https://doi.org/10.23925/2176-2724.2025v37i2e69728

Parental correction of children's speech

Correção parental da fala das crianças

Corrección parental del discurso de los niños

Beatriz Cella[1]
Irani Rodrigues Maldonade[1]

Abstract

Introduction: The family is the first environment for children's socialization and plays a fundamental role in language development. However, many caregivers face doubts about how to deal with children's speech errors and which correction strategies to use, which can impact the child's linguistic and emotional development. **Objective:** This study aimed to verify how family members deal with these errors and which correction practices they use. **Methods:** This qualitative cross-sectional study conducted semi-structured interviews with nine caregivers of children undergoing speech-language-hearing therapy at a community health center in Campinas, Brazil, focusing on their knowledge about language acquisition, these children's speech errors, and how they deal with them. Data was analyzed through content analysis. **Results:** All participants were uncertain about the best way to correct children's speech. Two main correction strategies were identified: a) direct corrections, in which the caregiver requires the child to repeat the expected form; and b) indirect corrections, when the interlocutor reformulates the child's speech correctly, without requiring repetition. **Discussion:** Direct and excessive corrections can make the child insecure and silent, while indirect reformulations help them develop language naturally. **Conclusions:** Correction strategies should consider each child's needs. Speech-language-hearing pathologists are responsible for guiding parents and guardians on the most appropriate and effective strategies to correct the children's speech.

Keywords: Language acquisition; Family; Speech, Language and Hearing Sciences; Child Language.

Resumo

Introdução: A família é o primeiro ambiente de socialização da criança e desempenha um papel fundamental no desenvolvimento da linguagem. Entretanto, muitos responsáveis enfrentam dúvidas sobre como lidar com os erros na fala infantil e quais estratégias de correção utilizar, o que pode impactar no desenvolvimento linguístico e emocional da criança. **Objetivo:** Este estudo teve como objetivo verificar como os familiares lidam com esses erros e quais práticas de correção adotam**. Métodos:** Estudo qualitativo

[1] Universidade Estadual de Campinas – UNICAMP, Campinas, São Paulo, Brazil.

Authors' contributions:
BC: study design; methodology; data collection; article draft; critical review.
IRM: study design; methodology; article draft; critical review; orientation.

Email for correspondence: iranirm@unicamp.br
Received: 12/22/2024
Accepted: 04/16/2025

e transversal. Foram realizadas entrevistas semiestruturadas com nove responsáveis por crianças em atendimento fonoaudiológico numa Unidade Básica de Saúde de Campinas, enfocando o conhecimento deles sobre o processo de aquisição de linguagem, os erros nas falas dessas crianças e a maneira como lidam com eles. Os dados foram analisados através da Análise de Conteúdo. **Resultados:** Todos os participantes demonstraram incertezas quanto à melhor forma de corrigir a fala das crianças. Foram identificadas duas estratégias principais de correção: a) correções diretas, nas quais o responsável exige que a criança repita a forma esperada; e b) correções indiretas, quando o interlocutor reformula a fala da criança corretamente, sem exigir repetição. **Discussão:** Correções diretas e excessivas podem gerar insegurança e levar a criança a se calar, enquanto reformulações indiretas favorecem o desenvolvimento da linguagem de forma natural. **Conclusões:** As estratégias de correção devem considerar as necessidades individuais de cada criança. Cabe ao fonoaudiólogo orientar os responsáveis sobre as estratégias mais adequadas e eficazes para corrigir a fala da criança.

Palavras-chave: Aquisição da linguagem; Família; Fonoaudiologia; Linguagem Infantil.

Resumen

Introducción: La familia es el primer entorno de socialización del niño y desempeña un papel fundamental en el desarrollo del lenguaje. Pero, muchos cuidadores enfrentan dudas sobre cómo manejar los errores en el habla infantil y qué estrategias de corrección utilizar, lo que puede afectar tanto el desarrollo lingüístico como el emocional del niño. **Objetivo**: Este estudio tuvo como objetivo verificar cómo los familiares enfrentan esos errores y qué prácticas de corrección adoptan. Métodos: Estudio cualitativo y transversal. Se realizaron entrevistas semiestructuradas a nueve personas responsables de niños en terapia fonoaudiológica en una Unidad Básica de Salud de Campinas, centrándose en sus conocimientos sobre el proceso de adquisición del lenguaje, los errores en el habla de estos niños y la forma como los afrontan. Los datos fueron analizados mediante Análisis de Contenido. **Resultados:** Todos los participantes mostraron incertidumbre sobre la mejor forma de corregir el habla de los niños. Se identificaron dos estrategias principales de corrección: a) correcciones directas, donde el cuidador exige que el niño repita la forma esperada; y b) correcciones indirectas, cuando el interlocutor reformula correctamente el habla del niño sin exigir repetición**. Discusión:** Las correcciones directas y excesivas pueden generar inseguridad y hacer callar al niño, mientras que las reformulaciones indirectas favorecen el desarrollo del lenguaje de manera natural.**Conclusiones:** Las estrategias de corrección deben tener en cuenta las necesidades individuales de cada niño. Es responsabilidad del fonoaudiólogo orientar a los cuidadores sobre las estrategias más adecuadas y eficaces para corregir el habla del niño.

Palabras clave: Adquisición del lenguaje; Familia; Fonoaudiología; Lenguaje infantil.

Introduction

Language is a complex and essential system for structuring thought and human communication. It also plays a central role in people's constitution and psychological development. According to the interactionist proposal developed by De Lemos[1] and collaborators such as Lier-De-Vitto[2] and Maldonade[3], language acquisition is a process of linguistic and subjective changes, marked by language heterogeneity[4].

