


The dialogue between the school and the speech therapy clinic in the case of a child with Autistic Spectrum Disorder (ASD)

O diálogo entre a escola e a clínica fonoaudiológica no caso de uma criança com Transtorno do Espectro Autístico (TEA)

El diálogo entre la escuela y la clínica de logopedia en el caso de un niño con Trastorno del Espectro Autista (TEA)

*Elaine Cristina de Oliveira** 

*Hanna Moitinho Freire Queiroz da Silva*** 

*Marcus Vinicius Borges Oliveira** 

Abstract

The child diagnosed with ASD, in general, in addition to being in regular education, is welcomed in specialized service centers and clinics. These spaces are important for the development of the child and a closer partnership with the school enhances both the practices that take place in the school and in the clinic. Considering the importance of dialogue between the speech therapy clinic and the school, the following objectives were established: to analyze whether there was dialogue between the speech therapy clinic and the school throughout the therapeutic process of a child diagnosed with ASD and, also, the implications of this dialogue for the process of inclusion of the subject in regular education. This is a qualitative, descriptive and cross-sectional study. It was carried out from the study of the clinical and

* Universidade Federal da Bahia, Salvador, BA, Brazil.

** Despertar Espaço de Saúde Integrada.

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HMFQS and MVB: design and outline of the study, data collection, analysis and interpretation of data and writing of the article

E-mail for correspondence: Elaine Cristina de Oliveira- elaineoliveira1009@gmail.com

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school history of a female child, with a medical diagnosis of Autistic Spectrum Disorder (ASD). Data production was carried out from the analysis of medical records and semi-structured interviews with social actors and actresses who lived and participated directly in the child's schooling process. Data analysis showed that the contact between the clinic and the school was made possible especially by the child's mother, especially within the clinic. However, a dialogue that actually contributes to the inclusion process is a practice yet to be mutually constructed.

Keywords: Autism Spectrum Disorder; Education Mainstreaming; Language Therapy.

Resumo

A criança com diagnóstico do TEA, de modo geral, além de estar no ensino regular é acolhida em centros e clínicas de serviços especializados. Esses espaços são importantes para o desenvolvimento da criança e uma parceria mais próxima com a escola potencializa tanto as práticas que se dão na escola quanto na clínica. Considerando a importância do diálogo entre a clínica fonoaudiológica e a escola foram estabelecidos os seguintes objetivos: analisar se houve diálogo entre a clínica fonoaudiológica e a escola ao longo do processo terapêutico de uma criança diagnosticada com TEA e, ainda, as implicações deste diálogo para o processo de inclusão do sujeito no ensino regular. Trata-se de um estudo qualitativo, descritivo e de corte transversal. Foi realizado a partir do estudo da história clínica e escolar de uma criança do sexo feminino, com diagnóstico médico do Transtorno do Espectro Autista (TEA). A produção de dados foi realizada a partir da análise do prontuário e entrevistas semiestruturadas com os atores e atrizes sociais que conviveram e participaram diretamente no processo de escolarização da criança. A análise dos dados apontou que o contato entre a clínica e a escola foi possibilitado especialmente pela mãe da criança, especialmente no espaço da clínica. No entanto, um diálogo que de fato contribua para o processo de inclusão é uma prática ainda a ser mutuamente construída.

Palavras-chave: Transtorno de Espectro Autista; Inclusão Escolar; Terapia da Linguagem.

Resumen

El niño diagnosticado con TEA, en general, además de estar en la educación regular, es acogido en centros y clínicas de atención especializada. Estos espacios son importantes para el desarrollo del niño y una colaboración más estrecha con la escuela mejora tanto las prácticas que tienen lugar en la escuela como en la clínica. Considerando la importancia del diálogo entre la clínica de logopedia y la escuela, se establecieron los siguientes objetivos: analizar si hubo diálogo entre la clínica de logopedia y la escuela a lo largo del proceso terapéutico de un niño diagnosticado con TEA y, también, las implicaciones de este diálogo para el proceso de inclusión del sujeto en la educación regular. Se trata de un estudio cualitativo, descriptivo y transversal. Se realizó a partir del estudio de la historia clínica y escolar de una niña, con diagnóstico médico de Trastorno del Espectro Autista (TEA). La producción de datos se realizó a partir del análisis de historias clínicas y entrevistas semiestruturadas a actores y actrices sociales que vivieron y participaron directamente del proceso de escolarización del niño. El análisis de los datos mostró que el contacto entre la clínica y la escuela fue posible especialmente por la madre del niño, especialmente dentro de la clínica. Sin embargo, un diálogo que realmente contribuya al proceso de inclusión es una práctica aún por construir entre todos.

Palabras clave: Trastorno del Espectro Autista; Integración Escolar; Terapia del Lenguaje.



Introduction

A historical recapitulation of education in Brazil provides elements to comprehend the educational model which has been built in the country, specially concerning the education of people with the diagnosis of Autistic Spectrum Disorder (ASD). In Brazil, the concept of Inclusive Education has been severely characterized by the idea of Special Education and of students' behavior control¹. However, it is possible to observe “a distance between the educational system real need and the teaching and good texts which guide the inclusive education policy” (p.11)².

