A EXTENSÃO UNIVERSITÁRIA COMO LÓCUS DE FORMAÇÃO DO ESTAGIÁRIO/TERAPEUTA EM FONOAUDIOLOGIA PARA O ATENDIMENTO DE SUJEITOS COM TRANSTORNO DO ESPECTRO AUTISTA (TEA)

LA EXTENSIÓN UNIVERSITARIA COMO LUGAR DE FORMACIÓN DE ESTUDIANTES/TERAPEUTA DEL HABLA Y LENGUAJE PARA ATENCIÓN DE PACIENTES CON TRASTORNO DEL ESPECTRO AUTISTA (TEA)

UNIVERSITY EXTENSION AS AN ACADEMIC FORMATION PLACE FOR THE TRAINEE/THERAPIST IN PHONOAUDIOOGY FOR THE ATTENDANCE TO AUTISTIC SPECTRUM DISORDER (ASD) PATIENTS

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RESUMO: O objetivo deste trabalho é relatar a experiência de estagiários/terapeutas em um projeto de extensão universitária de atendimento fonoaudiológico para sujeitos com diagnóstico de TEA. Os dados foram gerados a partir da resposta de um questionário semiestruturado em que participaram dois acadêmicos. Dentre as principais reflexões dos acadêmicos participantes, se pode observar que a frustração com relação à prática terapêutica para pessoas sem oralidade e diagnóstico de TEA foi um relato recorrente. A percepção do distanciamento entre teoria e prática e a angústia do atendimento clínico para um *Outro* que não responde às expectativas do estagiário/terapeuta também foi ressaltada pelos acadêmicos. Assim, se conclui que a extensão, enquanto lócus de formação, deve levar em conta a subjetividade do estagiário/terapeuta, para que ele possa ser amparado em outras esferas para além daquela do conhecimento teórico-prático, mas também como lugar de escuta essencial para sua trajetória profissional futura.

PALAVRAS-CHAVE: Autismo. Extensão. Fonoaudiologia. Formação.

RESUMEN: *El objetivo de este artículo es informar la experiencia de los aprendices/terapeutas del habla y language en un proyecto de extensión universitaria de logopedia para sujetos diagnosticados con TEA. Los datos se generaron a partir de la respuesta de un cuestionario semiestructurado en el que participaron dos académicos. Entre las principales reflexiones de los académicos participantes, se puede observar que la frustración con respecto a la práctica terapéutica para personas sin oralidad y diagnóstico de TEA fue un informe recurrente. Los académicos también destacaron la percepción de la*

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distancia entre la teoría y la práctica y la ansiedad de la atención clínica para un Otro que no cumple con las expectativas del interno/terapeuta. Por lo tanto, se puede concluir que la extensión, como lugar de formación, debe tener en cuenta la subjetividad del aprendiz/terapeuta, para que pueda ser apoyado en otras esferas además de la del conocimiento teórico y práctico, pero también como un lugar de escucha esencial para el estudiante. su futuro camino professional.

PALABRAS CLAVE: *Autismo. Extensión. Terapia del habla. Formación.*

ABSTRACT: *The objective of this paper is to report the experience of the Trainees/Therapists in a university's extension project of Phonoaudiology for subjects diagnosed with ASD. Data was generated from the response of a semi-structured questionnaire in which two academics participated. Among the main reflections of the participating academics, it can be observed that the frustration regarding the therapeutic practice for people without orality and diagnosed with ASD was a recurrent report. The perception of the distance between theory and practice and the anxiety of clinical care for an 'Other' that does not meet the expectations of the trainee/therapist was also highlighted by the academics. Thus, it can be concluded that extension, as a locus of formation, must take into account the subjectivity of the trainee/therapist, so that he/she can be supported in other spheres besides that of theoretical and practical knowledge, but also as a place of essential listening for the student's future career path.*

KEYWORDS: *Autism. Extension. Phonoaudiology. Formation.*

Introduction

In Latin America, the role that the University assumes results in a social commitment that embraces a position beyond the perspectives originally formulated under a capitalist logic. Thus, sustainable regional development, the reduction of social inequalities and policies of inclusion and permanence in Higher Education are intrinsic objectives to the education system (KOEHNTOPP; HERDT, 2018).

