

AUTISMO E INCLUSÃO NOS TEMPOS ATUAIS

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RESUMO: Atualmente, o Transtorno do espectro do Autismo (TEA) é considerado um grupo complexo e variado de transtornos do neurodesenvolvimento, que podem ocasionar alterações cognitivas, relacionais e emocionais. Quando as particularidades do quadro encontram as características singulares do processo de aprendizagem no âmbito escolar, ocasionam-se desafios significativos para o desenvolvimento das potencialidades da criança portadora desse diagnóstico e dos profissionais envolvidos nesses processos. Este projeto parte da questão sobre como podemos proporcionar o melhor processo de inclusão das crianças autistas no âmbito escolar? A pesquisa pretendida se destinará ao objetivo de compreender como proporcionar o melhor processo de inclusão das crianças autistas em âmbito escolar.

Palavras-Chave: Transtorno do Espectro Autista. Inclusão. Ambiente Escolar.

ABSTRACT: Currently, Autism Spectrum Disorder (ASD) is considered a complex and varied group of neurodevelopmental disorders, which can cause cognitive, relational and emotional changes. When the particularities of the picture meet the unique characteristics of the learning process in the school environment, significant challenges arise for the development of the potential of the child with this diagnosis and of the professionals involved in these processes. This project starts from the question of how can we provide the best process of inclusion of autistic children in the school environment? The intended research will be aimed at understanding how to provide the best process of inclusion of autistic children in the school environment.

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Keywords: Autism Spectrum Disorder. Inclusion. School environment.

I INTRODUCTION

From the fifth version of the *Diagnostic and Statistical Manual of Mental Disorders*, translated into Portuguese as the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, the term used by the psychiatric community in reference to autism became Autism Spectrum Disorder (ASD). ASD has been considered by professionals in the field as a complex and varied group of neurodevelopmental disorders, which can cause cognitive, relational and emotional changes.

The characteristics vary above all in the way they manifest themselves and in the

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degree of severity, so that they hardly present themselves in the same way in more than one person. Their deficits unfold in the domain of communication and social interaction, as well as in relation to repetitive and restricted patterns of behavior, interests, and activities. It is the particularities of each presentation of the picture that make it difficult to characterize and make the proper care feasible, including the school environment.

The environment in which learning is developed also has particularities arising from the unique way in which each child learns while developing in its various aspects. When this complex of factors meets the particularities of the ASD condition, inclusion and meeting the needs to promote the development of the child's potential become challenging.

From this, we propose a research through this project to articulate the question of how can we provide the best process of inclusion of autistic children in the school environment? The intended research will aim to understand how to provide the best process of inclusion of autistic children in the school environment. To achieve this, it is intended to carry out a historical survey and definitions regarding the evolution of the autism condition, to understand the process of school inclusion of autistic children and to study how to provide the best process of inclusion of children in the school environment.

2 METHODOLOGY

The present project refers to a bibliographic research that discusses the data collected through questionnaires and semi-structured interviews in the light of the bibliography selected in the Scielo (*Scientific Electronic Library Online*) and Google Scholar databases. The descriptors used will be Autism Spectrum Disorder, Inclusion and School Environment to refine the search. As inclusion criteria, publications in Portuguese will be selected with priority reference in the area of psychopedagogy published since 2012, not applying this restriction to books considered classics by leading researchers on the subject. Exclusion criteria consist of studies that present theoretical or technical contributions, even experience reports, directly linked to the proposed theme. From this selection, we will reserve articles, books and monographs to support the analysis and discussion.

3 PROBLEM

How can we provide the best process for the inclusion of autistic children in the school environment?

4 GOALS

4.1 General Objective

Understand how to provide the best process for the inclusion of autistic children in the school environment.

4.2 Specific Objectives

Carry out a historical survey and definitions regarding the evolution of the autism condition; Understand the process of school inclusion of autistic children; Study how to provide the best process for the inclusion of children in the school environment.

5 THEORETICAL FRAMEWORK

5.1 Autism Spectrum Disorder (ASD): brief history

The term autism first appeared in 1908 in the work of Swiss psychiatrist Eugen Bleuer (1857-1939). He is noted for his contributions to studies of schizophrenia and autism. This term appeared in his research to describe the escape from reality into the inner world typical of schizophrenic patients (BIALER; VOLTOLINI, 2022).

In 1943, the Austrian psychiatrist living in the United States Leo Kanner (1894-1981) published "Autistic Disorders of Affective Contact". He described eleven cases of children who exhibited extreme isolation from the beginning of life and what he described as the obsessive desire to preserve sameness. He noted that symptoms such as repetitive movements, inversion of pronouns, and a tendency to repeat someone's speech were already evident in early childhood (KANNER, 2012).