The process of going deeper into the discussions about the access to school to all students happened around 1990 with the elaboration of the World Declaration on Education is for Everyone³. The document claims that “even though there is effort to assure education for everyone, different problems of accessing, staying, and education quality still persist all around the world” (p. 87)⁴. In spite of all these problems, it is an extremely important document, because it highlights education as a fundamental right and states the commitment of various countries to the advance of the established goals and to the learning as a whole that contributes to diversity⁴.

New paths began to be explored starting from this declaration and, in 1994, the creation of the Salamanca Declaration sustained the idea that differences are part of humanity and, because of that, it should not be used in order to classify, diagnose or exclude subjects⁴. Thus, a commitment was made to education for all as a fundamental right.

In 2008, the government decree no. 6.571⁵ ended the public funding of segregated special education, changing the Law of Guidelines and Bases for Education (Law No. 9.394 from December 20, 1996)⁶, which made compulsory the enrollment of school-aged people with deficiency in the regular education network. Thus, Brazilian schools – especially public ones – underwent a radical change: they were forced to accept, into their student body, students with any type of disability, global developmental disorder and students with high abilities. The National Policy on Special Education in Inclusive Education strengthened the discussions on inclusion and brought to the educational scene the offer of Specialized Educational Assistance (SEA), a field of interdisciplinary

practices that evokes its knowledge from special education. The SEA contributes to the promotion of inclusion in the school space as it fulfills the role of supplementation and/or complementation, enhancing autonomy and eliminating barriers to the full participation of the target public of special education inside school or outside it.

However, it is known that legislation alone is not enough to guarantee inclusive practice in schools, which, historically, have developed a routine that can be called exclusionary and based on diagnoses⁷. A reflection of that is the effectiveness difficulties to the Law Berenice Piana, No. 12.764 from December 27, 2012 – in which the person with Autistic Spectrum Disorder (ASD) is considered a person with a disability for all legal purposes – and its history of vetoes suffered.

In general, the child diagnosed with ASD, in addition to being in regular education, is welcomed in specialized services such as Psychosocial Care Centers (PCCs), specialized centers for the rehabilitation of autistic children, and specialized service clinics (Psychology, Speech Therapy, Psychopedagogy, Occupational Therapy, among others). These are important spaces for the development of the child and that could enhance their practices by establishing a closer partnership with the school. The importance of the dialogue between the speech therapy clinic and the school favored the emergence of the following research questions: Are the school and the clinic establishing partnerships that favor the inclusion of children with ASD in regular education? In case they are, how has it been carried out?

Based on these inquiries, we established the following objectives: to analyze whether there was a dialogue between the speech therapy clinic and the school during the therapeutic process of a child diagnosed with ASD, and also the implications of this dialogue for the process of including this child in regular education.

Methodology

This research is based on a qualitative, descriptive, case study approach. It was carried out from the study of the clinical and school historical reports of a female child with a medical diagnosis of Autism Spectrum Disorder (ASD). She was born in 2012 and was 7 (seven) years old at the time this study was carried out. The child, identified here

by the fictitious name of Jasmine, started speech therapy in 2016, at the Speech Therapy Assistance Teaching Center (CEDAF), located in the Multi-disciplinary Institute of Rehabilitation, from the Federal University of Bahia - UFBA. Among the children assisted at CEDAF, Jasmine was chosen because she attended regular school and because of her history of difficulties in entering the education system.

The methodological devices chosen to achieve the proposed objectives started, initially, from the use of the source of secondary data from the child's medical record, collected by reading the records, which have the child's initial interview, assessment reports, school visits and evolutions throughout the therapeutic process. Furthermore, we conducted semi-structured interviews through meetings with the social actors and actresses who lived and participated directly in the child's schooling process. In order to fulfill confidentiality and identity protection rules, all participants were named after flowers. Thus, the research participants were: 01 (one) pedagogical coordinator (Hydrangea), 01 (one) teacher (Daisy), 01 (one) child development assistant (Angelica); 01 (one) internship supervisor (Lily); 02 (two) speech therapists (Virginia, Orchid), 02 (two) speech therapy undergraduate students who assisted the child at CEDAF (Iris and Gardenia), and 01 (one) family member (in this case, the mother, Rose). Because this investigation focuses on understanding the process of inserting a child in clinical and regular school contexts, we believe that the amount and diversity of research participants represent aspects of the subjective constitution of the school and clinical spaces, which enable us to better understand them. We consider that 09 (nine) subjects are enough to reach the stated objectives.

The data collection began after its approval by the Research Ethics Committee from the Institute of Health Sciences, at the Federal University of Bahia (UFBA), with identification number 3.222.047. The interviews were carried out in the school and therapeutic environment, scheduled in advance through telephone calls, on days and times established by the participants. Each interview lasted, on average, sixty minutes and, with the interviewee's permission, an audio recorder was used for later transcription, which guaranteed better access to data and greater fidelity to the interviewee's speech.

After collection, the data obtained from the medical records and the interviews audio transcripts were organized, selected and analyzed based on the research objectives and studies on inclusive education, inclusion of the autistic child and speech therapy clinic. The analysis categories were built from the in-depth reading of the medical record and from the answers given by the interviewees about the child's schooling process and the relationship between the speech therapy clinic and this process. The data selected from the medical records, as well as the statements of each interviewee, were organized into a table and synthesized into clusters of meanings.

The data analysis and discussion were carried out based on the categories found, the objectives and the theoretical framework on inclusion, autism and the speech therapy clinic.

