary changes to meet the goals of stuttering therapy.

For this, the monitor showed the location of available resources, such as the switch to turn on the light and the fan, the windows, the curtain, the air conditioning unit, the washbasin and its elements (soap dish, paper towel holder, alcohol gel, etc.). After the student got to know the environment, changes were made in the arrangement of the furniture in the care room in order to favor the student's approach to the patient and, thus, allow the student to identify the patient's bodily reactions.

Simulations were carried out for the perception of positioning and the presence of tension in the patient's body during care, for example. In these simulations, the monitor assumed the role of patient and asked the student to identify the presence of bodily tensions in her body, through touch, and to verify the movements of her body in the chair, through the sight of figures and hearing.

With regard to stuttering, this analysis of the patient's bodily reactions is directly related to the approach used in the care, as, according to Friedman^{23,26}, due to the constant search to "speak right", the subject seeks to control an activity of nature fluid, which generates bodily reactions, such as muscle tension, usually in the muscles of the orofacial and cervical region. Friedman²³, also reports that, in addition to bodily tensions, stuttering patients may present bodily movements associated with disfluencies, such as tapping their feet and/or fingers, making sudden head movements during the production of certain phonemes or syllables, or taking long breaths before producing a particular word that may be difficult, etc., which can be understood as "tricks" in an attempt to "speak better". Proprioceptive awareness of the breathing pattern and its adequacy are elements that facilitate the reduction of these bodily reactions²⁶.

As for the support for the implementation of therapeutic strategies developed by the student, it should be noted that all actions jointly promoted by the university, the coordination of undergraduate courses in Speech-Language Pathology and Audiology, the specialist professors in visual impairment, the supervisory professor of the practical class and the monitor, resulted in the facilitated access to an educational psychologist, a specialist in visual impairment, for the adaptation of teaching materials that are essential to the student's education.

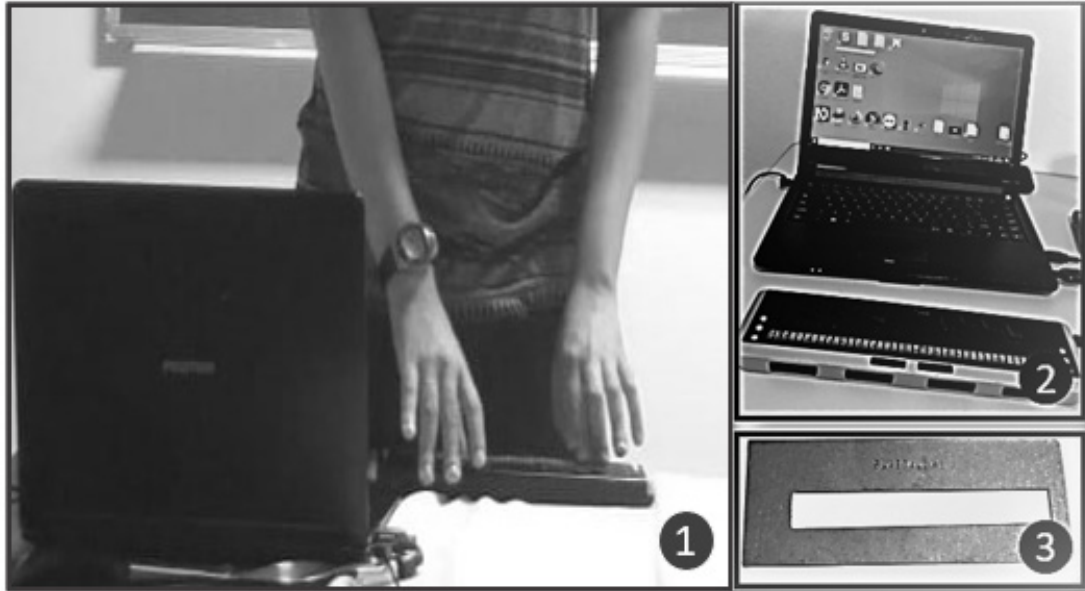
The book "Letters with a patient (co-author) - a process of therapy for stuttering" printed on the Braille system was one of the teaching materials adapted by the educational psychologist, to facilitate handling by the student and to be read with the patient, for the mentioned work, with the breathing pattern and articulatory awareness so relevant to the approach used. It should be noted that, despite the fact that it would have been possible to read the book using a computer, the patient could have the impression, albeit symbolic of a barrier between him and the student, who, at that moment, was acting and developing as a professional.

