MEDIA INFLUENCE ON THE PEDAGOGICAL LOOK AT STUTTERING: INITIAL REFLECTIONS

Influência da mídia sobre o olhar pedagógico da gagueira: reflexões iniciais

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ABSTRACT

Purpose: to verify the media influence on the knowledge of teachers in the municipal, state and private schools about stuttering, especially in childhood stuttering and describe the posture of teachers towards it. **Method**: the first experiment was carried from October 2009 to March 2011 with 300 teachers from the state, municipal and private schools. It was applied a questionnaire with questions on the knowledge and posture of teachers toward stuttering. It was made a descriptive statistical analysis and chi-square test ($p<0,05$). The second experiment was descriptive in which a survey was conducted about media and campaigns that could have reached the teachers participating in the research. **Results**: there was no statistically significant difference in responses by type of school and teacher training. Most teachers answered "do not know" on issues specific to stuttering. The majority, 95% believed that stuttering can be cured and the speech therapist is the professional most often mentioned for referral for children who stutter. Two not-governmental campaigns and nine programs about stuttering in the studied region were found. **Conclusion**: the content questioned to the teachers was presented to the public at different moments by specialized professionals, however it seems it has not been enough to significantly modify the teachers' perception on stuttering.

KEYWORDS: Stuttering; Speech, Language and Hearing Sciences; Faculty

INTRODUCTION

Language is a form of communication distinctive of humans. It is a means of conveying information and permeates interpersonal relations, expressing individual thinking and conduct. Language enables individuals to interact[1]; in the process of language acquisition, different linguistic components are gradually established and used productively[2]. These components should be well balanced for verbal fluency to be achieved.

According to Brandi[3], fluency is characterized by sequence, duration, speed and rhythm. These four parameters are frequently altered in stuttered speech.

Formerly, disfluency was often seen as an error or defect of speech. Today, however, it is no longer regarded thus, since disfluency is known to allow time for the speaker to solve momentary difficulties concerning "what to speak" or "how to speak". Disfluencies are present in the speech of all speakers; those who are considered to be fluent simply produce a low amount of disfluencies[4].

Two types of disfluencies can be distinguished: normal disfluencies, which are produced by all speakers, and stuttered disfluencies. The most common disfluencies are hesitancies, interjections, revisions, interrupted words and repetitions of sentences. The disfluencies of the "stuttered" type consist of repetitions of syllables, words and sounds

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beyond three repetitions per utterance, prolongations, blocks, and long and tense pauses[5].

When stuttered disfluencies account for more than 2% of the speech, they are considered stuttering. Stuttering is currently regarded as a universal speech fluency disorder. Its prevalence in the Brazilian population is 5%, i.e., nearly 2 million individuals. The same prevalence rate is found worldwide and across social classes[6]. Andrade[7] categorizes stuttering into three types: neurogenic, psychogenic, and developmental. According to that author, neurogenic stuttering affects fluent speakers as a result of vascular or traumatic brain injury. This subtype occurs mostly when the brain lesion is diffuse. Psychogenic stuttering is caused by an identifiable psychological event that may have been triggered by a traumatic occurrence or an emotional conflict, or it may be related to a psychiatric condition. Developmental (or idiopathic) stuttering can be defined as a result of some dysfunction in the central nervous system, which is responsible for the motor and temporal control of speech. This type of stuttering has a genetic basis and, as it progresses, can be the cause of psychological impact and poor social adjustment by virtue of personal and environmental factors not sufficiently understood to date. According to Jakubovicz[8], developmental stuttering tends to begin in childhood, as early as 18 months of age, although onset is more common between 2 and 5 years of age. Typically, it becomes more severe in the period of fast growth and into adulthood, unless remission is achieved—spontaneously or with treatment.

