

Characterization of speech therapy in a group with children

Caracterização do atendimento fonoaudiológico em grupo com crianças

Caracterización de la terapia del habla en un grupo con niños

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Abstract

Introduction: Group speech-language pathology treatment began in the 1980s and generated greater demand after the introduction of Speech–Language Pathology in public health. As a privileged approach for allowing the follow-up of a greater number of people in less time, group care should be better known and discussed. **Objective:** To characterize group speech-language pathology treatment with children. **Method:** Integrative literature review, aiming to answer three questions: What is the rationale for recommending group care? What criteria define the formation of groups? And which theoretical model supports group care? The search was carried out on the CAPES Portal (Portal of Journals of the Coordination of Improvement of Higher Education Personnel), VHL (Virtual Health Library) and BDTD (Digital Library of Theses and Dissertations). **Results:** 437 studies were found on the subject and, after eliminating those that did not meet the inclusion and exclusion criteria, 11 publications were selected. The authors use the criterion of similarity of medical diagnosis, age, complaint and speech-language pathology assessment for the recommendation of group care. No objective reference was found on which condition of the child would be part of the group care and, therefore, the child’s participation could depend on the evaluation of the professional and their knowledge of the topic. Most of the studies analyzed adopt the social-interactionist approach to support and defend the effectiveness of group care. **Conclusion:** In the period studied, there was a decrease in the number of studies on group care and more studies are necessary for the criteria for the recommendation and formation of the groups to be formalized, discussed and shared. In addition, its mandatory articulation to the theoretical model used must be clarified.

Keywords: Speech, Language and Hearing Sciences; Group care; Therapeutic groups.

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Resumo

Introdução: O atendimento fonoaudiológico em grupo teve início na década de 80 e seu interesse foi ampliado a partir da entrada da Fonoaudiologia na saúde pública. Prática privilegiada por permitir o acompanhamento de um número maior de pessoas em menor tempo, o atendimento em grupo merece ser mais bem conhecido e discutido. **Objetivo:** Caracterizar o atendimento fonoaudiológico em grupo com crianças. **Método:** Revisão Integrativa da literatura, visando responder a três questões: Qual a justificativa para a indicação do atendimento em grupo? Quais critérios definem a formação dos grupos? Qual modelo teórico oferece sustentação ao atendimento em grupo? A busca foi realizada no portal de periódico CAPES (Portal de Periódicos da Coordenação de Aperfeiçoamento de Pessoal de Nível Superior), BVS (Biblioteca Virtual de Saúde) e BDTD (Biblioteca Digital de Teses e Dissertações). **Resultados:** Foram encontrados 437 trabalhos sobre o tema e, após eliminação daqueles que não correspondiam aos critérios de inclusão e exclusão, foram selecionadas 11 publicações. Para a indicação do atendimento em grupo, os autores utilizam o critério de similaridade de diagnóstico médico, idade, queixa e avaliação fonoaudiológica. Não há um critério objetivo de qual deva ser a condição da criança para que ela integre o atendimento em grupo, e sua inserção pode depender da avaliação do profissional responsável e de sua afinidade com o assunto. A maioria dos trabalhos analisados adota a vertente sociointeracionista para apoiar e defender a eficácia do atendimento em grupo. **Conclusão:** No período estudado, houve um decréscimo do interesse por estudos sobre o atendimento em grupo e mais estudos são necessários para que os critérios de indicação e formação dos grupos sejam formalizados, discutidos e compartilhados, e que sua articulação obrigatória ao modelo teórico utilizado seja esclarecida.

Palavras-chave: Fonoaudiologia; Atendimento em grupo; Grupos terapêuticos.

Resumen

Introducción La terapia del habla grupal comenzó en la década de 1980 y su interés se amplió a partir de la entrada de la terapia del habla en la salud pública. Práctica privilegiada porque permite el seguimiento de un mayor número de personas en un menor tiempo, la atención grupal merece ser mejor conocida y discutida. **Objetivo:** Caracterizar la logopedia en grupos con niños. **Método:** Revisión integradora de la literatura, con el objetivo de responder a tres preguntas: ¿Cuál es la justificación de la indicación de la atención grupal? ¿Qué criterios definen la formación de grupos? ¿Qué modelo teórico apoya la atención grupal? La búsqueda se realizó en el portal de la revista capes (Portal de la Revista de la Coordinación para el Perfeccionamiento del Personal de Educación Superior), BVS (Biblioteca Virtual en Salud) y BDTD (Biblioteca Digital de Tesis y Disertaciones). **Resultados:** Se encontraron 437 estudios sobre el tema y, tras la eliminación de aquellos que no cumplieran con los criterios de inclusión y exclusión, se seleccionaron 11 publicaciones. Para la indicación de la atención grupal, los autores utilizan el criterio de similitud del diagnóstico médico, la edad, la queja y la evaluación de la patología del habla y el lenguaje. No existe un criterio objetivo de cuál debe ser la condición del niño para que el niño integre la atención grupal, y su inserción puede depender de la evaluación del profesional responsable y su afinidad con el sujeto. La mayoría de los estudios analizados adoptan el aspecto socio-interaccionista para apoyar y defender la efectividad de la atención grupal. **Conclusión:** En el período estudiado, hubo una disminución en el interés por los estudios sobre la atención grupal y son necesarios más estudios para que los criterios de indicación y formación de los grupos sean formalizados, discutidos y compartidos, y que se aclare su articulación obligatoria al modelo teórico utilizado.