The first years of life are crucial for language development, which begins long before the child produces his or her first words. As Holanda et al.[5] point out, the child is "captured" by language from the first moments of interaction with the environment, through multimodal exchanges that include gestures, facial expressions, intonations, and vocalizations. These nonverbal interactions form the basis for children's entry into language, allowing them to participate, albeit incipiently, in the discursive practices of their community. This process does not occur uniformly but is guided by linguistic and situational contexts that shape individual experiences, reflecting the pace and quality of linguistic development.

The authors[5] further state that the combined use of different modes of communication (such as gestures, facial expressions, prosody, and eye contact) in the initial interactions between adults and babies is crucial. According to Holanda et al.[5], this multimodal approach gradually includes children as active partners in linguistic interactions. This type of multimodal engagement is an essential support for joint attention, family interactions, and the children's participation as dialogue partners.

Children are inserted from birth into the family environment, which plays a crucial role in all aspects of their development. According to Thomaz et al.[6], a healthy and stimulating family environment is essential for children's psychological and linguistic development. Studies by Tamis-LeMonda, Kuchirko, and Song[7] state that adults, especially family members, play an essential role in language acquisition, as they can provide experiences that promote and enrich the child's development. In other words, the family directly influences children's language acquisition through conversations, games, and reading, expanding their imagination, creativity, and vocabulary.

According to Maldonade[8], language acquisition is marked by errors. Phoneme substitutions, omissions, and inversions commonly occur throughout phonological acquisition. These typical errors, which often reflect the child's attempts to get closer to the adult language, are expected until around 4 or 5 years old[9]. However, when these errors persist beyond this stage, making speech difficult to understand and causing suffering to both the child and the parents, it may be a sign that a speech-language-hearing (SLH) evaluation is necessary. Seeking specialized guidance is crucial to determine whether these patterns are just a normal variation in the long language acquisition process or a difficulty that requires intervention.

These errors often cause concern among parents, teachers, and other adults around the children, as they may feel the need to intervene or correct their speech, believing that this will contribute to linguistic development. However, the literature indicates that excessive corrections can negatively impact the child. Karatzias et al.[10] warn that an excessive corrective approach can inhibit the children's spontaneity and self-confidence, making them more concerned with the accuracy of their speech than with communication itself. Thus, instead of supporting the child, constant correction can create an environment of anxiety and pressure, hindering the natural development of language. Excessive corrections, especially when harsh or frequent, tend to inhibit the child's expression and, in more severe cases, affect their interest and engagement in verbal interactions.

Therefore, parents need specific guidance. Although guidance on how to deal with language difficulties is widely available in books and on the Internet, it is often generic[11]. Each family faces unique challenges, especially when dealing with their children's difficulties throughout language acquisition. It is important to emphasize that no instruction covers all communicative situations and people without obstacles. Hence, individualized guidance is necessary, considering that language acquisition is unique to each person. Therefore, many parents seek support and can obtain it from health professionals, especially SLH pathologists, through primary care health promotion services and activities.

Some issues stand out in this context, such as how family members perceive and deal with errors in children's speech, what strategies they use to cor-

rect them, and what impact these practices can have on child development. Moreover, it is important to consider the role of SLH guidance in developing more effective and less anxiety-provoking strategies for the child.

Thus, the idea for this research project arose from interactions with families of children who were receiving SLH care at a community health center in Campinas, Brazil, who had many questions about their children's language acquisition and did not know how to deal with it. Correcting children's speech errors was a frequent topic in these interactions, highlighting the importance of practical and specific guidance for parents on how to support language development effectively. Thus, this study is justified by the need to address families' questions and provide answers or alternatives that help them understand the language acquisition process and choose more appropriate ways to promote healthy linguistic and emotional development, without inhibiting the child's natural process. By empowering families with more appropriate information, we hope to build a favorable environment for children's natural language development and emotional well-being.

SLH pathologists are currently gaining importance in Campinas' community health centers. According to the "SLH Protocol" of the city government of Campinas[12], these professionals can work in Psychosocial Care Centers and Family Health Support Centers. However, long waiting lists and the growing demand for SLH care indicate that SLH work in primary care is still insufficient, highlighting the need for their greater participation in the health network. In this sense, undergraduate SLH students' internships in the municipal health network of Campinas have made an important contribution.

Furthermore, this study has practical relevance, as it can help parents and teachers deal with children's language difficulties. The results can help formulate more effective instruments, strategies, and guidelines, making communication more accessible and favoring children's linguistic development.

It is believed that the results of this study may contribute to the preparation of more effective guidelines for parents and caregivers, reinforcing the relevance of SLH intervention in creating more effective correction practices for children's linguistic development.

Hence, this study aimed to verify how family members/guardians deal with speech errors in children and what correction practices they use. In other words, the study portrays a daily situation faced by many caregivers: What to do when faced with a child's "incorrect" speech?".

Material and method

This study consists of an excerpt from a larger qualitative cross-sectional study, entitled "Families' questions about the language acquisition process in primary care", carried out in 2024 as undergraduate research. It encompassed nine guardians of children with language difficulties, who were receiving SLH care at the Dr. Luiz de Tella (Costa e Silva) Community Health Center in Campinas, a city in inland São Paulo. All participating children were receiving SLH care at the time of data collection, receiving specific intervention for their language difficulties.

Choosing this location made it possible to collect data during SLH sessions, facilitating participation and eliminating the need for additional travel by caregivers. The study included caregivers of children of both sexes, aged 4 to 10 years, with abnormal language acquisition. Guardians whose children had specific organic disorders (hearing or neurological, for example) as the cause of the language changes were excluded. All children underwent a prior SLH assessment to verify whether the caregivers' complaints corresponded to real language acquisition issues.