Results and Discussion

The results and discussion of this study were organized into three major axes: i) the impact of the ASD diagnosis on the schooling process; ii) the (dis)encounters between the speech therapy clinic and the school and their effects on the inclusion process; iii) the relationship to be built between the speech therapy clinic and the school. The results found in each axis are presented and discussed in the following sections.

The schooling process and the ASD diagnosis

Jasmine started going to school at the age of 2, in a private day-care center in the city of Salvador-BA. The child's introduction into the school environment was characterized by the family's desire to promote the girl interaction with other children and, consequently, the development of her speech. According to data from the medical records, after the death of her grandmother on her father's side, when Jasmine was 1 year and 8 months old, the family noticed that the child was much more withdrawn in her behavior and speech. Jasmine used to spend most of her time with her grandmother, because she was the one who took care of her while parents were working. According to the family, this separation could have led to a regression in her development. Here is an excerpt from the mother's interview in which she comments on the subject:

I enrolled her [in school] right after [her

grandmother's death], you know? I observed that the speech was regressing, I said: she has to 'be' living with other children. Then I enrolled her, but I didn't see Jasmine developing so much. I saw her more, like, in her own world, in her corner, you know? Then I said: 'no, there's something different!' (ROSE).

The beginning of Jasmine's school path begins intertwined with the ASD diagnosis process. It was possible to observe in the data from the medical record that, in 2015, the same year the child started going to a private kindergarten school, the family sought, for the first time, a neurological and psychological assessment in a philanthropic hospital, a reference one in the city of Salvador for the assistance of people with disabilities and for having a rehabilitation specialized center. As described in the medical record, both the neurologist and the psychologist who evaluated her ruled out cognitive issues. Jasmine also went through two consults with an occupational therapist, but, according to the records, there was no need for the child to remain in treatment.

In the same hospital, she got to attend a speech therapy consult in which hearing issues were investigated. Both the child audiometry test and the Brainstem Auditory Evoked Potential (BAEP) examination were performed in October of the same year. In both exams, the results obtained were within normal patterns and, as the child did not have any disability, she was not part of the profile assisted at that institution, so the family was advised to seek language therapy. The medical record does not state that she was directed to a specific service.

In 2016, when Jasmine was 4 years old and attending the third grade of kindergarten, the family sought CEDAF, from the Federal University of Bahia, with an initial complaint of delay in language development. She went through the welcoming stage of the service in February and started speech therapy in April of that same year. It is noted that the speech difficulty complaint was predominant for both the mother and the school. In the medical records, we found reports of the mother's input, who points out that "*Jasmine is a normal child, her only problem is her speech, she has already had her hearing tested and the school teacher also told me, it's just her speech*". The school discourse starts to appear in the clinical space with the family as the interlocutor, "*the girl is great, the teacher says*

she doesn't speak, but interacts and plays with her classmates" (the mother talking about the school).

Still in 2016, in the medical records, there is a mismatch between the perspectives of the speech therapy clinic, of the mother, of the school, and of the doctor. There are reports in which the therapist points out that "*although the mother reported that ASD was ruled out by the neurologist, the child has important developmental risk characteristics which are evidence of this spectrum, such as little eye contact, preference for playing alone, and not answering when she is called or questioned.*"

In an attempt to complete the ASD diagnosis, in early 2017 the family attended an Assistance Center for people with autism for a profile interview. The psychologist who assisted Jasmine once again ruled out the possibility of ASD, advising the family to seek the CEDAF service and work on the issue of language delay. The professional at the Assistance Center was not aware that Jasmine had already been undergoing speech therapy at this service.

The movements of forwarding between services that characterized Jasmine's care reveal the process of reorganization of the Brazilian Unified Health System (SUS) on what concerns the distribution of the service through regionalized networks and the assistance hierarchy, which are fundamental components of the integration of health levels: the reference system (forwarding from the place of origin to another service) and counter-reference (re-forwarding to the place of origin or another less complex service), where we can observe a flow of forwarding patients between services⁸. Referrals to other professionals are part of the work process in the health area, and these often happen in an attempt to understand the patient's (or family's) complaint from the perspective of other areas in the health field and, thus, to define the diagnosis or conduct^{9 10}. Despite the movements carried out by Jasmine's family between different health services, there is a lack of effective communication between the teams that assisted the child. Because of that, there was an ineffective counter-referral in addition to a fragmentation of care⁸.

Another aspect of the diagnosis worth mentioning is the following report found in the medical record: "*The medical diagnosis would be essential for the continuity of speech therapy, seeking a more targeted and detailed intervention*". It is noteworthy that, although the diagnosis is important for defining some aspects of care, the guarantee of



continuity of care in this service does not depend on the diagnosis itself, but on a language assessment carried out in the field of speech therapy. This study reinforces the assertions by Arantes¹¹ that the speech therapy clinic should not be “controlled by the medical knowledge that would be responsible for diagnosing and indicating the direction of treatment”, and, also, that the medical diagnosis should not be considered a compulsory stage and prior to all speech therapy care.

Even after going through several health services in the city of Salvador, Jasmine’s mother still sought for the Psychosocial Care Center for Children and Adolescents, IAPI Unit (CAPSCIA-IAPI) and, according to the data in the medical record, the child was diagnosed with ASD in September 2017, at the age of 5 (five). Here is an excerpt from the mother’s interview in which she comments on the subject:

The teacher here [CEDAF speech therapist] also suspected something, she sent us for a psychiatrist to carry out the evaluation... (ROSE).

