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Therapy group for families of children with language disorders

Grupo terapéutico de familias de niños con cambio de idioma

Grupo terapéutico de familiares de crianças com alteração de linguagem

ABSTRACT

Objective: To present the proposition of a therapeutic group of children with speech disorders family members, based on the analysis of reports about the changes noticed in their relationship with the child. **Methods:** A case study was carried out, based on a group of family members of children with a referral to speech therapy due to a complaint on no or truly little speech skills. Starting from a microgenetic analysis (in accordance with the historical-cultural approach) of clinical episodes clippings, experimented within the therapeutic group, mothers' discursive representations on child development and the participation of the other in this process have been discussed. **Results:** Mothers' speech show up the communicative behavior changes between child and family members. Besides, it highlights their perception on the relation between the intervention of an adult as a partner in child games and the child linguistic development. **Conclusion:** This study is important both for the possibility of showing the effectiveness of different ways to approach language disorders, with a real involvement of the family, and for its proposition of a transdisciplinary approach on Collective Health, placing the phonoaudiologist as the facilitator of the therapeutic group.

DESCRIPTORS: Language; Speech Therapy; Family Relations.

RESUMEN

Objetivo: Presentar el grupo terapéutico propuesto de familiares de niños con trastornos del lenguaje basado en el análisis de informes sobre los cambios que ocurrieron en la relación con el niño. **Métodos:** Estudio de caso de un grupo de familiares de niños referidos a terapia del habla con quejas de no hablar o no hablar mucho. A partir del análisis microgenético (de acuerdo con el enfoque histórico-cultural) de recortes de episodios experimentados en el grupo terapéutico, se discuten las representaciones discursivas de las madres sobre el desarrollo del niño y la participación del otro en este proceso. **Resultados:** El discurso materno presenta cambios en el comportamiento comunicativo entre el niño y el pariente. También surge la percepción de las madres sobre la relación entre la intervención del adulto como compañero del juego y el desarrollo lingüístico de los niños. **Conclusión:** El estudio es relevante tanto por su posibilidad de mostrar la efectividad de otras formas de desempeño en el marco de los trastornos del lenguaje, involucrando efectivamente la figura familiar; y porque es una propuesta transdisciplinaria en salud colectiva, posicionando al logopeda como mediador del grupo terapéutico.

DESCRIPTORES: Lenguaje; Terapia del Habla; Relaciones Familiares.

RESUMO

Objetivo: Apresentar a proposta de grupo terapêutico de familiares de crianças com alterações de linguagem a partir da análise de relatos sobre as mudanças ocorridas na relação com a criança. **Métodos:** Estudo de caso de um grupo de familiares de crianças encaminhadas para atendimento fonoaudiológico com queixa de não falar ou falar pouco. A partir da análise microgenética (em concordância com a abordagem histórico-cultural) de recortes de episódios vivenciados no grupo terapêutico, são discutidas as representações discursivas das mães sobre o desenvolvimento infantil e a participação do outro nesse processo. **Resultados:** O discurso materno apresenta mudanças do comportamento comunicativo entre a criança e o familiar. Surge também a percepção das mães sobre a relação existente entre a intervenção do adulto como parceiro da criança na brincadeira e o desenvolvimento linguístico infantil. **Conclusão:** O estudo é relevante tanto por sua possibilidade de mostrar a efetividade de outras formas de atuação nos quadros de transtornos de linguagem, envolvendo efetivamente a figura familiar; quanto por tratar-se de uma proposta transdisciplinar em Saúde Coletiva, posicionando o fonoaudiólogo como mediador do grupo terapêutico.

DESCRIPTORES: Linguagem; Terapia Fonoaudiológica; Relações Familiares.

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INTRODUCTION

After 30 years of the creation of the Unified Health System (SUS), great gaps are still found in the models of care and service management with regard to access and the way the user is welcomed in public health units⁽¹⁾.

Welcoming as an act or effect of welcoming expresses the idea of approximation and, therefore, is one of the key devices for the implementation of SUS. In this context, it is characterized as one of the most relevant guidelines of the National Humanization Policy of SUS and should be understood as an orientation of the modes of health production, as well as an intervention tool in the qualification of listening, bonding, guarantee access with accountability and resolution in services. As a technical-assistance action, embracement allows the analysis of the health work process with a focus on relationships and assumes as one of the changes the relationship between professional/user and their social network, which leads to the recognition of the user as an active subject and participant in the health production process⁽¹⁾.

