



"ANALYSES AND PERCEPTIONS OF THE INCLUSION PROCESS OF AUTISTIC STUDENTS IN 'TRADITIONAL' CLASSROOMS

José Carlos Guimarães Junior, Ph.D.



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Analyses and perceptions of the inclusion process of autistic students in 'traditional' classrooms

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PRESENTATION

"ANALYSES AND PERCEPTIONS OF THE INCLUSION PROCESS OF AUTISTIC STUDENTS IN 'TRADITIONAL' CLASSROOMS."

This book was constructed after many questions, and why not, curiosities, about individuals with Autism, or better, with Autism Spectrum Disorder.

Watching many documentaries, reading numerous scientific articles and "specialized" magazines, I discovered that many want to know more, and many others want to believe they know something because they watched this or another video, or even because they talked to our dear "Uncle Google."

After several months of research, I arrived at some conclusions that can, and will, help moms and dads (with an emphasis on moms) to identify and learn how to provide special, but not different, care for their children.

I say this with a lot of calmness because I often read that some so-called "normal" people, over the course of their lives, do things that leave even God in doubt but are still considered "normal"...

I don't want this book to exhaust all the knowledge about Autism, much less to be considered the sole authority, but rather for this material to contribute to alleviate the "impact" on families.

I hope that dedicated mothers can have the patience to discover which skills their children possess and, in this way, stimulate them to be even better than they already are.

And that's how we structured the book.

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1 INTRODUCTION

This research follows a qualitative approach as it aims to gain an indepth understanding of the research subject and does not focus on statistical representation but rather on capturing information present in the texts used in the study. Qualitative research highlights the socially constructed nature of reality, the relationship between the researcher and the subject of study, and the situational limitations that influence the investigation (Denzin & Lincoln, 2006).

The research methodology chosen for this study is descriptive, as emphasized by Godoy (1995), with writing playing a pivotal role in this approach. The study is primarily based on bibliographical works.

We began by presenting autism, how it can be diagnosed, and possible treatments. Subsequently, we explored whether autistic students can be included in regular schools, according to the chosen authors.

The analysis is based on a corpus of six questionnaires designed for teachers in regular education who work with autistic students and teachers in specialized education for autistic students. These questionnaires were answered by three teachers from each institution, whose identities will not be disclosed here due to administrative reasons.

The responses were analyzed to determine if inclusion, in reality, fulfills the needs of autistic students, helping them develop their social interaction, intellect, and cognition.

2. A BRIEF HISTORY IN TIME

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder characterized by pervasive abnormalities in social interaction and highly restricted, repetitive behavior with an uncertain cause. Risk factors include older parents, a family history of autism, and certain genetic conditions.

Given these peculiarities, it is evident that parents, schools, and all those who are involved face numerous challenges in facilitating interactions. Hence, it is necessary to establish an appropriate and efficient approach to help these children achieve positive development in their educational and social lives, yielding positive results for their parents and others involved.

The global education landscape in the 1990s was marked by debates related to Education for All and the discourse of Inclusive Education. Notable developments include the World Conference on Education for All in Jomtien, Thailand (UNESCO, 1990), and the signing of international documents such as the Salamanca Statement in Spain (1994), which discussed the proposal of educational inclusion to reduce discrimination.

All these documents emphasize the need for a strategy that welcomes all individuals, regardless of their physical, intellectual, social, emotional, or linguistic conditions (UNESCO, 1994). In Brazil, the Constitution (BRASIL, 1988) already endorsed the slogan "Education for All." However, the country was not fully prepared to address these challenges due to rapid and continuous social changes and legal directions that offered access to and retention of children in schools with quality throughout the educational process.

According to IBGE (2010), approximately 10 to 15% of the Brazilian population has some form of disability. Historically, these individuals have struggled with social integration, whether within their families or among friends, because society has created a pseudo-image of normality that

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segregates individuals who do not conform to the established standards due to their "differences."

The National Policy on Special Education in the Perspective of Inclusive Education in 2008 and Decree No. 6,571/2008 proposed a change in the understanding and implementation of Specialized Educational Assistance (SEA).

SEA shifted from isolated, substitute actions to complementary and supplementary practices to regular education (BRASIL, 2008a, 2008b), contributing to the effectiveness of the law.

In the wake of these historical periods, there has been a significant increase in studies related to children with autism or ASD. Various methods for working with these individuals have been utilized to facilitate their understanding and development.

Fortunately, with this new perspective on disability and people's physical, mental, or social peculiarities, albeit far from achieving an inclusive, equitable, and just society for all, several public policies have been implemented to create a society that offers opportunities and equality to all, regardless of their limitations.

