

Original articles

Family members group of individuals with language disorder: process of preparation and application of therapeutic activities

Grupo de familiares de indivíduos com alteração de linguagem: o processo de elaboração e aplicação das atividades terapêuticas

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ABSTRACT

Purpose: to analyze the process of elaboration and application of the activities developed at family members group of kids/teens with language alteration undertherapeutic accompaniment.

Methods: it is a qualitative research, focus groups, and the data collected through field diary of discussions supervision of speech therapy stage in Linguagem Chance of origin institution, and audio and video recording of family groups, containing transcription and content analysis of the found data.

Results: the stage of supervision encouraged students to mature reasoning to approach with the family, the activities of groups, encouraging the participants to reflect about difficulties and how to deal with the change of language, among others.

Conclusion: the study contributed to the description of maturing of trainees over the supervision and raised the discussion of speech therapy approach to family, encouraging him to build with the subject ways to benefit you in linguagem disorder, without damaging relations linkages and interaction.

Keywords: Rehabilitation of Speech and Language Disorders; Health of Specific Groups; Family

RESUMO

Objetivo: descrever o processo de elaboração e aplicação de atividades com grupos de familiares de crianças/adolescentes com alterações de linguagem em acompanhamento fonoaudiológico.

Métodos: trata-se de pesquisa qualitativa, de grupo focal, sendo que a coleta de dados ocorreu por meio de diário de campo das discussões em supervisões do estágio de Fonoaudiologia em Alterações de Linguagem da instituição de origem e de gravação de áudio e vídeo dos grupos de familiares, contendo transcrição e análise de conteúdo dos dados obtidos.

Resultados: as supervisões do estágio estimularam os alunos a amadurecer o raciocínio e levantar questões relevantes à abordagem com a família; nas atividades dos grupos, os participantes foram estimulados a refletirem sobre questões como postura frente às dificuldades, maneira de lidar com a alteração da linguagem, entre outros.

Conclusão: o estudo contribuiu para a descrição do amadurecimento dos estagiários ao longo das supervisões, bem como levantou a discussão sobre abordagem do fonoaudiólogo ao familiar, estimulando-o a construir com o sujeito maneiras de beneficiá-lo em sua alteração de linguagem, sem danificar as relações de vínculos e interação.

Descritores: Reabilitação dos Transtornos da Fala e da Linguagem; Saúde de Grupos Específicos; Família

INTRODUCTION

Guiding parents is very important in therapeutic routine in speech therapy treatment. This is due to the fact that family is the individual's first nucleus and also the institution that people are constituted as subjects and citizens¹. Family, seen as a social institution, is the individual's main form of socialization, with the role of teaching cultural standards that must be used in social relations^{2,3}.

Usually, children spend most of the time and develop within the family. Family is a social unit that acts as psychosocial development matrix of its members³. The relationship with parents is the framework in constructing language, and this process is linked to social interaction and communication of the subject, being fundamental to therapy success. Thus, performing a work together with family members is essential for the proper development of the child's and/or adolescent language.

Since each family deals with the situation according to their personality, experience, values, and hopes, different relationships between family and the child's changing are built by assigning varying importance to children's challenges⁴.

Family group provides an environment so that they can modify their perception on language disorder as well as changing the way they deal with it^{5,6}. When the family understands the complaint, anxieties, and the individual's experiences – as well as experiencing their own anxieties and expectations –, respect and empathy increase in relation to the individual, so that there is support and acceptance. The group environment allows families to express their complaints, doubts and feelings. Thus, the therapeutic alliance of the family, subject and therapist help to new family's perception of the individual, which is imperative to significant changes in the individual process, since the subject will receive support from family and therapist⁷. The group can become an important environment for reflection and respect towards differences⁸.

Therapeutic group can play a very important role in the construction of the subject, which gradually transforms the group and is transformed by it⁹. Therefore, one must consider the therapeutic setting, or context, which consists by the sum of all the procedures that organize, standardize and enable the working group, and contribute to (re)signification of the participants' experiences, helping to establish new roles and positions. The setting is established at the first session, in order to clarify the rules and limits of therapy session,

ensuring confidentiality to members on the group content¹⁰.

The speech therapist uses the interpretation of the subjects' speech of the group to promote displacement of discursive positions and to intervene, causing change of roles between the group members, understanding the individual and in group difficulty and potential. The speech therapist's listening can be oriented in two directions: one aimed at listening to the symptom and the other aimed at analytic listening, through which the therapist will signify, along with the subject, the experiences and conflicts¹¹.

