

Maria Cristina de Menezes Borrego^{1,2}
Mara Behlau^{1,2}

A mapping of the Speech Language Pathology practice pathway in verbal expressivity in the work of communicative competence

Mapeamento do eixo condutor da prática fonoaudiológica em expressividade verbal no trabalho de competência comunicativa

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Correspondence address:

Maria Cristina de Menezes Borrego
Centro de Estudos da Voz – CEV
Rua Machado Bitencourt, 361,
10º andar, São Paulo (SP), Brasil,
CEP: 04044-000.
E-mail: mcristinaborrego@gmail.com

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ABSTRACT

Purpose: Present a mapping of the Speech-language Pathology (SLP) practice pathway in verbal expressivity in the work of communicative competence. **Methods:** Study participants were 40 volunteer speech-language pathologists with extensive experience in the area of voice. They responded to questions about duration of work, number of participants, evaluation instruments, and training of the speech language pathologists who work in this area. They discussed specific issues related to the strategies of expressivity proposed and the vocal resources, exercises and terminology used. **Results:** The group agreed that communicative competence work is practical, conducted with small groups and preferably guided by a voice specialist. Expressivity exercises comprise a large part of the work and aim to promote communication consistent with the context and intention of discourse. Oral reading of texts with different emotions, simulations, and exercises of connected speech were mentioned as frequently-used strategies. Some points to be considered are associated with duration of communicative competence work, teaching-learning and andragogy issues involved in this process, and use of specific terminology in this area. **Conclusion:** Further discussions involving such aspects seem to be fundamental for the systematic organization of information on the theme.

RESUMO

Objetivo: Apresentar um mapeamento do eixo condutor da prática fonoaudiológica em expressividade verbal no trabalho de competência comunicativa. **Método:** Participaram do estudo 40 fonoaudiólogos voluntários, com larga experiência de atuação na área de voz. Eles responderam perguntas sobre duração do trabalho, número de participantes, instrumentos de avaliação e formação do fonoaudiólogo que atua nessa área, além de discutir questões relacionadas às estratégias de expressividade, aos recursos vocais e aos exercícios utilizados, e à terminologia empregada. **Resultados:** O grupo concordou que o trabalho de competência comunicativa é prático, realizado com grupos pequenos e conduzido, preferencialmente, por um fonoaudiólogo especialista em voz. Os exercícios de expressividade compõem grande parte do trabalho e têm como objetivo promover uma comunicação condizente com o conteúdo do discurso. Leitura de textos com diferentes emoções, simulações e exercícios com fala encadeada foram citados como estratégias frequentemente utilizadas. Pontos a serem aprofundados estão relacionados à duração do trabalho de competência comunicativa, às questões de ensino-aprendizagem e andragogia e, principalmente, à utilização de terminologia comum aos fonoaudiólogos dessa área. **Conclusão:** A opinião dos fonoaudiólogos sobre expressividade em competência comunicativa revela pontos de concordância quanto aos objetivos, exercícios e estratégias utilizadas. Ainda há, contudo, imprecisão na terminologia empregada e falta detalhamento na descrição do trabalho realizado. Futuras discussões envolvendo tais aspectos parecem ser fundamentais para a organização sistemática das informações referentes ao tema.

Study conducted at Centro de Estudos da Voz – CEV and Universidade Federal de São Paulo – UNIFESP - São Paulo (SP), Brasil.

¹ Centro de Estudos da Voz – CEV - São Paulo (SP), Brasil.

² Universidade Federal de São Paulo – UNIFESP - São Paulo (SP), Brasil.

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INTRODUCTION

Effective communication is highly valued in the interpersonal and professional contexts, favoring academic advancement and career growth. Mastering language and oral communication can be a challenging task at times. A large number of individuals report fear of public speaking and identify training aimed at developing this skill as an opportunity to improve their oral communication performance⁽¹⁾.

Speech-language Pathology (SLP) training in communicative competence fosters enhancement of oral communication. It is a set of strategies with the main objective of offering individuals better conditions of voice production and oral communication^(2,3), and include guidance and vocal and verbal expressivity exercises⁽⁴⁻⁹⁾.

In Brazil, the work with verbal expressivity is an approach that has permeated the main SLP strategies used to improve the oral communication of voice professionals for many years⁽¹⁰⁾. Although studies have demonstrated the positive effects of vocal training with promising results⁽⁴⁻⁹⁾, the experimental designs, methodologies, and procedures employed differ greatly between them. Lack of detailed description and standardization of used procedures hinders comparison between studies and a more robust data collection⁽²⁾.