Data were collected weekly on Monday afternoons, starting on March 25, 2024. The interviews took place individually, in consultation rooms made available for practical activities of the public health disciplines (FN 543 C and FN 643 C) of the SLH program at the State University of Campinas (UNICAMP) while the children were receiving care. The interviews, lasting 20 minutes on average, followed a semi-structured script with questions about the guardians' perception of the errors in the children's speech, the correction strategies they used, and the perceived impact of these interventions on linguistic development.

The interviews were recorded with the participants' consent and transcribed in full for later analysis. The Content Analysis method[13] was used to interpret and categorize the interview data, identifying patterns and variations in the parents/

guardians' responses, and providing a qualitative interpretation of the findings.

The study was approved by the Research Ethics Committee (CEP 6.536.089, CAAE 74698723.4.0000.5404) and followed the guidelines of CNS Resolution no. 466/12. All participants were informed about the voluntary nature of the research and signed the Free and Informed Consent Form (TCLE).

Results

Nine parents/guardians of children who were receiving SLH care at the community health center participated in the study. Their children were aged 4 to 10 years and had language difficulties. The participants' detailed profile is presented in Chart 1, describing relevant sample characterization data.

Chart 1. Participants' profiles

	Relationship with the child	Child's age	Parent/guardian's education level	Family structure
Participant 1	Father	4 years	Bachelor's degree	Nuclear family - dual parenting
Participant 2	Maternal grandmother	4 years	High school graduate	Nuclear family - dual parenting
Participant 3	Mother	5 years	High school graduate	Nuclear family - dual parenting
Participant 4	Mother	5 years	Middle school incomplete	Nuclear family - dual parenting
Participant 5	Father	9 years	Bachelor's degree	Blended family
Participant 6	Maternal grandmother	5 years	High school graduate	Single-parent family
Participant 7	Father	7 years	High school graduate	Nuclear family - dual parenting
Participant 8	Mother	4 years	High school graduate	Separated parents - shared custody
Participant 9	Mother	5 years	High school graduate	Separated parents - shared custody

Caption: Profile of research participants, (n = 9), Campinas, 2024. Nuclear family - dual parenting: Traditional family structure with two parents who live together and are their children's main caregivers. Blended family: Family structure that includes members from previous marriages or relationships. Single-parent family: Comprising only one parent, who assumes sole responsibility for the children. Separated parents - shared custody: Family arrangement in which the parents do not live together but legally share responsibility and time spent with the children.

Three main subthemes regarding children's speech errors and corrections were identified from interviews with families. They were organized into three thematic axes:

- Views on children's speech errors.
- Ways to deal with speech errors.
- Speech correction and its effects on children.

The main findings are presented below per axis, detailing the perceptions and correction practices reported by the parents/guardians and their implications for the children's development.

Parents/guardians' views on children's speech errors

The data collected shows, in Chart 2, that the parents/guardians mentioned various speech errors in the children, including expressive difficulties, episodes of stuttering, phonemic changes, and impacts attributed to the COVID-19 pandemic.

Chart 2. Speech errors identified by guardians/parents

	Parent/guardian's main language complaint	Path to speech-language-hearing therapy	Comprehension of the first words and sentences	The child's expression (or feelings) when not understood
Participant 1	Child's difficulty in expressing themselves	The family and school noticed the difficulties	The parents/guardians understood the child by observing multimodal aspects.	Gets angry and embarrassed
Participant 2	Child's difficulty in expressing themselves	Spontaneous family search	The parents/guardians understood the child	Gets nervous and doesn't like it
Participant 3	Speech delay due to causes attributed by the parent/ guardian (COVID-19 pandemic)	The family and doctor noticed the difficulties	The parents/guardians understood the child at first, but he/she "stopped talking".	Gets nervous and expresses through gestures
Participant 4	The parent/guardian did not identify complaints	The doctor noticed the difficulties, but the family did not	The parents/guardians understood the child	Gets suspicious but doesn't care much.
Participant 5	Phonemic changes	The family and doctor noticed the difficulties	The parents/guardians understood the child	Gets angry
Participant 6	Child's stuttering and difficulty in expressing themselves.	The family and doctor noticed the difficulties	The parents/guardians could not understand the child, whose speech was "slurred"	Gets nervous, upset, or gives up talking
Participant 7	Unintelligible speech	The doctor noticed the difficulties, but the family did not	The parents/guardians identified exchanges but understood the child through context.	Gets angry
Participant 8	Child's difficulty in expressing themselves	The family and doctor noticed the difficulties	The parents/guardians could not understand the child.	Gets nervous and aggressive
Participant 9	Speech delay due to causes attributed by the parent/ guardian (COVID-19 pandemic)	The family and school noticed the difficulties	The parents/guardians understood the child	Gets angry

Caption: Characteristics of children's language and their errors according to the parents/guardians and paths to speech therapy intervention.

For instance, Participant 2 reported that her son "hesitated when speaking," which hindered his communication. Participant 8 mentioned that her child faced difficulties in both communication and expression, indicating a variety of linguistic challenges. Participant 9 attributed her son's speech delays to the effects of the pandemic, stating that his "speech was still a bit off," suggesting that his linguistic development was still in progress.

The pathways to reach SLH pathologists varied among participants, as shown in Table II. In four of the nine cases, referral to SLH therapy was made after discussion with a physician, while in two other cases, the school suggested the need for an SLH assessment. In one of the cases, the referral was made on the family's initiative, and in two others it was suggested exclusively by physicians, without the parents/guardians having previously identified the need for specialized follow-up.

Regarding the understanding of the first words and sentences, according to Table II, seven of the nine parents/guardians reported that they could understand the children's communicative intentions, despite their abnormal language acquisition. However, two participants mentioned difficulties in understanding their children's first attempts at verbal communication, leading to concerns and uncertainties.

According to Chart 2, the reports also revealed the diversity of effects triggered in children due to their communication difficulties. Some parents/ guardians reported that children showed frustration, aggression, or gave up trying to communicate when they were not understood.