According to authors, the therapist who coordinates the group must have a mediator and interlocutor role, since he/she circumscribes language practices as an expression feature of the subjects and their needs, favoring the dynamics of communication between group members, being a promoter of social interactions¹².

Thus, it is important to understand how intervention occurs with the family of individuals with language disorder complaints and how group activities are designed to act on important aspects for the subject's evolution and their relation with the world^{6,13}. Thus, the objective of the study is to describe elaboration and implementation process of activities in the assistance with family members group of children/adolescents with language disorders in speech therapy.

METHODS

This study is linked to the research "Speech therapy intervention in family members group of children with language disorders" and was approved by the Ethics Research Committee (CEP, in Portuguese) – FCM – UNICAMP, number 179/2009, CAAE:0133.0.146.000-09. The project follows ethical aspects of research in humans and the Free and Clarified Consent Term (FCCT), which was presented and signed by the subjects, has accessible language and includes aspects such as: objectives, justification and methods of research, freedom of the subject to refuse or withdraw consent at any step of research without penalty, confidentiality, which ensures privacy as well as knowledge in relation to the expected benefits, discomforts and risks that could occur with the study. (Resolution CNS number 196/96, item IV. 1). The research was conducted in the undergraduate course in Speech Therapy, School of Medical Sciences (FCM, in Portuguese), University of Campinas (UNICAMP), for twelve months.

This is a qualitative research, with focus group design. Focus Groups are discussion groups, which are stimulated by moderators, characterized by interpersonal group interaction¹⁴, and foster exchanges, discoveries and formation of new ideas¹⁵. The study consisted of a group of ten family members of children/adolescents with language disorders in speech therapy assistance at CEPRE (Center for Studies and Research in Rehabilitation “Prof. Dr. Gabriel Harbor”) – FCM – UNICAMP.

The research included parents or guardians of children and/or adolescents with language disorders in speech therapy assistance at CEPRE who participated in family members group that agreed to participate by signing the FCCT.

Data collection was carried out from August to December 2012, and consisted of observation of stage supervision and family members’ group assistance. During each supervision therapeutic objectives to be developed with the family members group were planned. Supervision meeting took place with the participation of Speech Therapy undergraduate students from the eighth semester (FCM – Unicamp) and two professors responsible for the stage. A field diary was created, in which the discussion of development of objectives, selection of activities to be developed in the group, and discussion after the application of each activity were recorded. Another data collection step was the group speech therapy session with family members – when the activities were planned in supervision – with audio and video recording.

Data transcription occurred in full as literary text dialog, keeping different grammatical constructions of academic standard, indicative of the subject’s socio-cultural universe, being capable of understanding. Names were replaced by fictitious names. Hesitations to pronounce words were indicated with ellipsis. Pause signals were properly displayed, following speech transcription techniques¹⁶. Transcription of these data has shown that the objectives were achieved and offered subsidies for planning activities in the group.

Content analysis of the field diary transcripts and audio and video records was performed. According to the author, the content analysis is applicable to any communication and is defined as *“a set of communication analysis techniques to obtain, through systematic procedures and description of objectives of message content, indicators (quantitative or not) that allow the inference of knowledge concerning the conditions of production/reception (inferred variables) of these*

*messages”*¹⁷. This type of analysis consists in discovering the “core meaning” in the communication, whose presence or frequency has some meaning^{17,18}. Content analysis in qualitative research considers a characteristic of content for a particular fragment of the message. Thematic categories were the method for analysis, which seeks to find meanings linked between each other; characterizing the segments according to the meaning according to sensitive and flexible codifier judgment¹⁹.

Thematic categorization of data was performed according to criteria of data relevance for the research objectives. Thus, the discourse content in common among groups’ participants was grouped. For relevance criterion, relevant and rich aspects of the content were considered, in order to confirm or oppose initial hypotheses of the investigation²⁰. The choice of excerpts selected for the study followed criteria of relevance of the subjects’ speech.

Such analysis categories were established manually, after detailed examination of the field diary data and transcripts. The categories selected for the study were: the stage supervision role in the activity preparation; the activity and group dynamics role as mobilization agents, reflection and training; and the supervision role in the reflection of therapeutic process and training in speech therapy.

RESULTS

Characterization of participants

For characterization of subjects from the groups, participants were called P (1 to 7). Mediators were: supervisors, denominated S (1 and 2) and interns, called I (1 to 7).