Thus, the formation of students at universities in the country follows trends aimed at the intertwining of research, teaching and extension as a way of linking the knowledge produced in the academy with the return focused on social development, also guaranteeing the quality of the training of future professionals and the social transformation (SOUSA, 2013). Thus, according to Manchur, Suriani and Cunha:

> University extension is one of the ways to develop a complete academic education, which integrates theory and practice in communication with society and enables an exchange of knowledge between both. Through this
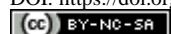
action, socialization and construction of new knowledge takes place (2013, p. 335).[5]

The university extension emerges, therefore, as a link between the institution and society at the moment when the teaching and learning processes take effect. In this sense, it is "a way of being, a way of dialoguing and a possibility to learn" (SÍVERES, 2013, p. 20). This means that the institution of Higher Education, in its social (trans) educational action, welcomes diversities, pluralities and becomes "uni" by allowing dialogism between the spheres of society and knowledge to overflow. It is, therefore, through the dialogism inscribed between the processes of teaching and learning and among the subjects, that the university extension is positioned as a (trans)formative locus. That is,

> guiding the educational process as an action and reflection is to make education an enterprise that embraces the needs and demands of society and, through the formative and professionalization project, contribute to social development. In addition to this public institutional guideline, it is opportune to propose that their learning mediations are also communicated (SÍVERES, 2013, p. 26).[6]

Although many studies refer to university extension as a possibility of gaining experience in students' formation in undergraduate courses (MANCHUR; SURIANI; CUNHA, 2013; MENEGON, *et al.*, 2015), much is discussed about the benefits also offered in bachelor's course extensions. In Santa Catarina, for example,

> The extension character is established through social intervention projects, based on elements characteristic of a given community, and which can develop the potential to promote social and even technological innovations (FRANCISCO, 2018, p. 16).[7]

Thus, the Federal University of Santa Catarina (UFSC) stands out, as it values the triad of teaching, research and extension, which puts it in evidence not only at the regional and national level, but also internationally. As a result, UFSC allows students to enter and stay through the provision of scholarships and volunteer work, as well as enabling education and services to be offered with quality for the community (BORTOLINI; OTANI; MELO, 2018).

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[5] A extensão universitária é um dos caminhos para desenvolver uma formação acadêmica completa, que integra teoria e prática numa comunicação com a sociedade e possibilita uma troca de saberes entre ambos. Através dessa ação acontece a socialização e construção de novos conhecimentos (2013, p. 335).
[6] pautar o processo educativo como uma ação e reflexão é fazer da educação um empreendimento que acolhe as necessidades e as demandas da sociedade e, por meio do projeto formativo e profissionalizante, contribuir com o desenvolvimento social. Além dessa diretriz institucional pública, é oportuno propor que se comuniquem, também, as suas mediações aprendentes (SÍVERES, 2013, p. 26).
[7] O caráter extensionista é estabelecido por meio de projetos de intervenção social, a partir de elementos característicos de uma determinada comunidade, e que podem desenvolver o potencial de promover inovações sociais e, até mesmo, de base tecnológica (FRANCISCO, 2018, p. 16).
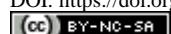
University extension as a locus of formation in Phonoaudiology

University education in health courses also follows the political-economic and educational movements that are underway in the country. Thus, in addition to promoting the inclusion and permanence of students in the educational institution, the extension allows the diversification of teaching and learning methodologies (PORTO, 2017). According to Goés *et al.*, (2018, p. 431), the extension projects, "[in] the health area, assume particular importance for serving as a space to provide humanization actions". However, it can be seen that the discussions about the impact of participation in extension projects in the formation of Phonoaudiology students are still incipient and that these are still based on assistance practices. Like this,

> the integration of Phonoaudiology in University Extension allows a construction of knowledge together with the community, which allows the perception of socio-cultural factors in human communication disorders. Phonoaudiology activities in extension take place through the elaboration and implementation of actions that point out solutions for questioning the population, as well as the adoption of appropriate preventive measures, providing quality health education to the population (GOÉS, *et al.*, 2018, p 431-432).[8]

In another study, carried out by Faustino (2009), it is observed that the university extension carried out in a Phonoaudiology course is not related only to actions that return to or begin from the community, in one way or another, as pointed out by Goés *et al.* (2018). Faustino (2009) points out that extension is necessary for the formation of academics, since it allows overcoming difficulties in applying theoretical knowledge in clinical practice, especially in cases of care for people who have a diagnosis of Autistic Spectrum Disorder (ASD).