The book mentioned for reading was selected because it is an exchange of letters between the therapist (author) and her patient (co-author). The letters show the patient's doubts about the origin of stuttering and its mode of treatment, which are answered by the therapist with very accessible explanations. The use of this book in the consultations favored the patient's understanding of their own stuttering and provided an opportunity for reflective work on the meaning of stuttering in the patient's life and, consequently, opened up possibilities for the performance of the visually-impaired student as a therapist.

The team involved in the inclusion of the student in the practical class made adaptations to help him in issues such as evolution and signing of the patient's clinical record, as well as in the verbal description of images/videos provided by the other students, when presenting the cases they were attending. Image descriptions were often performed by colleagues during their presentations, and when the information was not enough, the monitor complemented it. This highlights that the inclusion of people with disabilities in higher education is not aimed only at a minority, but rather at the training of all students and future professionals, as the interaction between students, with and without disabilities, favors awareness of inclusion and diversity.

In turn, the patient's clinical record was filled in by the student himself, who wrote down the evolution of the appointments using a Braille display connected to a computer (Figure 1), which is a device that displays the characters in Braille and contains eight keys for typing, and that was a resource offered by the university. The files with the evolutions were printed, attached to the clinical record and signed by the student with a pen, using a





Legend: Sequence of three photos: 1- Photo of the student's hands touching the Braille display connected to a computer. 2- Photo of a notebook and a Braille display connected to it. 3- Picture of a rigid guide.

Figure 1. Photos illustrating the Braille display and the rigid guide.

rigid guide (Figure 1). A rigid guide is a metal plate with a slit inside, so that the person must place it on the line on which he/she is to sign.

It should also be noted that the monitor and the supervising professor did not enter the service room with the student, unless he asked. Thus, the student always discussed with the two before and after each appointment about the strategies he should take, as they did with the other students, so that dialogue and horizontal relationships were always valued. According to the student, this attitude favored his autonomy and independence in the appointments and contributed to increasing his self-confidence and strengthening his identity as a future therapist.

With all the support offered by the monitor and the supervising professor in this practical class, in particular, in addition to everything that was previously carried out by professors specializing in visual impairment and by the university for the effective inclusion of the student in the course, and given the therapeutic bond established, the student felt increasingly confident in caring for the patient. In the appointments, the student aimed to rescue the patient's image of a good speaker, recover his (patient) self-confidence in his own speech, in addition to demystifying some beliefs about stut-

tering, such as that there are some "words that are more difficult to articulate" than others, in which disfluency is reported.

The student's anxiety regarding his development as a therapist, as well as the patient's anxiety regarding stuttering could trigger countertransference feelings. However, both the supervising professor and the monitor had the knowledge and experience to provide the support that the student needed and to encourage in him the skill of containment that is so significant for the therapeutic work.

To achieve the therapeutic goals, articulatory awareness activities were carried out with the stuttering patient, through explanations about the articulation of the phonemes of the language brought by the aforementioned book, "Letters with a patient (co-author) - a process of therapy for stuttering"²⁶, aiming to emphasize to the patient that he was fully able to produce all the phonemes of the language. Fluency experience activities²³ were also carried out, which included reading texts in different prosodic patterns, in addition to play-acting activities between student and patient in different situations, such as teaching classes to different interlocutors, since the patient was a teacher.



The student recommended the patient to write a diary on his cell phone and send the student the conditions/circumstances and feelings related to the times he stuttered during the week, so that these notes could be discussed with the student in therapy. The therapy strategy also includes monthly group care with a patient with similar complaints, who was assisted by another student of the subject.