The clinical experience in Speech Therapy obtained in a SUS service showed gaps (such as those already mentioned) that motivated the realization of this study. It was observed that a large part of those enrolled in the waiting list for speech therapy at the service were children who did not speak or spoke little, and who had no questions in other areas of development. In addition, to those responsible for children under three years of age who sought speech therapy with the complaint of not speaking or speaking little, the guidance given was to insert them in daycare centers or school environments with the aim of promoting the development of speech/language. If, at the age of three, the child still shows signs of changes in this process, only then

should the guardian return to the Speech Therapy service for professional monitoring to be carried out.

Given this scenario of demand not absorbed by the service, it is important to remember that the process of appropriating the child's language says a lot about child development. Therefore, when it turns out that at 18 months the child does not speak or speaks little, as authors⁽²⁾ point out that, on average, in this age group, infants usually emit 2-word sentences, this observation signals that something may be interfering negatively in the child's development. In this sense, it is understood that a delay in the first stages of linguistic development can have implications for subsequent learning, including in the process of reading and writing. As Mousinho⁽³⁾ states the oral and written modalities of language form a continuum, because "LANGUAGE is just one".

Using the historical-cultural theory proposed by Vygotsky, which argues that the individual develops and learns in social interaction⁽⁴⁾, and that parents provide the environment in which the child spends most of their time⁽⁵⁾, considering family participation as an essential element in the development of children's language is fundamental.

Regarding the need to speed up the service and reduce the waiting line, Santos⁽⁶⁾, Correa⁽⁷⁾ and Machado⁽⁸⁾ comment that, since the 1980s, professionals in the face of the reality of a great demand for care in public health services, without the possibility of offering individual assistance to all, started to choose the speech therapy group. According to Moreira⁽⁹⁾, group discussion is a collective health strategy, promoting health, as it aims to maximize the potential of subjects through a more comprehensive look at human development. The author⁽⁹⁾ also proposes that the approach with groups of mothers and fathers can be productive, for exam-

ple, during the period when children wait for care in public services, as this can minimize or even resolve the child's language impairment. , in addition to having an effect in reducing the waiting list for speech therapy. In this way, the family members themselves can actively participate in the therapeutic process and in the evolution of child development.

In this context, the objective of this work is to present a therapeutic approach with a group of family members of children with language disorders based on the analysis of their reports on the changes that occurred in the relationship with the child, exposed in the group discussion.

METHODOLOGY

This study was approved by the Research Ethics Committee of Universidade Federal Fluminense under the number CEP-UFF5243/2014 (CAAE: 14552813.1.0000.5243).

Qualitative analysis research, whose case study material was collected from an approach developed with a group of family members of children with complaints of not speaking or speaking little. Such intervention was carried out at the Development Clinic of the Ismélia da Silveira Children's Hospital, in the municipality of Duque de Caxias/RJ, in 2014.

Criteria for the selection of the research subjects: 10 family members of 10 children aged 21-51 months were selected, enrolled in the waiting list for speech therapy at the outpatient clinic with the complaint of not speaking or speaking little. Family members of children with disabilities (visual, hearing or intellectual) and/or autism spectrum disorder enrolled in the waiting list for speech therapy at the Outpatient Clinic were excluded, as these conditions have specificities regarding symptoms and care demands.

It should be noted that before being enrolled in the waiting list for speech therapy, these children had undergone speech therapy screening and were referred for evaluation with the Pediatrician of Development of the same Hospital, as well as for audiological and ophthalmological examinations.

Before the group intervention, family members and children were invited to perform anamnesis; filming the game between guardian and child; guidance on the group therapeutic approach; and obtaining the signature of the Free and Informed Consent Form (ICF).

In order to clarify the therapeutic approach chosen, family members were informed how it would work. Thus, it was communicated that the proposal comprised a limited number of nine meetings, with the frequency of once a week, elapsed around 3 months, with an average duration of two hours each session. In addition, the objectives of the activity were presented to them, namely: reflect on children's development, share experiences related to it and discuss strategies that facilitate the stimulation of children's linguistic learning.