Ways for parents/guardians to deal with errors

The data reveal that parents/guardians adopt different approaches or ways to deal with children's speech errors. The most mentioned strategy was asking the child to repeat what they had said, seeking to have the child reformulate their speech more clearly. According to Chart 3, some families also reported using gestures and facial expressions to better understand the child's communicative intention when direct verbal communication was difficult.

Chart 3. Ways to deal with errors and multimodality

	Parents/guardians' procedures when they do not understand the child	**Multimodal aspects**
Participant 1	Asks to repeat, identifies the message, and corrects speech	Uses gestures and lots of facial expression
Participant 2	Ask them to repeat patiently and instruct them to speak slowly	Gestures a lot when speaking
Participant 3	Try to guess; the child shows what they want with gestures, making it easier to understand	Uses gestures to support speech
Participant 4	Claims to always understand what the child is saying and corrects them when necessary	Does not perceive significant use of gestures
Participant 5	Corrects the child until they speak correctly	Used more gestures before when they had more difficulty communicating.
Participant 6	Completes the word when the child gets nervous	Makes little use of gestures, preferring to speak even when not understood
Participant 7	Asks to repeat	Makes proper use, the child uses gestures correctly
Participant 8	Asks to repeat	Points when wanting something but is aggressive; uses gestures when not understood or cannot express themselves
Participant 9	Tries to associate with the context until getting it right	Very expressive, uses gesture support

Caption: Ways that caregivers deal with children's speech errors and the children's use of multimodal aspects.

According to Chart 3, six participants reported that children used gestures concomitantly with their verbal communication, especially in the early years, when communication was still more difficult, as a way of complementing speech and helping to understand the message.

Additionally, some parents/guardians felt that they were minimizing the child's frustration by completing their sentences or guessing what they were trying to say, especially when they noticed signs of nervousness. However, other participants preferred to give the child time to find their own words, recognizing the importance of developing their autonomy in speech.

Finally, when the child showed irritation or gave up on expressing themselves, as reported by Participant 8, the parents/guardians tried to adjust to the interaction, using gestures and verbal encouragement to stimulate new attempts at communication.

Regarding stuttering episodes during development, five of the nine parents/guardians reported having identified periods of disfluency in their children, and four reported intervening during the child's speech, according to Chart 4.

Chart 4. Period of developmental stuttering

	Occurrence of developmental stuttering	Parents/guardians' reactions to stuttering
Participant 1	Yes	They waited for the child to finish speaking in their time
Participant 2	Yes	They asked the child to speak more slowly and calmly
Participant 3	Yes	They asked the child to speak more slowly and calmly
Participant 4	No	—
Participant 5	No	—
Participant 6	Yes	They completed the sentence for the child, invading their dialogical turn.
Participant 7	No	—
Participant 8	Yes	They asked the child to speak calmly and think about the words before speaking
Participant 9	No	—

Caption: Occurrence of developmental stuttering and how the parents/guardians deal/dealt with these moments.

Participant 6 revealed that she used to finish the child's speech, intervening in their dialogue turns. Another type of intervention was reported by Participant 2, who was instructed by the school to ask the child to speak more slowly, in an attempt to deal with the stuttering.

Speech correction and its effects on children

Chart 5. Correcting errors in children's speech

	Speech correction by parents/guardians and frequency	Parents/guardians' opinion of the correction
Participant 1	They correct it, not letting the error go unnoticed.	They try to correct carefully so as not to make the child feel bad.
Participant 2	They correct occasionally	They state that the child does not care about correction and tries to produce words correctly, often unsuccessfully
Participant 3	Stopped correcting after medical advice	They felt that the child's speech was getting worse.
Participant 4	They correct whenever they notice an error	They believe it is the right thing to do; the child is suspicious but does not care about the correction
Participant 5	They correct occasionally	They notice that the child continues to speak incorrectly even after being corrected and that the child is bothered by the correction.
Participant 6	They correct until the child says it right	They believe it helps the child try to speak correctly, but the child gets uncomfortable
Participant 7	They correct occasionally	They believe it is good for the child as it helps them try to speak correctly.
Participant 8	They correct occasionally	It has a positive effect because even if the child is unable to produce correctly, they try to correct themselves
Participant 9	Stopped correcting after speech-language-hearing advice	It made the child angry and nervous.

Caption: Parental correction of children's speech and their opinions on corrections.

As shown in Chart 5, when asked about their correction practices, seven of the parents/guardians stated that they corrected their children's speech. Among those who did so, some adopted a more careful approach not to cause discomfort to the child, while others maintained a more direct correction. In two cases, the parents/guardians stopped this practice after starting SLH care and being asked by the SLH pathologists to stop it – which highlights the influence of professional guidelines.

Although most participants maintained correction practices, three acknowledged that the effects of these corrections tended to be temporary, with children often repeating the same mistakes. This raises questions about the effectiveness of repetitive and immediate corrections. For example, some parents/guardians expressed the importance of constant correction, reported as follows: "I correct the child, I don't let it go" (Participant 6) and "I correct her until she says the "right" thing" (Participant 5). In contrast, others preferred a more flexible and positive approach, correcting only in specific situations or when the error was significant, as indicated by Participant 1.

Parents/guardians' perceptions of the effectiveness of correction also varied. Some believed that correcting errors was essential for the child to develop the correct form of speech and to ensure that the child would communicate appropriately in the future. Others, however, questioned the effectiveness of constant correction, expressing concern about possible negative effects, such as anxiety or insecurity. For example, Participant 1 stated: "I think what has the most effect is the way I correct. I don't want him to feel bad; I try to correct him by showing him that it is just a way to help, but that it doesn't affect me," highlighting the importance of correcting discretely and patiently.