In childhood, as a result of the complex process of language acquisition and development, a period of disfluency is normal; it is characterized by hesitancies, and repetitions of sounds, syllables or words. This form of disfluency occurs in around 80% of children, may arise as late as 12 years of age and lasts no longer than six months. In particular cases (family history of stuttering, disfluency associated with other communication disorders, or psychological characteristics that may be predisposing factors, e.g., shyness), this disfluency may progress to a chronic condition, which is termed childhood or developmental stuttering [9].

A supportive environment can minimize the manifestations of stuttering; however, it cannot prevent stuttering. Despite this predominantly neurolinguistic perspective, the influence of other factors is still taken into consideration; therefore, the idea of multicausality for developmental stuttering remains in place[8].

The high prevalence of stuttering in children prompts a reflection on the relationship between stuttering and school, since the latter is present in the child's activities of daily life from the first appearance of disfluencies until stuttering becomes a chronic condition. Studies have shown that the process of learning in school, as well as the primary and secondary socialization of children, can be disturbed by human communication disorders such as stuttering[10]. Developmental stuttering involves genetic predisposition[9,11] and develops during childhood[7,9]. According to the literature, the school is a privileged space for the development of language.

Socialization problems and even difficulties in school can be attenuated through pedagogical interventions leading to the early treatment of stuttering[12].

Teachers have a prominent role in the teaching-learning process; with the assistance of speech-therapy specialists as a part of a continuing education initiative, they could be worthy allies in designing strategies to foster the communication skills of the students and facilitate the early detection of any disorder they might manifest. Therefore, it is crucial that teachers have scientific knowledge of stuttering to prevent common sense ideas from interfering with their relationship with the children who stutter. Nevertheless, studies have shown that, in many instances, the relations between the teacher and the child who stutters is compromised by nonscientific information[4,12].

The objective of the present study was to assess the influence of the media on the level of information of teachers in municipal, state and private schools on stuttering, particularly childhood stuttering, and describe the attitudes of those teachers.

METHOD

The present research is a part of a larger project denominated "Getting to Know Stuttering". Two experiments were undertaken, and will be reported separately.

Experiment 1

This was a cross-sectional descriptive study conducted from October 2009 through November 2011 with 300 teachers in the age range of 23□60 years from state (42%), municipal (45%) and private (13%) schools in Belo Horizonte and its metropolitan area.

The schools were randomly selected and the following inclusion criteria were adopted: teachers working in the metropolitan area of Belo Horizonte; teachers who responded to all the questionnaire items; teachers who agreed to participate in the study by signing an informed consent form. Teachers without a degree in Education or equivalent were excluded from the study.

In order for this study to be undertaken, the principal of each school signed an Approval Letter; all the teachers who agreed to participate in this study were required to sign an informed consent document. Subsequently, a Questionnaire for Teachers comprising 11 questions—two open-ended and nine multiple-choice—prepared by the investigators was administered.

The first question elicited personal and professional data, such as school system (municipal, state or private), grade level with which the teacher worked, academic background and age. Question 2 sought to assess whether the teacher had ever knowingly taught students who stutter. The aim of questions 3 to 5 was to gather information on the teachers' level of information regarding the normal disfluency of childhood (NDC). The etiological factors were asked in question 6, while the cure for stuttering was addressed in question 7. Question 8 was intended to reveal the teacher's attitude towards a stuttering student. Questions 9 and 10 referred to the promotion of knowledge and government incentives for stuttering prevention. A final questionnaire item sought to find out how teachers defined stuttering.

In the pilot study conducted with 80 teachers, the questionnaires were handed to a representative of each school, who was made responsible for distributing them to the teachers and returning the questionnaires after completion. This method resulted in substantive sample loss, given the small number of completed questionnaires. In view of this, the procedure was changed: the investigator distributed the questionnaires in the schools at the time of change of shift and retrieved them immediately after completion.

