

# PERCEPTIONS OF PARENTS/GUARDIANS OF CHILDREN WITH PHONOLOGICAL DISORDERS ABOUT THE PHONOLOGICAL DISORDERS AND THE SPEECH THERAPY

## *Percepções de pais/responsáveis de crianças com desvio fonológico acerca do desvio fonológico e da terapia fonoaudiológica*

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### ABSTRACT

**Purpose:** investigating the perceptions of parents/guardians of children with phonological disorder regarding to own disorder and to speech therapy applied. **Methods:** the sample consisted of 23 parents/guardians of children with speech disorder, who were taken care in an ambulatory of speech therapy. For the analysis of the collected interviews, it was used the Content Analysis. **Results:** in summary, some points deserve attention: (a) the acceptability of the speech therapy services, including, in many cases being the demand for speech therapy an initiative of the own parents/guardians; (b) these ones perceive the linguistic difficulty of their children, as well the developments in his speech; (c) they list, with higher occurrence, school problems and bullying as difficulties related to phonological disorder and also their concern regarding it, (d) they often suggest more the search for speech therapy services to other parents, (e) they say they contribute in the family atmosphere with the speech therapy, and (f) even not so frequent, they mention to have some doubt in relation to the time of therapy. **Conclusion:** this way, parents/guardians exposed their views about their experience related to the difficulty of speech and language therapy. So, we believe in a contribution to the reflection of the therapeutic procedures adopted in speech therapy, as well as to the maturing of the therapist-patient relationship and therapist-parents. Therefore, it encourages the inclusion and closeness to caregivers in therapy.

**KEYWORDS:** Speech, Language and Hearing Sciences; Speech Therapy; Speech Disorders; Parents; Qualitative Analysis

### ■ INTRODUCTION

The phonological disorder, etiology, manifestation, diagnosis, classification and treatment instigated and continue prompting many researchers.

Although not mentioned with this terminology in the International Classification of Diseases and problems Statistics related to health - 10th revision (ICD-10), the phonological disorder can be identified by ICD-10 as F80.0 (specific disorder of speech articulation).

Children with this difficulty speaking have a deviant phonological system (that is, beyond a

purely articulatory difficulty) and can go different ways in the development of phonology, not reaching or affecting differently the target sounds of your language environment. The phonological disorder is apparently not associated with organic causes and / or emotional<sup>1</sup>.

To aim at the overcoming of phonological disorders with speech therapy, some predict therapy models in its procedures, among other activities, the contribution of the family. The Modified Cycles Model<sup>2</sup>, for example, emphasizes be extremely important the participation of parents, who should be instructed to collaborate, encouraging the child in the family environment. These activities are restricted to the delivery of the list of words the auditory bombardment and representative figures

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Conflict of interest: non-existent

of stimulus words, parents or guardians are then instructed to practice them with the child.

Internationally, different structures and therapeutic approaches for the active participation of parents in the treatment of children with speech difficulties are studied<sup>3-5</sup>. The effectiveness of speech therapy in these cases has been reinforced, however, the contribution of parental involvement in children speech progress has also proven<sup>4</sup>and in several communication disorders<sup>5</sup>.

Based on psychoanalytic theory, it has pointed out that a listening space and building links with the family is essential. Therapists are routinely faced with the need for a full-time job (also including the affectivity and the relationship with the family) with children diagnosed with phonological disorder, that is, apart from language skills<sup>6</sup>.

In short words, this paper was designed from the speech routine in public health system and in the care of children diagnosed with phonological disorders.

As described, different phonological therapy models provided for the care of these cases, foresee as one of its procedures to include therapeutic activities within the family, and in many realities parent participation in speech therapy turns out to be limited and is designed for few moments of discussions and exhibition ideas.

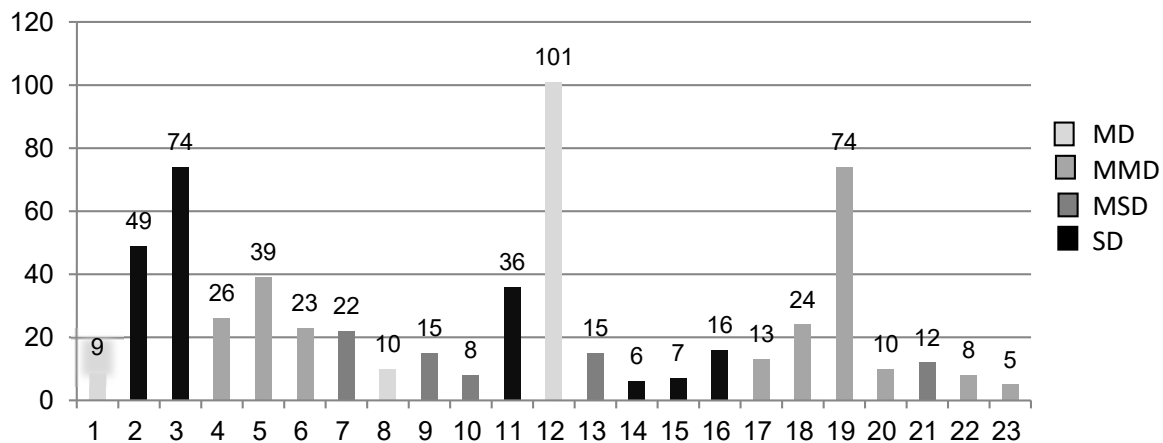
Thus, the aim of this study was to investigate the perception of parents or guardians of children with phonological deviation from the own deviation and applied speech therapy.

