Original Article

https://doi.org/10.1590/2317-6431-2024-2919en

Audiology Communication Research
ISSN 2317-6431

The perception of speech therapists regarding listening comprehension and the role of expressiveness

A percepção de fonoaudiólogos sobre a compreensão oral e o papel da expressividade

Daniel De Martino Ucedo[1]*, *Karoline Pimentel dos Santos*[1], *Ana Carolina de Assis Moura Ghirardi*[1,2], *Ana Paula de Oliveira Santana*[1,2,3]

ABSTRACT

Purpose: to analyze speech therapists' perception of the oral comprehension process and the role of expressiveness during assessment in the speech therapy clinic. **Methods:** cross-sectional, analytical and qualitative study, carried out through interviews with six speech therapists working in the language area, in the state of Santa Catarina. Participants were recruited using the snowball method, forming a non-probabilistic sample. After transcribing the data, a content analysis of the participants' statements was carried out. **Results:** it was verified that the oral comprehension assessment was highlighted, by the participants, as a topic which was not discussed very much in the academic training which was insufficient to prepare them for the assessment of this skill. The concept of oral comprehension was mainly related to "hearing", "understanding" and receptivity, while expressiveness was highlighted through mention of gestures and facial expressions. In clinical practice, informal assessment proved to be the mostly used method in the assessment of oral comprehensive language, to the detriment of the exclusive use of protocols, and expressiveness was unanimously highlighted by participants as a relevant criterion in the comprehension assessment process. **Conclusion:** the analysis pointed out that comprehension and its relationship with expressiveness is a challenge in clinical practice. If, on the one hand, this is a less approached topic in academic training, on the other, there are few studies that propose to discuss the topic, which is reflected in the conceptual gap and reverberates in clinical practice. Therefore, studies of oral comprehensive language are emerging in the field of speech therapy.

Keywords: Comprehension; Language; Voice; Speech therapy; Speech, language and hearing sciences

RESUMO

Objetivo: analisar a percepção dos fonoaudiólogos sobre o processo da compreensão oral e o papel de sua expressividade durante a avaliação na clínica fonoaudiológica. **Métodos:** estudo transversal, analítico e qualitativo, realizado por meio de entrevista com seis fonoaudiólogos atuantes na área de linguagem, no estado de Santa Catarina. Os participantes foram recrutados por meio do método Bola de Neve, formando uma amostragem não probabilística. Após transcrição dos dados, realizou-se uma análise de conteúdo das falas dos participantes. **Resultados:** verificou-se que a avaliação da compreensão oral foi apontada como um tema pouco discutido na formação acadêmica dos participantes e, portanto, insuficiente para prepará-los para a avaliação dessa habilidade. O conceito de compreensão oral foi relacionado, principalmente, à "audição", ao "entendimento" e à receptividade, ao passo que a expressividade destacada por meio de menção a gestos e expressões faciais. Na prática clínica, a avaliação informal mostrou-se o método mais utilizado na avaliação da linguagem compreensiva oral, em detrimento do uso exclusivo de protocolos, e a expressividade foi evidenciada, unanimemente, entre os participantes, como critério relevante no processo avaliativo da compreensão. **Conclusão:** a compreensão e sua relação com expressividade se apresentam como um desafio na prática clínica. Se por um lado é um tema pouco abordado nas formações acadêmicas, por outro, há poucos estudos que se propõem a discutir sobre a temática, o que se reflete na lacuna conceitual e reverbera na prática clínica. Desse modo, estudos na área da linguagem compreensiva oral são emergentes no campo da Fonoaudiologia.

Palavras-chave: Compreensão; Linguagem; Voz; Fonoaudiologia; Ciências da fala, linguagem e audição

Study carried out at Programa de Pós-graduação em Fonoaudiologia, Universidade Federal de Santa Catarina – UFSC – Florianópolis (SC), Brasil.
[1]Programa de Pós-graduação em Fonoaudiologia, Universidade Federal de Santa Catarina – UFSC – Florianópolis (SC), Brasil.
[2]Departamento de Fonoaudiologia, Universidade Federal de Santa Catarina – UFSC – Florianópolis (SC), Brasil.
[3]Programa de Pós-graduação em Linguística, Universidade Federal de Santa Catarina – UFSC – Florianópolis (SC), Brasil.
Conflict of interests: No.
Authors' contribution: DDMU conceptualization, data collection and analysis, investigation, methodology, and writing the manuscript; KPS conceptualization, review writing and editing; ACAMG conceptualization, methodology, supervision, review writing and editing; APOS conceptualization, methodology, data analysis, project administration, supervision, validation, writing, and review writing and editing the manuscript.
Funding: None.
Corresponding author: Daniel De Martino Ucedo. E-mail: danielmartinofono@gmail.com
Received: March 09, 2024; **Accepted:** September 30, 2024

INTRODUCTION

Studies on language tend to focus more on expression, so research directed at comprehensive language is still limited and points to a gap in the area[1-3]. The clinical speech therapy field has protocols aimed at assessing comprehensive language. However, these protocols do not consider all the linguistic aspects involved in understanding and/or are not validated for Brazilian Portuguese[4]. In this scenario, it is essential to highlight the linguistic complexity involved in understanding, which, in addition to vocabulary, encompasses not only the development and integrity of linguistic levels but also the cognitive aspects related to them[2]. Therefore, all these factors must be considered in language promotion, prevention, assessment, and intervention[1-3].