Faced with this diversity of information, it is necessary to define the purpose and structure of the work in communicative competence, as well as the approaches and types of exercises that comprise SLP practice in verbal expressivity in this area. Therefore, this study aimed to present a mapping of the SLP practice pathway in verbal expressivity in the work of communicative competence.

METHODS

This survey was approved by the Research Ethics Committee of the aforementioned Institution under protocol no. 304.813. All participants signed an Informed Consent Form (ICF) prior to study commencement.

Study participants were 40 senior volunteer speech-language pathologists with extensive experience in the area of voice. Questions regarding communicative competence and verbal expressivity

were presented to the participants (Chart 1). The therapists were divided into subgroups composed of seven to eight individuals to discuss the questions. After that, the conclusions reached by consensus were shared with the whole group.

The activity was conducted in two meetings. In the first meeting, the participating therapists discussed broad questions about the work of communicative competence, its duration, number of participants, way of conducting the exercises, assessment instruments, and training of the therapists who work in this area. They also investigated the terminology used and the division of the work strategies considering guidance on vocal health and physiological and expressivity exercises. In the second meeting, the participants discussed specific aspects of the expressivity exercises, their objectives, the vocal resources worked, and the most commonly used strategies. They also described two usual expressivity exercises.

Responses of the speech-language pathologists were collected and organized into topics. Finally, the concordant and discordant aspects that emerged throughout the discussion between the participants were listed.

RESULTS

The group agreed that the work of communicative competence is practical, composed largely of expressivity exercises, performed with small groups, and preferably conducted by a voice specialist. Audiovisual recordings of the activities should be performed to monitor and evaluate the participants. The group considered that the expressivity work aims to promote communication consistent with the context and intention of discourse, develop self-perception, and improve communication. Exercises with connected speech, simulations, and oral reading of texts with different emotions were mentioned as strategies of expressivity work.

Discordant aspects are associated with duration of the communicative competence work, teaching-learning and andragogy issues involved in this process, and especially with the use of a terminology common to speech-language pathologists working in this area (Chart 2).

Chart 1. Questions on communicative competence and vocal expressivity presented to the participants

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| Meeting 1:
1) In a communication improvement work, how are the strategies distributed with respect to vocal health and physiological and expressivity exercises? Do you use another type of strategy?
2) How are strategies selected regarding theory and practice?
3) What types of exercises are performed? Speech therapy, text interpretation, improvisation, reading aloud, group dynamics? If others, which ones?
4) What is the shortest duration of a communication improvement work?
5) What is the average number of participants in a communication improvement work?
6) How should the exercises be conducted?
7) What assessment tools do you use to measure the results of a communication improvement work?
8) What training/experience should speech-language pathologists have to apply a communication improvement work?
Meeting 2:
1) What characterizes an expressivity work in Speech-language Pathology (SLP) practice?
2) What are the goals of expressivity exercises?
3) What are the vocal resources used in expressivity exercises?
4) What are the most commonly used strategies in expressivity exercises?
5) Describe two expressivity exercises. |
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Chart 2. Summary of the topics discussed by speech-language pathologists about the work of verbal expressivity for public speaking

CONCORDANT ASPECTS	DISCORDANT ASPECTS
Essentially practical work	Duration
Strategies of expressivity	Teaching-learning issues
Small groups of participants	Principles of andragogy
Guided by a voice specialist	Terminology used by speech-language pathologists
Audiovisual recording of the training	
Promotion of oral communication consistent with discourse	
Self-perception and awareness in oral communication	
Exercises of oral reading and connected speech	

DISCUSSION

Speech-language Pathology (SLP) practice in communicative competence includes aspects associated with guidance on vocal health and behavior, as well as with vocal training through exercises of voice and verbal expressivity. In the present survey, which investigated the work of verbal expressivity in communicative competence, experienced therapists with expertise in the area of voice agreed that communicative competence work is practical, performed with small groups, and preferably conducted by a voice specialist.