Experiment 2

In order to better understand the information that could be available to the teachers during the study period (late 2009 to late 2011), an exploratory study was undertaken of the media and of awareness campaigns that could have reached the teachers participating in the study. The inclusion criteria for the media survey were the following: a) news reports in Portuguese; b) interviews with experts of the television medium (print or exclusively online material not accepted); c) television shows with national or regional broadcasting (including the Belo Horizonte metropolitan area), and d) shows with full interviews available on the internet, free of charge. The following inclusion criteria were established for health promotion and prevention campaigns: a) campaigns developed in the study region (Belo Horizonte metropolitan area); b) campaigns with or without government support, and c) campaigns with repercussion in the media, whether through interviews or media coverage of the event.

Both the study of the media and that of campaigns encompassed the years 2010 and 2011. The content covered by the media and campaigns was assessed, and divided into a) epidemiology and cause; b) concepts and general characteristics of stuttering, and c) attitudes related to stuttering.

This study was approved by the Human Research Ethics Committee of the home institution under protocol no. 122/2009.

The EPinfo 6.04 software was used for data storage. The statistical analysis involved measures of descriptive statistics, as well as means, medians and standard deviations, and the chi-square test was used with a 95% level of confidence for comparisons between the samples.

RESULTS

The study comprised 300 teachers aged between 23-60 years. Of the total, 135 (45%) teachers taught in municipal schools, while 126 (42%) worked in state, and 39 (13%) in private schools of Belo Horizonte and metropolitan area. The age groups are outlined in Table 1 and the distribution for teacher academic background, in Table 2.

The results of the questionnaires regarding the NDC, etiology, and cure of stuttering are given in Tables 3, 4 and 5, and Figures 1 and 2. The responses regarding the course of action when stuttering is identified in a student are seen in Figure 3.

Of the 300 teachers, only five reported that an event focused on stuttering was held in their school. When asked about government aid to work with stuttering children, 1.3% of the teachers responded that they were receiving such aid.

No campaigns with government support, incentive or funding were found in the study area. However, two nongovernmental campaigns with open-access reports online and repercussion in the media were found, as shown in Figure 4. In addition, nine TV news shows on the subject of stuttering were found in the study period which were available to the study population (Figure 5).

Table 1 – Sample data for teacher age and grade level

Faculty data			
	Age (years)	**Grade taught**	**N (Percentage)**
Minimum	23	Preschool	153 (51%)
Mean	38.17	Elementary	111 (37%)
Standard deviation	10.65	Secondary	36 (12%)
Maximum	60	Total	300 (100%)

Table 2 – Sample data for teacher academic background

Teachers (%)	N	Academic background
77	230	Teaching licensure
14	41	Pedagogy
8	23	Graduate studies
1	3	Psychology
1	3	Master's
100	300	Total

Table 3 – Sample data for academic background vs. perception of the normal disfluency of childhood

Background	Yes	No	Don't know	Total
Licensure	75 (26%)	55 -18%	100 (34%)	230 (77%)
Pedagogy	22 -7%	6 -2%	13 -4.00%	41 -13%
Graduate studies	19 -6%	0	4 -1.00%	23 -7%
Psychology	0	2 -1%	1 -0.30%	3 -1%
Master's	0	1 -0.30%	2 -1%	3 -1%
Total	116 (39%)	64 -21%	120 (40%)	300

Table 4 – Etiology of stuttering according to teachers

System/Etiology	Genetic	Emotional	Personality	Social	Doesn't know	Other
Municipal	34	120	25	39	2	8
State	29	103	19	41	12	2
Private	12	27	3	10	1	1
Total (N)	75	250	47	90	15	11

Table 5 – Opinion of sample regarding cure

Is it curable?	Schooling		
	Up to16 years	More than 16 years	Total
Yes	180 (85%)	21 (10%)	201 (95%)
No	9 (5%)	0	9 (5%)
Total	189 (90%)	21 (10%)	210