[...] because I was kind of confused, everything was closing and I wanted to help Jasmine, I could see that there was something wrong with Jasmine, and I decided to look for help at the PCCs, and I explained all her situation, that here [at the CEDAF] the people were suspecting and that I was also thinking that there was something different about her. And, you know, at the time I didn’t want to believe that my daughter had it, you know? I was about to receive a diagnosis, and it was like... of course she was autistic, you know? It all came together, that she was autistic. So, it hurt a lot for me, you see? (ROSE).

Rose manifests in her report a set of emotions and contradictions when receiving the diagnosis of ASD, a moment filled by the desire to complete the medical report, but with a lot of pain, sadness, anguish and changes. The birth of a child is characterized by a new formulation of the family nucleus, and it brings new dreams, desires and idealizations that are projected. When there is a rupture in these plans, all family members are affected, but in particular the mother who, in most cases, is primarily responsible for child care¹², especially in a society guided by the patriarchal model¹³. The mother faces the challenge of adjusting plans and expectations for the future, to her daughter’s limitations, in addition to the need of adapting to the intense dedication and caregiving. It is also important to consider that,

in this case, both Jasmine and Rose’s other daughter received the same diagnosis.

Facing this reality, the family also asked the school team to take a stand on the diagnosis. The search for a diagnosis starts to become a guarantee of rights, especially for education and health. Here is an excerpt from the mother’s interview in which she comments on the questions she asked to the first school that Jasmine attended:

I have always questioned Jasmine’s school like this: “Teacher, what do you think of Jasmine’s development?” I talked to the coordinator, you know? For them to give me just a tip, just to be really sure. I said, “If you deny something from Jasmine to me, it won’t help Jasmine at all. Jasmine needs help” and... “What do you think about Jasmine?”. And so the school always denied it, they always denied it to me, you know, about Jasmine’s behavior, then they only got real when I said: “Jasmine is really autistic, do you understand?” (ROSE).

In 2018, the year in which Jasmine should have attended the 5th grade of kindergarten (equivalent to the last grade before Elementary School), the child was retained in 4th grade. In this interweaving of assessments for the conclusion of Jasmine’s diagnosis, the mother narrates her perceptions provoked by the contradictions experienced in the school environment, because at the same time that the school denied any change in the child’s development, it also reinforced that she would not be able to keep up with the class, as can be observed in the excerpt below:

No, she didn’t go to 5th grade, no, she went to 4th grade [...] Because Jasmine wasn’t keeping up, she wasn’t reading. Then, firstly they [the pedagogical team] asked me what I thought about moving Jasmine to the other class, but Jasmine wasn’t following along, or leaving Jasmine in that retained class. Then I said no, I’ll let her fail because she isn’t following either way, and also the issue of lack of patience, you know? I thought, because the teacher won’t have the patience to teach her. Then I just left it, but then I was like, “this is wrong”, you know? Is she always going to be like this, downgraded? (ROSE).

To base educational practices on what the diagnostic characteristics define to be the people who receive the diagnosis in medical/psychiatric offices is to treat the reality of the educational



context as irrelevant¹⁴. Thus, from the moment that a medical label has been determined, it is clear that Jasmine's school started to take a stand as determined by normative criteria and by universal diagnostic characteristics. That is, now she no longer fitted in the group of five-year-olds to which she belonged, because she did not have the skills provided for in manuals and regulatory documents of early childhood education such as the BNCC – National Curricular Common Base, for example. Here's another excerpt where the mother reports the position adopted by the school.

I asked: "She needs a CDA [Child Development Assistant]". Then there is that issue, private schools do not want to include the CDA. I said that Jasmine needed a class assistant to support her, help her, that the teacher alone with the class and with Jasmine was not enough. And the school said "oh, we're going to get a class assistant", and I've never seen it, you know? So, that was one of the reasons that made me take Jasmine out of the [private] school, you know? (ROSE).

Obtaining the report represented an achievement of rights for the family, especially the right to inclusive education. However, the presence of the report did not guarantee, at first, the inclusive and quality education that Rose expected and which is every citizen's right. Rose's position when requesting a Child Development Assistant (CDA) was yet another attempt to provide her daughter with a better education. According to the Law No. 12,764 from December 27, 2012¹⁵, in the sole paragraph of article, it says: "*In cases of proven need, the person with autism spectrum disorder included in common classes of regular education, under the terms of item IV of the 2nd article, will be entitled to a specialized companion*". A more detailed discussion of CDA's work will be developed in the sequence.

The year of 2019 represented the change of educational institution for Jasmine. Thus, in that year the child started the 1st grade of Elementary School in the municipal education network of Salvador, in Bahia, Brazil. Here is the mother's report on this change:

Then she [the deputy principal] did it like this; I'm going to enroll Jasmine in the 1st grade at this school, she needs a CDA to support her because she's already late, and the Department of Education doesn't want that, like that, a child with difficulties, you know, she needs a CDA (ROSE).

[...] the principal requested the CDA urgently from the Department of Education, you know? That is to support Jasmine, to assist Jasmine (ROSE).

The movement of changing institutions, leaving the private school for the public one, as well as the search for a CDA, happened due to Rosa's efforts, as she herself reports:

Oh, I'm that kind of mother, I want to be friends with the school, to keep an eye on things. To see what's really going on. I don't keep quiet in the corners! (ROSE).