From this, it is observed that there is a gap in research that considers extension as part of the formation of the subject as a dialogical relationship, especially in Phonoaudiology courses. In other words, extension is "a mediating process of building knowledge and an activity that points to the purpose of the learning path" (SÍVERES, 2013, p. 20).

It is in this time gap that this article emerges, from reflections that unfolded from the experiences of students in activities developed in the extension project entitled "Clinical Speech Therapy Service for Children and Adults", held at the Clinical School of Phonoaudiology at

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[8] a integração da Fonoaudiologia na Extensão Universitária permite uma construção de conhecimento em conjunto com a comunidade, o que possibilita a percepção dos fatores socioculturais nos distúrbios da comunicação humana. A atuação fonoaudiológica na extensão se dá por meio da elaboração e efetivação de ações que apontem soluções para questionamentos da população, bem como a adoção de medidas preventivas cabíveis, prestando educação em saúde de qualidade à população (GOÉS, *et al.*, 2018, p. 431-432).
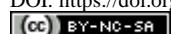
UFSC. This university extension aims to provide theoretical and practical deepening of students of the Phonoaudiology course and teachers/speech therapists in concrete situations of clinical care and research in the area of language, aiming at improving teaching and learning.

In addition, the proposal of this extension is that the theoretical-practical approach is anchored in an interactionist and dialogical conception of language (BAKHTIN, 2011; VIGOTSKI, 2010; BERBERIAN; SANTANA, 2012; SIGNOR, 2012). Phonoaudiology monitoring, in this perspective, constitutes a dialogical work. The work with/for and in language is performed in the interaction between different subjects that are constituted there: patient and family; family and clinic; family and therapist; patient and therapist; therapist and teacher advisor; and also among the group as a whole (consisting of students, professors of speech therapy and other professionals from other areas).

Based on the above, the objective of this work is to report the experience of interns/therapists in a university extension project of phonoaudiology for subjects with Autistic Spectrum Disorder (ASD).

Methodological outlines

The data were generated from the reports of two academics, one from the sixth and one from the eighth semester of graduation. The reports were collected from an online questionnaire during the period from March to June 2019.

The questionnaire contained the following questions for reflection: i) How do you feel about the therapeutic setting with your ASD patients? II) Do you feel prepared in terms of theory and practice? III) What can you define as essential in your training for the care of people with ASD? IV) How do you feel about your patients' difficulties? VII) Do you believe that extension is helping your training? if so, how?

The analysis of the data was based on Bardin's Content Analysis (2011), in which studies on the theme were mobilized for the critical treatment of the reports, which were presented to the reader throughout the discussion.

Initially, a word analysis performed with the Wordclouds software is presented to the reader, as a way of highlighting the aspirations most punctuated by academics. Subsequently, the reports were categorized by three main axes, namely:

I) *The relationship with the Other:* This axis involves the themes around the feeling regarding the clinical practice itself and also the concerns regarding the "response" of the Other, in this case, the child without orality and with a diagnosis of ASD;
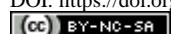
II) *Obstacles in the relationship between theory and practice:* This axis involves the reports in which academics point out difficulties in intertwining practice and theory, as well as discussions about the learning processes;

III) *Extension as a formative locus:* Axis in which trainees/therapists comment on the role of extension in their academic and personal formation;

Results and discussions

For Vigotski (2010), the word allows the subject to reflect on the process to which it is circumscribed. It is the word, in mediation with the other, that makes learning happen. The written word of academics, therefore, assumes the character of a mediating process of the feeling to which the unknown causes strangeness, and, consequently, reflection and reframing. Thus,

> Understanding, however, that dialogue is an inherent element of the educational institution, it is appropriate to highlight the importance of contributing to the meaning of the person and of history, guiding the educational process as an action and reflection and promoting different possibilities of educational experiences (SÍVERES, 2013, p. 25).[9]

It is conceived here, therefore, that extension is the place of "listening" for academics who are suffering in the face of "not knowing", of the "unknown". Thus, the formation of the trainee/speech therapist goes through the mediation of the word of the more experienced other: the colleague, the teacher, the professional. With this, it would be expected that academics, when appropriating the theory, put it into practice during the consultations and understand the subject diagnosed with ASD as the one who is constituted by the Other, in this case the trainee/therapist, but it also constitutes that relationship.