■ **METHODS**

This study is a cross-sectional survey, qualitative, performed at the Speech Therapy Service (STS), under the Unified Health System (UHS) and a higher education institution. The work was approved by the Research Ethics Committee of *Universidade Federal de Santa Maria - RS*, under the 0343.0.243.000-09 record. All subjects present Informed Consent and Informed signed, authorizing the use of data for performing the research.

The sample was composed by parents or guardians of children diagnosed with phonological disorder, attended at the speech therapy clinic mentioned earlier.

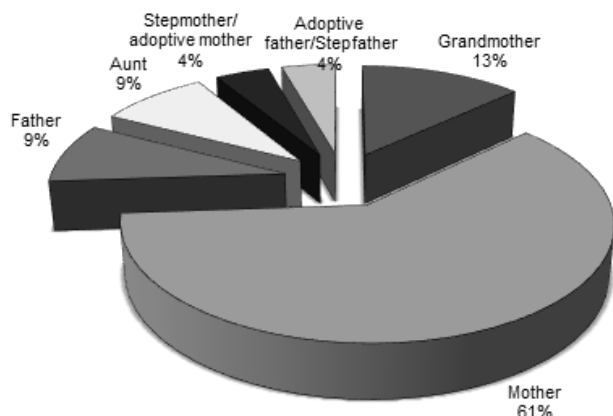
The inclusion criteria were: being a father / mother or guardian per child served in the STS diagnosed with phonological disorder, regardless of the amount of phonological present cases, the deviation degree and speech therapy time. Figure 1 was characterized the degree of phonological disorder<sup>7,8</sup> and the number of speech therapy sessions for each child at the time of interview with their parents or guardians.



Caption: vertical axis – number of speech therapy sessions; horizontal axis – Children Identification ; MD – mild deviation; MMD – mild-moderate deviation; MSD – moderate-severe deviation; SD – severe deviation.

**Figure 1 – Characterization of children with speech disorders whose parents composed the study sample**

The sample were excluded parents / guardians whose children were still in the pre-treatment step, i.e. they were in speech therapy evaluations and completion of diagnosis, as well as parents / guardians who had little contact with the child or with inconsistent answers. Thus, the study sample included 23 participants (Figure 2).



**Figure 2 – Distribution of parent / guardian as the degree of relationship or type of bond with a child diagnosed with phonological disorder**

For the data collection was used the interview method led with 14 pre-set questions (Attachment 1). Parents / guardians were interviewed individually, as his son received speech therapy. The interview was recorded and later transcribed. It should be noted that were followed all ethical criteria in research and therefore all data collected or interviews were confidential.

The data collection was performed by speech therapist not involved in the therapeutic process of the child, who sought to use accessible and neutral language.

For the assessment of the data was carried out a descriptive analysis of the frequency distribution of all categorical variables. They were considered as categorical variables answers questions related to numbers 1, 2, 6 and 11, namely, respectively: *“How long has your son participated in speech therapy?”*; *“It was always served in the same speech therapy service?”*; *“Another person in the family also had this difficulty speaking?”* And; *“You can meet all the guidelines? Justify”*.

For other questions, regarded as open questions, it was decided to use the speech content analysis<sup>9</sup>. The analysis is divided into: 1) pre-analysis (floating reading of the corpus constitution and reformulation of hypotheses); 2) exploration of the material (content organized in thematic / categories and

selection of significant passages); and 3) treatment of results, inference and interpretation<sup>9</sup>.

Therefore, during the second stage of its analysis of the interviews were analyzed by question, establishing categories (described in the results). The exception is due to issues ‘5 and 8’ and ‘13 and 14’, which they presented cores of meaning in common. Finally, it checked the frequency of occurrence of terms and expressions in speeches.

Content Analysis<sup>9</sup>, even if in small numbers, has already been applied in some speech therapy studies that investigated the self-perception of health and quality of life of users of a Speech Therapy Clinic<sup>10</sup>, the vocal self-perception in different age groups, from children to seniors<sup>11,12</sup>, the perspective of managers on the offer of speech therapy care in the PHS (Public Health System)<sup>13</sup> and the agreement of active speech therapists in hospitals Speech<sup>14</sup> and educational<sup>15</sup>.

This type of analysis is based on a qualitative method of data processing that aims to understand what was collected, confirm whether or not the assumptions of research, as well as broaden the understanding of different contexts beyond what can be seen in appearances phenomenon. Therefore, aims to discover the units of meaning that make up a communication (written or spoken), whose presence or frequency mean something to the targeted analytical objective, using it interpretively rather than making statistical inferences<sup>16</sup>.

## ■ RESULTS

As to the time and place of speech therapy, 52% of parents / guardians did not know precisely to answer the first question. As for the location, 21 (91%) of the 23 respondents reported that children with speech disorders have always met the same PHS/STS. Regarding the other two children, one had received in different speech therapy clinic of the UHS/ PHS and the other in a particular service.