Rosa's position was essential for the consequences of Jasmine's school life, specially concerning the achievement of the CDA. However, the Municipal Department of Salvador hires professionals from the Simplified Selection Process with Elementary School levels recognized by the Ministry of Education - MEC for the temporary role of Child Development Assistant. Although people diagnosed with ASD have the right to specialized assistance, most professionals hired by the city government do not have specialization or specific knowledge about the disorder, for they generally have the same attributions of Early Childhood Education assistants. Here is the CDA's report about her own training:

Yeah... no, you don't need a course to become [ADI] no, with everyday life you learn in practice (ANGELICA).

It was because I worked at the other nursery school for ten years, I worked with young children, in diapers and then I got here and I didn't take a course, nothing to work with children like that and thank God I'm doing well (ANGELICA).

These professionals work together with teachers in the classroom routine. Angelica has been carrying out basic care, such as taking Jasmine and another student who also has the diagnosis of ASD to the bathroom, to drink water and follow their activities in the classroom. The training and function of the CDA has been debated in the field of education in the Early Childhood Education scenario, with regard, mainly, to what the responsibilities of the class teacher and the CDA are. However, there are no laws covering the entire national territory that specify the minimum training and responsibilities of the assistant for a child diagnosed with ASD.

Thus, each municipality defines the circumstances for hiring the service.

The year of 2019 was characterized by Angelica's becoming part of Jasmine's life. She accompanied the child throughout this school year, starting the construction of a bond, and a new work experience for CDA. Here is the CDA's account of the dynamics of her work:

Yes, [...] she [Jasmine] teaches me how to teach, it's one learning from the other, right? And so my activity with her is, sometimes I sit down, paint, sometimes I let her paint, sometimes it's Teacher Daisy, we let her do her name, she does, so we're having a good result with Jasmine. We are helping one another. (ANGELICA).

It should be noted that there are no major guarantees on the part of the school that in the following school years Angelica will continue as Jasmine's CDA, even though the student's bond with the CDA was a very important factor for her staying at the school. It is common at the institution for the student to lose the assistance over to another child who is considered to have a more serious condition of autism.

In addition, the assistant does not stay in school directed to a specific student, she goes to the school and the pedagogical team decides who the CDA stays with. Considering the importance of creating bonds for an autistic child, the constant changes in professionals do not help. However, this does not seem to be an issue for educational management that directs CDA only to the most serious cases.

We have noticed that Jasmine's school career is very intertwined with the ASD diagnostic investigation process, a fact that directly reflected on how the school took a stand in different moments, both for the advances and for the restrictions that were imposed on the child; and how Rose has been important throughout this school trajectory so far.

It is noted that the diagnosis had repercussions in different ways in the two environments analyzed here. It was possible to observe that the speech therapy clinic was very relevant for the conclusion of the diagnosis of ASD. However, sometimes, the lack of diagnosis seemed to be an obstacle for the therapeutic work with language. Although the report is relevant and can guide caregiving, both the assessment and the therapeutic proposal are the responsibility and competence of the language clinician, and this fact cannot be forgotten. As for

the school, in the first school attended by Jasmine, the definition of the medical report was decisive for Jasmine's permanence in the same grade. It is observed that there was a cancelling of both the subject and the pedagogical practice, which started to be guided mainly by the medical report. In the second school, the diagnosis determined the acquisition of an assistant in the classroom. Although there was already a need for this school mediation, Jasmine only obtained this achievement when a medical report characterized it. In face of this reality, we can apprehend the complexity and implications of defining a diagnosis such as ASD, and also, how the diagnosis crosses the family context, especially a family in poverty. In addition, the analysis of this school path enabled us to notice how the issue of difference and disability appears in Jasmine's story.

The relationship between clinic and school

Jasmine's speech therapy sessions took place at a teaching clinic (CEDAF), which is characterized as an academic and service space for the undergraduate course in Speech Therapy at UFBA, where medium-complexity procedures are carried out in order to offer care for people of all ages with communication disorders in the areas of language, voice, orofacial motricity (therapeutic support center) and audiology (hearing diagnosis center). In addition to functioning as an internship field for undergraduate students, CEDAF also develops research and extension activities in the area of Speech Therapy connected to the University.

In general, the teaching clinics have academic training as their main purpose, but they end up offering speech therapy as an alternative for users who face difficulties in accessing speech therapy services in the public health network¹⁶. Thus, the functioning of the speech therapy clinic mentioned in this study is connected to the academic calendar and regulations. These factors have important implications for working with language, from the constant change of therapists at the end of each semester to service interruptions, for reasons such as vacations, stoppages, or strikes carried out by teachers, public workers and university students.

Clinics and school-services, in turn, are of great value for the learning process, in addition to their social responsibility, because they function as an entrance to health services and assist the com-

munity, especially people with low-income, with service free of charge or for a small fee under the supervision of qualified professionals^{15 16}.

Through the secondary data, we observed that Jasmine's school had never been contacted by the clinic until the beginning of this study. However, in the first records, it is noted that the therapists are concerned about the need to get in touch with Jasmine's teaching institution. In the child's first speech-language evaluation report, referring to the second half of 2016, we find as one of the therapeutic objectives: "*Getting in touch with the school in order to monitor her development*". This objective that was not achieved until 2019.