The degree of kinship of participants in relation to individuals varied: two participants were parents; four were mothers and one grandmother. The number of groups that each member participated varied between one and three groups.

Interns participated in one or in two groups and supervisors were fully present in the first meetings, and they were absent in the last meetings.

Weekly stage supervisions in which the group has field diary register were followed. The field diary recorded the discussion of the development of objectives, the selection of activities to be developed in the group and, after completion of the group, it was recorded discussion on the objective, achieving it or not, the results according to the students and

supervisors, the needs presented by family members and which adjustments would be needed for the next meeting.

The speech therapy session with family members was monthly, totaling four group interventions, and was recorded by audio and video. At each session, two students took turns on the stage, thus responsible for putting into practice the ideas discussed in supervision, mediating the group, which was also accompanied by supervisors.

The following categories of analysis in order to clarify the results according to the purpose of the study were: the stage supervision role in the activity development, activity and discussion after the activity.

The stage supervision role in the activity preparation

The supervision accompanied occurred a week before each meeting, focusing on establishing the objective that the interns had with the group, and thus strategy formulation to achieve the objective, that is, the proposed activity.

The stage supervisors raised several issues for the interns, such as:

“What does the therapist have to offer to parents?”; “What does the family need?”; “What is the family role in the therapeutic process?”; “How can the therapist approach the family?”; “What is the family expectation?”; “What has the family been showing to therapists, individually?”; “What is the most appropriate activity?” (Subjects S1 and S2)

In addition, relevant points were raised in supervision, such as: the importance of first thinking about the therapeutic objective and then plan the activity; checking the activity to be proposed so it corresponds to the objective; the importance of the therapist in establishing a link with the group; promoting an environment for exchanges developed in the groups; the importance of resuming the activity and reflect on what happened during the assistance; and the relevance of joint work of therapist, family and individual.

The role of activity and group dynamics as mobilization agents, reflection and training

At each monthly meeting, an activity was developed with family members of individuals with language disorders.

At the first meeting, there was a dramatic game presentation, when one of the interns staged a narrative and asked the group (family members) to help resolving the history problem-situation. In this sense, family members were encouraged to reflect on how that problem-situation could relate to the situations they experience with their children. The purpose of that activity was to encourage interaction among group members and also to provide reflection on emerging feelings before an unexpected situation.

In the second group, a dynamic was held, in which participants were divided in pairs. Then, members of the pairs were separated, one was kept in the room and had to tell a story to their partner. The other participant of each pair left the room and was told to stop the narrative, repeatedly asking and pretending lack of understanding. When participants tried to tell the stories they found it difficult to continue. Thus, there was a discussion about their feelings and difficulties when were unable to continue their narratives, due to disruptions they have suffered. The objective of the activity was helping the family to become facilitator of the child's communication.

In the third meeting, each participant wrote down on paper an expectation they felt about the child's and/or adolescent language. Each one placed the paper inside a balloon and, after all the balloons were put down and mixed, each one took a balloon and burst it, then read expectations described on them. It was then discussed whether there was identification with their own expectations and how they dealt with their own and other's expectations. The objective of the activity was to work the family's expectations regarding the language and the importance of working together, of the individual, family and therapist.

In the fourth group activity, participants were randomly assigned papers containing guidelines and some suggestions, based on the literature, on the ways of acting with the child/adolescent in everyday situations. Thus, aspects of the guidelines were reflected, for example, the family's role in child interlocution when they present stuttering. The aim was to discuss different possibilities for family performance in situations they have doubts on the course of action, thus favoring the language. The importance of that family member was also discussed – the one who has the carer role – take care of himself/herself, in order to handle the difficulty of the other individual, and thus, helping the individual in their evolution.

To express the groups' experience, mobilization triggered by the activities proposed, reflection, construction and maturing of professional in training and family members over the meetings, transcript excerpts from these subjects' speech, interns, and supervisors were selected.