Group intervention seems to be a productive arrangement for this type of training, in which situations of debate and exchange of ideas, opinions, and suggestions can be promoted to expose the participants to different contexts of communication and encourage their communicative attitude. By taking an active role in the process, participants can explore their sensations during the exercise and the impact on the voice after its execution, avoiding mechanical performance of the proposals⁽¹⁾. The audiovisual recording of the exercises enables individuals to observe their communicative performance and discuss their impressions with the other participants, becoming an interesting tool to develop self-perception. This strategy was also mentioned by the group of therapists as a useful procedure for the monitoring and evaluation of participants.

The participating speech-language pathologists also considered that the work in communicative competence is composed, mainly, of expressivity exercises that aim to foster communication consistent with the context and intention of discourse, develop self-perception, and improve communication. The approach of oral expressivity has been part of SLP practice for approximately 40 years, both in rehabilitation and intervention with the voice professional^(4-6,8,9).

Exercises with connected speech, simulations, and oral reading of texts with different emotions were mentioned as strategies of expressivity work. Proposals for expressivity exercises involving the use of pause, intonation, emphasis, speech rate, and articulation of sounds are available in the specific scientific literature^(4-6,8,9,12). Such resources are often stimulated in situations where text interpretation is previously programmed and the way of using resources such as emphasis, pause, and modulation is pre-established, which may fail to mobilize the exercise of comprehension and construction of the meaning of discourse by participants. Considering that expressivity work is

based on the promotion of oral communication in a way that is consistent with the content of the message, SLP practice could be more specific and effective if it was also focused on the development of text comprehension skills⁽⁷⁾. Thus the work in communicative competence would lead to transformation of the individual⁽¹³⁾, and the therapist would contribute to the training of individuals with autonomy to become the true protagonists of their process of developing communication skills. In this scenario, the speech-language pathologist with experience in the work of verbal expressivity, mainly performed in groups, seems to be the professional indicated to conduct an intervention program in communicative competence.

The discussion promoted by the group of speech-language pathologists also revealed that the discordant aspects are associated with the duration of the communicative competence work, the teaching-learning and andragogy issues involved in this process, and mainly with the use of a terminology common to therapists working in this area.

In clinical practice, the outcome of an intervention with a pre-established number of sessions probably does not reflect the best condition of the rehabilitation work⁽¹⁴⁾. The same can occur with the proposals of communicative competence training. The literature reports that these proposals last from six to eight meetings on average⁽⁴⁻⁶⁾. Nevertheless, training conducted in a research context is idealized and occurs in a fixed environment, distant from the real performance situations⁽¹⁴⁾. Moreover, SLP practice shows that different profiles of groups with distinct communication demands consequently require different adjustments in determining the duration of intervention - a factor that influences the construction of more uniform programs.

Because it is an adult-oriented approach, the group of therapists considered that the principles of andragogy could be better known and applied by the speech-language pathologists who conduct communicative competence work. Issues related to the andragogical model are found in the literature on collective health that describes educational actions of speech-language therapists who work in public health promotion. Likewise, strategies that lead individuals to perceive and reflect on their reality from the experiences reported in an intervention group are presented, with the therapist as a facilitator in the teaching-learning process⁽¹⁵⁾. Considering that education is a responsibility shared between teachers/instructors and students/participants, it seems interesting that the speech-language pathologists involved in group communicative competence programs appropriate such

concepts and practices, making the necessary adjustments to their professional reality and enhancing their work strategies so that the group achieves an even better performance.

Finally, since the publication of studies in this area became more frequent, the specialized literature presents a lack of terminology common to speech-language pathologists working with verbal expressivity⁽¹⁰⁾. This theme deserves further reflection and debate, but it is not the focus of discussion of this study. It is worth mentioning that most surveys in this area have adopted the terms and expressions most frequently found in publications^(4-6,8,9,12). While the use of a common terminology is not well determined, it seems important that authors ensure that the expressions and terms used are always accompanied by their definitions and conceptualizations in search of a better understanding among peers.

CONCLUSION

Opinion of the speech-language pathologists about the work of verbal expressivity in communicative competence reveals points of agreement regarding the objectives, exercises, and monitoring and assessment strategies. However, the lack of detailed description of the work performed and the imprecision in the terminology used are factors that compromise the systematic organization of information on Speech-language Pathology (SLP) practice in this area.

This study does not intend to present a complete mapping of the SLP practice in the work of expressivity in communicative competence. Further discussion involving such aspects seems to be fundamental for the systematic organization of information on the theme.

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Author contributions

MCMB: study design, collection and analysis of data, and writing of the manuscript; MB: study design, collection and analysis of data, and revision of the manuscript.