Chi-square test with $p<0.05$ $x^2n=1.9=3.8$

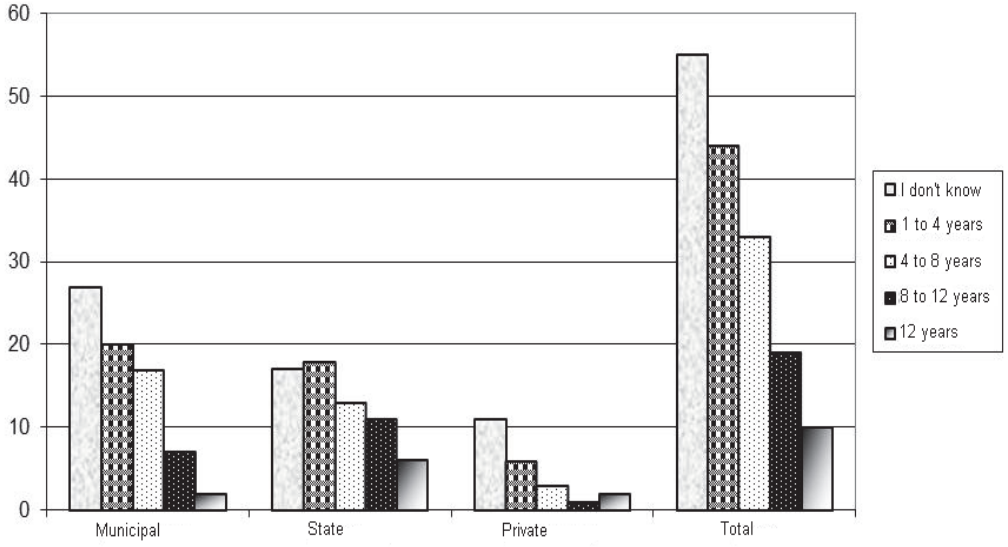

Figure 1 – Teachers' responses, in percent values, with respect to the age when the normal disfluency of childhood resolves

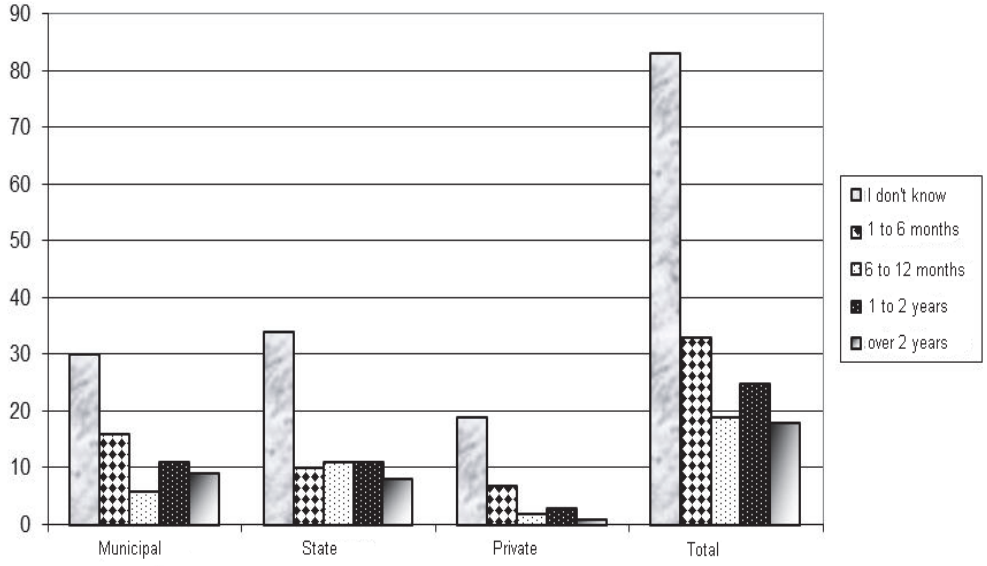

Figure 2 – Teachers' responses, in percent values, regarding the duration of the normal disfluency of childhood