In the first group, a stage supervisor raised the issue of the play in the assistance context (after a silence of the family members when the mediators asked):

"When you bring your children here ... Sometimes you observe them in the treatment. What goes through your minds? Sometimes we know that ... we observe that the children are playing. [...] What do you think? Goes through your minds, right? About coming here and suddenly there is a dramatization, a visit of a clown. What does that have to do with speech therapy care? Does it also has to do with the entertainment that the children have here ... play, having fun ... What does that have to do with speech therapy care?" (Subject S1)

In response, participants argued what they thought about entertainment as a strategy during assistance:

"In case of dealing with a child, it is difficult to do it rationally, right? Because we, adult people, sometimes cannot say what we are feeling [...] So I believe the children cut loose in those games, right? Because they are in their world, a child has to play ... So they cut loose and it is when we can make discoveries. That's how I understand it. I don't know if I'm right." (Subject P3)

"[...] I think that playing, in fact, is getting to their level, right? Because they need to be in their world to feel confident. Then they begin to cut loose when they start to feel confident. So how does he begins to feel confidence if he is not in his environment? I realized at the time that he began to improve just because of that. Because he began to feel confidence and to cut loose more ... and now he is at a level above what ... he has already surpassed ... that ... that ... that difficult situation, right? Then, in a more relaxed atmosphere, with entertainment, he can be self confidence." (Subject P6)

The family, seen as a framework in building language, when it can understand the anxieties and experiences that the individual experiences, increases empathy and willingness to help this individual to overcome their difficulties. Thus, some participants

brought needs and anxieties they felt in daily life when dealing with the individual:

"Because he stays only one hour in here, right? So, he has the time with the speech therapist and such. And how should we continue at home? The treatment, so to speak." (Subject P11)

"We need day-to-day guidance, because much of the time they are with us, right? "Or when they are not at school, are with us. So then, what do I do when this happens? What do I do? I tell him: "Stop talking"? I tell him "No, continue"? I keep quiet? So these doubts arise as ... Because my son stutters since he was two, since he began to speak, so ... The pediatrician said "no, it will pass, no, that happens." And we see that it's not getting better. We get anxious of wanting to help. And I think that's where we err." (Subject P3)

"Because from time to time we lose patience a little, he has this huge anxiety and you're kind of loose patience, right?" (Subject P11)

"So, so, it is complicated, though. Have some time, I try, I do my best. Today, well, I understand that today ... like, I improved a lot, but I still realize I have to improve a lot. Sometimes he's talking and I'm like: 'oh, my God, he doesn't finish', you know?! I try not to let him know that. Because he takes time, right, to conclude ... that he can't speak. And I have ... 'oh, the pan's burning, I have more things to do, the washing machine is working ... it stopped, I have to deal with the clothes. Then comes a time that I say: 'calm'. I king of, turn off the machine, turn off the pan. Sit down. Then I feel that he's quieter. But I can't do it often." (Subject P3)

"Actually everybody comes here with a little hope, to find a magic solution, right? But ... One way to ideally solve their problem, right? And we end up placing all that trust in you all." (Subject P12)

Similarly, one participant raised a question about guidance:

"And I'm enjoying the chat, you caught me by surprise. [...] But one thing I've already talked to the psychologist, to the speech therapist, is that I wanted exactly guidance on how to act. Because it's not enough saying: 'son, calm down'. Let him place what he thinks. This kind of thing. We don't have ... I was not trained for this. We know a little bit of life, right [...] and I know that you have affection for

what you do. So we let our children with you. But I would like you to also guide us on what to do, how to do. We may be damaging, getting in the way, right? Like, when someone called 'Porky Pig', what is it supposed to be done?" (Subject P2)

Mediators of one group sought to raise the relevance of the group after some participants had brought their anxieties on the ways to handle in certain situations and the need to receive guidelines:

"So this place is an exchange place and because I'm not here to ... Well, I'm not telling you what to do, and say: 'look, you'll have to do that.' We can build it together and talk, right? In what ways I can handle every situation. Even the group of parents, it's great because the other parent also talks about his experience. So he says and we reflect: 'look, you can do that,' 'perhaps if you do it like' or 'with my son that doesn't work, because he's a little shy'". (Subject E2)

"And let this environment open; of doubt, of sharing. And one thing that is also important is to come, because the link will be built over time. You live together with your children, and as you said, much longer. In here it is one hour per week. So this hour, the regularity of presence during this process is very important because now you are getting to know [...] You are getting to know the therapists and for them to cut loose and take advantage of the course, this bond has to strengthen, this mutual trust has to develop. So, that's one important thing". (Subject S1)

Considering the group as a possibility for sharing experience, this is the example of a participant:

"Because we get a lot of our time, but the child's time is the process time. It's not a machine that we program and after a while something happens. So I think we work on that and it will pay off. As I was talking to the physician that I still feel. After three, four years of treatment, he still has some relapses. So, he's not a machine, he's a human being. And human beings will always have ups and downs." (Subject P6)

Mediators chose the activities and experiences cited and approached them in situations experienced by the family:

"And how do you think this applies to your children? This experience you have gone through today?" (Subject S2)