In 2019, Jasmine changed schools, starting to study in a municipal school in the city of Salvador. From that year on, the first information about CDA started to appear in the child's medical record: "*The patient changed schools and has a CDA and several pedagogical workshops. She was enrolled in the 1st grade, during the afternoon shift, which implies a change in frequency in this service, since attendance implies missing school*". This way, Jasmine's attendance became once every two weeks so as not to compromise school attendance. It is worth mentioning that 2019 was also the year in which this research began. Therefore, the clinic was concerned with collecting more accurate information about the school environment, but always with the mother as an interlocutor to obtain more specific data concerning the school. It was observed that there was no direct contact with the school by the therapist, but by the researchers.

In addition to the analysis of the medical records, the main therapists, including the therapists and interns, who assisted Jasmine at CEDAF were interviewed so that it would be possible to comprehend the relationship between the clinic and the school. When they were asked about this relationship, it was observed that such dialogue did not happen. Here are parts of Iris and Gardenia's (students of the Speech Therapy undergraduate course) interview, which represent a bit of this reality:

I remember that there was a moment when we asked to contact the school and I don't remember exactly why we weren't able to talk, or we didn't try or we couldn't. I don't think we even tried, I don't know if it was towards the end that we got the school contact, or how it worked... (IRIS)

No, I don't think we've ever tried Jasmine. There was no such opportunity, we even tried with another patient [...] I got the phone number, it didn't answer, it seemed that the phone number didn't work, the other colleague also tried, it didn't work, and then we gave up. Because we also have other activities that overload us, they take all of our time. (GARDENIA)

From these reports, it was possible to notice that there was really no dialogue with Jasmine's school, but there was already a movement in the clinic in the sense of understanding that the dialogue with the school was important. In addition, the complexity of the therapeutic process is observed when it happens in a school clinic in which the work process and training are subjected to historical and social conditions that are beyond therapists' control. Here is an excerpt from the interview given by the supervisor of the internships and of an extension activity aimed exclusively at the care of autistic children. During the interview, he comments on the limitations of the service, which include the process of dialogue between the clinic and the school made by speech therapy undergraduate students:

So, the extension activity had some limitations. One of the limitations that was very clear for me was the limit of the CEDAF door to the outside. It doesn't just concern the school, it concerns the network of interlocution and a real territoriality, a lack of this territoriality, right? We were never able to make much progress in this aspect [...] Another of these critical situations is that of communication with the school, right? Not only in the case of Jasmine, but in the other cases as well, we went through situations that... we said "Look, it is necessary to build closer contact", but, yes, what I think today is that ... maybe we need to have someone in the extension activity who is more dedicated to thinking about this, you know? It's... a more central figure that makes this relationship, not only with the school, but with other devices, right? As much as during supervisions, I always pointed this out a lot in supervisions, like "look, guys, we need to strengthen contact with the school, we need to call the school", yeah... I don't blame students for not having done that, because I know that reality is a very complex thing, you know? This is a reality of a super extensive curriculum, a million tests, mental health issues, difficulty with money, care and the difficulty of assisting and find time and space to do something that will open a new front, which is the contact with the school. So, it turns out that this factor, it is not treated as it



should. We knew what happened from the mother's speech about the school, and we communicated with the mother too, but a closer bond did not happen as it should have. (LILY)

In the process of supervising the consultations, the discussion about the school happened. However, the contact between the therapists and the school that assisted Jasmine seems to have been something difficult to achieve, and this contact was limited to the information brought by the mother. Despite all the variables that come across the training process in speech therapy, such as extensive workload, and social and financial issues, articulation with the school environment needs to be a more effective practice. It should be seen even as a clinical procedure and incorporated into the training process. In addition, the report produced in the speech therapy internship process needs to be analyzed and understood not only as an assessment activity. It truly needs to be an instrument that promotes dialogue with other professionals and institutions.

Expanding this discussion to the speech therapist's work process in the context of the private service network, it is noted that the work in the liberal model is still very precarious and, often, the school visit only happens after the client requests and pays for the the analysis of the extra-clinical environment, being involved by a private and outsourced logic of the school visit. In the absence of payment, a closer and continuous relationship with the school is unlikely to be contemplated. Thus, it is necessary for the speech therapist to understand that the dialogue with the school is part of the therapeutic process; it is important that this is seen as an extra activity to the care provided, because it is up to the therapist to enter the school and understand how the institution itself and the family deal with issues of schooling and inclusion.

According to Gatel and Maia¹⁸, the speech therapist can play the role of mediator between the child and the school, in a different position: not as someone who holds the recipe or the formula of what to do with the child with special needs; but, on the contrary, as part of a human environment where the opportunity for a duty is created. For the authors, the speech therapist needs to understand the school as a space in which everyone who works there can develop the child's potential. By establishing this more horizontal role, the clinical

practices support the unique experiences that the school provides.