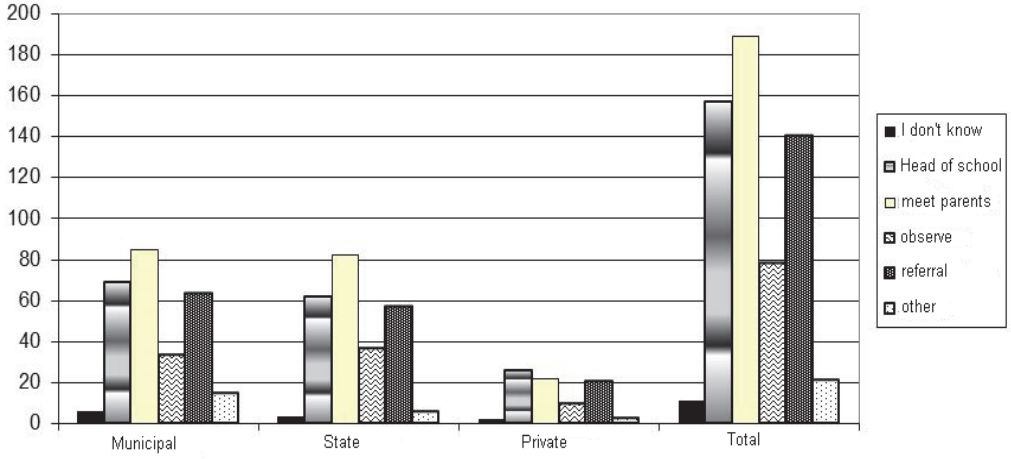

Figure 3 – Course of action reported by teachers when a child who stutters is identified in the classroom

Year	Organizations	Support	Activities	Content
2010	Grupo de Estudos de Fluência da Fala (GEFF) and Associação Brasileira de Gagueira (ABRAGAGUEIRA)	UFMG Phonetics Laboratory, Speech-language pathology/UFMG and Speech-language pathology/FEAD	Interview on CBN radio and Band News	Concepts, characteristics and attitudes towards stuttering
			Stuttering Awareness Campaign activity in two schools	Concepts, characteristics and attitudes towards stuttering
			News report by Band Minas network	Concepts, characteristics and attitudes towards stuttering
			Hand-out of fact sheets in Basic Healthcare Units and two higher education institutions	Concepts, characteristics and attitudes towards stuttering
2011	Grupo de Estudos de Fluência da Fala (GEFF) and Associação Brasileira de Gagueira (ABRAGAGUEIRA)	UFMG Phonetics Laboratory, Speech-language pathology/UFMG, Speech-language pathology/FEAD, Regional Speech-language pathology Council (6th region).	Lectures and round table	A variety of stuttering-related topics, including concepts, general characteristics, epidemiology and relationship between stuttering and disability
			Interview on Edição do Brasil News	

Figure 4 – Campaigns about stuttering with reports available on the internet in 2010 and 2011, with media repercussion

Broadcasting Corporation	Date	Broadcast	Network	Themes		
				Epidemiology and cause	Concepts and characteristics	Attitudes
Globo News	02/11/2010	National	Pay TV			
Globo	08/01/2010	National	Open			
Band Minas	10/08/2010	Regional	Open			
GNT	06/19/2011	National	Pay TV			
Rede TV	03/18/2011	National	Open			
Rede Vida	04/11/2011	National	Pay TV			
TV Gazeta	04/22/2011	National	Pay TV			
TV Tem	07/01/2011	Regional	Pay TV			
Meio Norte	10/21/2011	National	Pay TV			

Figure 5 – TV shows about stuttering reaching the study population in the period 2010-2011

DISCUSSION

The results will be discussed in two parts: first, the teachers' responses with regard to stuttering will be discussed, and next, a reflection on the possible influence of the media on teachers' conceptions will be presented.

The mean age of the surveyed teachers was 38 years (Table 1). No statistically significant difference was found when the variables school system (municipal, state or private) and teacher academic background were compared. This finding shows that, regardless of the school and academic background of the teachers, the answers concerning stuttering were homogeneous.