"An interesting thing Camilo spoke is to give a space, right? To the child, to the teenager. That's why he materialized, right? Because the space he had, not only in relation to language, but the experience made him to develop the language they all have. [...] He has the ability to communicate, has the potential to develop language. So, providing this environment is much of what we do in here." (Subject E3)

In the analyzed groups, participants were encouraged in all meetings to reflect on different issues, such as:

"I wonder if he feels relieved or is it us who feel relieved when we assume this interpreter role you were talking about?" (Subject S2)

"How can the adult collaborate to promote greater fluency to the child? Better standards of speech, of a more fluent speech; either because of stuttering, or because they do not speak; anyway, the idea is that they speak, right? [...] if he asks you to talk; the question is worth the same way: Does it help him talk? I wonder if, when you speak, if he feels relieved; is he who feels more relieved or is it us that feel relieved?" (Subject S2)

"What I'm saying, on the one hand, we as listeners cannot stand the silence, that is, the disfluency. Because we want to interrupt, we want to complete the sentence, we want to ask to speak more slowly, ask to speak again, right? But then, I'm saying this so we can think, what does this cause to the child? I mean, I wonder if we contribute to promoting dialogue or not, right? We wanted you to feel it a bit, as some of you said what bothers you, right? Someone completing, or someone asking to repeat. It's not natural." (Subject S2)

"So how do you feel about it? Reflecting about this feeling, expectations that you had before, of not knowing what you were going to get." (Subject E4)

"And also how will we deal with our expectations?" (Subject E1)

In the last meeting, participants acknowledged progress on the individual and how the family deals with it, and the importance of being in the groups:

"I notice that he is more comfortable, he's better than before. Even the few words that he says, he, he speaks more confidently, he wants to speak; shows

what he means, even if it's wrong. He's not so afraid of making mistakes." (Subject P2)

"Yes, so ... I think that the improvement of speech is obvious that we're ... always seeking it, but ... it's ... I think that understanding, I think that we're already can, at home." (Subject P3)

"Me, on the contrary, I am at the beginning, and despite the short time, I see much improvement. Because I went to the physician because I thought my son was deaf, and he wasn't. And he was two, two and a half, about to complete three years-old and he did not speak; apart from 'mama', 'papa', he did not say anything else. Then I thought he was deaf. Thank God now he understands quite well and even says short sentences." (Subject P2)

"Now I'm currently trying. [...] I already know where I'm missing now I only need to fix that." (Subject P3)

Mediators positioned themselves to answer questions and offer some guidance to participants:

"That's why we have to put stuttering out of focus and show them the quality of speech, language." (Subject E5)

"Makes her understand that you are really paying attention to the message she wants to convey, the content. And not in how she's talking, the way, the way of, speech itself." (Subject E7)

"For information: it's what we try to give them in here. His acceptance, to his speech as normal. Because, what is speech? It is transmitting the message. These two in here, I think they can speak more than anyone else who wanted his son to convey the message regardless of how it was transmitted, it would be very good. Thus, from the moment they pay much attention to how they are transmitting this message, with everyone paying attention to how they are conveying the message, they have a lot to think about: what to speak, how to speak, if they will speak right. So we try to explain to them that what matters is what they are talking, that the language is OK, full, that they are managing to convey that content they have." (Subject E5).

"Thus, if we also believe they will be good speakers, either in the stuttering case, or those who are resolving the case, they will keep moving forward too. That's why I'm suggesting that we reflect on this." (Subject S2)

In the sessions, different situations were identified in which participants reported heterogeneous views among participants, due to their variety in production conditions and, hence the views presented. In the last meeting, one participant spoke about the difficulty in devoting quality time to his child. The mediators discussed the issue and other participants shared their views on the subject:

"Like, it's complicated. Have some time, I try, I do my best. Today I can understand I improved a lot, but I still know I have to improve a lot. Sometimes he's talking and I'm like: 'oh, my God, he doesn't finish', you know?! I try not to let him know that. Because it takes time to complete. Because he can't speak. And I have: 'oh, the pan's burning, I have more things to do, and I have to deal with the clothes. Then comes a time that I say: 'calm'. I king of, turn off the machine, turn off the pan. Sit down. Then I feel that he's quieter. But I can't do it often." (Subject P3)

"[...] A few minutes, it doesn't even need to be a lot of time. Having these minutes that he knows it is for him, it helps." (Subject E7)

"There is often the burden falling on us. The pressure. As you said, you're there because you must to, but you have your own limit. So you have to take a break from time to time." (Subject P1)