After the presentation of the approach to family members, it was requested to sign the ICF of the subjects responsible for the minors with a complaint of not speaking or speaking little involved in this work as proof of acceptance of participation in the research so that, then, the other procedures could be carried out.

The anamnesis took place in a semi-directed manner, with the objective of collecting information about the child's global development, with emphasis on issues related to communication and language. At the time, it was also possible to verify whether the main complaint of not speaking or speaking little, informed at the time of the child's enrollment in the waiting list, still proceeded when the family was summoned by the service.

In filming the game between family and child, the interest was to record the interactional dynamics of the couple, the quality of communicative exchanges.

This represented a way of observing the communicative performance of children and parents. The recording of video-recording was done with the camcorder brand SONYHMX-F80 and started after the preparation of the environment with the provision of playful elements suggestive of motor, graphic games, imitation of experienced scenes and make-believe. The incentive to perform these types of games considered their stages of evolution and their parallelism with the stages of linguistic development. At the time, family members were instructed to play freely with the children, as close as possible to the way they usually do at home. It was also informed that the film would contain ten minutes of this game.

Regarding the study material, the intention was to collect data obtained in the care of a group of family members, however, it was only possible for the children's mothers to participate, as some of the summoned family members presented exclusion criteria or withdrew from the research during carrying out the evaluations. In addition, mothers were allowed and encouraged to take any other family member with this interest to group therapy, however, there was no adherence from another family representative. Thus, the collection of material was carried out from the care of a group of mothers of children referred to speech therapy with complaints of not speaking or speaking little.

To compose the group, there were, first, five representatives of family nuclei, mothers only. In a second moment, the idea of inserting into the group someone with whom the mothers identified and who could act as a mediator of the learning promoted between the group and the therapist (one of the authors of this research). In this case, it was thought of someone who could contribute with the experience obtained in a situation like that of the mothers who make up the present therapeutic group. For this, the mother of a child with a previous diagnosis of simple language delay was invited who had previous ex-

perience of the same group intervention model offered by the Speech-Language Pathology Service.

In order to guarantee the filming of the group meetings, the mother of an autistic child, accompanied by the same Service, was invited to take on this activity, since she was available to perform this function because she was always present at the Unit in group opening hours. However, in the course of the group dynamics, this mother started to get involved in the discussions and, after a successful attempt to position the camera in order to understand all the participants in her visual field, the responsible person started to actively integrate the group. mothers, with whom she identified and was welcomed.

It should be added that these two mothers also signed the informed consent form and that the fact that they entered the group dynamics did not change the initial proposal in its structure. Finally, the composition of the therapeutic group itself was attended by a total of seven mothers and the therapist.

It was chosen to refer to the participating mothers, throughout the work, using the initials of the first and last name in capital letters: MP, MR, VO, ES, DS, NJ and SM. The therapist, on the other hand, had her identification composed by the letter "T" next to the initial letter of her own name (D-T).

The planning of the sessions was prepared based on the historical-cultural conception^(10,11), as well as in the group perspective, defined as the possibility of interlocutions, identifications, representations, contiguity and collective construction of meanings⁽⁸⁾. To this end, the Hanen proposal was also considered, which aims at the It takes two to talk program to promote the training of mothers and fathers, early intervention in children's language and family social support⁽¹²⁾.

In the group space, they discussed: how and why children communicate; levels of language development; results obtained with attitudes of waiting, liste-

ning and observing the child; facilitating communication strategies; conversational dynamics; use of routine to encourage and mediate language appropriation; importance of play and how to enhance it; in addition to the use of resources such as books, arts and music. Observation and discussion of the videos of the play between adult and child were also included, as well as the resumption of issues addressed at times when there was demand, among other activities and topics of interest.

Data collection was carried out by means of video-recordings of group therapeutic sessions, which were transcribed orthographically according to Marcuschi⁽¹³⁾ standards. The signs used in the research indicate: [- simultaneous speeches at the beginning of the shift; [- concomitance of lines that did not occur since the beginning of the shift; (()) - analyst's comments; ... - transcription of only one excerpt (use of ellipsis at the beginning and end of the transcription); /.../ - cutting someone's production.