The majority of the teachers taught preschool (51%), followed by elementary school teachers (37%), comprising children from 5 to 14 years of age. For clarity, the sample was divided according to the types of teaching licensure programs and to distinguish them from the other academic programs. Thus, 77% of the sample was composed of professionals with a bachelor's degree and teaching licensure, followed by pedagogy (14%) and graduate studies (8%), as shown in Table 2. The analysis of the academic background by teaching institution showed that 40% of the private school teachers had a graduate degree (Table 2).

Stuttering is a disorder afflicting approximately 5% of Brazilians, which corresponds to nearly 2 million individuals. This projection is also found worldwide, with stuttering being regarded as a disorder of high incidence[6]. Thus, it is not surprising that most teachers stated that they had already taught children who stuttered.

To start the investigation on the knowledge of the teachers about stuttering, more specifically developmental stuttering, their perception of the normality of the common childhood disfluency was elicited. Most respondents were unable to give an opinion, or considered normal for a child to stutter at some point in their development (Table 3). This finding is in line with that of Carvalho and Galvão[12], in whose study 52% of the sample declared that they believed stuttering was normal at some point in childhood.

In Table 3, the sample is discriminated with respect to the teachers' academic background. No statistically significant differences were found in the responses, with 116 teachers regarding stuttering as normal. By contrast, 21% of the sample believes that stuttering is not a normal occurrence. The disfluency of childhood is both a frequent and normal alteration of speech for a period of time in childhood; if adequately treated, total remission is achieved and fluency recovered. When the problem is not properly tackled, aggravation may entail chronicity, and the individual becomes a stutterer[9].

Of the teachers who considered to be normal for a child to stutter for a period of time (46% of the total sample), 69 believed that the onset of the NDC occurs between 1 and 4 years of age. Thirty-three of them taught in municipal schools; 31 worked for the state and 5 were private school teachers. The NDC resolves between 1 and 4 years of age for 28% (39) of the teachers, while 35% (48) were unable to give an opinion (Fig.1). Research indicates that disfluency is a disorder arising in early childhood[13,14]. However, there is no consensus in the literature regarding the exact onset—ages between 2–3 years[5], or 5–7 years until 12 years[15] have been proposed.

A variety of responses were noted regarding the etiology of stuttering. Most of the answers referred either to an emotional cause for stuttering or the social environment of the child, with the genetic factor coming next (Table 4). Eleven teachers suggested that the cause of stuttering could be something else, e.g., anxiety, embarrassment, a disorder, vocal fold dysfunction, a scare, health problems or insecurity. This corroborates the findings by Ferriolli et al.[15,] who reported that 100% of the teachers in their study mentioned emotional factors as the most likely cause of stuttering. The most widely accepted etiology, particularly with regard to developmental stuttering, is the genetic factor[8,9].

The teachers in the present study were also inquired as to the duration of the normal disfluency of childhood. Their answers can be found in Fig. 2.

Question 7 of the questionnaire concerned the cure of stuttering. In this regard, 73% of the respondents stated that stuttering is curable and only 1.5% of the sample affirmed that it is incurable. Jakubovicz[8,] who translated and summarized excerpts from a work by Schwartz, agrees with that author and postulates that stuttering is curable, since disfluent individuals can organize themselves so as to develop fluent speech; therefore, it can be said that they are cured. The age limit for treatment was also asked, and answers varied. The teachers surveyed believed that, ideally, stuttering should be treated as soon as the problem is detected, preferably in childhood.