Palabras clave: Logopedia; Atención grupal; Grupos terapéuticos.

Introduction

Psychology was the first area to have studies on group care¹ aimed at solving the high demand of patients in the face of the limited number of trained professionals. As this practice expanded and researchers¹ noticed the importance of this type of care, a discussion began about its therapeutic effects and criteria for its formation and organization, way of functioning, target population, etc. Since then, the authors have been investigating and expanding this approach, especially in public health. In this context, group assistance in mental health programs was included in the Unified Health System (SUS) from the 1990s onwards².

Inspired by the initiative of the Psychology area, and pressured by similar demands, the Speech-Language Pathology and Audiology professionals started to carry out group consultations in the 1980s³. The public health system prioritizes this approach due to its practical and institutional benefits, as the technique allows providing care to a greater number of subjects in less time, reducing possible waiting times.

Studies in the field of Speech-Language Pathology and Audiology^{3,4} suggest that, due to the complexity of situations faced by the speech-language pathologist when conducting therapeutic groups, there is a need to deepen the theoretical and practical issues involved, such as sociocultural context, bonds, roles, composition, theoretical approach and its consequences.

Based on these premises, and aiming to outline the theoretical advances of studies in the field of Speech-Language Pathology and Audiology, this study aims to characterize the group speech-language pathology care with children over a decade, based on the Brazilian reality.

The term “group care”, which aims^{5,6} to eliminate or mitigate a symptom, will be used in this article to represent all the various other terms used in medical practice, such as group consultation, therapeutic group, group therapy group therapeutic approach, and group work. It should be noted that this type of care has peculiarities that allow its theoretical description and critical analysis.

Thus, this study intends to delineate the specificity of group care in Speech-Language Pathology and Audiology, based on the speech-language pathology symptom and the demand for care, whether in the field of oral and written language or in the

field of speech and voice, in order to support the reflections and choices of speech-language pathologists regarding the reasons, situations and methods to recommend and set up therapeutic groups.

This topic is quite broad and necessary, since it characterizes an important segment of the speech-language pathology clinic with children in the country⁷. The authors hope that this study will encourage new researchers to make efforts to identify gaps in investigations and advance research.

Method

This is a cross-sectional and retrospective study conducted as an Integrative Literature Review, carried out from 2010 to 2020, which does not require a technical opinion from the Research Ethics Committee. It should be noted that although, at first, the authors decided to search for the most recent literature published in the last five years, given the low volume of publications, they decided to investigate the last 10 years, in a decision that proved to be more productive.

The following guiding questions were formulated in order to characterize group speech-language pathology care with children in Brazil: “What is the rationale for recommending group care?”; “What criteria define the formation of groups?”; and “Which theoretical model supports group care?”.

The search was performed on the CAPES journal portal (Periodic Portal of the Coordination of Improvement of Higher Education Personnel) and VHL (Virtual Health Library). This choice was based on a preliminary research using only one database, whose results could generate answers to the review questions. However, it was necessary to expand this search by accessing the BDTD (Digital Library of Theses and Dissertations) database. In this context, 8 articles were found in the portals of CAPES and VHL journals and two dissertations and a thesis were found in the search at the BDTD database.

The inclusion criteria were as follows: (i) Articles, theses and dissertations; (ii) Written in Brazilian Portuguese, or pt-BR; (iii) That addressed group care with children; (iv) Which were published from 2010 to 2020; and (v) Whose full texts were available in digital form. In turn, the exclusion criteria were as follows: (i) Reviews; (ii) Critiques; and (iii) Editorials.