Most respondents (61%) mentioned there are others in the family who also had “exchanges” in speech. While 35% said there were no other damages familiar with speech development and 4% could not inform.

In all statements, parents / guardians would welcome the speech routing, including in four of them have been mentioned initiative of the family to search for therapy (Figure 3).

To judge the level, in other words, the degree of difficulty of speech of their children at the time of the interview, 4% said they did not observe more “exchanges” speech, 13% said they were mild, 13% intermediate, 9% severe and 61% not classified in levels. The above categories are shown in Figure 4.

Category	n	Subcategories	Highlights of the interviews
Favorable	23	- Initiative of own family (n=4) -Resistant to psychological care (n=2)	G2: "Não, eu senti até alegria por ajuda ela, porque eu já tava sentindo que alguma coisa não tava ... umas palavra errada né. Então a gente já sabe que a criança tá necessitando realmente."(No, I felt joy for help her because I was already feeling that something is not going well ... a wrong word right. So we already know that the kids are really in trouble)  G13: "Na realidade não foi indicado, nós que sentimos que ele precisava. A gente que procuro, ele não tinha ido nem pra escola ainda, quando a gente veio procura né, faz a triagem né que fala."(Actually, it was not stated, we felt he needed. We were looking for, he wasn't at school when we came looking right, do the screening, you know. "  G21: "Não, não senti nada porque eu fazia, na época do colégio, quando eu estudava eu fazia. Ai eu só fiquei perdi o chão assim quando ela falo que eu precisava de psicóloga."(No, I did not feel anything because I was doing at the time of( high) school, when I was studying I did. So, I can't stand on my head when she talk that I needed psychologist.)

Caption: n – number of occurrences; G - GUARDIAN.

### Figure 3 – Excerpts from interviews related to Question 3 - reaction to being nominated for speech therapy

Categories	n	Highlights of the interviews
They do not observe more "exchanges" in speech	1	G8: "Na realidade eu penso que ela não tá com dificuldade nenhuma mais, mas é que é sempre bom deixa continua trazendo ela aqui pra ela reforça mais o que ela tá aprendendo sabe. Mas acho que, do que ela tinha antes, ela não tem dificuldade nenhuma pelo que eu percebo."(In fact, I think she's not hard any more, but it's always good to leave it here to keep bringing it further reinforces what she's learning know. But I think, than she had before, she doesn't have any difficulty as far as I understand.)
They have mild changes	3	G13: "Eu acho que é um nível muito, bem baixo. Entendeu? Ele tá quase, acho que tem bem pouca coisa pra conserta ainda na fala."(I think it's a very low level, You Know? He's almost, I think it has very little to fix in his speech)
They show intermediate exchange	3	G2: "Olha, eu acredito que o nível dela não é muito daquele muito grave assim sabe. É razoável. Ela troca algumas letras assim."(Look, I believe that her level is not very well know that very serious. It is reasonable. She exchanges a few letters like that)
They have severe exchanges	2	G15: "Eu acho que alto se fosse assim, baixo, médio, alto, seria o alto. Por que ele troca todas né, troca bastante e tem pessoas que não entendem nada do que ele fala. Tem pessoas que dizem que ele tá melhorando eu não noto melhora muito não." (I think if it were so high, low, medium, high, would be high. 'Cause he changes everything, he changes all the time, and there are people who understand nothing of what he speaks. There are people who say he's better, but I don't mind much improvement.)
They do not classified in levels	14	G12: "Não, agora tá, tá, tá bem melhor que antes, porque antes ele tinha dificuldade em tudo, tudo, tudo. Letras e coisas, ele não identificava nada né."("No, now yeah, yeah, yeah better than before, because before he had difficulty at all, all, all. Letters and things, he didn't identify anything right. ")

Caption: n – number of occurrences; G - guardian

### Figure 4 – Excerpts of the interviews related to question 4 – What level do you think is the difficulty of your son/ daughter? Why?

When asked about the evolution of the child in relation to speech pathology, the majority (96%) of respondents said notice advances, but for some improvement was more significant than for others, as can be seen in some sections of the interviews. With regard to the speeches that mentioned the existence of progress in the development of children, could be created three sub-categories: 1) developments regarding talks; 2) regarding the self-esteem and social interaction and; 3) not detailed the types of developments.

In relation to the questions in number5 ("What is the biggest difficulty that your son or daughter faces / faced due to "exchange" sounds in speech?") and8

("What is your biggest concern about the development of speech?"), we observed some cores of meaning in common, such as: 1) School/Writing; 2) Bullying; 3) Speech/Comunication; 4) Relationship and 5)any difficulties presented on the basis of speech disorders or no concern by the family (Figure 6). Please note that some of the respondents listed more than one item in each question.

From your experience, the respondents listed some possible guidelines to other parents / guardians of children who also have alterations in speech (Figure 7). Noteworthy is also that in some of these answers were mentioned one or more information.