As can be seen below in Figure 1, there are some words that are marked in the students' reports, which are: "TEA", "difícil", "frustração", "atenção"[10]. Other words gain secondary prominence during the reports: "observações", "estratégias", "agitado", "medo", "interação", "alegria" and "prática"[11]. And these words, signs, reveal marks of interaction with the Other.

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[9] Compreendendo, porém, que o diálogo é um elemento inerente à instituição educativa, é adequado destacar a importância de contribuir para com o sentido da pessoa e da história, pautar o processo educativo como uma ação e reflexão e promover possibilidades diferenciadas de experiências educativas (SÍVERES, 2013, p. 25).
[10] "ASD", "difficult", "frustration", "attention".
[11] "observations", "strategies", "agitated", "fear", "interaction", "joy" and "practice".
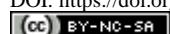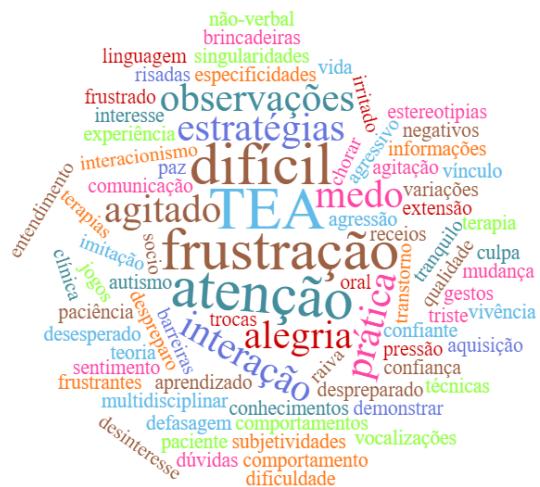
Figure 1 - Word analysis performed with the Wordclouds software

Source: devised by the authors.

It is with this theoretical framework that extension is also conceived as a place of mediated learning (VIGOTSKI, 2010). Thus, students are in a zone of proximal development that, from the interaction with the other "more experienced", mediated by signs (words, actions), will be able to appropriate the knowledge and techniques necessary for clinical phonoaudiology. In this sense, the development of the academic encompasses several areas of human formation, including their development as a social being.

I) Relation with the Other

Apparently, in the inventory of the phonoaudiology clinical practice that academics meet, there is a judgment that is imminent, a judgment that puts them in the place of "knowing" while they are in the place of "apprentices". This social place to which they are limited causes them many anguishes, so that extension is the ideal locus to strengthen capacities, skills and intertwine therapeutic praxis. Thus, the trainees/therapists report that during this "encounter with the Other", with the "unknown", in fact, there is an encounter with "frustration", as seen in the reports below:

> ***Trainee/therapist 1:*** *Initially, I was frustrated by the fact that I prepared several activities for the 45 minutes of therapy and the patient was not interested in any of them. In addition to the fact that the child does not interact with me at any time, having agitated behavior and asking through gestures to leave the room. [...] Well, frustration was the main feeling in the first sessions. After understanding the behavior of the child who has ASD, I started to put aside all this feeling and focus on making the patient intend to interact. At first it was difficult, but I always try to be patient and keep myself aware that the patient does not do this on purpose, and that he just does not know how to interact/play with someone. [...] At first I was desperate to think that it was a*

way for him to show that he was angry or sad, making me think that stereotypes were just a demonstration of negative feelings. After observations of the patient, I saw that in many moments' stereotypes were a way of showing a feeling of joy. Therefore, when the child does some stereotyping (such as turning and shaking hands), I imitate him and, at the same time, humming "spin, spin". In doing so, the patient is happy through laughter and vocalizations.

***Trainee/therapist 2:** Initially I felt a lot of difficulty and frustration, because in addition to being my first contact with clinical practice, with this experience as a therapist/patient, was a non-verbal patient with a certain preference for male therapists and with a very short attention span. Planning activities for the sessions was frustrating because the patient often showed no interest in what was proposed. [...] Regarding the feeling, I believe the frustration and fear. Frustration is still present, not in the same proportion as before, because now I am learning to deal with it, to understand that it is not purposeful when the patient does not show interest in the activity and it is not even our fault that this happens. As for fear, it is fear in the sense of having doubts if it is making a difference in his life, if the minutes of therapy will result in any change, if the parents really believe in the service and that it is worthwhile to go to the place where the therapy.[12]*

From the foregoing, it can be seen that the extension is configured as a locus that welcomes the "frustration" of academics in the care of children without orality and diagnosed with ASD. However, as Arantes (2005, p. 153) would say, "aside, there was the reflection on the meaning of the presence of dialogical processes in pathological speeches". Thus, it is clear that academics, by focusing only on the "non-response of the Other", end up frustrated by not yet understanding aspects related to their own knowledge of the language area.