"These are significant moments right? Since he was talking about playing together. At this point, it might not be possible to play together, to do much, but that moment is a significant moment in your relationship. When you eat a snack together, cook something tasty. Because in that moment you're over there sharing, in which it is possible to be there as a whole, because we can't do that always." (Subject S1)

In the last activity, mediators raised the importance of family in the therapeutic process, and family members also manage to take care of themselves, in addition to caring for the individual:

"And after all, we have time for that person as well. To that person to taking care, for that person." (Subject E7)

"Be on good terms with them. This will help them, your children, everybody. We need some time for ourselves, too. We need to be able to take care of ourselves, to think. To be able to endure it." (Subject E7)

"[...] And this will reflect in the child as well." (Subject E6)

One participant was moved when speaking, in the last meeting of the semester:

"Oh, to me this was the best that I've ever attended. We had what we asked for. I had answers, orientation. Not only of what I hope. Today it looks like I'm receiving feedback, right? For me it was the best. The others were also good." (Subject P3)

"This one here (Lívia) told me last week, about our anxiety because my son is stuttrerer, you know, of my affliction. She talked to me like this: 'oh, I wish my son at least stuttered'. So, I'm also learning this in here, you know?! I was only concerned about myself. My son has no problem, so to speak, right? If you look at all: I know there are other things worse, I know. But this contact, this exchange, right? And as well as her, watching her son walking, saying little, but running and smiling. And there is child who can't even walk. Can't smile, you know? So I guess that makes us have the desire to come here and to make sure they are well (crying)." (Subject P3)

The role of supervision in the reflection of the therapeutic process and training in speech therapy

In the supervisions that occurred after the family members group, specific aspects of each meeting, the importance of parents' speech, posture of interns and whether objectives were achieved were discussed.

During supervision occurring after the first group, they talked about family perception toward stuttering, and that the family can assign high meaning to the difficulty of talking of their children. In the students' self-assessment that mediated the group, it was placed that the objectives were achieved; the parents were able to begin to understand their role and raised an important issue about the importance of playing in the therapy. Students also realized that other parents – who were attending the group before – helped, commenting their experiences and sharing what they did to deal with their anxieties and to assist their children. In the discussion, it was mentioned that a parent said he trusts therapy and believes in his son. Finally, the importance of working with the family, to bring it to next therapy, the importance of becoming partners in the therapy were discussed, since without the support of the family, speech therapy would not succeed.

In the supervision after the second meeting, there was reflection on the adult suffering with the expectation of the child's speech and how silence can bring a sense of emptiness for the family. In the self-assessment of students, it was noticed the need to show to the family, in some way, that speaking for the child does not fill the void that they mentioned in the group. In the discussion, it was evident that the group was important in order to bring out suppressed feelings, that is, they started building an environment that favored the development and expression of family feelings.

After the third group, supervision discussed the activity in order to address the need to complete the activity, since there was no time to finish it. Thus, there was discussion of ways to drive situations fleeing the proposed theme and even consider enjoying what the family brings the group, to build with it, from their own experience and anxiety. The supervisors stressed the importance of resuming the activity to have greater reflection as to what happened in the group and implement activities for everyday life. In the interns' self-assessment, there was awareness of the difficulties of mediators in conducting a situation beyond expectations. In this regard, the supervisors offered guidance and thought together with students about ways to get out of different situations.

In the supervision occurring after the fourth and final meeting of the semester, it was noted how significant were the construction of the link and offering guidance to family members and how the group provided an environment for sharing emotions of the participants. The supervisors reported the progress they perceived regarding the interns throughout the semester, because they have matured clinical reasoning regarding the groups and effectively managed to enhance the need for the family to express their feelings and to establish partnership in speech therapy.

DISCUSSION

The discussion of this study follows the same categories of analysis explained in the results.

The internship supervision role in the activity preparation

In the internship supervisions, it was noted that the supervisors did not come prepared in terms of the activities to be carried out in the groups and the needs of the families, but opted to help the interns to develop the reasoning together, as well as to understand

the priorities and the possible ways of enhancing the groups, allowing for a greater construction of knowledge and for more experiences to be shared with the participants.

The active teaching and learning method is inserted in the process of training the interns that perform these interventions, and has the objective of motivating the student to examine, reflect, relate, and re-signify their discoveries²¹. The supervisors problematized the situations, which can lead the student to the autonomous production of knowledge, applying it in practice²².