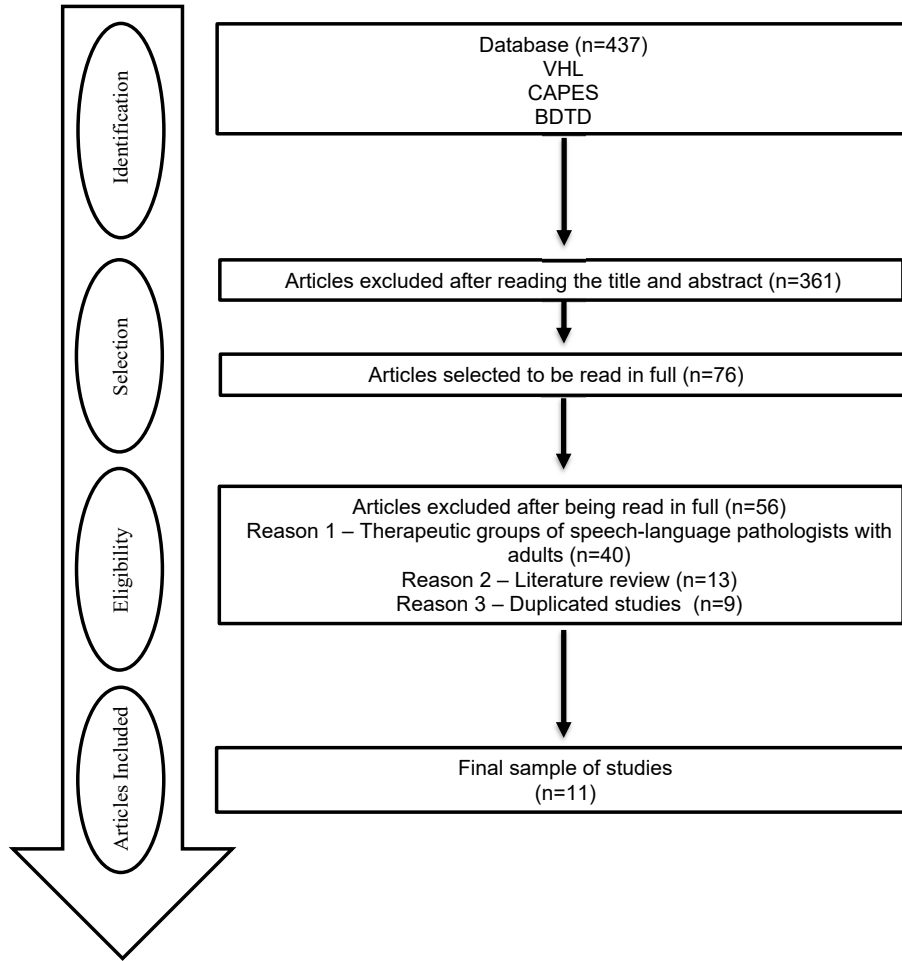


Figure 1. Flowchart of the studies selected for the review

The following Health Sciences descriptors (DeCs) were used (in Brazilian Portuguese) to search the literature: “Speech-Language Pathology and Group Processes”, “Speech-Language Pathology and Group Practice”, “Speech-Language Pathology Therapy and Group Processes” and “Speech-Language Pathology Therapy and Group Practice”. Only five publications were retrieved (Chart 1) by combining two elements (e/and/y), thus resulting in an insufficient number of publications to meet the requirements of the integrative review. Thus, the alternative was to expand the search with the use of keywords, whose choice was defined by the frequency of use in studies on the topic. The keywords “Speech-Language Pathology Therapy” and “Therapeutic Groups” resulted in six publications (Chart 2) which, added to the search results with the descriptors, were considered suf-

ficient material to be analyzed and organized for the research.

Then, the selected publications were read in full to answer the guiding questions. In addition, the following data from the publications were collected and analyzed: author(s), year of publication, type of research, theoretical approach, journal and answers to the guiding questions.

In total, 437 publications were found using the descriptors and keywords determined. However, 361 of these studies did not address group speech-language pathology care and, as such, were removed. After this selection, 76 publications remained, of which 40 addressed group speech-language pathology care with adults, 13 were literature reviews, nine studies were duplicates and three were editorials. Finally, only 11 studies were selected for investigation.

Chart 1. Publications selected from the descriptors

No.	Year	Author	Journal	Title	Database
1	2010	GRANDIN, A. B.	Dissertation (Master's Degree in Health, Interdisciplinary and Rehabilitation). Campinas: Universidade Estadual de Campinas, 2010	Aspectos do desenvolvimento da linguagem de um grupo de crianças com síndrome de Down em contexto terapêutico grupal	BDTD
2	2013	RIBEIRO V. V. et al.	Rev. Dist Comum. 2013; 25(1):81-90	Percepção dos pais sobre a qualidade de vida em voz e evolução clínica de crianças disfônicas pré e pós-terapia fonoaudiológica em grupo.	CAPES
3	2013	MARTINS, M. R. I.; FECURI, M. A. B.; ARROYO, M. A.; PARISI, M.	Rev. CEFAC. 2013; 15(2):361-365	Avaliação das habilidades funcionais e de autocuidado de indivíduos com síndrome de Down pertencentes a uma oficina terapêutica	CAPES
4	2015	SANTANA, A. P.; SIGNOR, R. C. F	Rev. CEFAC. 2015; 12(2):337-345	Grupo para sujeitos com queixas de dificuldades de leitura e escrita: aspectos teóricos-metodológicos	CAPES
5	2016	ZERBETO, A. B.; BATISTA, C. G.	Ciênc. saúde coletiva. 2016; 21(1):203-212	Abordagem grupal para avaliação de alterações de linguagem em crianças pequenas	CAPES