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[12] ***Estagiário/terapeuta 1:** Inicialmente, me senti frustrado pelo fato de eu preparar diversas atividades para os 45 minutos de terapia e o paciente não ter interesse em nenhuma delas. Além do fato de a criança não interagir comigo em nenhum momento, tendo comportamento agitado e solicitando através de gestos para sair da sala. [...] Bom, frustração era o principal sentimento nas primeiras sessões. Após entender o comportamento da criança que possui TEA, passei a deixar de lado todo esse sentimento e me concentrar em fazer com que o paciente tivesse a intenção de interagir. No início foi difícil, porém procuro sempre ter paciência e me manter ciente de que o paciente não faz isso de modo proposital, e que ele apenas não saber como interagir/brincar com alguém. [...] No início eu ficava desesperado por achar que era uma maneira dele de demonstrar que estava irritado ou triste, fazendo com que eu pensasse que as estereotipias eram uma demonstração apenas de sentimentos negativos. Após observações do paciente, vi que em muitos momentos as estereotipias eram uma forma de demonstrar sentimento de alegria. Sendo assim, quando a criança faz alguma estereotipia (como por exemplo girar e balançar as mãos), eu imito ele e, ao mesmo tempo, cantarolando "gira, gira". Ao fazer isso, o paciente mostra-se feliz através de risadas e vocalizações.*

***Estagiário/terapeuta 2:** Inicialmente senti muita dificuldade e frustração, pois além de ser o meu primeiro contato com a prática clínica, com essa vivência de terapeuta/paciente, era um paciente não-verbal com uma certa preferência por terapeutas do sexo masculino e com um tempo de atenção muito reduzido. Planejar atividades para as sessões eram frustrantes pois muitas vezes o paciente não mostrava interesse no que era proposto. [...] Em relação ao sentimento, acredito que a frustração e medo. A frustração ainda encontra-se presente, não na mesma proporção que antes, pois agora estou aprendendo a lidar com isso, a entender que não é proposital quando o paciente não demonstra interesse na atividade e nem mesmo é nossa culpa isso acontecer. Quanto ao medo, é medo no sentido de ter dúvidas se está fazendo diferença na vida dele, se os minutos de terapia vão resultar em alguma mudança, se os pais realmente acreditam no atendimento e que vale a pena se deslocar até o local onde acontece a terapia.*
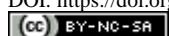
Thus, the work of building knowledge must be carried out collectively, allowing this to be a place of "not knowing", common to all. In addition, it is necessary for the collective mediator to be aware of aspects of the individual's order, since:

> it is necessary to know how each individual responds to difficulties, problems and failures, since it is these motivational processes that correspond to expectations, attributions and feelings that will help the person to overcome difficulties and sustain motivation (CARVALHO; SÍVERES, 2013, p. 40).[13]

Thus, it is only from the development of events, during the shared experience throughout clinical care, that academics come to understand what is happening between this *Other* - in this case, the subject without orality and diagnosed with ASD - and his clinical practice and theoretical knowledge. This is revealed in some parts of the excerpts, such as when Therapist 1 states:

> *At first, I was desperate to think it was a way for him to show that he was angry or sad, making me think that stereotypes were just a demonstration of negative feelings. After observations by the patient, I saw that in many moments' stereotypes were a way of showing a feeling of joy.[14]*

And in the report of Therapist 2:

> *Frustration is still present, not in the same proportion as before, because now I am learning to deal with it, to understand that it is not purposeful when the patient does not show interest in the activity and it is not even our fault that this happens.[15]*

In this sense, as stated by Arantes:

> The nature of what has to be evaluated/diagnosed - the language - in the plurality of the effects of its functioning, is responsible for the complexity involved in this process and is a requirement for the clinician to "elaborate a statement about the language" (2005, p. 155, authors' highlights).[16]

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[13] é preciso conhecer como cada indivíduo responde às dificuldades, aos problemas e aos fracassos, visto que são esses processos motivacionais que correspondem a expectativas, atribuições e sentimentos que irão auxiliar a pessoa a superar as dificuldades e a sustentar a motivação (CARVALHO; SÍVERES, 2013, p. 40).