The interns accepted the inquiries and progressed in their development and maturity throughout each supervision.

In the first supervision analyzed, the teachers needed to occupy the entire time of the supervision and the start of the next week so that the students could understand and assimilate how they should prepare the activity and what to expect from the family group. In the last supervision of the semester, the elaboration of the objectives and of the activities was started with proposals brought by the students and, every time a supervisor had a question, an intern would volunteer to suggest possibilities and note down what would be needed for the individual that met the individual's and the family's needs, without leaving out the needs of the other consultations and the families of the other interns. The discussions regarding the family allowed the interns to become more involved with the other consultations, which made the training more enriched and dynamic.

The role of activity and group dynamics as agents of mobilization, reflection, and training

The activities proposed allowed the group to have a common goal, which supposes the need for the group members to perform an activity or task in common, such that, between these individuals there is established an interaction and emotional ties^{5,22}. By becoming involved with these activities, there is a triple aspect of thinking, feeling, and action²³. This way, the orientations and sharing of experiences may become more adequate, aiming at results that benefit the individual and the individual's family. This group process is participative, in a bilateral relationship, in which one subject affects and is affected by what the others in the group have to say^{24,25}.

The therapeutic group allowed the participants to have a space of growth, learning, and reflection. Group

learning means making a critical reading of reality, in which the responses obtained are transformed into new questions, allowing the participants to exchange and build knowledge, elaborate concepts, redefine norms or spaces, and build new possibilities of being and doing in the therapeutic process²⁶.

Each therapist that coordinated the group provided the families with precise information on the child's development, answered questions, paid close attention to their needs, and encouraged the family to participate as agents in the language process²⁷.

Authors affirm that the group has important characteristics for overcoming problems and argue that the group highlights the role of the other and facilitates the expression of feelings as to language disorders. They also stress that the link has an effect both on the constitution of the subjectivity and on the language of the individuals. This constitution takes place based on the experience of the subject in the group in which one's subjectivity is shared with the other²⁸.

The family, when it is able to understand the complaint, the anxieties, and the experiences that the individual undergoes – in addition to experiencing their own anxieties and expectations –, grows both in terms of respecting and empathizing with this person so that, this way, there is the support and receptivity of the person^{6,7,29}. The family then begins to focus on the individual and not only on the disorder³⁰. Thus, the group space allows family members to express their complaints, questions, and feelings.

It is essential to work with the family in the therapeutic process, given that the family members are not always prepared and require orientation. It is also important for the family to adapt in a practical manner to the new dynamic, caused by the individual's language disorder³¹.

Authors brought reflections as to the conceptions implied in the speech therapy consultations and in the contributions of the therapeutic group in the construction of processes that are favorable to the development of language and subjectivity, as well as their contribution in the effectiveness of the treatments due to the adequate comprehension of the impact generated by language disorders in children and adolescents^{32,33}.

The group may provide a receptive environment for exchanging experiences brought by the participants, who share significant experiences and establish ties with the other subjects, providing a new vision on

the subject itself and the other, due to the diversity of experience and knowledge shared in the sessions^{4,34}.

The groups favors reflections referring to the therapeutic process of the subject, such as the needs of the individuals, in addition to the determining and intervening factors in the language disorders presented. This process allows the subjects to become aware of unknown and/or unconscious subjects, to discuss and internalize important knowledge in the autonomy of the care, comfort, and health of the individual, and also allows for the identification of people who live through similar experiences^{7,8,35}.

Thus, it was noted that group speech therapy is valuable as it allows for the joint construction of knowledge between subjects that present distinct world views. This heterogeneity favors the confrontation with differences and the reflection on concepts and internal values. Considering that the relations are measured by language, each subject builds their own subjectivity and may re-signify processes that were before seen as pathological³⁶.

The role of supervision in the reflection of the therapeutic and speech therapy process

In the supervisions analyzed, there were discussions as to the role of the speech therapist in group consultations. The therapist takes on a number of roles, such as that of coordinator, participant-coordinator, mediator, agent, passive interlocutor, and active interlocutor. However, the therapist uses these roles focusing on the objective of each session, favoring the expression of feelings, clarifying questions, and organizing the group in general³⁷.