Categories	n	Subcategories	Highlights of the interviews
They report having observed developments	22	<ul style="list-style-type: none"> <li>-Developments regarding talks (n=11)</li> <li>-Developments regarding the self-esteem and social interaction (n=2)</li> <li>-They did not detail the type of evolution</li> </ul>	<p>G10: <i>"Tinha palavras que ele... que não entendia nada, agora a gente já nota que ele... é coisa que a gente vai percebendo né, aos pouquinhos."</i>(There were words that he ... he didn't understand anything, now we already note it ... it's something that we will realize, you know, little by little.)</p> <p>G22: <i>"Teve um pouco, a gente vê que hoje o "g", ele já está pronunciando. Eu acredito que elas ainda não começaram a trabalhar com o "r", elas estão ainda trabalhando com o "g"."</i>(There was a little, we see that today the "g", he is already pronouncing. I believe they have not yet started working with the "r", they are still working with the "g". )</p> <p>G9: <i>"Muito bem, muito sabe. Essa autoestima dele, essa coisa dele chega, conversa com uma pessoa, por mais que ele fale errado. (...) Esse ano até amiguinhos vai na minha casa, antes ele não fazia amizade."</i>(All right, all know. His self-esteem, that thing...he arrives, talks to a person, no matter how wrong he speaks. (...) This year will even little friends in my house before he had no friends. )</p> <p>G4: <i>"Sim, que ocorreram, aham, que dá pra... se nota a diferença. É bastante."</i>(Yes, that happened, uhum, giving to ... you notice the difference. It's very different now.)</p>
Reports have not yet observed developments	1		G15: <i>"Eu não noto muito, acho que demora um pouco né, porque é muita troca."</i> (I don't mind it much, I think it takes a right time, because it's a lot of change.)

Caption: n – number of occurrences; G – guardian.

**Figure 5 – Excerpts of the interviews related to question 7 – How do you see the evolution of your son/ daughter?**

Categories	Question	n	Highlights of the interviews
School / Writing	D	4	G9: <i>"É na escrita, né."</i> (It's in writing...you know...)
	C	8	G15: <i>"A preocupação é quando ele for pra escola, a partir do primeiro ano né, medo que ele, que ele escreva errado, assim como ele fala. Que ai vai se difícil né."</i> (The concern is when he'll go to school, from first year, and , I fear it...that He writes it wrong, just as he speaks. That there will be difficult, you know... )
Bullying	D	5	G11: <i>"Ah foi o colégio (...) foi na primeira série, a primeira sempre foi horrível porque os colegas tudo falavam que não sei o que, que não entendiam, ela chegava em casa chorando."</i> (It was in the college (...) was in first grade, the first was always horrible because classmates all spoke I don'tknow what, they didn't understand, she came home crying. )
	C	5	G10: <i>"O meu medo assim, é que ele sofra né. Ai, que as criança vão ri dele que ele fala errado (...)."</i> (My fear therefore is that he suffers, right?... Oh, that child will laugh at him when he speaks wrong (...). )
Speech / Communication	D	4	G8: <i>"(...) e ela já começava a fala a palavra, ela via que ela ia fala errado, ela já ficava meia com vergonha, ainda mais se tinha alguém junto sabe."</i> (...and she was beginning to speak the word, she saw that she was going to speak it wrong, She was already ashamed, especially if there was someone together...you know...)
	C	3	G14: <i>"Olha, eu até o ano passado, eu achava que ele não ia consegui, que ele ia fala errado sempre né, mas daí agora eu to vendo que ele tá indo né (...)."</i> (Look, even last year, I didn't think he'd succeeded, in my mind... he would speak wrong always, but then I now see that he's going (...))
Relationship	D	3	G23: <i>"(...) daí parece que ela tem um medo de fala, assim que a gente vê que ela tem medo de dizer qualquer coisa, as vez assim até pras pessoas conhecida ela tem medo de alcança a mão, diz bom dia, boa tarde. Ela não faz isso."</i> (...it seems that she has a fear of speaking, so we see that she's afraid to say anything, so the time to known to people she's afraid to reach out his hand, say good morning, good afternoon. She does not.)
	C	4	G9: <i>"(...) minha preocupação maior é que ele mesmo tava se excluindo, tava ficando muito só (...)."</i> ( My biggest worry is about him... 'cause He was excluding himself...all time alone...)
None	D	5	G3: <i>"Eu nem sei se ... se pra ele represento alguma dificuldade, acho que não porque as vezes a gente fala ... a gente fala pra ele ... e ele diz assim: deixa fala como eu sei!"</i> (I don't know if ... if for him represent some difficulty, I don't think...'cause sometimes we say ... we talk to him ... and he says: Leave me...I talk in the way that I know!)"
	C	1	G5: <i>"Não vejo assim, tanta preocupação."</i> (I don't see much worry...)
	D	0	---
Future development	C	4	G2: <i>"Do futuro dela né, tanto no escolar, na vida dela né, tudo. É fundamental né que tu sabe fala bem né."</i> (Her future...You know...even at school, the whole life, everything. It's important that you know how to speak...right?)