Finally, it was observed that overcorrection can have a significant emotional impact. Six participants reported that children showed signs of nervousness, frustration, or irritation when they were corrected or not understood. In two cases, children showed discouragement and even gave up trying to speak. These findings highlight the importance of informed and balanced correction practices that consider children's linguistic development as well as their emotional well-being.

Discussion

The aspects below were observed based on the thematic axis analyses.

Errors in children's speech

The literature shows that children's speech errors, such as phoneme substitution (e.g., "buraco" for "bulaco"), phoneme omission (e.g., "prego" for "pego"), and phoneme insertions or distortions, are frequent during phonological acquisition[9]. These errors occur because in the early development stages, children have not yet completely mastered the mother tongue's phonological rules, nor do they have sufficient motor control to produce all phonemes correctly[10].

According to a study, most of these errors tend to resolve spontaneously with maturity, especially in a family environment that offers sufficient stimuli and verbal interactions[14]. However, the persistence of errors beyond the expected age may signal phonological deviations, determining the need for SLH intervention when errors significantly impact the development of communication[9].

Parents/guardians' reports mention that spontaneous correction, without the support of an SLH pathologist, was not sufficient to resolve persistent difficulties. For instance, persistently recurrent phonological changes may require a more detailed assessment to identify possible linguistic deviations[9]. These findings highlight the need for an SLH assessment to ensure adequate monitoring and prevent impairments in communication development.

Varanda[15] highlights the importance of appropriate referrals for SLH therapy to ensure early and effective intervention, usually by health professionals such as physicians and pediatricians, who play an essential role in identifying and referring children with language difficulties. The said author suggests that, even when parents do not perceive problems, medical intervention can be crucial. This is evidenced in the case of one of the study participants, who was unaware of her daughter's difficulties until the medical evaluation. Sigolo and Aiello[16] emphasize the need for regular follow-up with pediatricians to monitor speech development and intervene when necessary.

Besides the health professionals' role, knowledge about the language acquisition process is essential to detect difficulties early. Santos, Oliveira, and Pereira[17] argue that careful observation by teachers can also complement parents' perceptions, resulting in more timely referrals for SLH assessment. The authors emphasize the need to raise awareness in the school community and among health professionals about the early signs of language difficulties, in addition to ensuring access to reliable information resources to support families' decisions.

Although this was not a question directly addressed in the interviews, many parents/guardians participating in this study mentioned that they used non-academic sources to obtain information about their children's speech problems. Therefore, research was conducted on the main search sites used by parents to better understand the type of information that parents access and its impact on the decisions they make regarding their children's language acquisition. It was found that blogs such as "Fofuuu", written by Barbosa[18], acknowledge that "speech errors" are common in child development, but do not provide specific details about language acquisition milestones. In contrast, the blog "Leiturinha", created by Puccini[19], offers a more comprehensive view, addressing the most common types of phonological changes and the limits of normality.

However, popular sources often treat language development in a so-called "sensationalist" manner. For example, the G1[20] website links "speech errors" to serious health conditions, such as neurological disorders and autism. Although the content of the article acknowledges that speech difficulties are normal during childhood, alarming headlines can create unnecessary anxiety among parents.

Therefore, there is a need for reliable sources and evidence-based guidelines to guide parents in appropriate corrective practices, promoting linguistic development, and avoiding unnecessary or harmful interventions. The data reinforces the importance of early interventions and a multidisciplinary approach involving health and education professionals to ensure adequate management of language difficulties, thus promoting more satisfactory child development results.

Ways to deal with errors

Addressing children's speech errors appropriately is essential for their language development and emotional well-being, ensuring that they feel safe and confident in their communication skills. Indirect approaches (in which parents use the expected form of verbal output without demanding an immediate response) are more effective in creating a safe and encouraging learning environment[11]. This is reflected in the reports of participants who noticed a more fluid development in their children's speech when they gave them time to find their own words.

According to Maldonade[8], parents should talk normally with their child, without interrupting the flow of dialogue to correct speech errors. Interruptions and demands for correct repetition can disrupt the fluidity of the dialogue and negatively impact the child's linguistic development. Weitzman[21] follows the same line of thought, stating that an effective approach to language development is to cultivate open and constructive communication, listening carefully to what the child is trying to communicate, and responding positively.

Cervi, Keske-Soares, and Drügg[22] advocate indirect correction as an effective way to maintain a child's confidence. Instead of explicitly correcting the error, parents can repeat the child's speech correctly without highlighting the error. This strategy allows the child to hear the correct model without feeling pressured or judged.

The reported use of gestures and verbal encouragement shows the parents/guardians' effort to support their children without pressuring them. These practices are consistent with the recommendation of multimodal support strategies, which value the child's autonomy while providing visual and verbal cues to facilitate understanding of the communicative situation. Studies such as those by Holanda et al.[5] and Fonte et al.[23] show that such strategies can increase the child's motivation to communicate and decrease the frustration associated with errors.

Besides adopting these strategies at home, parents may also benefit from the guidance and support of health professionals, such as SLH pathologists. They can provide specific guidance on how to support the child's language development, including effective correction strategies and activities to strengthen language skills. Zhang[24] states that fostering open and collaborative communication at home and in partnership with health profession-

als can help foster an environment conducive to healthy child language development. Maldonade[8] encourages family members to follow the guidance of the SLH pathologist treating the child, as they will ask them to correct the child's speech insightfully and only when the professional is confident that the child can successfully correct themselves and produce the expected phoneme.

Non-academic sources, such as "Mulher.com"[25] and "Guia do Bebê"[26], provide similar guidelines, recommending indirect correction (in which parents repeat the child's erroneous statement correctly and naturally). These sources emphasize that the correction should not be exaggerated, avoiding interrupting the flow of communication. Similarly, Barbosa[18] highlights on the blog "Fofuu" the importance of patience and understanding from parents/family members during the correction process, which should be done lightly and respectfully.