For the Bakhtin Circle[5], understanding is not a passive but a complex and active-responsive skill. Thus, understanding generates a responsive act from the listener, a *"*counterword*,"* because of the reversibility of roles between dialogical subjects. As a result, the listener inevitably becomes an immediate or a later speaker, or even a speaker before the interlocutor has finished speaking. From this perspective, the construction of meaning consists of an active process between interlocutors, dependent on the conditions of production of the interaction, circumscribed in a specific time and space (chronotope), combined with linguistic, verbal, and non-verbal elements[5]. Such elements are inseparably intertwined in the dialogical plot[5,6].

Therefore, based on this expanded notion of understanding, several channels of meaning that contribute to the construction of meaning in the dialogical dimension are apprehended because it is based on the notion that the different forms of expressiveness, integrated by verbal, vocal, and non-verbal resources, are pregnant with meaning. In this way, the construction of meaning occurs amid the co-occurrence of multimodal and multiple-articular signals, such as vocal parameters and quality, aspects of speech construction and execution[7], in addition to hand and head movements, visual gestures, facial expressions, and body posture[8]. Therefore, understanding consists of (re) signifying verbal and non-verbal aspects.

Based on these considerations, the objective of this work was to investigate the concept of understanding that supports the clinical practice of speech-language pathologists, as well as the notion and place of expressiveness in understanding, based on the following guiding questions: "How has oral comprehension been discussed and evaluated in speech-language pathology clinics and, specifically, how has it been addressed in children's language?" "What instruments and theoretical perspectives are adopted by these professionals?" This work proposes the analysis of the statement based on semi-open interviews with speech therapists from the child language clinic.

METHOD

This study is qualitative, with a non-probabilistic, snowball-type[9] approach, guided by the theoretical-methodological conceptual assumptions of the Bakhtin Circle[5], using content analysis as input[10].

This research was approved by the Human Research Ethics Committee of the Federal University of Santa Catarina – CEPSH/UFSC (CAAE: 66995623.0.0000.0121, opinion number: 008177/2023). All participants signed the Free and Informed Consent Form (FICF) after doubts about participation in the research were clarified. Part of the data in this article was taken from the master's dissertation of one of the authors[10].

The snowball approach allows initially selected participants to indicate other potential candidates for the research. The search is completed when the total number of individuals in a given community studied has been reached or when there is no new information to be added. In this case, the initial search for participants was carried out through the Google website search engine, and city residents who knew speech therapists, referred to here as "seeds" (Figure 1). The definition of participants was based on pre-established inclusion and exclusion criteria, namely, experienced and inexperienced speech therapists in work with child language, respectively.

Six speech therapists (ST1 – ST6) from the state of Santa Catarina aged between 25 and 57 (average of 39) and training time from 4 to 36 years (average of 18 years) participated in the research –all with experience in the language area. Chart 1 presents the participants' details.

Data generation occurred through semi-structured interviews, whose final script, with 15 questions, was defined based on two pilot studies, with two speech therapists working with children and young people in the language area. The adaptations based on the pilot studies resulted in changes in questions considered