Categories	Question	n	Highlights of the interviews
Irritability	D	3	G15: "Eu acho que em casa mesmo, porque eu nunca ouvi nenhuma reclamação da escola, do tempo que ele frequento creche. E às vezes ele se revolta, quando ele pede alguma coisa e a gente entende outra, ele fica brabo."("I guess at home, 'cause I never heard any complaint of the school, the time he had attended kindergarten. And sometimes it revolts when he asks for something and we understand each other, he gets angry. ")
	C	0	---
Intellectual development	D	0	---
	C	1	G17: "(...) dai a preocupação no desenvolvimento mesmo intelectual dela e o relacionamento dela com as outras crianças né." ("...so the worry is about herIntellectual development and the relationship with other children...you know...")
Delay in speech therapy service	D	0	---
	C	1	G12: "Mas a minha preocupação era quando ele fosse, com o passar o ano sabe, um dia ele vim cobra de nós, por nós não te corrido por ele, alguma coisa sabe, ai não tem acompanhamento junto outras crianças."(But my worry was about his possible future complaints, you know... asking us...saying that we didn't care about him...)
Food	D	0	---
	C	1	G3: "A única preocupação que eu tenho que eu nunca parei pra pergunta pra M. (terapeuta) que ... que ele é muito preguiçoso pra come, que eu não sei se tem alguma coisa a ve com essa dificuldade de fala dele, dele ter começado a fala tarde."( My only concern/worry is that I never asked M. (speech therapist) if there's something in common about hislazy to eat, 'cause I don't know if there's a link with his difficulty in a speech...you know...he started to talk very late...)

Caption: n – number of occurrences; D –difficulty that your son/daughter faces / faced due to “exchange” sounds in speech?; C – concern about the speech development?; G–guardian.

**Figure 6 – Excerpts of the interviews related to the questions 5 and 8 – faced difficulties and concerns arising from the phonological disorders**

Categories	n	Highlights of the interviews
Search for a Speech Therapist	12	G2: "A primeira coisa é indicar que procure uma fonoaudióloga. E tenta ajuda a criança em casa, na medida do possível, né?"("The first thing is looking for a speech therapist.And try to help the kid at home...right?")
Search service	4	G1: "Já dei pra muitos inclusive o telefone de vocês, tem vários que tem aqui já tem muitas crianças inscritas aqui."(" I gave your phone number for many people...there are a lot of children here".)
Help at home	3	G20: "É eu orientaria assim, por mais que a criança venha aqui na fono isso e aquilo, a gente também tem que cobra em casa né. A gente bota sentado e diz: não tem que faz assim. Incentiva a fala o certo, a escreve as coisas certa (...)."("Yeah...I say that even the child goes to the speech therapist, we have to work at home, right? We sit down the kid and show how to do...motivating to speak right...writing...")
Patience	2	G6: "Ah, eu acho que teria que ter paciência e procura né e i atrás, procura entende eles também né (...)."("Well, I guess that we have to be patient and try to understand them too...you know(...)")
Correct and not encourage infantilization	2	G7: "Fica corrigindo, não trata como bebê, foi um pouco de erro nosso (...)."(" We have to correct, don't play like a child, it was our mistake(...)").
Following the speech therapy guidelines	2	G15: "Acho que não tem muita, acho que segui a orientação da fono né, e puxa bem em casa (...)."("I don't think that there is a lot, I guess that I followed the speech therapist guidelines and work at home(...)")
School	1	G13: "Eu acho que a escola é muito importante, a fono é muito importante mas a escola, a convivência com outras crianças é muito importante (...)."(" I think that school is very important, the speech therapist is an important thing too, but the school, the relationships with other children is very important(...)")
Search for help	1	G11: "Procura ajuda, porque a gente em casa a gente não consegue fazer, a gente tenta mas como mãe a gente não sabe os recurso né, a gente não sabe como ajuda."(" Searching for help, 'cause everything we can't do for them, we try to do, but as a mom we don't know the resource, right? We don't know how to help.")

Caption: n – number of occurrences; G - guardian.

**Figure 7 – Excerpts of the interviews related to the question 12 – guidelines to other parents / guardians of children with phonological disorders**

As for the front family contribution to the speech disorder, as well as in relation to speech therapy guidelines, only an aunt (4% of the sample) reported that the parents of the child not helped with the family atmosphere, and this task often fulfilled by herself and the grandmother of the child.

The type of support provided by family members showed to be generally related to the guidelines and activities provided by the speech therapist, it

was also cited correction of speech in child, some positively (in order to provide the correct model of speech) and other negatively (speaking and repeating over and over again). In two interviews it was even mentioned the importance of reading to children, as in the other two, was quoted careful with the infantilization of their children. Excerpts were highlighted regarding this issue and their subcategories in Figure 8.