Some parents/guardians in this research reported they followed correction methods aligned with these recommendations. Most emphasized the importance of a more subtle approach, recognizing that excessive correction could negatively impact the child's self-confidence, although they were still uncertain about the ideal time to make such corrections. Some parents, however, still opt for direct correction, believing that this helps learning, but without exploring other ways of dealing with speech errors.

Speech correction and its effects on children

The literature reviewed suggests that the way parents correct their children's speech errors has a significant impact on their emotional and linguistic development. The theory developed by De Lemos[1] offers an interesting perspective on language acquisition and the children's different positions regarding their speech. In the children's first position in language acquisition, their speech reflects that of the adult by reproducing fragments of the interlocutor's speech – i.e., no correction occurs.

In the children's second position in language acquisition, they begin to move from the speech of others, and speech errors seem to "boom" as they experiment with new linguistic combinations. At this point, correction may prove ineffective, as the child still cannot hear their own speech and is stuck on tongue movements[1].

Finally, in the third position, the children's relationship with their own speech becomes more dominant. At this point, they begin to reformulate, hesitate, and correct their speech. According to De Lemos[1], children's speech is impervious to correction when they are in the second position in language acquisition. However, it is the interlocutor's strangeness to the child's speech error that would propel them to the third position in language acquisition. Maldonade[8] points out that simply repeating the interlocutor's speech does not guarantee the entry of the correct form into the child's speech. Rather, there is a long process of making and unmaking the relationships established in the linguistic chains until the form enters the child's speech.

Ramos and Maldonade[4] also point out that excessive correction can lead to frustration and insecurity in children, resulting in a reduced willingness to communicate. Children subjected to this type of approach can develop anxiety, exacerbated self-criticism, and speech inhibition, which directly affects their self-esteem and confidence[9]. Thus, the authors suggest that correction strategies should be carefully considered, aiming to promote a positive learning environment. In other words, effective correction should be adapted not only to the developmental stage but also to each child's temperament and individual characteristics, avoiding practices that may discourage speech.

During the interviews, some participants highlighted the importance they give to correcting children when they speak incorrectly, as evidenced by the reports: "I correct the child, I don't let it go" (Participant 6) and "I correct them until they say the 'right' thing" (Participant 5). These parents/guardians are more likely to correct each error in the child's speech immediately, more frequently, and directly. Other parents/guardians, however, try to adopt a more positive approach even when correcting the child's speech, trying not to focus only on errors and valuing communication, correcting only in specific cases or when the error is significant, as highlighted by Participant 1. This variation in dealing with children's speech errors reflects the need for correction strategies adapted to each child's characteristics and needs.

Furthermore, the parents/guardians' perception of correction effectiveness also varies, as highlighted in the results of this research. Some parents/guardians believe that correcting speech

errors helps children learn the correct way to express themselves, considering correction as a way to ensure that the child communicates effectively in the future, seeing it as right and necessary. On the other hand, other parents/guardians question the effectiveness of constant correction and recognize that it can cause anxiety or insecurity in the child: "I think the way I correct is more effective; I don't want to correct to make him feel bad. I try to correct, showing that I just want to tell him how it is, but that it is not affecting me" (Participant 1). This participant reports preferring to intervene only when the error is significant or recurrent, emphasizing the importance of correcting discretely and patiently, so that the child does not feel bad or discouraged, even though they still point out speech issues, as in the studies by Karatzias et al.[10].

Some parents/guardians also mentioned having received guidance from healthcare professionals, such as SLH pathologists, not to correct the child's speech because this could "make the situation worse", as reported by participants 3 and 9. These experiences highlight the importance of considering professional guidance on correcting children's speech, considering the possible negative impacts on the child's self-confidence and development.

This shift illustrates the important role of SLH pathologists in guiding families, helping parents understand the effects of their practices and adjust their approaches to their child's speech to minimize potential negative impacts on emotional and linguistic development. Thus, SLH intervention not only helps to overcome difficulties but also promotes a more supportive and effective communicative environment.

It is also interesting to note speech that even among those parents/guardians who continue to correct their child's speech, some can perceive that this may only have a temporary effect, and that the child may return to mispronouncing words later, as Maldonade[8] states. This observation highlights the complexity of speech correction in the language acquisition process and suggests that, in some cases, it may be more beneficial to adopt alternative approaches to support the child's linguistic development, as reported by Schalley and Eisenchlas[27].

The statements of parents/guardians who noticed periods of stuttering were also analyzed, as well as the different strategies they used to deal with the situation. According to Pereira and Maldonade[28], such episodes can be present during children's speech development. The statement of Participant 2 reveals an approach based on guidance received from the school to deal with her son's stuttering: "We don't know what is right, but when we talk to the teacher, she says it is the right thing to do, telling the child to calm down!". This highlights that the strategies adopted by parents/guardians to deal with their children's stuttering may be based on mistaken guidance from laypeople in language acquisition. Because they do not correspond to those listed by SLH pathologists, they may worsen the child's situation, making them more vulnerable in communication.

It is important to highlight that the children in this study who were corrected more by their parents went or still go through periods of stuttering, which suggests a possible relationship between frequent correction and the maintenance of these disfluencies. The association between corrective practices and the development of disfluencies, such as stuttering, is also supported by the literature. Pereira and Maldonade[28] highlight that constant correction can increase the child's self-awareness about speech, negatively interfering with the natural flow and fluidity of communication. These findings reinforce the need to adapt corrective practices to avoid exacerbating existing problems.

Non-academic sources often discuss the correction of children's speech, focusing on the need for a respectful and caring approach. For example, the "Guia do Bebê"[26] mentions that a common mistake made by parents is to immediately correct the child when they mispronounce a word, which can lead to embarrassment and irritation. This approach can cause the child to avoid expressing themselves, resulting in a speech learning setback.