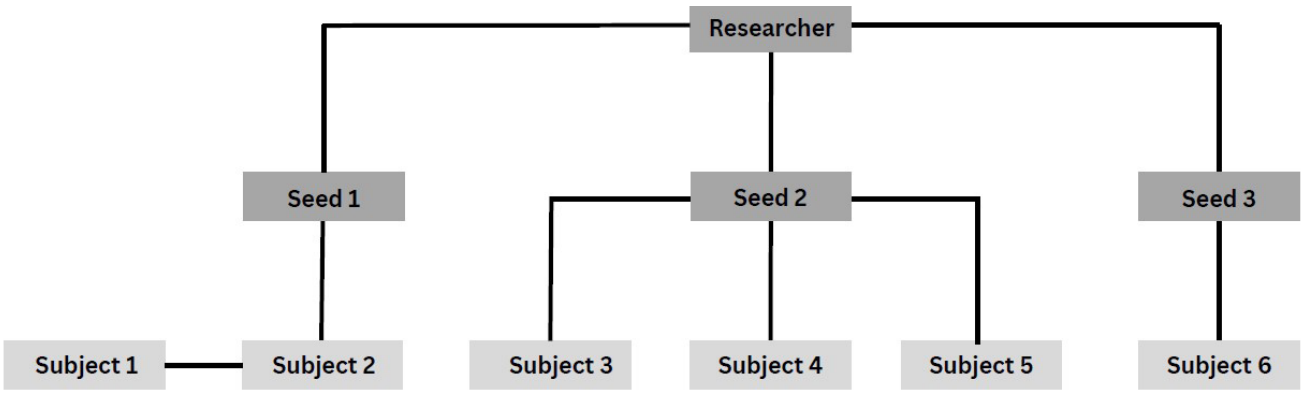

Figure 1. Snowball sampling
Caption: Researcher = interviewer; Seeds = search in Google or other people's recommendation; Subjects = Speech therapists (STs) interviewed

ambiguous or poorly formulated and increased the number of questions from ten to 15.

The semi-structural nature of the interview encouraged spontaneous dialogue between researcher and participant. In this scenario, it is noteworthy that, on many occasions, at the respondent's request, there was a need to clarify the core of the issue, with additions, examples, and paraphrasing so that the interviewer could make him/herself understood by the interviewee. These moments involved aspects related to understanding ("*Do you assess any other linguistic aspects besides vocabulary*?") and expressiveness ("*The way you express yourself… how you gesture… your facial expressions… body gestures, how do you evaluate that? For example, if the child does not understand when you speak"*).

All interviews were conducted online through the Google Meet platform, with an average duration of 45 minutes. The interviews were recorded and transcribed on the Reshape platform, and researchers reviewed the transcripts later. Using the Mentimeter platform, word clouds were generated to expose the keywords most present in the participants' statements related to the analysis categories of oral comprehension and expressiveness generated in the analyzed transcription excerpts and visible in the results.

Three categories of analysis were defined: a) the speech therapists' perception of comprehension and expressiveness, b) the assessment of oral comprehension, and c) self-perception and training on comprehension assessment. Based on the participants' responses, analytical subitems were organized to explain the results and foster discussion of the data. The research analysis categories were constructed after data generation, according to the themes discussed in the interviews and following the principles of the content analysis methodology[11].

RESULTS

The data were analyzed based on the three defined categories listed below.

a) Speech therapists' perception of understanding

The keywords related to the concept of oral comprehension are described in Figure 2.

In response to the question "What is language comprehension for you?", oral comprehension was most closely related to the following terms:

I) Hearing: *"It is like that, there must be the hearing issue too, right?"* (ST1)*; "For me, the hearing issue comes very early, you know?"* (ST2)*; "But always with an initial perceptive issue, right, hearing..."* (ST5).

II) Understanding: *"It's whether [the child] understands what I'm saying to them or not"* (ST1)*; "That which the child understands."* (ST6).

III) Receptive: *"Language understanding is what the patient receives, right?" (Speech therapist 1); "The understanding of language, right? The receptive, as I understand it, right?"* (ST2).

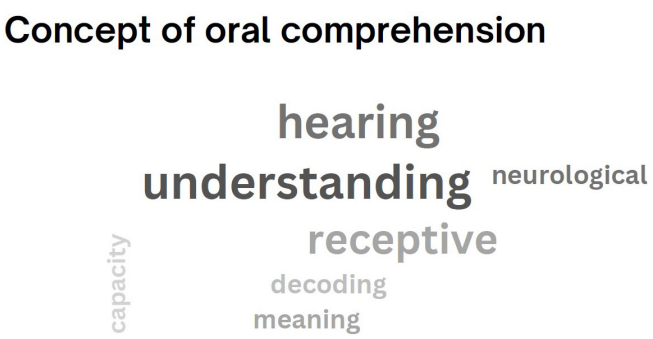

Figure 2. Keywords on the concept of oral comprehension
Source: Prepared by the authors

Chart 1. General data of participants

Subject	Gender	Age (years)	Time passed after graduation (years)	Training institution	Experience in language	Continuing education
Speech therapist 1	Female	25	4	Private	Yes	Postgraduate degree in Early Childhood, Health Care, and Education. PECS Training, Prompt, little finger method and ABA.
Speech therapist 2	Female	46	23	Private	Yes	Specialization in Early Childhood Education – First Years and Orofacial Motricity. Training in SENA.
Speech therapist 3	Female	57	36	Public	Yes	Postgraduate degree in Education for the Hearing Impaired and Specialization in Psychosocial Care.
Speech therapist 4	Female	38	17	Public	Yes	Postgraduate degree in Hospital Speech Therapy.
Speech therapist 5	Female	44	24	Public	Yes	Postgraduate degree in Public Health and Auditory Rehabilitation. Master's Degree in Human Communication Disorders.
Speech therapist 6	Female	28	5	Private	Yes	Postgraduate Degree in Autism Spectrum Disorder

Source: Prepared by the authors
Subtitle: PECS = Picture Exchange Communication System; Prompt = Prompts for Restructuring Oral Muscular Phonetic Targets; ABA = Applied Behavior Analysis; SENA = Sistema de Estimulação NeuroAuditiva (Neuroauditory Stimulation System)

IV) Neurological: *"...More complex processes, right? Of neurological ones, right? Involving several areas, right."* (ST5).