Chart 2. Publications selected from keywords

No.	Year	Author	Journal	Title	Database
1	2010	SCHNEIDER, A. C. B.; SOUZA, A. P. R. DE, DEUSCHLE, V. P.	Rev. CEFAC. 2010; 12(2):337-345	Intervenção fonoaudiológica com gêneros textuais em um grupo de escolares.	CAPES
2	2010	SIGNOR, R. C. F.	Dissertation (Master's Degree in Linguistics, Center for Communication and Expression). Florianópolis: Universidade Federal de Santa Catarina	Os gêneros do discurso como referenciais para a atuação fonoaudiológica: um estudo de caso	BDTD
3	2011	FRIEDMAN S; LOPES, J. C.; RIBEIRO, M. G.	Rev. Dist Comun. 2011; 23(1):59-70	O vínculo no trabalho terapêutico-fonoaudiológico com grupos	VHL
4	2013	ZAMBOTTI, N.; SOUZA, L. A. P.	Rev. CEFAC. 2013; 15(1):188-195	Trabalho fonoaudiológico em oficina de cozinha em um caso de Prader-Willi	CAPES
5	2013	RIBEIRO V. V. et al	Rev. CEFAC. 2012; 15(2):485-494	Avaliação vocal de crianças disfônicas pré e pós-intervenção fonoaudiológica em grupo: estudo de caso	CAPES
6	2015	MONTICELLI, G. S. C.	Thesis (Doctoral Degree in Medical Sciences). Campinas: Universidade Estadual de Campinas, 2015	O brincar e a aquisição de linguagem de crianças com autismo: possibilidades do processo terapêutico-fonoaudiológico	BDTD

Chart 3. Publications selected from the research

No	Year	Author	Journal	Title	Database
1	2010	SCHNEIDER, A. C. B.; SOUZA, A. P. R. DE, DEUSCHLE, V. P.	Rev. CEFAC, 2010; 12(2):337-345	Intervenção fonoaudiológica com gêneros textuais em um grupo de escolares	CAPES
2	2010	GRANDIN, A. B.	Dissertation (Master's Degree in Health, Interdisciplinary and Rehabilitation). Campinas: Universidade Estadual de Campinas, 2010	Aspectos do desenvolvimento da linguagem de um grupo de crianças com síndrome de Down em contexto terapêutico grupal	BDTD
3	2010	SIGNOR, R. C. F.	Dissertation (Master's Degree in Linguistics, Center for Communication and Expression). Florianópolis: Universidade Federal de Santa Catarina, 2010	Os gêneros do discurso como referenciais para a atuação fonoaudiológica: um estudo de caso	BDTD
4	2011	FRIEDMAN S; LOPES, J. C.; RIBEIRO, M. G.	Rev. Dist Comun. 2011; 23(1):59-70	O vínculo no trabalho terapêutico-fonoaudiológico com grupos	VHL
5	2013	RIBEIRO V. V. et al.	Rev. CEFAC, 2012; 15(2):485-494	Avaliação vocal de crianças disfônicas pré e pós-intervenção fonoaudiológica em grupo: estudo de caso	CAPES
6	2013	ZAMBOTTI, N.; SOUZA, L. A. P.	Rev. CEFAC, 2013; 15(1):188-195	Trabalho fonoaudiológico em oficina de cozinha em um caso de Prader-Willi	CAPES
7	2013	MARTINS, M. R. I.; FECURI, M. A. B.; ARROYO, M. A.; PARISI, M. T.	Rev. CEFAC, 2013; 15(2):361-365	Avaliação das habilidades funcionais e de autocuidado de indivíduos com síndrome de Down pertencentes a uma oficina terapêutica	CAPES
8	2013	RIBEIRO V. V. et al.	Rev. Dist Comun. 2013; 25(1):81-90	Percepção dos pais sobre a qualidade de vida em voz e evolução clínica de crianças disfônicas pré e pós-terapia fonoaudiológica em grupo	CAPES
9	2015	SANTANA, A. P.; SIGNOR, R. C. F.	Rev. CEFAC, 2015; 12(2):337-345	Grupo para sujeitos com queixas de dificuldades de leitura e escrita: aspectos teóricos-metodológicos	CAPES
10	2015	MONTICELLI, G. S. C.	Thesis (Doctoral Degree in Medical Sciences). Campinas: Universidade Estadual de Campinas, 2015	O brincar e a aquisição de linguagem de crianças autistas: possibilidade do processo terapêutico	BDTD
11	2016	ZERBETO, A. B.; BATISTA, C. G.	Ciênc. saúde coletiva. 2016; 21(1):203-212.	Abordagem grupal para avaliação de alterações de linguagem em crianças pequenas	CAPES

Results

Most (n=8) of the selected publications are qualitative in nature⁸⁻¹⁵. The age group of children included in the studies ranged from 1:9 to 13 years, with different complaints/diagnoses.