Categories	n	Subcategories	Highlights of the interviews
Parents/guardians collaborate in overcoming the speech therapy difficulties	22	<ul style="list-style-type: none"> <li>-Related guidelines and activities provided by the Speechtherapist (n=20)</li> <li>-Correction of speech (n=12)</li> <li>-Reading to children (n=2)</li> <li>-Beware of infantilization (n=2)</li> </ul>	<p>G3: <i>“Ele fala assim, ai eu vo ali, vo ali pega um negócio que tá na zanela, aí eu digo, não é zanela, é janela, como que a tia M.(terapeuta) te ensino? Tem que faze o barulhinho ... jiji ... ai ele faz jijiijanela, né. Mas assim, sempre corrigindo ele dentro daquilo que ela manda, dentro aquilo que ela explica né, de como é que tem que ser a atividade (...).”</i> (“He speaks in this way, changing the letters, and I correct, asking to him: “How did the speech therapist teach you? You have to do this sound...”, and then he speaks, right? But, I always correct him as the therapist said, how she teaches the activity(...)).</p> <p>G9: <i>“Tipo, eu falo as palavras, né tipo “xerife”, eu falo, ele não repete né, não é pra ele repeti, só pra ele presta atenção. (...) E a tarde quando a gente vai brinca, a gente brinca com as palavras, os desenhos que ela nos deu né. Daí cada semana ela muda né. Tem outras palavras, ou às vezes a mesma, pra aquele reforço né. E ele tem outro irmão, ai a gente costuma brinca com aquelas... que ela dá né.”</i> (“Well, I speak the words, like “sheriff”, and He doesn’t repeat, right?! He pays attention,(...) And at afternoon, when we play together, we play with words, the pics which she gave us, right?! So, every week she changes the words and pics, you know...and he has a brother, so we play together, with the game that she gave us.”)</p> <p>G17: <i>“Olha, o hábito que a gente tem é lê pra elas na hora de dormi né, então e já vai mais os exercícios daqui (...).”</i> (“Well, the big deal is to read for them at night, ok? So, this is an exercise...and there are more exercises...)</p> <p>G19: <i>“Assim, quando ela fala errado daí eu digo, eu falo a palavra certa, como é que é né. Por que desde o comecinho que eu trouxe ela aqui, sempre a fono me dizia que não era pra eu dizer ai tá errado isso (...) E as vez assim ela começa a fala dengosa, ai eu já.. não dá pra tá dexando né, de fica se denguiando, falando como bebezinho.”</i> (“So when she speaks wrong then I say, I say the right word, how is it right. Why from the very beginning I brought her here, always the therapist told me that it was not for me to say there’re so wrong (...) And so once she starts talking fool, then I already .. can not really okay leaving right of it is if playing, speaking as a little baby. “)</p>
Parents/guardians do not cooperate in overcoming the speech therapy difficulties	1		<p>G16: <i>“É eu e a bisavó dele no caso né que ajuda (fala ininteligível) ele, e é só nos duas que corrigimo ele no caso né, ele fala alguma coisa errada a gente corrige, não é assim. A mãe dele e o pai dele, os outros avô dele, acham bonito ele fala errado. Elas não corrigem, elas acham corretamente, normal.”</i> (“It’s me and the great-grandmother that helps (slurred speech) him, and it’s just us who correct him, to speak right, he says something wrong we fixes, is not so. His mother and his father, the other his grandfather, think that he speaks pretty, even he’s wrong. They do not fix, they think that it’s correctly, normal. “)</p>

Caption: n – number of occurrences; G - guardian.

**Figure 8 – Excerpts of the interviews related to the issue 9 - How do you usually help your son/ daughter to overcome his/ her/ their speech and language difficulties?**

Finally, in reference to questions related to speech therapy and suggestions and / or complaints, five (22%) parents / guardians reported having doubt as to the therapy time. However, the second

question, all respondents said they were satisfied with the service. However, two parents/guardians (9%) added in their speech that more places should be offered in the service (Figure 9).

Categories	n	Highlights of the interviews
Refer not have doubts	18	G17: "Dúvida não porque a gente tá sempre em contato aqui (...)." ("We don't have doubts 'cause we're always in touch(...)")
Refer introduce doubt about the therapy time	5	G4: "Não, assim, só fico assim em dúvida de quanto tempo assim, que ele vai demora pra pronuncia direitinho, né. Que ele já tem cinco anos e eu vejo ele com os amiguinho dele e né ele.. as vezes ele mesmo né até fica constrangido né." ("No, well, I've Just be in trouble about the time, when he'll speak pronouncing right, ok?! 'cause he's just five years and I saw him with his friends, sometimes he's ashamed...")
Report being satisfied with the speech therapy service	23	G9: "Não sei se tem algo assim que... satisfeita eu tô, oticamente bem. (...) Mas eu acho que deveria abrir mais, ter mais criança, tanta criança tá precisando." ("I don't know if there's something that... 'cause I'm very grateful...But I think that maybe open more vacancies , there are too much kids who need it.")

Caption: n – number of occurrences; G - guardian.

**Figure 9 – Excerpts of the interviews related issues 13:14 - related to doubts and satisfaction about the speech therapy**

## ■ DISCUSSION

It was observed in this study that the vast majority of those responsible for monitoring children in speech therapy were mothers, a lesser percentage, grandmothers. It was noted that while changes have occurred in family dynamics as a function of the achievements of women remains allocated to them the role of caring for children. Regarding the participation of the family in the tasks and at school, there was a greater female participation<sup>17</sup>.