[14] *No início eu ficava desesperado por achar que era uma maneira dele de demonstrar que estava irritado ou triste, fazendo com que eu pensasse que as estereotipias eram uma demonstração apenas de sentimentos negativos. Após observações do paciente, vi que em muitos momentos as estereotipias eram uma forma de demonstrar sentimento de alegria.*

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[16] A natureza do que se tem a avaliar/diagnosticar – a linguagem – na pluralidade dos efeitos de seu funcionamento, é responsável pela complexidade envolvida neste processo e é exigência para o clínico "*elaborar um dizer sobre a linguagem*" (2005, p. 155, grifos da autora).
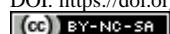
Sometimes, practice and theory are parallel learning paths that only intersect at any given time. And, in this intercrossing, there is a transformation of the zone of proximal development, represented by knowledge that still needs mediation, for real learning (VIGOTSKI, 2010). Thus, it can be seen from the reports that trainees/therapists have difficulties with therapeutic language practices, since, for them, the theory has not yet materialized in practice. This is because the theoretical knowledge is very distant from the real feeling that students have in the face of "non-interaction with their patients". Thus, extension, as a formative process, must encompass the subjectivity of those involved, so that it can be understood beyond a "mechanical" clinical process, that is, a process of resilience and maturation of the students/trainees themselves.

II) Obstacles in the relationship between theory and practice

The extension is also configured as the place of the so-called "conceptual learning", as pointed out by Costa, Baiotto and Garces (2013). That is, for professional training, it is necessary for students to master certain techniques or to deepen concepts, knowledge. In the reports below, the trainees/therapists mention that theory and practice seem very distant to them: although the academic texts and the theoretical classes provided by the course point to certain linguistic-cognitive changes in people with ASD, the fact is that experience, the encounter with this *Other* reported by the literature, is only effective in practice. It is then, that uncertainties, doubts arise.

> *Trainee/therapist 1: No. In theory, everything seems easy. We learn techniques and strategies to improve the interaction and acquisition of oral language of the patient who has ASD, for example. However, in practice, there are barriers such as decreased attention, not knowing how to play and agitation. That is, we have not learned to deal with different types of behavior. [...] Basically all [the behaviors], due to the lack of theory. [...] the contents are passed quickly and without practical classes, such as observations in some institution, being difficult to relate theory with practice, making me feel unprepared when I have contact with someone who has a behavior disorder. [...] Certainly more theoretical classes on psychiatric disorders, and also practical. We have a theory about autism, for example, and suddenly we are already in an internship with a patient who has ASD, very agitated, aggressive, without even knowing what to do when the patient attacks us in some way or starts to cry. In addition to training to work with a person's communication, we must learn to act on patients' behaviors.*

> *Trainee/therapist 2: Well, theoretically I would say yes, as we learn about what is, what are, what strategies to use and how to interact. However, when it comes to practice, we see that we are not prepared, that it is not so, that like every behavior disorder, each subject has its specificities and singularities.*
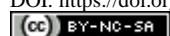
> *[...] I believe that there is no way to specify just one, as each disorder has variations in manifestations and each subject has its subjectivities. [...] It would be interesting to have the same workload for theory and practice, because this lag in practice makes us arrive very "raw" at the time of care, thus creating some negative feelings towards us and the patient. I believe that if some observations, lectures or even participation in groups of parents were provided, we would feel a little more confident in clinical practice. [...] Often, for not being able to identify if the feeling that triggered such stereotype [in the patient], if it was anger, frustration and/or joy, I end up trying to divert from that possible problem situation, I try to call his attention to another object and/or another activity. Very few times I end ed imitating him.*[17]

The reports reveal that the therapy to be carried out with subjects with ASD and without orality promote discomfort and tension among the trainees, who become discouraged in the face of frustrating attempts at interaction. In the face of crying, stereotypes and the absence of communication, fear of being bitten and/or attacked by the patient, we have therapists who have feelings of conflict. It is also possible to observe that fantasies and reality are intertwined with the insecurities and fear of the "new" and the distance that one has from theory to practice, in addition to the need for resilience in the face of frustration.