V) *Decoding: "It's a complex process, right, of decoding..."* (ST5).

VI) *Meaning: "...or of meaning... more complex processes, right?"* (ST5).

VII) *Capacity: "I see the other person's ability to understand what I want to say to them, but not necessarily just oral language"* (ST3).

The keywords on the relationship between expressiveness and oral comprehension generated from the cloud in the Mentimeter are arranged in Figure 3 and are related to the following terms:

I) Gestures (pointing, symbolic gestures, gesture support): *"So, if she/he understands gestures, especially functional gestures, right?"* (ST1); *"... she/he points to the object, right?"* (ST2); *"Reading gestures"* (ST3); *"And then I end up using a lot of gestures and other ways for us to try to make ourselves understood by the children"* (ST4); *"Gestures, gesture support, I do..."* (ST5); *"I think that this part of symbolic and non-symbolic gestures ends up helping a lot both in therapy and in the assessment"* (ST6).

II) Expressions (facial and exaggerated): *"...I like to work a lot with facial expressions [angry, happy, sad, scared]; if you understand, at least the ones we use the most, right?"* (ST1); *"Exaggerated expressions so that the patient can even understand this part of comprehension too, right?"* (ST6).

Figure 3. Keywords on the relationship between expressiveness and oral comprehension
Source: Prepared by the authors

III) Gazing *(eye contact, eye tracking): "Through eye contact (...) but he/she looks at me, he/she looks at the object, or he/she points to the object, right"* (ST2).

IV) Voice/prosody (tone and intensity modulation): *"So, sometimes a small word, an intonation of voice, changes and the child doesn't respond in a way that they could, you know?"* (ST1); *"Or, you cheer them up a lot, or... you change your tone of voice, right? Or, oh, lower your voice a little"* (ST6).

V) Responsiveness: *"You give him/her feedback again, that you understood, or he/she achieves goals, I think that is essential"* (ST5).

Regarding the evaluation process of understanding, the responses varied. Chart 2 reveals the keywords of the chief responses about the assessment method, satisfaction, and the participants' opinions about their training to assess oral comprehension.

b) Assessment of oral comprehension

Regarding the evaluation process of understanding, the answers also varied:

I) Two participants (ST1 and ST6) stated that they used closed protocols: *"Because the BOP already establishes what we evaluate, right? (...) For ASD, I use VB-MAPP a lot (...) ALD is very shallow. It doesn't cover everything you need to evaluate."* (Speech therapist 1); *"I sometimes take a little bit of BOP (...) I also take the Denver checklist"* (ST6). In this case, the protocols cited for the evaluation of oral language were BOP (Behavioral Observation Protocol), VB-MAPP (Verbal Behavior – Milestones Assessment and Placement Program), DENVER (Early Start Denver Model – ESDM), and ALD (Assessment of Language Development).

II) The other participants (ST2, ST3, ST4, and ST5) reported not using specific protocols, carrying out a more informal assessment or observing more superficially: *"And, so, after a while, like, of trayectory, we end up picking up a little bit of each, right? I don't follow anything structured..."* (ST2); *"I already had protocols, right? So, here it is, very pretty, easy to do. When it gets halfway through, when I see it, I start working with the child, and I forget the protocol"* (ST3); *"Understanding is something that we come to realize, honestly, as time goes by and then*

Chart 2. Method and self-perception of oral language assessment and training

Participants	Evaluation method	Satisfaction with the way you assess listening comprehension	Undergraduate qualification to assess oral comprehension
Speech therapist 1	BOP, VB-MAPP, ALD	Unsatisfied	Insufficient
Speech therapist 2	Informal assessment	Satisfied	Insufficient
Speech therapist 3	Informal assessment	Unsatisfied	Insufficient
Speech therapist 4	Informal assessment	Unsatisfied	Insufficient
Speech therapist 5	Informal assessment	Unsatisfied	Insufficient
Speech therapist 6	BOP and DENVER	Satisfied	Insufficient

Source: Prepared by the authors
Subtitle: BOP = Behavioral Observation Protocol); VD-MAPP = Verbal Behavior – Milestones Assessment and Placement Program; ALD = Assessment of Language Development; DENVER = Early Start Denver Model – ESDM

also... Understanding is something that passes very superficially [during the initial assessment]" (ST4)*; "And when I take, for example, the hearing impaired, there are some protocols and such, but they are so young, so I end up not applying them at this stage, right?"* (ST5).