These group visits favored the strengthening of self-confidence of both patients, in their speeches in various daily situations. In addition to the benefits for patients, the group approach was essential for the development of cooperation and teamwork skills of the student, and also provided him with the exchange of knowledge and experiences with his classmates.

As both the supervising teacher and the monitor were trained in group work, they were able to help the student and his colleagues in the approaches they intended to use. Regarding therapeutic groups for the treatment of stuttering, Friedman and Passos²⁷ reported that the group setting subjects the participants to the dilemma of speaking or avoiding exposure, which brings up the issue of the “bad self-image as a speaker”, which corroborates the suffering of the patient in relation to his speech. To promote the patient’s self-image as a good speaker, the speech-language pathology therapy in group for stuttering “(...) allows participants to share the feeling of not being the only ones to experience this suffering in terms of their own experience. Thus, a pain-sharing bond is created from the beginning (...)” (p. 152)²⁷.

It should also be noted that the strategies described, in addition to creating a bond, promoted a good evolution of the case treated, so that, at the end of the first semester, the patient had very few observable manifestations of stuttering, such as blocks, prolongations, hesitations, etc.²³. Also, when he had such expressions, they didn’t make him uncomfortable, and he became less concerned with the way he spoke and more focused on the content of his speech.

In turn, the established therapeutic bond was observed in different ways, such as in a conversation between the patient and the supervising professor, in which the patient reported that he was “enjoying the appointments”. In addition, the patient reported at the beginning of the second semester that he was participating in a civil service competitive examination for the position of IT

teacher at federal universities, whose tests involved presenting a class to a panel on a certain topic. At the beginning of the sessions, the patient avoided, as much as possible, situations in which he had to speak in public. He only did it when necessary and would not look for opportunities. Therefore, this showed that he was no longer afraid of his stuttering and his exposure.

On one of these occasions related to the examination, the patient asked the student to draw up a document that made it clear that he was undergoing speech-language pathology therapy due to stuttering, in order to have support if he stuttered during the class. As requested, the document was prepared and delivered to the patient. However, the student explained to the patient that this document would not be important since he (patient) was not limited to stuttering and had sufficient professional skills. This dialogue was important, as the patient did not use the document and reported that he “spoke well” and felt safe and able to explain the content to the panel.

This evolution was only possible due to the self-confidence that the student obtained in his consultations, which reinforces the importance of the strategies used by the monitor, the supervisory teacher and other players, both for the education of the student and for the quality and resoluteness of the assistance provided to the patient. Given the evolution presented by the student and the patient, the therapeutic discharge process was carried out at the end of the school year.

Final Considerations

The relevance of the actions promoted by the university and carried out by professors specializing in visual impairment should be highlighted, as well as the fundamental participation of the supervisor and the monitor in the student’s development process in the treatment of stuttering cases and in the therapeutic success achieved. Therefore, it is necessary to emphasize the relevance of the HEIs being prepared to favor the access of people with disabilities to higher education.

As for his education in Speech-Language Pathology and Audiology in general, the student who is currently a Speech-Language Pathologist reports:

“It was not an easy process, but I believe there was a combination of a number of factors that helped me





to graduate. For example: I had many opportunities, as I always studied in private school, I am from a middle class family and my parents have always helped me a lot. So, my base was very good, since I was little. I don't even need to mention the university, which made a huge effort to include me. Naturally, there was a lot of difficulty, but the teachers, at least most of them, were ready to develop together and think about the best way to present the contents. I would also like to add to this report that it was only after entering the university that I started to demand more inclusion, you know? Before, in elementary school and high school, I didn't demand anything and accepted everything as it was. But now it seems that I learned to demand my rights more and even more after I had contact with the disability laws". (Report of the student)

The experience reported shows the joint effort of those involved and the benefits for everyone's personal and professional training. Finally, it should be reaffirmed that the inclusion of people with disabilities in higher education must be based on the development of the potential of each subject, ensuring their autonomy and independence, in accordance with the right to education and true participation, not only in the learning process, but also socially.

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