From the transcript, clippings from the group dynamics were selected to enable the analysis proposed in the objective of this research. For their qualitative assessment, the guidelines of the microgenetic analysis were adopted, which elects typical or atypical episodes that allow the interpretation of the phenomenon of interest through evidence of relevant aspects of an ongoing process⁽¹⁴⁾, as well as the historical-cultural conception^(10,11).

Thus, they were part of the analysis material: the clippings; the therapist's observations about family members and each dyad's play; in addition to the information collected in the anamnesis.

RESULTS AND DISCUSSION

The average age of mothers participating in the therapeutic group was 35.6 years. As for the level of education presented by those responsible, the results showed that the percentage of 28.57% was the same for those with OBE, EMI

and EMC, and that 14.28% of mothers had ESI. Of the work activities, 42.86% of the maternal figures were inserted in the cutting / sewing area; 28.57% were from home; and 28.57% had another type of occupation. The average number of children was 1.86. The average age of children with language disorders in the study was 35.7 months. In addition, 100% of the children with language disorders in this research were male. The demographic data of the mother and child participating in the study are shown in Table 1.

Next, the presentation and analysis of the transcript of 6 clippings of selected episodes as an object of discussion with bold emphasis on the enunciative parts of greater semantic value.

Interlocution 1

D-T: Did you have any questions this week? Was there any difference with your son?

MP: No, no. Now, he's going. He's already going to the bathroom alone.

D-T: Oh, how cool! How cool!

One of the complaints signaled by the mother MP in the anamnesis was regarding her son not knowing how to ask to go to the bathroom, including, that was the reason why the child was not yet inserted in a school environment. In the maternal report, there was concern about the child's difficulty in communicating the desire to go to the bathroom, believing that the school might not be aware of this and make him dirty. Although this complaint was related to the child's independence (going to the bathroom), it was linked to the communicative performance of the minor.

In the analysis made by the therapist of the video-recording of the play between the adult and the child, an anxious and directive behavior of PM was observed, indicating that the guardian did not offer opportunities for the child to have more autonomy. At the time, it was also possible to perceive a maternal "teacher" conduct. Regarding the description of the types of parents made by the Hanen method, the "teacher" profile is one who never plays with his son, but who does not miss an opportunity to teach him everything⁽⁵⁾.

Table 1. Demographic data of the mother and the child participating in the study. Rio de Janeiro, RJ, Brazil, 2014

Identificação	Mãe			Número de filhos	Criança	
	Idade	Escolaridade	Profissão		Idade	Sexo
MP	40	EFC	Corte/costura	2	2 anos e 9 meses	M
MR	32	EMI	Analista de transporte	2	3 anos	M
VO	33	EMI	Corte/costura	4	1 ano e 10 meses	M
ES	34	ESI	Recepcionista	1	2 anos e 4 meses	M
DS	37	EMC	Do lar	1	2 anos e 2 meses	M
SM	31	EMC	Do lar	1	4 anos e 6 meses	M
NJ	42	EFC	Costura (Autônoma)	2	4 anos e 3 meses	M

Note: EFC - Complete Elementary School; EMI - Incomplete High School; EMC - Complete High School; ESI - Incomplete Higher Education.

In the therapeutic group, such profiles were discussed, as well as the need to listen as a way of being attentive to the children's communicative intentions and opening the way for dialogue. At the second group meeting, the mother declared the fact that he was already going to the bathroom alone as a change in childish behavior and family relationship.

Comparing the initial maternal complaint, of the child not knowing how to ask to go to the bathroom, with the same speech "Mother, I want to poop", reproduced by the mother, we see the replacement of the lack of communicative attitudes that informed the need physiological by the aforementioned verbal communication. This means that before the enunciation now presented, the intention to share with the other about the discomfort and the request for help addressed to the mother were not observed.

The guardian was able to report this relational difference once again when she made herself available to help her son and received positive feedback on it, as it appears in the excerpt: "Then, when you are finished, you call me". "Then, when he finishes, he calls me". This shows the narrowing of the mother-child dyad relationship and shows how fine-tuned this dialogical exchange took place, with an immediate and favorable response to expectations.