Overall, for most participants, their assessments could not measure comprehensive language or needed improving: *"My opinion is that it [evaluation] cannot assess everything that needs to be assessed yet. I think there are few protocols in Brazil"* (ST1); *"No, I don't really like mine, the way I evaluate it, I feel the need to be more... I'm going to use the term didactic [protocoled and annotated]"* (ST3); *"It's something that could maybe be a little bit more...More observed indeed"* (ST4); *"It's well below what it should be, right? I think an evaluation can be much better explored"* (ST5).

c) Self-perception on the assessment of understanding

The analysis revealed that only S 2 and ST6 believed that their assessment methods were improved throughout clinical practice (ST6 – "*But I think that my day-to-day work in the office has greatly improved my assessment"*) and that, through the meter, good therapeutic planning is carried out, that is, effective assessment (ST2 – *"If I do say so myself, yes. I find it effective...How do I assess whether it is effective? When, based on this assessment, I draw up a plan"*).

Regarding academic education, the participants' unanimous opinion was that their degree was not enough to make them feel confident about assessing comprehensive language: *"Very rare, we don't egress prepared..."* (ST1); *"So, as I graduated many years ago, right? If I were to base myself on that alone, isn't it, right?"* (ST2); *"...my training did not give me that confidence"* (ST3)*; "I don't think so..."* (ST4); *"Graduation, no. I don't even remember them talking, you know?"* (ST5).

Furthermore, three participants emphasized that their education placed more emphasis on expressive language and that they did not have much focus on the assessment of comprehensive language, according to their statements: *"We complete the course prepared to evaluate the expressive language, but very little receptive language, right? Very little is said about this in undergraduate studies"* (ST1); *"The focus is usually on language expression, right? Much more in language expression than language comprehension"* (ST4); *"But the assessment of understanding, I don't know if it existed, but it wasn't the focus of the subjects, right"* (ST5).

DISCUSSION

Understanding means acknowledging and being intelligent; it is synonymous with having good perception, comprehending, and apprehending. Although understanding is a complex process, the term has several synonyms that refer to reception, i.e., the idea of receiving information. Thus, the expression "receptive language" has been used as a synonym for language understanding, without conceptual, only terminological differences[2]. Thus, the idea is that receiving information may be in the same order as understanding it.

Regarding this, the speech therapists involved in the research (ST1, ST2, and ST5) related hearing to the concept of oral comprehension, highlighting the basis of this process: hearing the speech. It is worth noting that the three respondents who made this connection had qualifications and professional experience in language and in the hearing health area, which is one of the afference pathways for audiovisual language. These qualifications and performances may have prompted a quicker evocation of the relationship between "speech" and "hearing" in their discourses. Obviously, in auditory comprehension, auditory perception and discrimination are, hierarchically, the basis of oral comprehension[12]. This is because, in most interactions, auditory cues play a more critical role than visual cues. However, the same statement may change its meaning based on different facial expressions and looks (of sadness, anger, and compassion, among other feelings).

Along the same lines, one of the participants related language understanding to decoding (ST5). In this conception, the communication process also operates with an encoder and a decoder. The decoder receives a message, knows the code. The message is new to him/her, and through the code, he/she interprets it. It is from the code that the receiver understands the message. Thus, the coding process goes from meaning to sound and from the lexico-grammatical level to the phonological level, while the decoding process exhibits the opposite direction; it goes from sum to meaning and from elements to symbols. However, in linguistic studies, since the last century, these two distinct aspects of language have been known to be irreducible to each other; both are equally essential and should be seen as complementary. In that regard, "*any individual speech presupposes an exchange. There is no transmitter without a receiver"* (op. cit., p.14), and this is why decoding can only be analyzed related to encoding[13]. From this perspective, although the context of speech production is considered, the interlocutor's role as receiver is emphasized, decoding the information produced by the sender. Thus, the notion of reception is linked to the idea of more significant passivity in interaction, in contrast to the active role of the interlocutor, in the face of the dialogical reversibility of Bakhtinian theory[6].

ST3 and ST5 considered understanding more broadly and related to more complex processes involving different cognitive processes, such as memory and attention, in combinations with the linguistic system[14]. ST5 related understanding to neurological processes. This relationship allows us to infer that a neurofunctional complexity in which different brain areas (temporal, parietal, frontal) and sensory pathways (auditory, visual, and gestural) act together through a network of neurons should also be considered. Regarding this point, ST2 highlighted, for example, the importance of considering eye contact and looking at the object when assessing comprehension. The direction of the gaze has been highlighted as a relevant element in the scope of attention and social interaction, already in the process of language acquisition[15]. A study has taken as criteria, for example, shared attention and fixed gaze of babies during the first two years of life through a systematic review of the literature on the development of children's receptive and expressive vocabulary[15]. Although this type of research has been carried out in Brazil for some time[16], it has shown little influence on language assessment studies in speech therapy. However, observation and the child's eye direction can be an alternative to analyzing an active-responsive act during interaction.