As for recurrence of phonological disorders among members of the same family, the vast majority of parents / guardians here interviewed confirmed the existence of other cases. An association between family history of speech disorder / language to the difficulty in phonological level has been evidenced<sup>18-20</sup>. In addition to family history, the fact of being an only child was also mentioned as a risk factor for the development of language change<sup>20</sup>. So, the research of history and the family structure can offer to the speech therapist facilitating the planning and implementation of early intervention strategies, and may prevent possible aggravation of the clinical context<sup>18</sup>.

Parents / guardians were favorable to speech therapy, starting often them the initiative to seek therapy. The source of the referral to the speech therapy service occurs predominantly by health professionals (mostly doctors) and education<sup>21,22</sup>.

However, there were no citations in the literature that analyzed the initiative of the responsible seek the speech therapy. This finding indicates the growth

of the area and, thus, extend the expectations for demand for assessment and speech therapy ever earlier, contributing to a better prognosis and overcoming difficulty speaking, as well as the other losses often related fields.

They were listed by those responsible for some hypotheses regarding a possible etiology of abnormal speech, such as: 1) "normal" manifestation, rejecting the deviation; 2) behavioral problem; 3) emotional cause or genetic; 4) physical cause - childbirth or pregnancy; 5) did not mention possible causes of deviation; 6) rejection of an emotional question; 7) genetic cause and; 8) emotional causes<sup>23</sup>.

In reference to the perception of respondents forward to talking of difficulty of the children, even though difficult to classify in levels or degrees of difficulty bypass all commented about the manifestation of the 'exchange of sounds' in speech.

With the exception of only one parent / guardian, the other said notice changes in the speech of children with speech therapy. Regardless of the therapeutic method used, parents of observations about improvements in the speech of their children have been reported<sup>24</sup>.

Speech therapists groups and mothers of children with speech disorders have shown similarly judge the severity of abnormal speech of children. The fact that mothers perceive similar to a speech therapist the difficulty in the child speech is because the daily contact with the child, since a third group, composed of lay people, showed greater difficulty in judging<sup>25</sup>.



The discourse of parents about the effects and effectiveness of a therapeutic process for speech fluency problems showed that parents felt part of the therapeutic process. Reports showed greater knowledge and understanding of parents against the son/daughter of the speech difficulty, which also noted the developments mentioned in the speech of children<sup>26</sup>.

About the negative consequences of phonological disorders and afflictions of the people who follow these children might be stressed units/cores of meaning in common, which include: 1) School / writing; 2) bullying; 3) speech / communication; 4) relationship and 5) no option mentioned.

As for the two major difficulties cited in the interviews in the case of reading-writing difficulties, it is known that it is common an association between phonological history and difficulties in learning the reading and writing process<sup>27,28</sup>, even if this association is not compulsory.

The other concern was referring to bullying, which may possibly be related to cases of language deficits. Children with disorders in oral language are children who usually have poor educational performance and develop feelings of frustration and low self-esteem, tending to isolate themselves and to suffer from bullying<sup>29</sup>. Those victims of such prejudice tend to be shy and they can have difficulties in relationships with their peers<sup>30</sup>. The stigmatization according to their way of speaking, was also alluded to by parents of children with disfluency<sup>26</sup>.

Regarding the advice and guidance to other parents whose children also have speech disorders, parents / guardians suggested more often the search for a speech therapist. What seems to indicate again the knowledge about the role of this professional, beyond recognition of the importance of this service. Other suggestions referred to the contribution in the family environment, to be patient with the child and the change of speech, correct it, to be careful with the infantilization, then speech therapy guidelines and seek the school, in order to provide contact with other children.

Most of the parents / guardians meet the mentioned speech therapy guidelines. As reported briefly in the introduction to this study, many of the contributions cited by respondents, they carry out, they referred to the activities provided by models of phonological therapy, as the Modified Cycles Model<sup>2</sup>, which are – the reading of the words list and practice through representative figures of stimulus-words selected by the therapist.

In a way, this observation serves as a warning to speech therapy guidelines, which should be in addition to a previously defined model. Therefore, the guidelines require also cover more frequent

conversations with the intention of offering greater possibilities discussions with caregivers in order to clarify doubts and prevent possible negative behaviors to the evolution in the phonological system.

Even better if the guidance can be individualized, aimed at empowering parents to deal with the specific difficulties of their children, such as language, cognition and social adjustment<sup>31</sup>.

Two parents said also help by reading to the children and two others not encouraging infantilization in their behavior. The benefits of reading as a family have been made in the development of reading and writing<sup>32</sup>. In reference to the adoption of childish behavior, it cannot be said that the infantilization, if it occurs, happens previously or subsequently the establishment of phonological disorder, since the observation of infantilization occurred in some cases of phonological disorders and should be treated in a particularized way<sup>23</sup>.

Only 22% of parents / guardians said they have doubt about the time to overcome the difficulty of speech. Researches about the number of therapy sessions to overcome the phonological disorder are scarce in the literature, although for Brazilian Portuguese speaking children there are evidences referring to the average of 15 sessions for slight deviations to 34 sessions for serious deviation<sup>33</sup>. Comparison about the number of therapy sessions and the type of therapeutic approach was also performed<sup>34</sup>. The time for release the speech therapy of phonological disorder has still to be thoroughly investigated in order to assist speech therapists in the therapeutic prognosis and clarifying the relatives.