Based on the statement "He is now like this", the maternal perception of the change in the child's communication attitudes and, consequently, the dyad is also evident. It is believed that such an advance in the child's language and in its relationships was possible through the mother's observation of her own behavior, according to her participation in the group.

By promoting new interpersonal relationships, the group makes individuals receptive to different experiences, knowledge and possibilities to think and act in relationships(8). In order to support group practice with mothers of

children with language disorders, in a study⁽¹⁵⁾, it was also concluded that there was empowerment of maternal function, which allowed mothers to better understand their own role in child development.

Interlocution 2

D-T: /.../ MR said he had some news to tell and such. And I always like to hear news.

MR: So, mom, dad, until then, it was just mom, dad. Mommy Daddy. I ask him what this is ((points to the eye)) and he already speaks eye, understand? Mouth, ear, so much that I was sitting there with him and I was asking everything again. Then he said it all right: tooth. Only that way, there is still no "tooth", too, too, understand? And the teacher said that he is already, she asks them about the painted chicken, then he speaks. Helping her, he already says: "she's aunt". Then, I think he called her aunt "Di". Then, she already calls her aunt "Didi", understand? So, like this, he's already leaving, I think that now, some things he still holds his tongue until he starts speaking. But, like this, we're helping, my husband too, understand? Let him talk when he wants to talk to something. But, then, he asks to explain, then, he stays, to explain his way, right? Then, we understand sometimes. Sometimes, we don't understand. But, like this, he is well done a lot. You see, understand? To talk, sit down to talk. It has changed a lot.

At the time of the interview, the person in charge MR mentioned that her son pointed a lot; vocalized very little; and spoke only part (syllable, perhaps) of some words, which was not always produced sonically similar to the word supposedly intended.

In the analysis of the playful moment between the adult and the child, an anxious and critical behavior of the mother was observed, in addition to the "savior" and "teacher" type of behavior according to the Hanen method.

To Machado⁽⁵⁾, the "savior" father is the one who always wants to do everything for his son, without giving him the opportunity to develop his own skills and personality. Thus, he demonstrated to dissociate his participation from the communicative performance of children. Thus, there was not enough maternal appreciation of the child's communicative attempts, in order to restrict the child's language development.

Parents are potentially good observers of children's speech development and critical to their stimulation⁽¹⁶⁾, as they normally make up the environment where the child spends most of their time.

In this sense, from the integration of this mother into the therapeutic group, in her speech, she relates the oral production of words with a greater syllabic number and new vocabulary with the development of her son's language: "So, mom, dad, even so, it was just mom, dad "; "There is still no" tooth "; " too "; " too "; understand?".

When the mother comments: "Some things he still holds his tongue until he starts speaking, but, like this, we are helping, my husband too", she values the participation of the adult, especially that of the parents in the construction of the child's language . And, for this reason, following his speech, he reports the perceived change in the communicative performance of the minor, in the quality of social interaction with his peers "To talk, sit down to talk. He changed a lot".

In view of the above, in a historical-cultural perspective, it is understood that it is through the dialogic activity between the child and the "other", who has already developed a system of meaning, that cognition and language are constructed in the infant⁽¹⁷⁾. The author⁽¹⁷⁾ adds that language, as a communicative procedure, has an action role on the "other" in social interaction; and as a cognitive procedure, it has a role of constituting the child's world knowledge.

Interlocution 3

VO: /.../ he is dropping some things.
D-T: But do you think he's letting go because?
VO: Ah, I'm playing with him.

In the analysis of play between mother and child, a more anxious and directive maternal conduct was initially observed, with little communication opportunities for the child. Attitudes of a “savior” father were also identified⁽⁵⁾.

The guidance in the Hanen Program is that parents should Watch, Wait and Listen⁽¹²⁾. In doing so, parents are showing the child how much of their own attention is being devoted to them, given the importance of what they have to communicate; as well as the moment when the infant must take ownership of his dialogical shift, since it is an exchange, in which the interlocutors alternate⁽¹⁸⁾. Such aspects were treated in the therapeutic group, which allowed for a change in the adult and child's communicative pattern. The maternal perception of this infantile change was evidenced in the comment: “he is losing some things”. The responsible person relates the appearance of oral productions by the child (according to the therapeutic intervention “More do you think he is releasing why?”) To the dialogical exchange between mother and child in a playful situation (“Ah, I'm playing with him”).