Thus, the extension provides the educational character found in this "action" (moving towards the unknown, seeking knowledge) and, at the same time, "reflection" (the place of "not knowing" and " to be an apprentice "for social (trans)formation), in line with what Síveres points out (2013). In this way, "[the] relation of knowledge in extension projects will occur in

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[17] **Estagiário/terapeuta 1:** *Não. Na teoria tudo parece fácil. Nós aprendemos técnicas e estratégias para melhorar a interação e aquisição da linguagem oral do paciente que possui TEA, por exemplo. Porém, na prática, há barreiras como a atenção diminuída, o não saber brincar e agitação. Ou seja, não aprendemos a lidar com os diversos tipos de comportamentos. [...] Basicamente todos [os comportamentos], devido à falta de teoria. [...] os conteúdos são passados rapidamente e sem aulas práticas, como por exemplo observações em alguma instituição, sendo difícil relacionar teoria com prática, fazendo com que eu me sinta despreparado quando entro em contato com alguém que possui algum transtorno de comportamento para atendê-lo. [...] Com certeza mais aulas teóricas sobre transtornos psiquiátricos, e também prática. Nós temos teoria sobre autismo, por exemplo, e de repente já estamos em um estágio com paciente que possui TEA, muito agitado, agressivo, sem nem mesmo saber o que fazer quando o paciente nos agride de alguma forma ou começa a chorar. Além de nos formamos para trabalhar com a comunicação de uma pessoa, devemos aprender a agir frente aos comportamentos dos pacientes.*

Estagiário/terapeuta 2: *Bom, teoricamente eu diria que sim, pois tomamos conhecimentos sobre o que é, quais são, que estratégias utilizar e como interagir. Porém, quando chega na prática, vemos que não estamos preparados, que não é bem assim, que assim como cada transtorno de comportamento, cada sujeito possui suas especificidades e singularidades. [...] Acredito que não tem como especificar apenas um, pois cada transtorno possui variações de manifestações e cada sujeito tem suas subjetividades. [...] Seria interessante uma mesma carga horária para teoria e prática, pois essa defasagem na prática nos faz chegar muito "cru" na hora do atendimento, criando assim alguns sentimentos negativos em relação a nós e ao paciente. Acredito que se fossem proporcionadas algumas observações, palestras ou até mesmo participações em grupos de pais, nos sentiríamos um pouco mais confiantes na prática clínica. [...] Muitas vezes, por não conseguir identificar se o sentimento que desencadeou tal estereotipia [no paciente], se foi raiva, frustração e/ou alegria, acabo tentando desviar daquela possível situação problema, tento chamar atenção dele para um outro objeto e/ou uma outra atividade. Pouquíssimas vezes eu acabei imitando ele.*
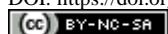
the intersubjectivity of social subjects, when they seek to understand the (un)known" (COSTA; BAIOTTO; GARCES, 2013, p. 66).

III) Extension as a formative locus:

The extension is configured as a locus of mediation of the students' learning that, at the same time that puts them before the experience of "error", makes the knowledge to be passed on by other "more experienced" professionals. Researchers such as Gonzatti, Dullius and Quartieri (2013) also state that the value of university education is only effective when one is able to return to different contexts of society more critical and autonomous individuals. It is in the meantime that the extension emerges, pointed out in the reports of trainees/therapists in Phonoaudiology as a locus of "experiences":

> ***Trainee/therapist 1:*** *Yes, because when I started to participate in the extension, I started the care with a patient who had a diagnosis of ASD even before the mandatory course stages started, and in these there would be no guarantee that I would attend any patient with ASD. And, in addition, the extension made me feel more relaxed and confident to start attending the mandatory internships, since the psychological pressure is much greater. In addition, in extension we have a multidisciplinary team, where there is greater exchange of information and guarantee of a more qualified service for the patient, as well as the experience of dealing with other health professionals.*
>
> ***Trainee/therapist 2:*** *The extension provided me with experiences that the internships had not yet provided, the contact with clinical practice, which resulted in the reduction of existing fears related to the first contact with the other. In addition to gaining knowledge about another perspective, the interactionist partner, which makes us think of a subject as a whole and not in an individualistic way, thinking only of his difficulty.[18]*

As pointed out by studies by Costa, Baiotto and Garces (2013), the university extension provides a preparation for the mandatory curricular internships in the courses, the same being reported by the two trainees/therapists participating in this research.