For the statistical analysis, the groups were divided considering programs with up to 16 years of schooling (bachelor's degree with teaching licensure, pedagogy and psychology) and programs with more than 16 years of schooling (graduate studies). Based only on the "yes" and "no" answers, it was found that none of the teachers with more than 16 years of schooling believe stuttering is incurable (Table 5). No statistically significant difference was found with respect to the years of schooling and

knowledge of the cure. These responses followed a pattern throughout the study, which shows that, as mentioned by Ferrioli et al. [15], teachers lack the scientific knowledge pertaining to the most common disorders in children. Many of these teachers rely on common sense, which explains why the years of schooling had no influence on the quality of the answers given. These professionals are in direct contact with the child; not only their conduct, but also the body of knowledge underlying their attitudes directed and shaped the path of the students. In their study, Simões and Assencio-Ferreira[16] advocate the importance of investing in teacher education, since the treatment of stuttering becomes much more expensive than investments in academic background and information regarding child development and its disorders.

When teachers notice the onset of disfluency in a child, the attitude most frequently observed in municipal and state schools is the teacher-parent meeting; in the private schools, the most cited course of action was to refer the problem to the head of the school. The third most frequently mentioned approach was to make a referral to a specialist. In this case, 33 respondents would refer the children to a speech-language pathologist, 12 would refer them to a psychologist, one, to a neurologist and one, to an otolaryngologist. Regarding the teachers' attitudes towards a disfluent student, Chiquetto[17] noted that, in their attempts to help, teachers take measures that are not always adequate, and this is largely due to the lack of information on stuttering and how to approach it. The same author reports that teachers, especially because of a fragmented view of the problem, seem to have some difficulty in recognizing stuttering, as it could even be a normal disfluency. Once the problem is acknowledged, however, Luz and Campiotto[18] verified that the teachers' concern is genuine, and as soon as the problem is identified, most of them make sure to contact the family or proceed the proper referrals.

Despite the high incidence of stuttering in the population and its impact on children, only five (1.6%) teachers of the 300 surveyed reported having had any school event related to stuttering. The reported event was a theater play to promote information on stuttering. The other 295 teachers (98.4%) informed there never was, or they were not aware of, any educational event about stuttering in their school. Ferriolli et al.[15] assert that educational initiatives play a key role in school, in that they enable teachers and students to enhance their rapport to mutual benefit. This guidance is important considering the aggravating factors of stuttering; mistaken attitudes on the part of the teachers can worsen the condition.

The same response pattern was seen when the teachers were asked if they received any assistance from the government to deal with children who are disfluent in school: four (1.3%) teachers—two (0.6%) in municipal and two (0.6%) in state schools—responded affirmatively. A number of authors observed that the knowledge teachers have on stuttering comes largely from common sense, thus lacking scientific basis, or is empirical, for being close to someone who stutters, or someone who coped with stuttering[15,17].

Nothing was found in the literature in terms of government intervention regarding the issue of stuttering. A search of the government websites located educational primers, which are not sufficient to raise teachers' awareness regarding this subject. Studies have shown that health promotion has yet to be reviewed and could be improved nationwide[19,20].

To conclude the questionnaire, a definition of stuttering was elicited from the teachers. The answers were diverse. The most prevalent responses mentioned speech difficulties, repetition of letters, syllables or words, an emotional or genetic disorder, difficulty in organizing thinking, emotional factors related to speaking in public, or a biological factor, namely, the involvement of the brain hemisphere responsible for language. Merçon and Nerm[21] acknowledge the difficulty in diagnosing stuttering and, consequently, conceptual difficulties. Ferriolli et al.[15] conclude that teachers should be clearly informed about the possible causes of stuttering and everything it involves. The authors elaborate on the importance of prevention programs in the school. Dinville[14] finds that lack of information is the major exacerbating factor of stuttering.

So far, the discussion has focused on how the teachers in the present study perceive stuttering, as well as their attitudes towards children who stutter. The findings showed that the campaigns and news reports involving stuttering encompassed all the content that had been elicited from the teachers. However, the results were not yet satisfactory in that teachers persist with misguided attitudes and misconceptions with regard to stuttering.