It is possible to observe that most of the studies^{8,11-13,15-18} was published between 2010 and 2013, and that there was a gradual decrease in the number

of studies after 2013. In addition, no studies were found in the period between 2016 and 2019.

The explanation for the recommendation of a group care is based on the opportunity, among children, of interaction, relationship, exchange of experiences, formation of intersubjective bonds, formation of social and transference bonds, increase of autonomy and increase of creative potential.

These studies were developed in institutions linked to Speech-Language Pathology and Audiology courses, philanthropic institutions and Public Health Units. In addition to the diagnosis and complaints, the authors formed the groups taking into account the data from interviews with guardians and the individual assessment of the children.

In this sense, studies have reported that a child can be part of the group using the following sentences: “They were able to be in the group”⁸; “Individual care is optional, and depends on an assessment of the user’s need”⁹; and ““In addition to having the same complaints of language delays and autism diagnosis, they were in the same age group and accepted social contact with other children”¹⁰. This shows that there was no objective reference on which condition of the child would be part of the group care and, therefore, the child’s participation could depend on the evaluation of the professional and their knowledge of the topic.

The criteria of the same medical diagnosis and age are used to recommend group care, such as Down Syndrome^{9,16}, Autistic Spectrum Syndrome¹⁰, organic-functional dysphonia^{19,20}, based on the complaint, age and evaluation. The largest number of publications^{8-13,15} found involves the area of language, oral and written, which is in line with a previous review⁴.

With regard to this study, the synthesis of its content is based on the answers to the guiding questions of this review, namely: a) Reason for group care; b) Criteria for forming the therapeutic group; and c) Theoretical model that supports group care. Thus, the results presented in chronological order aim to answer the initial questions.

In 2010, three studies^{9,12,13} were published among the studies found: the first⁹ study explains that group care for children with Down syndrome is carried out in order to allow different modes of action and interaction to be shared. In addition, the author emphasizes that the group dynamics constitutes a “therapeutic space” that makes interaction possible.

The author of this study adopts the “historical-cultural perspective” as a theoretical framework, which understands development as a process constituted in social relations and values procedural analysis, especially with regard to favorable moments for language acquisition. The conduction of thematic projects with the groups is applied

as a methodological way, as it allows combining knowledge with context.

After analyzing the dialogic position of the group and the therapist, the author reports that no pattern was found for the assessment of children’s linguistic development, since they have different language skills and that one child can influence another, even if the group play is not fully shared. The author also emphasizes that it was possible to observe the effects of adult speech on children’s speech.

In turn, the author of the second study¹² reports that the group intervention was selected due to the opportunity for intersubjective experiences that promote the discussion of common factors among children with school complaints, such as rejection and little interest in writing and reading. Group care also responds to the objective demand in language construction and changes related to formal aspects of writing.

Thus, through the analysis of textual levels of productions written by children, before and after group care, the author reports the qualitative and quantitative changes found in formal aspects of writing, such as cohesion, organization, and spelling. The selection of children to participate in the therapeutic group is based on age criteria, complaints and similarities in performance based on the evaluations performed (textual conditions and neuropsychological aspects).

Finally, the third study¹³ selected and published in 2010 is a dissertation that aims to analyze the process of appropriation and reconstruction of the most significant relationship with the written language of children aged 11 to 13 years. The author used the dialogical conception of language through the technique of speech genres. The author concludes that the therapeutic proposal with the speech genres is viable, since it motivates the discussion between the members of the group, promoting the commitment of the subjects with the practices of reading and writing. In this way, the approach provides advances in their possibilities, as readers and producers of texts/authors, with evolutions in formal, textual and discursive aspects.

In an article published⁸ in 2011, the authors explain the decision to use group care since, in this context, a child is able to influence the other in a more interactive context, making the speech-language pathologist work on language mediation. The participating children were selected through

screening and speech-language pathology interviews. Afterwards, two heterogeneous groups were set up based on the children's complaints (problems in oral and written language). The authors report that "[...] all children were able to participate in a productive way in group care", but they do not clarify the conditions that would make children capable of doing so. Finally, the authors conclude that the process of creating bonds, as well as the roles assumed by the members and the sharing of individual experiences, demands and personal suffering, made the group become a vital project, motivating the children for speech-language pathology therapy and improving their school performance.