Also, "Mulher.com"[25] recommends that parents should correct patiently and offer the correct speech model clearly and articulately, repeating the child's speech with the appropriate pronunciation. This approach would allow the child to hear the correct form without the pressure of direct correction. The blog "Abril Bebê"[29] adds that correct repetition, without insisting that the child repeat until they get it right, can be more effective because direct correction can inhibit the child's communication and spontaneity. However, these recommendations are generic and do not consider the child's position in language acquisition or any information about how the child is in their SLH therapeutic process. These data are crucial for SLH

pathologists to recommend when parents/guardians should correct their children's speech.

Limitations of the study

Although the data collected provide valuable insights into parental practices of correcting children's speech, it is important to acknowledge some limitations inherent to the study. First, the few participants limit the generalizability of the findings to larger populations. Furthermore, because the study relies on parents' reports, there may be an influence of personal biases, such as the tendency to minimize or justify certain correction practices.

Another issue to consider is the families' various sociocultural and economic contexts. Although they were not the focus of this study, they may impact correction practices and parents/guardians' perception about children's linguistic development. Therefore, data interpretation should consider that factors such as education level and access to information may significantly influence the parents' correction practices.

Interpreting the results from a critical perspective also allows us to consider alternatives. For example, while some parents reported that frequent correction helped with effective communication, the literature suggests that excessive correction may inhibit children's confidence in communication. These differences highlight the need for more studies with varied methodologies that include direct observations and that expand our understanding of the effects of different approaches to correcting children's speech.

Final considerations

This study showed that the parents/guardians' reports reflect a wide range of perceptions about children's speech errors, as well as frequent doubts about how to deal with them. These findings reinforce the importance of professional monitoring that can provide appropriate guidance to parents and caregivers.

Furthermore, the data revealed that parents/guardians who correct speech more directly also report persistent errors in their children more often. This is relevant since many of them also reported not observing significant improvement in speech development when using direct corrective approaches. These results suggest that the parents/guardians' approach can influence the progress of language acquisition, highlighting the need for more targeted and well-founded strategies to deal with children's speech errors.

The study also revealed that many parents still resort to popular sources or informal guidance, which in some cases reinforce inadequate practices or are based on myths about speech development. This highlights the importance of educational and informative actions for families and the relevance of SLH support in guiding corrective practices more adjusted to children's individual needs.

Creating educational and dialogue spaces between professionals and families is essential to align parental expectations with evidence-based practices, promoting a welcoming environment favorable to linguistic and emotional development. Health professionals, particularly SLH pathologists, play a crucial role in guiding parents and caregivers, whether individually or in groups, through primary care health promotion actions. Such initiatives disseminate well-founded and personalized information, helping to manage speech errors more effectively and empathetically.

Future studies should perform a more detailed analysis of the long-term implications of the correction strategies adopted by families. Furthermore, investigating the effectiveness of educational programs aimed at parents on the management of speech errors can significantly contribute to more critical and effective practices. By integrating science, clinical practice, and education, we hope to improve support for child development.

References

1. De Lemos CTG. Das vicissitudes da fala da criança e de sua investigação. Cad Est Ling. 2002; 42:41–69. https://doi.org/10.1177/0963721414522813

2. Lier-De-Vitto MF. Sobre a posição do investigador e a do clínico frente a falas sintomáticas. Letras Hoje. 2004; 39(3): 47–59. Disponível em: https://revistaseletronicas.pucrs.br/ojs/index.php/fale/article/view/13902

3. Maldonade IR. A (in)flexibilidade pragmática na fala da criança e os erros no processo de aquisição da linguagem. Estud Linguísticos. 2018. 47 (2), 306-18. https://doi.org/10.21165/el.v47i2.2033

4. Ramos AP, Maldonade IR. O afã de corrigir dos fonoaudiólogos: uma posição pedagógica necessária? Research, Society and Development. 2021, 10(10). e94101018562. https://doi.org/10.33448/rsd-v10i10.18562

5. Holanda DX de, Cavalcante MCB, Silva EEO da, Silva DM da, Lima VP de. Sob um olhar dialógico-multimodal: a matriz gesto e fala como palco de entrada da criança na linguagem. Rev GELNE. 2023; 25(3). https://doi.org/10.21680/1517-7874.2023v25n3ID32212

6. Thomaz MM, Milbrath VM, Gabatz RIB, Freitag VL, Vaz JC. Interação entre a família e a criança/adolescente com deficiência auditiva. CoDAS. 2019 Dec 4; p. 1-6. https://doi.org/10.1590/2317-1782/20202019147

7. Tamis-LeMonda CS, Kuchirko Y, Song L. Why is infant language learning facilitated by parental responsiveness? Current Directions in Psychological Science. Sage Publications. 2019; 28(5): 347-54. https://doi.org/10.1177/0963721414522813

8. Maldonade IR. O erro na fala da criança na perspectiva do fonoaudiólogo. In: Vieira AJ, Del Ré A, Hilário RN, editors. E por falar em linguagem da criança…[recurso eletrônico], ePUB. Porto Alegre (RS): Editora ZOUK; 2023. p. 87-101. ISBN 978-65-5778-099-2

9. Porto MSM, Lima YFA, Vasconcelos ANA. A importância da noção de erro para estudos de aquisição da linguagem: uma análise comparativa de Piaget e de Lemos. In: Del Ré A, Faria EMB, Cavalcante MCB, Nóbrega PVA, editors. Olhares diversos na língua(gem) da criança. [recurso eletrônico], ePUB, ePDF. João Pessoa: Editora do CCTA; 2020. p. 40-57. ISBN 978-65-5621-110-7

10. Karatzias T, Dou D, Zhu X. Editorial: Parental influence on child social and emotional functioning. Frontiers in Psychology, [S.l.], v. 15, 11 mar. 2024. Seção Developmental Psychology. Disponível em: https://doi.org/10.3389/fpsyg.2024.1392772.