Besides directing the gaze, gestures can be used as another form of meaning in the understanding and expressive process in the dyad between interlocutors, associated or not with

speech during the evaluation process. It is worth highlighting that the gesture was mentioned by all the speech therapists interviewed, highlighting the importance of this aspect in the participants' concept of understanding. Indeed, gestures during the communication process between a child and an adult are more related to understanding than expression[17]. Furthermore, it promotes better interaction, contributing to shared attention skills, alternating gaze between the object and the adult, eye contact, and elaborating statements[17].

Specifically on the issue related to vocal expressiveness, ST6 and ST1 used terms such as "cheering up," modulating voice intonation and volume, which are strategic ways to achieve understanding in their services. ST5 also highlighted the importance of the evaluator's expressiveness in understanding the subject, which occurs when a gestural response to another person reveals that they have been understood (nodding in confirmation, with a facial expression of interest). However, these questions are still elementary and at the interviewer's insistence. Prosodic aspects are already considered (e.g., intensity, pitch, rhythm, and duration) in controlled environments in pre-verbal babies as a linguistic parameter. It is also known that vocal modulations act and contribute as clues to the segmental processing of syllables through increased selective attention, excitation, and greater cognitive load, favoring the ability to understand language[12].

In addition to gaze, gestures, and intonation, ST1 and ST6 revealed strategic use of facial expression to assist in understanding their patients' language. Studies show[18] that the listener's facial expression (eyes, eyebrows, nose, and mouth) in an adult conversational act can impact the speaker's expressiveness. In this case, using specific facial expressions in this context can be considered a way of facilitating the listener's understanding process, since it impacts how the speaker produces their statement and, consequently, is understood.

The speech therapists commented little on their role in language assessment, which can be interpreted as a theoretical position that does not acknowledge understanding as an active, dialogical, interactive process[6]. In other words, this perspective does not consider understanding as a process in which the speech therapist (speaker) also contributes to the understanding of the other, in the meaning of his/her statement (ideological act).

The answers did not differ much regarding the comprehension assessment process: two participants (Chart 1) stated that they used closed protocols, while the others mentioned carrying out a more open assessment. In this scenario, four specific assessment instruments were mentioned: BOP, VB-MAPP, DENVER, and ALD.

The BOP (mentioned by ST1) is a protocol for assessing verbal and nonverbal behavior, receptive and expressive, and cognitive-symbolic aspects, and is not exclusive to comprehension[19]. Therefore, it does not assess all levels related to it (receptive vocabulary, sentence comprehension, etc.). The VB-MAPP (mentioned by ST1) assesses the verbal repertoire in children through tasks designed based on 170 language development milestones and other related skills at three levels by age group, for example, order, tact, echoic, intraverbal, listening, motor imitation, independent play, social play, and visual perception, among others[20]. According to author[20], receptive language in VB-MAPP can be synonymous with the listener's ability to "answer". It, therefore, refers more to the understanding of simple sentences. Regarding the ESDM (mentioned by ST6), it is worth noting that its development was aimed at intervening in the development of children with autism spectrum disorder (ASD) in a naturalistic environment at an early stage. Such intervention is based on a checklist covering different skill domains (imitation, nonverbal communication, verbal communication, social development, and play), as well as developmental levels[21].

Finally, another instrument mentioned by one of the respondents (ST1) was the ALD, which assesses expressive and comprehensive language. In relation to understanding, the ALD assesses semantic, morphological, and syntax aspects, as well as attentional and memory aspects[22]. Although it involves different linguistic levels, in addition to cognitive functions, ST1 mentioned that this instrument does not seem to be able to deepen the discussion about what would be a more consistent/complete assessment. Therefore, in practice, the assessment materials related to comprehensive language are not very deep, which makes professionals use more than one protocol and/or need to complement this/these protocol(s) with informal observations of the interaction.

Most speech therapists reported not using closed protocols, using "informal" or "qualitative" assessments. The speech therapists who reported not using a protocol mentioned clinical experience combined with the use of some parts of protocols to assess language as a basis for their conduct. However, ST2, for example, did not mention the protocols she followed. ST3, in turn, reported that, although she had a protocol at her disposal, she did not adhere to it because, during the assessment, she was already in intervention. Thus, by following a strict protocol, this information could be lost. ST4 stated that her focus was not on understanding at first and that this issue was observed "in its own time" during the therapeutic intervention. Finally, with the justification of serving very young children, ST5 mentioned not using protocols, as it also served children with hearing impairments. The literature indicates that non-standardized assessments are carried out in routine and naturalistic contexts, moving away from artificial situations[23]. However, it also points out that formal and informal protocols can be seen as complementary[24] because while some children engage in formal assessment, others can only present and demonstrate their potential in informal assessment.