The relationships established between the subjects in the different social contexts can be understood as the space in which the development process takes place, affecting everyone involved⁽⁴⁾. According to Mogford and Bishop⁽¹⁹⁾, there is evidence that the adult and child make changes to the conversation strategy as it develops.

Interlocution 4

ES: I had a hard time. I'll be honest with you. You know that I am not to lie. There is so much work here and a child all day crying in my ear, and when I got home, I had no patience to play. Yeah, I looked in the closet. There was the clay that is a year old. The plasticine box that is 1 year old, but I never sat down to play with it. And he, that day, I saw that I had to have some time to play with him. And then, I got the clay. You can see today, he wants the clay. He wants to play with the clay. And there, and it was 1 year there, the clay there and I didn't have that time to sit, be it 10 or 20 minutes. I thought I didn't have to sit down to play. I sat down, picked up that clay that had been stored for a long time and saw the need to sit down and play with it. And he felt more comfortable sitting down. He played with me with the clay. The father arrived on time. I put the father to sit, to play with him, that I had to make dinner. The father sat and played with him. I don't think I had that one, even 10 or 20 minutes, to sit with him, I didn't. And today, I separate that minute to sit with him.

Under interview, the mother ES reported the following complaints regarding the speech production of the child: “It does not form sentences. He still uses pointing instead of speech. I don't understand what he says, just people's names.”

When the mother/child relationship was evaluated during play, an anxious, directive and even controlling maternal attitude was seen, which generated a conflictive and stressful “environment” for the child. In this sense, the behavior of a “savior” and “teacher”⁽⁵⁾.

In the group, based on the quality of the relationships formed within them, it is possible that the subjects recognize themselves in/by the other and, thus, better understand both their own difficulties and those of the other, allowing them to be re-signified⁽⁸⁾.

The mother's participation in the group occurred through the report of her difficulties (“I had difficulties”, “I did not have the patience to play”); their understanding of the need to change the attitudes of the maternal and father figures with the child (“that day, I saw that I had to have some time to play with him”, “I thought I didn't have to sit down to play”, “I put my father to sit, to play with him”); in addition to the results obtained with the transformation of the family-child relationship (“And he felt more comfortable to sit”, “Played with me”, “The father sat and played with him”, “And today, I separate that minute to sit with him”).

In the excerpts, the mother directly relates the child's linguistic development to the child's “playing”, observing in a re-reading of the context the figure of the adult as a mediator of the activity. In this way, she occupies her role of participation in the child's linguistic development and calls on the father to do the same.

To take advantage of opportune occasions for the promotion and mediation of the child's language, it is necessary that, before, parents learn to evaluate their own behavior and understand the child's reactions⁽⁵⁾.

Wiethan, Souza and Klinger⁽¹⁵⁾ highlight the importance of dialogical exchange in the construction of language and interpretations made about the child's communicative attitudes so that mothers understand how they are fundamental for their children's development.

Interlocution 5

DS: Play there, play there. Then, there, now, “let's play, let's play”. Then, sometimes, I turn off even the television. I go there, turn off the television. “Okay, let's play, let's play. I already bring the toy”. I throw everything in the room. I mess up the house.

D-T: Great!

DS: Sometimes, even when we are going to end the game, he even says, “no mommy, not mommy, sit, sit”.

The maternal complaint of DS was related to the child's difficulty in expressing himself. DS stated that when the son wanted to explain something, he made sounds and gestures and, even so, she did not understand him. Under analysis, the dyad game showed maternal directive and "teacher" ⁽⁵⁾.

Regarding the Hanen program, the language of the human being is developed in the family environment, amid continuous stimuli and daily needs⁽⁵⁾. The author⁽⁵⁾ adds that it is important that parents learn to make the most of everyday situations so that they become a pleasurable and constant source of promotion and mediation of children's language.

In order to present the difference that existed in the relationship with the son, the official mentions that she now invites him to play together, even eliminating possible distractors to guarantee a moment of interaction only between the two ("There, there, now let's play, let's play"; "Then, sometimes, I turn off even the television"). In response to this new maternal behavior of interest and looking for the infant partner to play, the child also naturally proposes to establish a new form of relationship with his mother, better communicating the desire to have her together ("Sometimes, even when we're going to finish the game, he even, "no mommy, not mommy, sit, sit").