All respondents were satisfied with the speech therapy, but some of them pointed out the need for a greater number of vacancies for therapy. The same satisfaction was reported by users of hearing aids satisfaction, linked to hearing aid grant programs offered by the Public Health System (PHS)<sup>35</sup>.

The need for more supply in the speech therapy service has also been suggested in another study<sup>13</sup>. Even abroad, in countries such as Canada, parents of children who use an augmentative communication technology and alternative, also report the occurrence of large queues at service<sup>36</sup>.

On this public health problem, guidelines and training parents / guardians can assist in overcoming the same speech errors before speech therapy<sup>4</sup>, thereby contributing to the reduction of the waiting list of these services as well as for the prevention of probable factors related to phonological disorders, such as difficulties with reading and writing.

As a suggestion for future studies deem it important also include the analysis of perceptions of

their own speech in relation to the handling of cases of phonological disorders, as well as regarding their relationship with parents / guardians of children with this disorder of speech.

## ■ CONCLUSION

Parents / guardians of children diagnosed with phonological disorder who exposed their views and perceptions about their experience related to their child speech difficulties and speech therapy. It highlights the main ideas drawn from their accounts:

- They showed their support for speech therapy and in many cases own-initiative demand for speech therapy;
- They referred realize the linguistic difficulty of their children, as well as developments in their speech;
- They enumerated school problems and bullying as difficulties and concerns related to phonological disorders;
- As guidance to other parents, they suggested the demand for speech therapy;

- They mentioned collaborating with speech therapy;
- They alluded having doubt as to the time required for release speech therapy.

Thus, even if it is often exalted the significance of the family commitment to speech therapy, ratifies the approach of caregivers in the therapeutic process. Once knowing the favoring attitudes for the development of speech, as well as the aims and methods of therapy, it is believed in most accession and parental contribution to the overcoming of phonological difficulty.

## ■ ACKNOWLEDGEMENT

To the parents/guardians by the availability of participation in the survey. To the Foundation for Research Support of the Rio Grande do Sul State (FAPERGS) and the Higher Education Personnel Improvement Coordination (CAPES) for granting scholarships (one PhD and one master) of the first two authors of this study during the collection of the present data.

## RESUMO

**Objetivo:** investigar a percepção de pais/responsáveis de crianças com desvio fonológico em relação ao próprio desvio e terapia fonoaudiológica aplicada. **Métodos:** a amostra foi composta por 23 pais/responsáveis de crianças com diagnóstico de desvio fonológico, atendidas em um ambulatório de Fonoaudiologia. Para a análise das entrevistas coletadas utilizou-se a Análise de Conteúdo.

**Resultados:** em síntese, merecem atenção: (a) a aceitabilidade ao atendimento fonoaudiológico, inclusive, em muitos sendo de própria iniciativa dos pais/responsáveis a procura pela fonoterapia; (b) esses referem perceber a dificuldade linguística de seus filhos, bem como, as evoluções na sua fala; (c) enumeram, com maior ocorrência, os problemas escolares e o *bullying* como dificuldades relacionadas ao desvio fonológico, também, como sua preocupação decorrente do mesmo; (d) sugerem mais frequentemente a busca pelo atendimento fonoaudiológico a outros pais; (e) dizem contribuir no ambiente familiar para com a terapia fonoaudiológica e; (f) mesmo não tão frequente, alguns mencionam ter dúvida quanto ao tempo de terapia. **Conclusão:** desse modo, os pais/responsáveis expuseram suas concepções acerca de sua experiência relacionada à dificuldade de fala e à terapia fonoaudiológica. Acredita-se em uma contribuição para a reflexão dos procedimentos terapêuticos adotados na fonoterapia, bem como, para o amadurecimento da relação terapeuta-paciente e terapeuta-pais. Por esse motivo, incentiva-se a inclusão e aproximação dos cuidadores na terapia, com o intuito de ampliar a adesão e contribuição desses para a superação da dificuldade de fala.

**DESCRITORES:** Fonoaudiologia; Fonoterapia; Distúrbios da Fala; Pais; Análise Qualitativa

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#### Attachment 1 - Directed the script interview

1. *How long has your son/daughter participated in speech therapy?*
2. *Where was heard the same speech therapy service?*
3. *What was your reaction to being given speech therapy for your child ? What did you feel?*
4. *What level do you think is the difficulty of your son/daughter? Why?*
5. *What is the biggest difficulty your son/daughter faces / faced due to “exchange” sounds in speech?*
6. *Another person in the family also had this difficulty speaking?*
7. *How do you see the evolution of your son/daughter ?*
8. *What is your greatest concern about the development of speech?*
9. *How do you usually help your son/daughter to overcome his/her/their speech and language difficulties?*
10. *What guidelines that speech therapist passed?*
11. *Can you meet all of the guidelines? Justify.*
12. *What tips would you give to other parents whose children also have such difficulty speaking?*
13. *What questions do you have about the speech therapy? Have you ever asked the speech therapist your son/daughter ?*
14. *Are you not satisfied with something? What?*

<http://dx.doi.org/10.1590/1982-0216201517621314>

Received on: December 19, 2014

Accepted on: July 20, 2015

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