However, using open or qualitative assessment is not synonymous with using a specific theoretical perspective. In other words, not all speech therapists using an open assessment start from a socio-historical theoretical basis with a more naturalistic view. In this sense, the concepts of language, subject, and interaction can differentiate the forms and strategies of an open assessment[25]. Thus, the situation above indicates that speech therapists who use formal assessments do not explore the tests they use much, or they use tests that deal superficially with aspects related to oral comprehension. However, during the interview, speech therapists who use informal assessment could not highlight aspects of understanding that could be assessed more consistently. Although they had mentioned, for example, non-verbal aspects of expressiveness when they conceptualized understanding in the discussion on evaluation, these aspects were not explored in depth, as was their relationship with verbal aspects (semantics, syntax, pragmatics). In short, the problem of superficiality does not seem to be a comparison between formal and informal assessment but rather a question of theoretical basis.

Speech therapists' self-judgment of their comprehension revealed that most believe their assessment is still insufficient.

According to ST1, Brazil has few protocols available. Speech therapists (Chart 2) show a lack of confidence in their training to assess oral comprehension language. We understand that, regardless of the period, comprehension has always been less studied than expression (ST1, ST2, and ST3) and has changed slowly over the years, possibly due to the complexity involved in assessing comprehension.

Two participants in this research reported satisfaction with their way of assessing: one who assessed using a more informal structure (ST2) and another using protocols (ST6). For ST2, one way to infer whether the assessment was well prepared is the consistency with short to medium-term planning and, consequently, the work results in the patient's progress. *"And in the short and medium term, I already evaluate small results. So, feel that, I am sure that I am on the right path."* (ST2). In this context, she confused self-assessment of her knowledge with her clinical performance, since the metric used to verify whether her assessment was good is her patient's progress. However, the suggested parameter for assessing evaluation satisfaction could be the possibility of repeating the procedures of an evaluation method in scientific practice in speech therapy or pointing out the scarcity and quality of scientific studies for use in clinical practice.

In general, the analysis through semi-structural interviews, which allowed for the triggering of spontaneous dialogue between researcher and participant, favored the understanding of how participants developed their own notion of understanding. This construction reveals the participants' concept of language, which may or may not include expressiveness as part of understanding, as well as the role of the evaluator as a peripheral or co-participant in understanding the person being evaluated in the interaction established. In this sense, the analysis of the participants' statements provided evidence for the need for a discussion focusing on the breadth and complexity of understanding, considering not only the skills involved, that is, the linguistic-cognitive and sociocultural processes present but also the dialogical dimension in which this understanding is constructed. Of course, it is important to note that this research addressed professionals from a specific region; therefore, its results cannot be extended to all Brazilian professionals. In this context, a more comprehensive investigation encompassing more participants can offer a broader view of speech therapists' perceptions of understanding and expression.

CONCLUSION

The discussion about understanding in speech therapy is still in its infancy for the group of speech therapists participating in this research, as evidenced by how they debated the assessment. There is a centrality in expression regarding understanding. Despite this, expressiveness was little related to other linguistic, cognitive, and interactive aspects, considering that expressiveness appears in the subjects' discourse in a way that is still little related to meaning. In other words, expressiveness is seen marginally, not as constitutive of the process of understanding language, implying significant gaps concerning the assessment of understanding.

Thus, on the one hand, there are indeed still insufficient tests to account for the complexity of understanding and, on the other hand, there is an a-theoretical clinical practice, which makes it difficult to reflect on the place and role of language understanding, as well as the role of expressiveness in understanding. This scenario can negatively impact clinical practice. Therefore, this study highlights the urgency of conducting research in the comprehensive language area, especially in speech therapy, as only then will it be possible to develop more effective identification, assessment, and intervention methods.