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[18] ***Estagiário/terapeuta 1:*** *Sim, pois quando comecei a participar da extensão, iniciei os atendimento com um paciente que possuía diagnóstico de TEA antes mesmo de se iniciarem os estágios obrigatórios do curso, sendo que nestes não haveria garantia de que eu atenderia algum paciente com TEA. E, adicionalmente, a extensão me deixou mais tranquilo e confiante para iniciar o atendimento nos estágios obrigatórios, já que a pressão psicológica é muito maior. Além disso, na extensão contamos com uma equipe multidisciplinar, onde há maior trocas de informações e garantia de um atendimento mais qualificado para o paciente, bem como a experiência de lidar com outros profissionais da saúde.*

Estagiário/terapeuta 2: *A extensão me proporcionou experiências as quais os estágios ainda não tinham proporcionado, o contato com a prática clínica, a qual resultou na diminuição dos medos e receios existentes relacionados com o primeiro contato com o outro. Além do ganho de conhecimento sobre uma outra perspectiva, o sócio interacionismo, que nos faz pensar num sujeito como um todo e não de modo individualista, pensando apenas na sua dificuldade.*
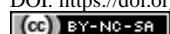
In addition, extension can be understood as a place where group interaction allows new forms of social activities (VIGOTSKI, 2010). As they are in the so-called zone of proximal development (VIGOTSKI, 2010), trainees/therapists need the exchange of experiences promoted by professionals and teachers, as well as with colleagues. The participants also mention that the extension formation carried out in a trans/interdisciplinary way corroborated in a positive way, according to the report by Therapist 1: "[...] *the experience of dealing with other health professionals*". As Costa, Baiotto and Garces points out:

> In extension projects, learning takes place in groups in which the students surveyed reported that they learned to work in teams, valuing the work of others, and this allowed them to know how to express themselves, learn that there is time to listen and speak, discuss with professionals from different areas and also live with their peers (2013, p. 69).[19]

Based on the foregoing, it is shown that it is necessary that extension actions also have the possibility of the performance of different professionals, since knowledge is (trans)formed from the social practices of interaction - also effected from the learning of conceptual knowledge in the clinic. Although the practice takes place in the phonoaudiology clinic, the participation of professionals from other areas of health - and also of education - proved to be essential so that both trainees/therapists in Phonoaudiology become (trans)formed as subjects organizing humanizing social activity, as the interaction with the subjects without orality and diagnosed with ASD were understood and mediated.

Final considerations

This article aimed to present to the reader the experience report of trainees/therapists in a university extension project of speech therapy for subjects diagnosed with Autistic Spectrum Disorder (ASD).

Among the main reflections of the participating academics, it can be seen that the frustration in relation to the therapeutic practice for people with no orality and diagnosis of ASD was a recurring report. The perception of the gap between theory and practice and the anguish of clinical care for an *Other* who does not meet the expectations of the trainee/therapist was also highlighted by the academics.

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[19] Em projetos de extensão, a aprendizagem ocorre em grupos em que os estudantes pesquisados relataram que aprenderam a trabalhar em equipes, valorizando o trabalho do outro, e isso os possibilitou saber se expressar, aprender que existe hora de ouvir e de falar, discutir com profissionais de diferentes áreas e também conviver com os seus pares (2013, p. 69).
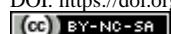
Thus, from the reflections undertaken, it can be understood that the university extension is configured as:

- (Trans)Formative link of subjects, knowledge, teaching and learning processes;
- Inter/transdisciplinary project that allows the transgression of praxis between the areas of human knowledge at the University;
- Possibility of meeting and diversifying teaching and learning methodologies in health courses - and, in this case, mainly for Phonoaudiology courses;
- Locus to strengthen the capacities and skills of academics and intertwine theory and practice in speech therapy monitoring aimed at people with ASD;
- Place of development of potentialities and redefinition of the feeling of frustration of trainees/therapists in Phonoaudiology;

In this way, university extension can contribute to the permanence and reduce dropout in Phonoaudiology courses, since trainees/therapists can find a "place" - outside and prior to mandatory internships - that allows their anxieties to be accepted and (trans)formed. It is also necessary that the extension be explored by the courses as necessary for academic formation and that the mediators of the projects are trained to recognize this diversity of (non)knowledge, frustrations, expectations and reframe them.

It is essential, therefore, that higher education institutions invest in the teaching, research and extension triad in order to offer education that can contribute to the autonomy and development of future professionals.

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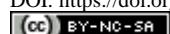
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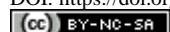
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