In the teaching/learning environment, as in the case of therapists in training, the students are learning to establish the objective of the intervention with the families, as well as relate it to the activities they will lead. In this case, it is essential to consider the manner in which the process of training the students takes place. One of the ways of transmitting knowledge is by means of the active teaching methodology, which is based on autonomy and which considers the individual (student) as a being that builds his own history, and thus respects his knowledge and cultural baggage. The active methodology uses problematization as a teaching-learning strategy, with the objective of motivating the student so that, when faced with a situation, the student will examine it, reflect on it, relate it to his own history, and finally re-signify his

discoveries. Thus, this method seeks to favor freedom and autonomy in decision-making³⁸.

In the self-assessment, the students stated that they felt insecure to carry out the first group consultations but that, when they got to know the group better and received support in the supervisions, they ended up feeling more motivated and dedicated to holding a quality family group. In the discussion, it was mentioned that a parent stated that the improvement of his son depended on the son himself, with the support of the parents and the aid of the therapist; and this was seen as an evolution built over the monthly encounters.

Thus, it was possible to identify the course taken by the interns, in order to value and understand the needs of the families themselves and, based on this, establish the relationship, the therapeutic objective, and the selection of a relevant activity. In the meetings with the families, the interns were able to propose the activity in a manner in which the members slowly built a group that favored the expression of the feelings generated by questions involving the anxiety as to the language of their children and others, such as not understanding the game as a therapeutic instrument, questions as to how to help their children when they have trouble communicating, how to help their child without leaving aside the role of educating him, the need for a space to take care of oneself without blaming oneself, and questions on how to proceed when the child stutters or speaks in an unexpected manner.

In the evaluations after the activities, the interns showed the perception they had of the group, of the activity, and of the needs brought by the members, and also demonstrated their questions and needs in the training to become therapists. Despite needing more intensive support from the supervisors, the first encounter had good results and the objective of the activity was reached in the opinion of the interns and the supervisors. Throughout the preparation of each group, the interns began needing less intervention from the supervisors and began working with greater autonomy in the later encounters. The therapeutic objectives for each group were reached, considering that the family's need was taken into account in the preparation of each therapeutic activity. On a number of occasions, questions were asked regarding the way to approach the family's perception on different aspects, and the importance of having the family as a partner in the therapeutic process was constantly reinforced.

All of the questions asked in the supervisions (which took place before the family group) were of extreme relevance to prepare the interns and help them in reflecting on the objective and elaboration of the activity. The supervisions after the group focused on maturing the students in relation to the group therapy work, the intense work of getting the child's language issues closer to the family, and clarifying as much as possible all of the questions that the interns had, in addition to preparing the therapeutic reasoning proposed together with them.

In general, the study emphasized the importance of the support of the professors (supervisors) in the process of training the therapist as a group mediator, in addition to the method of teaching, since the student requires a teaching that favors his involvement as an active professional and which is able to guarantee full attention to health with quality, effectiveness, and resoluteness. In the teaching proposal, the supervisors stressed problematization as a method for theoretical discussion, integrating action and reflection of the interns, resulting in transformations in the clinical practice³⁹.

As recent studies indicate, it was noted that the group: gathers their anxieties and questions and integrates the family in the therapeutic process; contributes to the re-signification of the language of their children; show positive and negative effects resulting from the psychosocial dynamic of the family; helps to recognize the stigma of language disorders; as well as offers support for the reevaluation and empowerment to help the subject with the disorder⁴⁰.

Thus, it was seen that, for the family to in fact benefit from the groups, it was necessary for the proposals of the therapist to be coherent with their interests and needs. Thus, the family is invited to actively participate in the selection of the topics. The professional must have clear objectives for the encounters so that they might be reached and so that the activities can be adequately planned.

CONCLUSION

The study allows for a description of the maturation process of the interns throughout the supervision, both for the adequate selection of the activity to be carried out in the family groups, in the discussions of the therapeutic objectives, in the application of the group with the family members, and in the reasoning and reflection of each supervision.

The findings of the student contributed to a greater understanding of the process of elaborating the activity, its application, and the mature elaboration of the discussion after the activity was applied with the family members of individuals with speech disorders. It was noted that the family requires its own space to be able to express itself and it must be open to building and elaborating its feelings. The group proved to be a therapeutic resource of great value, for the orientations considered necessary by the therapists to be effective and incorporated by the family. The sharing of experiences and feelings between the group participants, led by the mediators, assisted in the incorporation of changes in attitudes by the family members and was beneficial to the individuals.

The creation of ties, the interaction, and the knowledge built between the families and the mediators was established. This allowed the mediators to identify efficient paths for becoming therapists, and offered to the family members the possibility of facing difficult situations, confronting pre-conceived ideas and giving them new meanings, which benefits the development of individuals with speech disorders.

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