When moving to 2013, four^{14,16-18} published studies related to this topic were found. One of these studies¹⁶ promoted an interdisciplinary therapeutic workshop involving children with Down syndrome and the group intervention was decided due to the possibility of interaction, socialization, expression and social insertion. Although the participating children had the same diagnosis, the study does not clarify the theories that supported this clinical practice, nor the criteria used to set up the group. As a result, the authors reported that there were statistical differences in the profile of social skills before and after the therapeutic group.

In two^{17,18} other articles focused on the voice area, the group speech-language pathology worked on aspects of health promotion, building concepts, self-care and health education. After the vocal assessment, the children were grouped according to diagnosis and functional or organic-functional dysphonia, excluding other conditions. At first, the study does not detail the theory or theoretical perspective that based the practice in conducting group therapy sessions.

The authors report that the care group contributed to the treatment of children with voice disorders, achieving results in the auditory-perceptual and acoustic analysis, such as qualitative changes in relation to the improvement of voice use, reduction of vocal abuse and partial quantitative changes. Thus, the changes would be a result mainly of the new conception of vocal health, which was favored by the space for exchanges provided by group care.

In this case, the use of the group in the treatment of childhood dysphonia was considered positive, as it modified behavioral symptoms related to voice use and improved aspects observed in the

qualitative analysis of the voices of the participating children.

In turn, in the only study¹⁴ that included oral and language issues, the authors promoted a cooking workshop and analyzed the effects of group care in the case of a girl with Prader-Willi syndrome, with eating and language complaints. Based on speech-language pathology and psychoanalysis literature, the study addressed the concept of the inseparability between body and mind, organic and psychic, and found that interventions in the physical body provide material and sensorimotor experiences that are the basis of the psyche.

The authors explained that they decided for group care because they believed that participating in different feeding rituals from those existing in their family would improve knowledge of the oral region, in addition to promoting greater autonomy and providing interactional and dialogic exchanges, developing their sociability.

After nine months, the child showed changes in functional communication and language skills, with improved understanding of verbal commands and the entire food situation, such as handling utensils and the way to prepare food and the diet to be followed.

Following a social-interactionist approach, there was a qualitative research¹¹ carried out in 2015 that analyzed children who had written language problems. The authors explain that they decided to form the group due to the wide possibility of exchanging experiences and the triggering of a feeling of belonging to a circle made up of participants with the same difficulties and anxieties. The formation of the group was based on the pre-treatment assessment that verified the literacy conditions of each participant, and the need for individual sessions, for example. According to the authors, the group adapted well to the speech-language pathology demand and achieved objective results, such as the discharge of three children.

In another thesis¹⁰, based on the interactionist perspective, the author created a group of children with global development delay, diagnosed as autistic, and with language and relationship difficulties. However, as the children had the possibility of accepting social contact, the playful activity was used to provide situations and spontaneous events between them. The author believes that the social meanings shared in the human process are transformed into meanings from a subjective process.

Therefore, the author believes that subjectivity is not given, but is formed from the social and historical relationships of the individual.

In the interaction with their peers and the therapist, the children developed playful activities, eye contact and communicative intention, in addition to non-verbal (gestures) and verbal (words and short sentences) language. The transcript of the sessions shows that there are few episodes in which a child addressed another child or allowed an interaction by their peers.

It seems relevant to suppose that the progress reported may have been optimized during the sessions more by the relationship with the therapist, since the children had a need for meaning and interpretation from another person who linked them with language, which was not offered by their peers.

Another study¹⁵, published in 2016, proposed a qualitative group assessment of young children with language problems. Based on the interactionist conception of language, participants were selected through interviews with guardians, and according to medical diagnoses and complaints, which indicates certain diversity in the formation of the group. The assessment sessions were carried out in groups of three children, one of which was composed of children without complaints or language problems.

The author analyzed the sessions through transcriptions of significant episodes and notes on the oral production of each child. The longitudinal observation of the groups showed the creation of bonds between the children and the researcher. In the final sessions, it was possible to notice a greater complexity in the language functions, which can be explained by the familiarization and bonds established.

Discussion

Since the number of publications on the topic has decreased over time, until there have been no publications in the last four years, which is in line with the literature review⁵ that reported the same fact, it seems that the topic “Group Care for Children” does not generate much interest from researchers today. However, the authors and professionals working in this area are surprised by this decrease in publications related to the topic, as they understand that “[...] being in the development phase, children are a large part of the demand for

the Speech-Language Pathology and Audiology clinic”²⁵.