Understanding Jasmine's schooling process is important to comprehend how the inclusion process is being characterized at school and how the clinic can contribute. Despite the lack of communication between these two environments, therapeutic care has collaborated with Jasmine's schooling. Some therapists point out how they believe they have participated in this process:

I think so, you see? I think it contributes, I think it contributes because you are dealing with a whole configuration of the subject in the world, right? I think that there is a contribution that is to the aspect of schooling in a broader way like this [...] I don't know very well Jasmine's schooling process, like, what kind of education is given to her at school, what kind the school does she go to, right? But in her case, it is interesting that it is very diversified and I think that in this sense the assistance contributes to this schooling process. And not considering, right? with... the expansion of this language repertoire that greatly favors communication at school, or talking, for her to understand. (LILY)

Well, I think that, I don't know if... maybe in the relationship with other children a little, from what the mother said she had better relationship with other children during the process, but... wow... complex. I think it is more in this context. (IRIS)

Considering the data analyzed, it was observed that, in Jasmine's case, the clinic has not been related to the school and little has been recorded about how they understand the child's schooling process. Attention to their trajectory should not be restricted to the clinical scope, as this child is made up of other environments that directly influence her development and, consequently, her therapeutic process. Over the years, there was some concern about how the child's development in the school environment was, and they also thought about establishing a bond with the teacher to contribute to the therapeutic planning. However, unfortunately, none of that really happened.

The school and the speech therapy clinic: a relationship to be built

In order to understand the relationship between the school and the speech therapy clinic, it was necessary to get to know the school environment that Jasmine studied. It is located in one of the



historic neighborhoods of the city of Salvador, which was municipalized in 2004. The school had 8 classrooms, comprising 14 groups of Elementary School, from 1st to 5th grades, which were divided into the morning and afternoon shifts. It had a library, courtyard, cafeteria and an auditorium, as well as 2 rooms provided by a priest. In addition, the school also offered programs to recover the grade/age distortion in the literacy period entitled “Se Liga” and “Acelera”.

Many social actors constituted this institution. The management team was composed of a principal and a deputy principal; there was also the pedagogical coordinator and the secretariat team, with a school secretary and a secretarial assistant, as well as a teaching staff with nineteen teachers. The dynamic was of 50 minutes per hour/class, with a conducting class teacher and physical education, dance, and foreign language teachers. This institution was contacted by the researchers of this study for the first time in the second half of the 2019 school year, and, until then, the school had also not contacted CEDAF to find out information about Jasmine. Here is an excerpt from the interview of the pedagogical coordinator when she comments on this first contact:

[...] the first contact was the one when you called... (HYDRANGEA)

The institution knew, since the enrollment, that Jasmine was diagnosed with ASD, but they were not aware of the speech therapy treatment. The diagnosis in the school context is very important, it signals the initial registration of that student who does not fit the pre-established standard as normal, as it can be seen in the reports of the pedagogical coordinator and Jasmine’s teacher:

Jasmine, she arrives at our school to attend the first grade, already with the diagnosis because when she was enrolled, her mother was already monitoring her, right? So, the good thing is that she arrives already with the declared disability, even to pursue the rights that the child needs, which is the CDA, a child development assistant, who supports Teacher Daisy in the classroom, and look, we have two with a report declared since January, which is Jasmine and the other child, so thank God CDA arrived soon, to provide this support and that’s it. Jasmine arrives with the report, declared in the system, I only found out in February, the end of January. (HYDRANGEA)

Well, I had no idea that she had follow up with speech therapy, I knew she followed up with therapy, but I didn’t know about the focus on speech therapy. (HYDRANGEA)

We observed that there is an overvaluation of the diagnosis and the need for a written report that supports the family’s speech when it states that the child needs help in the classroom in this institution, because only with the existence of a report does there seem to be mobilization for the school to rethink pedagogical strategies aimed at the needs of the student and to request a CDA. The interview of the pedagogical coordinator points out the need for medical documentation:

When the family declares that she [the child] has a disability, they have to present the report, she needs it, even if she brings it later or an older report, she needs to bring it because it is what legalizes it. It’s no use being in the system and not having the documentation [...] as Jasmine’s mother is an attentive mother and concerned about the child, she arrived accompanied, so it’s easier. That is so true that her CDA arrived soon. For the secretariat... that’s pretty rare, you know? (HYDRANGEA)

Despite the educational institution having all of Jasmine’s medical record and documentation, with regard to contact with the clinic, as well as the therapeutic space, the school also did not make the move to establish communication, either through a call or by report request. The school alleged this lack of dialogue to Jasmine’s recent arrival at the institution, as it can be seen in the interview of the pedagogical coordinator, Hydrangea:

In fact, it’s still a construction process, right? Jasmine arrived here in February, she attends classes regularly, thank God, but it is a construction of the information, right? And then we gradually learn about her life. (HYDRANGEA)

The researchers’ movement to go to the school, therefore, was the first concrete moment in which the institution had an exchange of information about the clinic that assists Jasmine. This way, going to the school environment facilitated dialogue with the team and also enabled the development based on information about how the different social spaces in Jasmine’s life contribute to her inclusion process. When questioned about the inclusion process that takes place at school, Teacher Daisy

pointed out the lack of Specialized Educational Service - SES for this process to happen:

Here, the school doesn't have that SES, it doesn't have it at school. Which is a little more focused on children who have hearing problems and everything else. We don't have it. And so, from our experience, from each one's day to day, because we don't have a specialization. Because, here, I think that no teacher specializes in special children, right? There is a psychopedagogue, I have early childhood education. And it would help, right? I see, I download some things on the internet to know how to work, but then I miss having a professional to help. We help each other among teachers. Oh, it worked, let's try this here. (DAISY)

This report shows the importance that specialized training has for Teacher Daisy. She mentions that she misses the look of a specialized professional in her pedagogical practice, as she feels very alone and often insecure in her pedagogical work. However, according to Silva et al¹⁴, the organization of the pedagogical work implies the recognition of the unique constitution of the student. For the authors, recognizing the student's way of being and learning is part of the teacher's pedagogical action, which intends to promote situations that make learning possible. Thus, in addition to the existence of SES at school, the teacher-student relationship itself is essential for the process of learning and inclusion.