A year later, an article published by another psychiatrist of the same nationality as those previously mentioned, Hans Asperger (1906-1980) made a relevant contribution to the subject. Her article entitled "Autistic psychopathy in childhood" highlighted the prevalence in boys presented through a lack of empathy, low ability to make friends, intense focus on uncoordinated movements and one-sided conversation in parallel with the ability to discuss a topic in detail (MALEVAL, 2017).

The year 1952 witnessed the publication of the first edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-I). This manual has become a reference for researchers and clinicians in the field, providing criteria and nomenclatures for the diagnosis of clinically recurrent mental disorders. Until that time, autism was understood as a form of

childhood schizophrenia – diagnostic subgroup in which it was located in the manual.

The two decades that followed (1950s and 1960s) served as a resonance of these descriptions and criteria regarding the causalities and definitions of the autistic condition. The most common belief was that the disorder was caused by emotionally distant parents. The "refrigerator mother" hypothesis attributed to Leo Kanner was quite widespread. But more precisely in the 1960s, scientific evidence suggested that autism was due to a brain disorder that had been present since the childhood across all nationalities, socio-economic levels and ethnic-racial references. With this, Leo Kanner recognized that his theory had no foundation and sought to retract it (KANNER, 2012).

Another important figure for the theme is Temple Grandin (1947 - currently 75 years old). She is an American psychologist and zootechnician diagnosed with autism who has revolutionized practices for rational treatment of live animals. He also created the "Hug Machine", whose simulation calmed autistic people in crisis, in addition to giving lectures around the world emphasizing the importance of favoring the development of the potentialities of children with autism (DONVAN; ZUCKER, 2017).

In 1978, autism was classified as a cognitive development disorder through the mark imprinted by the work of English psychiatrist Michael Rutter (1933-2021). For him, the definition of the condition involves (1) social delay and deviation not only as intellectual disability, (2) communication problems not only due to associated intellectual disability, (3) unusual behaviors, such as stereotyped movements and mannerisms and (4) onset before 30 months of age (DONVAN; ZUCKER, 2017).

Rutter's contribution to the subject influenced the development of the DSM-3 in 1980. An edition in which autism was recognized as a specific condition for the first time, being moved to a new class, that of Pervasive Developmental Disorders (PDD). This means that the affectation of multiple areas of the brain directly by the condition of autism and the conditions derived from it has been recognized (MARFINATI; ABRAM, 2014).

In 1981, English psychiatrist Lorna Wing (1928-2014) coined the term Asperger's Syndrome in reference to Hans Asperger's and introduced the understanding of the condition as a spectrum. Her research and clinical activity revolutionized care for people with ASD and their families by founding the National Autistic Society (MARFINATI; ABRAM, 2014).

A relevant breakthrough occurred in 1994 when an international multicenter study was conducted to evaluate new criteria for autism. This made it possible to equate the DSM-

4 and ICD-10 (International Statistical Classification of Diseases) systems, avoiding confusion between researchers and clinicians. Asperger's Syndrome is added to the DSM and the spectrum starts to include cases in which the person has a more functional life (MESQUITA; PEGORARO, 2013).

In 2013, the DSM-5 began to encompass even more categories, including Asperger's Syndrome, and made diagnosis broader and more unified and with different levels of severity. The two new determining criteria for diagnosis were social and communication deficiencies and the presence of repetitive and stereotyped behaviors (GRIESI-OLIVEIRA; SERTIÉ, 2017).

A year later, in 2014, a study conducted in Sweden followed more than two million people between 1982 and 2006 by assessing factors such as birth complications, infections suffered by the mother, and drug use before and during pregnancy. The largest study ever conducted on the causes of autism revealed that environmental factors are as influential as genetics, refuting previous estimates in which genetics accounted for an 80% to 90% of the risk of developing ASD (GRIESI-OLIVEIRA; SERTIÉ, 2017).

With the publication of ICD-11 in 2022, the nomenclature Autism Spectrum Disorder in the DSM-V was adopted, also encompassing Pervasive Developmental Disorder (LAZZARINI; ELIAS, 2022).

5.2 Conceptions and definitions of ASD

The definition and characterization of what is currently called Autism Spectrum Disorder (ASD) has undergone several changes since its first description in 1943 by the Austrian physician Leo Kanner (KANNER, 2012). What was once considered a childhood psychosis or a developmental disorder currently receives detailed mentions with greater attention to characterization than to definition, uniquely inaugurating a category in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

An important resource for characterizing ASD is the criteria contained in the diagnostic manual. However, it should be noted that it is based on research whose results allow it to be generalized to a significant margin of patients. That is, it refers to an approximation of a kind of general rule for the presentation of symptoms and signs. Therefore, the complexity of ASD presented through the different levels of need and support represents a challenge for health professionals (LEMOS; SOLOMON; AGRIPINO-

RAMOS, 2014).