In addition, the review⁵ also reports that there are only seven studies involving children carried out from 2005 to 2010, which results in an average of 1.4 studies per year. However, this study includes 11 articles (including theses, dissertations and articles) in 10 years, which further reduces the annual average of publications. If this calculation includes only articles, the average decreases to 0.8 publication/year, which reinforces that, despite being a widely used practice in speech-language pathology and audiology, there is little interest from authors in the topic.

Regardless of the theoretical line of each study, the selected studies explained the rationale (which is the first guiding question) of the formation of the groups because the authors believe that the dialogic and/or social interaction between children affects/removes their symptoms. However, it is essential to clarify the definition of interaction at this point.

The social-interactionist approach was the theoretical approach adopted by most studies (which is the third guiding question). The social-interactionist approach describes that there are meaningful social exchanges in the interaction, in which participants exchange messages and communicate. As conversation is understood as an exchange of information in this approach, language is understood as an instrument of communication. In this sense, the therapist’s attention would turn to moments of conversation, social exchanges between subjects and changes in the learned language. Furthermore, the approach defines that language is structured, classified and captured in semantic, syntactic and phonological systems.

However, interactionists^{19,20} believe that the interaction is the conversation, founding force of language, developed by the participants. In this context, speech will always depend on the other person’s interpretation and there is no classification system, as the children’s locutions will be analyzed in the conversation itself, which means that dialogic movements are evaluated. The child is captured by language and affected by the effects of language and, as the analysis focuses on the dialogic exchanges of children, it is noticed that they go through stages that are milestones in which they can find themselves and that were described previously²¹.



There is a consensus in the interactionist studies that the moments of interaction between children, and between them and the adult, in the therapeutic group are essential for understanding the process of language acquisition and symptom modification^{9,15}. In the case of older children with written language complaints, many authors^{8,11,12,13} also highlight the role of interaction in the therapeutic group.

In summary, the articles analyzed in this study highlight the role of social and/or dialogic interaction as a modifying factor of the speech-language pathology symptom. Thus, to ensure effective care in the speech-language pathology clinic for children who suffer from issues related to oral and written language, speech and voice, it is essential to include social interaction. This is because children's stories are articulated by their speeches, by the speeches of their parents and by their symptoms.

Given that the effects of interaction between participants in group care are the main driver for their formation, the second guiding question of this study is: What criteria define the formation of groups? In other words, how to establish criteria for setting up groups that promote change and are therapeutic?

A study¹⁰ carried out with young autistic children reported that they were little affected by the presence of their peers and, as such, the grouping was not productive and did not generate interaction between the participants. The changes observed in the children's language profile occurred mainly as a result of their interaction with the professional, which corroborates the recommendation that, initially, these children should be treated individually.

This explains the reference to research that reports that the child, in the first position of the language acquisition process, depends on the meaning provided by other people. In this context, the adult is the one who generates meaning to their gestures, providing an interpretation for their actions. Consequently, it seems that the group speech-language pathology care should start after this first moment of the construction of subjectivity with a significant other (mother, caregiver and/or speech-language pathologist) who takes the child as a subject, and that this person can also allow to be interpreted in some way, gesturally or verbally. In this sense, the interactive pair will interpret the child due to the understanding that there is a subject that can already be interpreted.

Thus, the child's analysis begins to address the other person who is the interactive pair in this interaction. Thus, it is understood that this subject was previously constituted as the child's mother (or father, or other caregiver) and offers their own analysis and gesture to the other (the third party). For this reason, it is understood that the child can already be part of a group and have an assigned meaning, being able to ask and request, look and be looked at, smile at the interlocutor, like or dislike, show pleasure and displeasure.

It should be noted that children with greater difficulties in accepting sounds, touches and movements or very restless children require greater care when introducing them into therapeutic groups, as they can become very uncomfortable, be more short of breath and even aggressive. Care for this population needs to be more controlled and calm and, often, should not occur in groups. This assessment must be carried out by the speech-language pathologist in an individualized and careful way, avoiding wrong "groupings".

In the case of children who do not have the aforementioned problems, with a lot of interactional difficulty and aversion to visual, tactile and synesthetic stimuli, the group may be recommended at the beginning of the therapeutic process.

By observing a child in a group, the therapist can see if the child can be affected by peers and by which peers. Thus, based on this analysis, it is possible to develop information about the child's complaint, demand and considerations to decide whether or not the group can be effective for the child.

Therefore, a way to support the recommendation of group speech-language pathology care may be considering both the interview and speech-language pathology assessment, as suggested by most of the authors, as well as a period of observation of the child interacting in larger groups. In this way, it would be possible to evaluate the interaction between the children and relocate them according to this criterion, understanding that the interaction has effects of displacement of the subjective and speech position. It is worth mentioning a study¹⁰ that promoted a longitudinal observation of the groups and found the creation of bonds between the children and the researcher, in addition to greater complexity in the language functions.