One might ask, "Could these results be due to a meager influence of the media on teachers?" Studies of the media impact on the population have been undertaken from different perspectives. The relationship between education and the media was one of these aspects, and all the findings pointed to a common denominator: there is indeed a strong influence of the media on the conceptions of the population[22-24]. Despite the fact that no specific studies were found on the influence of the media on the level of information of elementary school teachers, the likelihood that these professionals are

influenced by the media regarding their conceptions and attitudes as high school[22] or college[23] students, for example, should be considered. It should be noted, however, that it is not possible to affirm here the extent of the media influence on the study population or on teachers in general.

A second tentative explanation for the inconsistency between the finding in the media and the teachers' conceptions could be the timing factor. The influence of the media is clearly substantive on the public[22-25]; however, the notions that the media disseminates take some time to be taken in by the population, it is an evolutionary process[25]. Therefore, this type of analysis would require a study with a historical design of stuttering in the media.

Finally, it is worthy of note that the influence of the media is not limited to the shows mentioned in the present study. The reach of the media included streams other than the news. Commercials, soap operas and comedy shows are examples of a possible influence of the media on the population and should also be investigated.

CONCLUSION

No statistically significant differences were found when the variables school system (municipal, state or private) and teacher academic background were compared. This fact shows that the responses given about stuttering were homogeneous regardless of the school governance and teacher education.

The results also showed that the teachers tended to base their answers on common sense more than on the body of scientific knowledge on stuttering.

One difficulty perceived by the teachers was the lack of government support and/or the lack of effectiveness concerning the information made available to these schools. The only schools that reported some event dedicated to conveying information on stuttering were the private schools; however, the information delivered was not sufficient to produce a change in the response patterns. The lack of a specialized professional in these institutions who could orient these events in order to extend consistent knowledge and allow a change of attitude on the part of the teachers was made clear in the present study.

Therefore, it is justified to raise questions concerning prevention programs in schools and other educational institutions to enhance the knowledge of the professionals who spend the most time in contact with the children. This could generate behaviors and attitudes that would prevent an exacerbation of the problem and the progression of a disfluency to chronicity.

Furthermore, the results of the present study showed that different news reports and interviews were brought to the general public in the study period. It should be stressed that the search for such media output was exploratory. The content elicited from the teachers was presented to the public on different occasions by specialists; however, it does not seem to have been sufficient to significantly change teacher's perception on stuttering. It is suggested that other types of media, such as TV commercials, soap operas and comedy shows, should also be examined in order to better understand the influence of the media on the population with regard to stuttering.

RESUMO

Objetivo: verificar a influência da mídia sobre o conhecimento de professores das redes municipal, estadual e particular sobre a gagueira, em especial a gagueira na infância e descrever as atitudes desses professores. **Método:** o primeiro experimento foi realizado de Outubro de 2009 a Março de 2011 com 300 professores de escolas estaduais, municipais e particulares. Foi aplicado questionário com questões sobre o conhecimento e atitudes de professores sobre a gagueira. Foi realizada análise de estatística descritva e teste qui-quadrado ($p<0,05$). O segundo experimento teve caráter descritivo no qual foi realizada uma pesquisa midiática e de Campanhas que pudessem ter atingido os professores participantes da pesquisa. **Resultados**: não houve diferença estatisticamente significante nas respostas quanto ao tipo de escola e formação dos professores. A maior parte dos professores respondeu "não sei" nas questões específicas de gagueira. A maioria, 95%, acredita que a gagueira tem cura e o fonoaudiólogo é o profissional mais citado para encaminhamentos de crianças com gagueira. Foram encontradas duas campanhas não-governamentais e nove programas sobre gagueira com alcance na região estudada. **Conclusão:** o conteúdo questionado aos professores foi apresentado ao público em diferentes momentos por profissionais especializados, porém parece não ter sido suficientes para alterar de forma significante a percepção dos professores sobre a gagueira.

DESCRITORES: Gagueira; Fonoaudiologia; Docentes

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