There is no specific, closed clinical examination that can correspond in a statistically significant way to the particularity of the condition, at least in most people with some indicative sign. Even so, the urgency of having guidance on clinical care leads physicians to adopt the manual to close the report and understand if the individual presents signs of delay and specific developmental milestones for certain ages (LEMOS, SALOMÃO, AGRIPINO-RAMOS, 2014).

Thus, the novelties brought in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) began to name the condition of autism as Autism Spectrum Disorder (ASD). It is classified as one of the Neurodevelopmental Disorders, characterized by difficulties in communication and social interaction and also restricted and repetitive behaviors. These changes made it possible to broaden the definition of symptoms and give prominence to the observations of children's development, interaction, and communication (GOMES, 2015).

Code 299.00 (F84.0) specifies the section of the TEA that is composed of five criteria containing some specific points. In the first criterion, persistent deficits in communication and social interaction in various contexts are evident. Limitation in emotional and social reciprocity, with difficulty in sharing interests and establishing a conversation; limitation in non-verbal communication behaviors used for social interaction, ranging from verbal and non-verbal communication to poorly integrated and with difficulty in the use of gestures and facial expressions; and limitations in initiating, maintaining, and understanding relationships, with variations in the difficulty of adapting behavior to adjust to social situations, sharing imaginary games, and lack of interest in peers (GOMES, 2015).

The second criterion highlights repetitive and restricted patterns of behavior, activities, or interests, as manifested by at least two of the following items, or by previous history: motor movements, use of objects, or repetitive and stereotyped speech (stereotypies, aligning toys, rotating objects, echolalia); insistence on the same things, inflexible adherence to ritualized patterns and routines of verbal or nonverbal behaviors (extreme suffering to small changes, difficulty with transitions, need to do the same things every day); interests that are highly restricted or fixed in intensity, or focus much higher than expected (strong attachment or preoccupation with objects, condom, or excessive interest in specific subjects); and hyper- or hypo-reactivity to sensory stimuli or unusual interest in sensory aspects of the

environment (apparent indifference to pain/temperatures, counter-reaction to specific textures and sounds, visual fascination with movements or lights) (ALMEIDA; NEVES, 2020).

The third criterion states that symptoms must be present early in the developmental period. However, they may not be fully apparent until there is a societal demand for these skills to be exercised, or they may be masked by possible lifelong learning strategies. Therefore, this criterion is related to the following, since it refers to symptoms when they cause significant clinical impairments in social, professional and personal functioning or in other important areas of the person. Finally, the last criterion proposes that these disorders are not well explained by cognitive and intellectual disability or global developmental delay (ALMEIDA; NEVES, 2020).

In addition to the DSM-5, there is also the ICD-11. This is the International Classification of Diseases (ICD), written as a document of the World Health Organization, already in its eleventh edition, to favor that communication between professionals of different specialties occurs in the same way. In this classification, Autism Spectrum Disorder (ASD) (6A02) can be identified through the first level, considered mild, in which there is no Intellectual Disability (ID) and there is mild or no impairment of functional language. Or ID and with slight or no impairment of functional language (BURSZTEJN, 2016).

The second level is considered moderate. In it, the absence of functional language and DI and the absence of functional language can be highlighted. The third level, considered severe, has the absence of ID and the absence of functional language or with ID and the absence of functional language (BURSZTEJN, 2016).

Guedes and Tada (2015) justify that the characteristics of autism vary mainly in the way they manifest themselves and in the degree of severity, in such a way that they hardly present themselves in the same way in more than one person.

Their deficits unfold in the domain of communication and social interaction, as well as in relation to repetitive and restricted patterns of behavior, interests, and activities. Barreto (2021) proposed that the main characteristics presented are repetition of other people's speech (echolalia), absence or little eye contact, sensitivity to sensory stimuli, attachment to routines, speech delay, difficulty playing games that require imagination, difficulty understanding metaphors, sleep and eating disorders, and aggressive behaviors.

An important piece of information is that the signs can be noticed in children from

the first year of life. When the diagnosis can be made early, the best responses to specialized support in which professionals in psychopedagogy, psychology, physiotherapy, speech therapy, occupational therapists, as well as psychiatrists and neuropsychiatrists familiar with ASD (BELIZÁRIO FILHO; CUNHA, 2010).

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