Interlocution 6

DS: É, até eles saíram, hein, NJ? **Até ele sair, que ele ((pai)) não saía com o filho, ele tá passando a sair.**

D-T: Ah, gente!

DS: **"Vamos ali com o papai, que não sei o quê" ((mãe reproduz o que o pai fala para seu filho)). Ele tá chamando assim. Na verdade, você já vê diferença.**

As a product of a more attuned relationship between mother and child, already seen in interlocution 5, it can also be observed in interlocution 6, a more interactive infantile communi-

cative behavior and, with this, a construction of a new mode of interaction, in this, between father and son.

A change in the interactive/communicative performance of the father with the child was affected by the mother in some moments (until he leaves, who is not with his son, he is going through a bit. "Come on with Dad, who doesn't know what". He's calling it that. In fact, you can already see a difference.) Notice, here, that as the son was presented with communicative feedback to the father, this awoke the responsible or desire to have the child together to carry out dialogical exchanges, to share moments with the smaller.

Parental involvement is capable of promoting children's language learning and improving the relationship between parents and children; which occurs as a natural consequence of increased parents' sensitivity to the infant's communicative needs, interests and interests⁽⁵⁾.

Wiethan, Souza and Klinger⁽¹⁵⁾ associate changes in the interaction between mothers and children to the fact that group work in community contexts highlights the group's potential as an incentive for transformation and a tool for individual change. Such experience can modify the exercise of the maternal function and the paternal role (this indirectly), considering the family effect of the aspects worked in the group.

CONCLUSION

When the user seeks the health service, he/she expects to be welcomed and, minimally, attended to in his/her demand. The therapeutic group's proposal as an intervention tool with the family uses the concept of welcoming and aims to respond ethically and resolutely to the demand presented by users, considering the possibilities of assistance from the public service.

As a product of the group intervention with the mothers of children with language disorders, in which they were welcomed by the therapist and by the group itself, behavioral changes were observed in the family/child dyad, which were due to the effect of a new historical- culture built by the adult-child pair, a new way of welcoming children to mothers.

Regarding these changes, one of the first characteristics observed in the maternal discourse to refer to them was the use of the present tense emphasized with the adverbs of time (now, today, now). In the mothers' reports, their perception of the relationship between the adult's intervention as a child's partner in play and children's linguistic development also appears. The understanding of this chain of actions can have two different consequences. One of them corresponds to the initial context, in which there is no recognition of the importance of adult participation in play and the consequent underdevelopment of language. The other, a posteriori, refers to greater adult playful engagement and, finally, to satisfactory linguistic development. This effect is narrowed with the engagement of other interlocutors in social interaction with the child.

It is noted that the group work caused the mothers to change their look, moving from a microdimensional view to a macrodimensional view. Before, they "looked" at the part - the speech or the absence of it; they are now able to visualize the whole - child development. This new perspective was made possible by understanding the intersection between the aspects of speech/language, interaction and valuing family participation in the relationship with the child.

Considering the changes in the family-child relationship and the

development of children's language as results of this therapeutic group, the SUS approach to mothers of children with language disorders can be characterized as viable and effective, especially when opportunities are offered assistance to children under 3 years old, even if under an indirect approach, and to improve family dynamics. Therefore, its potential for applicability in other services of the assistance network is perceived, in order to receive countless families of the

Brazilian population. Although the group has the participation of mothers only, one should not lose sight of the objective of compromising, in new research, not only the maternal figure, but also the social group of origin of the child - the family.

It is worth noting that this is not an orientation group. The group of family members for therapeutic purposes has a broader proposal: to be a fertile field for changes in the social behavior of each individual member as there is an understanding and a

new meaning of the difficulties of the other and of himself⁽⁸⁾.

According to Santos and Montilha⁽²⁰⁾, the experiences and feelings shared among the group members, conducted by the mediators, help to incorporate changes in family behaviors, benefiting individuals with language disorders.

In view of the above, the study is relevant as it is a transdisciplinary proposal in Public Health, positioning the speech therapist as mediator of the therapeutic group. ■

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