In addition, it is noteworthy that the research⁹ carried out among children with Down syndrome,



including a homogeneous group by diagnosis and age, showed that language cannot be defined only by stigma. Although the participants had the condition in common, each child had a subjective position and, as a speaker, had different speech productions: some of them were able to speak sentences, while others used words and others communicated only by gestures and expressions. Therefore, as there was heterogeneity in speech, children could be affected by having subjective positions that consider the other as someone responsible for opening up possibilities for interaction and changes.

This explains the statement that, although this study has tried to group children by criteria of similarity or homogeneity, in this case Down syndrome, it is difficult to verify this similarity in linguistic-discursive issues, since each child presents a form of communication and that this diversity can contribute to the therapeutic group.

In this regard, some authors in the field of psychology^{6,7} recommend that the grouping of individuals should aim at a complementarity of roles, aiming at greater integration and improved communication, and avoiding unexpected social exclusion.

In groups^{8,11,12,13} in which written language was the focus of therapy, the speech-language pathology generated chains of interaction, conversations and group reflections on objective issues of written language (such as spelling, syntax, and textuality), in addition to dialogic exchanges related to subjective issues of their positions as learners. All authors reported that this type of intervention can promote effects both on subjective issues of children's relationship with written language, such as a reduction in rejection of reading and writing, improvement in the relationship with colleagues from the improvement of the ability to argue and negotiate, emergence of feelings of belonging, resignification of feelings of worthlessness, shyness and denial of language symptoms, as well as in writing itself.

These researchers also describe the effects on language appropriation promoted by group speech-language pathology care, such as the increase in self-corrections, greater text complexity, improved writing and spatial distribution on paper, and improved spelling and syntax.

Most studies in the area of written language adopt strategies and suggest practices mediated by conversation, aiming to observe significant uses of written language for group members. In these

groups, the speech-language pathologist mediates reading and writing practices, providing a greater relationship between the participants and thus promoting a change in the subjects' position.

Given the social aspect in the acquisition of reading and writing, in addition to the high incidence of subjective problems linked to symptoms in writing, all authors agree on the effectiveness of group care. In this sense, the authors understand that, when children are together, they are able to reformulate their stories, their difficulties and rise as subjects more willing to learn. Difficulties in written language, which initially are called disorders, were transformed and started to be identified as part of the learning process. In addition, it was possible to notice that the children had difficulties related to their history as students, with problems adapting to pedagogical methods, the little literate experience with their families and their own subjective and social adversities.

This concept of clinic treating the relationship between the subjects and their language symptom should focus on the patients, and not just on the patients' disease, favoring subjectivity to promote changes. If focused only on pathology, a speech-language pathologist would focus on auditory and/or graph-motor "exercises" that interpose and distance them from the patient as a subject²¹. Therefore, listening to patients about what they believe to be their vocal, speech or writing symptom, how it was developed and how it can be solved can start the much-desired change in therapy of "[...] the rise of a shared vital project"⁸.

It is noted that the possibility of group intervention is essentially based on the possibility of interaction and intersubjective bonding, and its potential effects on the speeches. It is not a matter of disregarding the specificities of each area of speech-language pathology, or for what reason each group was formed, but a matter of understanding that language should have a privileged space in the clinic of oral and written language, voice or oral motricity. Welcoming and listening to the symptom is part of the treatment.

However, it seems that, given the heterogeneity of each group, there is, in a way, an uncountable possibility of results. So, what can one child offer to another child? What listening did the child provide to their partner in the interaction? What did the child do that could result in a reaction from their partner? What interpretation did the child offer to

the partner in the interaction? What is so structuring about this approach? There are many questions that can only be answered if analyzed in a unique way, linked to the text and context.

Therefore, it is believed that more studies focused on speech analysis may raise important questions about the effectiveness of speech-language pathologist interpretations and interpretations of dialogic pairs in therapeutic groups.

Conclusion

The literature review carried out in this article showed that group care for children is performed by speech therapists in clinical practice because the dialogic and/or social interaction between children affects/removes their symptoms.

The criterion of the same medical diagnosis and age, by the identity of the complaint and evaluation is used in order to recommend group care.

Most of the studies found are of a qualitative nature and the social-interactionist approach was adopted by most studies.

Despite all the studies recommending the therapeutic group as a good practice for the speech-language pathology clinic of children, the number of studies has been decreasing significantly in recent years.

Due to the limited number of publications found by this research, which probably does not represent the total production of the area, there is a need for more research focused on other issues and in other databases, which could enrich the scientific activity and the speech-language pathology and audiology clinic in Brazil.

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