11. Volodina A, Weinert S, Washbrook E, et al. Explicando lacunas na educação parental nos resultados sociais e de linguagem precoce das crianças aos 3–4 anos: evidências de dados harmonizados de três países. Curr Psychol. 2023; 42: 26398–26417. https://doi.org/10.1007/s12144-022-03754-z

12. Brasil. Prefeitura Municipal de Campinas (Secretaria da Saúde). Técnica de especialidades: Protocolo de Fonoaudiologia, 2019.

13. Campos CG, Turato ER. Análise de conteúdo em pesquisas que utilizam metodologia clínico qualitativa: aplicação e perspectivas. Rev Latino-am Enfermagem. 2009 março-abril; 17(2). https://doi.org/10.1590/S0104-11692009000200019

14. Carvalho A de JA, Lemos SMA, Goulart LMH de F. Desenvolvimento da linguagem e sua relação com comportamento social, ambientes familiar e escolar: revisão sistemática. CoDAS [Internet]. 2016,Jul; 28(4): 470–9. https://doi.org/10.1590/2317-1782/20162015193

15. Varanda CA, Cruz AC, Almeida V, Prado PC. Early identification and intervention on language deficits and behavioral difficulties in early childhood education. Psicologia: Teoria e Pesquisa. 2019; 35. https://doi.org/10.1590/0102.3772e35313

16. Sigolo ARL, Aiello ALR. Análise de instrumentos para triagem do desenvolvimento infantil. Paidéia (Ribeirão Preto) [Internet]. 2011.Jan; 21(48):51–60. https://doi.org/10.1590/S0103-863X2011000100007

17. Santos AO, Oliveira GS, Pereira SS. Avaliação na educação infantil: observação, registros e intervenção pedagógica. Cadernos da Fucamp. 2022; 21(53): 38-69. Disponível em https://revistas.fucamp.edu.br/index.php/cadernos/article/view/2836

18. Barbosa D. Não consigo entender o que meu filho diz. Quando ele vai aprender a falar certo? Fofuuu. 2017 Nov 30. Disponível em: https://fofuuu.com/blog/nao-consigo-entender-o-que-meu-filho-diz-quando-ele-vai-aprender-a-falar-certo/. Acesso em: 2024 Out 03

19. Puccini F. Descubra as trocas fonológicas mais comuns na infância. Leiturinha. 2019 Mar 7. Disponível em: https://www.leiturinha.com.br/blog/descubra-as-trocas-fonologicas-mais-comuns-na-infancia. Acesso em: 2024 Out 03.

20. G1. Crianças falando errado pode ser um problema de saúde. Bem Estar. 2019 Dez 9. Disponível em: https://g1.globo.com/bemestar/noticia/2019/12/09/criancas-falando-errado-pode-ser-um-problema-de-saude.ghtml. Acesso em: 2024 Out 03.

21. Weitzman E, Greenberg J. Learning Language and Loving It: A Guide to Promoting Children's Social, Language, and Literacy Development in Early Childhood Settings. 2ª ed. The Hanen Centre; 2002. Disponível em https://www.hanen.org/getmedia/a820f99e-ef4e-465f-b308-23154916d64c/LLLI_research-summary_2-1-3.pdf

22. Cervi T, Keske-Soares M, Drügg AMS. Implicações do discurso parental no desvio fonológico. Estud Psicol (Campinas) [Internet]. 2016 Oct; 33(4): 689–97. https://doi.org/10.1590/1982-02752016000400012.

23. Fonte RFL da, Silva PMS da, Nóbrega PVÁvila, Cavalcante MCB. Estudos em Aquisição da Linguagem e Multimodalidade no Nordeste brasileiro (Studies in Language Acquisition and Multimodality in Northeast Brazil). EL [Internet]. 30º de dezembro de 2022 [citado 14º de fevereiro de 2025]; 20(1): 195-218. https://doi.org/10.22481/el.v20i1.12076

24. Zhang Y. Quality matters more than quantity: parent–child communication and adolescents' academic performance. Front Psychol. 2020;11:1203. https://doi.org/10.3389/fpsyg.2020.01203.

25. Mulher.com.br. 8 erros graves que os pais cometem ao estimular a fala dos filhos [Internet]. 2016 Disponível em: https://www.mulher.com.br/familia/gravidez-e-bebes/8-erros-graves-que-os-pais-cometem-ao-estimular-a-fala-dos-filhos. Acesso em: 2 nov. 2024.

26. Guia do Bebê. Pais podem prejudicar o aprendizado da fala das crianças? Guia do Bebê [Internet]. 2023. Disponível em: https://guiadobebe.com.br/pais-podem-prejudicar-o-aprendizado-da-fala-das-criancas/. Acesso em: 2 nov. 2024.

27. Schalley AC, Eisenchlas SA. Parental input in the development of children's multilingualism. In: Stavans A, Jessner U, editors. The Cambridge Handbook of Childhood Multilingualism. Cambridge: Cambridge University Press; 2022. p. 278–303. (Cambridge Handbooks in Language and Linguistics). https://doi.org/10.1017/9781108669771.016

28. Pereira GO, Maldonade IR. Algumas contribuições para o estudo do processo terapêutico da gagueira infantil: considerações a partir de um caso. Distúrbios da Comunicação. 2023; 35(1). https://doi.org/10.23925/2176-2724.2023v35i1e60143

29. Abril Bebê. Dificuldades na fala: quando é hora de procurar um fonoaudiólogo? Abril Bebê, 2021. Disponível em: https://bebe.abril.com.br/desenvolvimento-infantil/dificuldades-na-fala-quando-e-hora-de-procurar-um-fonoaudiologo/mobile. Acesso em: 03 out. 2024.