REFERENCES

1. Reppold CT, Gurgel LG, Parise LF, Serafim A, Dias AS, Joly MCRA. Evidências de Validade de Critério da BILOv3 em Crianças Gaúchas. Psicol, Teor Pesqui. 2015;31(2):155-62. http://doi.org/10.1590/0102-37722015021235155162.
2. Tarvainen S, Launonen K, Stolt S. Oral language comprehension interventions in school-age children and adolescents with developmental language disorder: a systematic scoping review. Autism Dev Lang Impair. 2021;6:23969415211010423. http://doi.org/10.1177/23969415211010423. PMid:36381528.
3. Acosta-Rodríguez VM, Ramírez-Santana GM, Hernández-Expósito S. Intervention for oral language comprehension skills in preschoolers with developmental language disorder. Int J Lang Commun Disord. 2022;57(1):90-102. https://doi: 10.1111/1460-6984.12676.
4. Sá TBF, Lima RF, Mattar TDLF, Ciasca SM. Construção de um instrumento para avaliar a compreensão da linguagem oral de crianças de 2 a 6 anos. Distúrb Comun. 2018;30(1):158-69. http://doi.org/10.23925/2176-2724.2018v30i1p158-169.
5. Volóchinov V. Marxismo e filosofia da linguagem: problemas fundamentais do método sociológico na ciência da linguagem. 3. ed. São Paulo: Editora 34; 2021.
6. Trujillo JP, Holler J. Interactionally embedded gestalt principles of multimodal human communication. Perspect Psychol Sci. 2023;18(5):1136-59. http://doi.org/10.1177/17456916221141422. PMid:36634318.
7. Penteado RZ, Pechula MR. Expressividade em jornalismo: interfaces entre Comunicação, Fonoaudiologia e Educação. Intercom. Revista Brasileira de Ciências da Comunicação. 2018;41(1):153-66. http://doi.org/10.1590/1809-5844201818.
8. Holler J, Levinson SC. Multimodal language processing in human communication. Trends Cogn Sci. 2019;23(8):639-52. http://doi.org/10.1016/j.tics.2019.05.006. PMid:31235320.
9. Vinuto J. A amostragem em bola de neve na pesquisa qualitativa: um debate em aberto. Temáticas. 2014;22(44):203-20. http://doi.org/10.20396/tematicas.v22i44.10977.
10. Ucedo DM. A percepção de fonoaudiólogos sobre a compreensão oral e o papel da expressividade [dissertação]. Florianópolis: Universidade Federal de Santa Catarina; 2023, 86 p.
11. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 1977.
12. Calignano G, Dispaldro M, Russo S, Valenza E. Attentional engagement during syllable discrimination: the role of salient prosodic cues in 6-to 8-month-old infants. Infant Behav Dev. 2021;62:101504. http://doi.org/10.1016/j.infbeh.2020.101504. PMid:33254088.
13. Jakobson R. Linguística e comunicação. 24. ed. São Paulo: Cultrix; 2007.
14. Pulvermüller F. Neural reuse of action perception circuits for language, concepts and communication. Prog Neurobiol. 2018;160:1-44. http://doi.org/10.1016/j.pneurobio.2017.07.001. PMid:28734837.

15. Çetinçelik M, Rowland CF, Snijders TM. Do the eyes have it? A systematic review on the role of eye gaze in infant language development. Front Psychol. 2021;11:589096. http://doi.org/10.3389/fpsyg.2020.589096. PMid:33584424.

16. Lima ILB, Cavalcante MCB. Ferramenta de descrição linguística Pami-Protocolo de avaliação multimodal infantil. In: Lazzarotto-Volcão C, Oliveira M, Freitas MJ. Aquisição atípica da linguagem: modelos linguísticos e práticas clínicas. Campinas: Ed. Abralin; 2022. p. 144-77.

17. Kirk E, Donnelly S, Furman R, Warmington M, Glanville J, Eggleston A. The relationship between infant pointing and language development: a meta-analytic review. Dev Rev. 2022;64:1-22. http://doi.org/10.1016/j.dr.2022.101023.

18. Nota N, Trujillo JP, Holler J. Facial signals and social actions in multimodal face-to-face interaction. Brain Sci. 2021;11(8):1017. http://doi.org/10.3390/brainsci11081017. PMid:34439636.

19. Zorzi J, Hage SR. PROC-Protocolo de observação comportamental: avaliação de linguagem e aspectos cognitivos infantis. São José dos Campos (SP): Pulso Editorial; 2004.

20. Martone MCC. Tradução e adaptação do Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) para a língua portuguesa e a efetividade do treino de habilidades comportamentais para qualificar profissionais. [tese]. São Carlos: Programa de Pós-Graduação em Psicologia, Universidade Federal de São Carlos; 2017.

21. Rogers SJ, Dawson G. Intervenção precoce em crianças com autismo: modelo Denver para a promoção da linguagem, da aprendizagem e da socialização. Lisboa: Lidel – Edições Técnicas, Ltda; 2014.

22. Menezes MLN. A construção de um instrumento para avaliação do desenvolvimento da linguagem: idealização, estudo piloto para padronização e validação [tese]. Rio de Janeiro: Instituto Fernandes Figueira, Fundação Oswaldo Cruz; 2003.

23. Thomson J, Gee M, Sage K, Walker T. What 'form' does informal assessment take? A scoping review of the informal assessment literature for aphasia. Int J Lang Commun Disord. 2018;53(4):659-74. http://doi.org/10.1111/1460-6984.12382. PMid:29542236.

24. Ward C, Chiat S, Townend GS. A comparison of formal and informal methods for assessing language and cognition in children with Rett syndrome. Res Dev Disabil. 2021;114:103961. http://doi.org/10.1016/j.ridd.2021.103961. PMid:33915382.

25. Santana AP, Santos KP. A perspectiva enunciativo-discursiva de Bakhtin e a análise da linguagem na clínica fonoaudiológica. Bakhtiniana. Revista de Estudos do Discurso. 2017;12:174-90. http://doi.org/10.1590/2176-457327491.