In addition to training, the teacher points out the issue of adapting the physical spaces to meet the necessities of the child who needs a more focused look, as is the case of Jasmine and her classmate who has the same ASD diagnosis:

Yeah, the school, like, it would be interesting if the school had an adapted environment. Some activities I can't do in the classroom, right? For example, we do painting, I cover the table with newspaper, then I when I do that activity, there is her [Jasmine] and the whole class. So, it has to be a moment just for them [Jasmine and the other student diagnosed with ASD]. Because there are activities that are not suitable for others, because others have other things to take care of. But to play with dirt, or something that had that prepared environment, some toy challenges that would be a challenge for them, which is not in the environment. And a professional within the school to do this. It just comes down to me in the room. And it's kind of complicated, some boys say: "I want it too, teacher!". And I make a

different plan. I make a plan aimed for them, aimed for the girls, and a plan for the class, on what I have to take care of in terms of literacy. (DAISY)

Despite the fact that Teacher Daisy elaborated a lesson plan thinking about Jasmine's possibilities, there are many difficulties in the process that do not allow her to put this plan into action for the whole class, and thus integrate all the students. The difficulties pointed out by Daisy are quite legitimate, she faces a difficult reality when dealing with a classroom with 23 students and with other students who also demand her attention and availability. The number of students in the classroom in Elementary School is something that, according to the school's pedagogical coordination, needs to be rethought, since at this level of education the class teacher has only one assistant, even if there are several students with diagnoses of language difficulties or behavior. We can observe in Hydrangea's interview when she points out these facts:

Girl, look, it's... one of the things that I think is terrible, but looking at all the children, the number of students enrolled. I think that this number of students in a classroom is horrible, twenty-five students in a classroom, I think it's horrible! Horrible because the CDA, she only enters the room if she has the special child, if she doesn't have the special child, she doesn't have the CDA! [...] So, inclusion in the school starts by not including the non-diagnosed students, right? The so-called normal ones, because this situation of twenty-five students, I think it's an absurd, because in the private school there are fifteen in the first grade class, you know? [...] Okay, for Daisy, there are not twenty-five, thank God, there are not twenty-five, because the special child already occupies another vacancy and that already helps. (HYDRANGEA)

In order to face these difficulties, it is necessary to build dialogues between all the social actors who participate in the schooling process, and the clinic should not be left out. According to Silva¹⁹, dialogue implies believing in the advances possible for the other in their learning path, believing in their active participation in the production of this path. In the context of the child with ASD, it is necessary to have a dialogue that addresses the other person based on listening, looking at and considering this other person in the constitution of everyday situations in the school context^{19,20}

Conclusion

On what concerns the first objective of this study, to analyze whether there was a dialogue between the speech therapy clinic and the school throughout the therapeutic process of a child diagnosed with ASD, it was possible to observe that the family, more specifically the mother, played a fundamental role in the whole Jasmine's clinical and school process, being the main interlocutor between the institutions. It was observed, in parts of the medical records and in the interviews, that an approximation and dialogue with the school were important for all actors (teachers, coordinators, therapists). However, this has never really happened.

It is important to point out that the initial contact with the school was carried out by the researchers and it was not an easy task to do so. Despite the visits in this environment having been previously scheduled through telephone contact, some bureaucratic difficulties were faced concerning the initial approximation with the school team. The visit seems to have been something new for the school and, like all new things, it imposed challenges, adjustments, movements on both sides. Dedicating time to the speech therapist is something that modifies the work process of school actors, which sometimes is very precarious due to the overload of activities they endure and which we need to understand. Another aspect that can make face-to-face visits difficult is the geographic distance between the clinic and the school, especially when considering big cities such as Salvador.

So that these factors do not become hurdles to the dialogue between the two spaces, it is necessary that the approach between the clinic and the school be built in a reciprocal way. It is in this movement that it will be possible to establish partnerships and create a new look at the encounter between these institutions. That is, to make a constitutive procedure of both therapeutic and pedagogical practice out of this encounter. Breaking the gap of distance between institutions takes time and is not a task to be developed at the individual level, it is necessary to collectively build a common project of intervention and policies - in the public and private spheres - that enable favorable working conditions for both the speech therapist and the educator.

With regards to the second objective of this study, analyzing the implications of the dialogue

between the clinic and the school for the process of including Jasmine in regular education, it was observed in the data how much the speech therapy practice needs to be modified so that it can contribute to the process of inclusion. If the dialogue had been established, probably proposals for issues mentioned by the teachers, such as the diagnostic process, the adaptation of the pedagogical material and the physical space, the training of the CDA, and the development of Jasmine's language could have been constructed collectively, with positive results for the therapy and the process of inclusion.

Lastly, we highlight that this study has brought contributions to make it possible the comprehension of the relationship between the school and the clinic, and how much progress still needs to be made in building a relationship that can contribute to the inclusion process. However, further studies on the relationship between the clinic and the school, with realities perhaps different from the one presented here, need to be carried out.

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