In the following sections, we will delve into autism, the process of inclusion, and reflect on which educational environment is better prepared to accommodate autistic students: regular education or specialized education.

CHAPTER I

1 AUTISM: A DIFFERENT WORLD?

The term "Autism" originates from the Greek word "autós," which means: by oneself. It is a term used in psychology to describe human behavior when individuals focus on themselves and become their own individual. Coined by Eugene Bleuler in 1911, the word "autism" initially referred to a symptom of schizophrenia, one of the features of psychosis. According to Rodrigues, it is "an 'absence from reality,' a lack of communication with the outside world, and, as a result, an impediment or inability to do so, displaying very reserved actions" (2010, p. 19).

However, the first studies on autism began in 1943, by the American psychiatrist Leo Kanner, who described, through an article, a study based on 11 children who exhibited unique characteristics compared to other syndromes. Kanner initially named it "autistic disturbance of affective contact," noting a "social withdrawal" from birth.

He also observed early symptoms, which in 1949 were referred to as "Early Infantile Autism," showing potential difficulties in communication and fixation on objects, as well as situations without variation, intelligent physiognomy, changes in language like pronominal reversal, neologisms, and metaphors.

The researcher identified that the primary symptoms of autism were distinct from those of other pediatric psychiatric conditions, such as childhood schizophrenia. However, Eugene Bleuler's research made it difficult to distinguish between the diagnosis of autism and other diagnoses.

As a result, other researchers developed studies based on Kanner's conception with some modifications, as well as studies relating autism to cognitive and social deficits, considered a developmental disorder and not a

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mental illness, although more symptoms are presented, the hypothesis of autism is left open.

People look at individuals with autism differently, but they often fail to understand what makes them different. According to Alves Lisboa and Lisboa 2010 (last accessed on 07/05/2018), autism is a disorder that causes developmental delays in children, primarily affecting their communication, socialization, initiative, creativity, and imagination.

This disorder is common worldwide and occurs in families of all racial and social backgrounds. According to Peeters (1998), autism is not a mental illness, which is why medical treatment is not necessarily required; a good education can be the best option. So, to better understand what autism is, let's look at some definitions from various authors, how the diagnosis occurs, and the best treatment to be applied.

According to the Autism Friends Association (AMA), autism is a developmental disorder and not a form of mental retardation, although many cases show low intellectual functioning. It is considered a disorder because the symptoms vary widely. According to Grinker (2010), autism is considered a disorder because it cannot be seen through microscopes or diagnosed through laboratory tests. The evidence for diagnosing autism is found in an individual's behavior, and there is still no consensus on what exactly this disorder is and how it should be treated. In general, we can say that according to Cunha (2014), a person with autism creates their own ways of relating to the outside world.

That's why they exhibit changes in behavior, as their perception of the world does not match that of a so-called normal person.

There is no previously established concept of autism, as it is always changing. Therefore, several symptoms and difficulties are present that negatively impact social interaction, communication, and performance of activities.

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1.1 How is the diagnosis of an autistic person made?

The first signs of autism typically appear in the first three years of life because it is a syndrome characterized by a set of symptoms involving impairment in three fundamental areas: behavior, social interaction, and communication.

Jean Piaget (2007), based on research on cognitive development, especially in children, asserts that each person is an active participant in the learning process; that is, each individual builds their own knowledge through their actions. However, this does not apply to autistic children, as their development occurs uniquely and unplanned.

As a result, autism is a challenging disorder since it presents a variety of symptoms that make it difficult to determine its true meaning. Knowing that it is being studied by various researchers and is characterized by a variety of theories trying to explain it, its conception has expanded, and it now recognizes that there are various degrees of autism.

Diagnosis is not based on laboratory tests but rather on behavior. There are criteria used by specialists to determine where a child's behavior with autism differs from that of a child considered normal.

The most accepted criteria, according to Peeters (1998), are those of the World Health Organization (WHO), registered in the ICD-10 (International Classification of Disease, Tenth Revision), and in the DSM IV (Diagnostic and Statistical Manual - Fourth Edition) developed by the American Psychiatric Association (APA, 1994).

Autism manifests before the age of three, is caused by neurological dysfunction, and according to UN data, it is estimated that 70 million people worldwide, and 2 million in Brazil, have pervasive developmental disorders; only 2% of people with the disorder have independent lives.

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So, according to the DSM-IV, a total of at least six items from groups 1,

2, and 3 must be present, with at least two items from group 1 and one from

groups 2 and 3 (one from each) to diagnose a child with autism.

Group 1 includes criteria that can diagnose qualitative impairment in social

interaction. The symptoms include a marked difficulty in using various

nonverbal behaviors, such as not looking directly into another person's eyes,

facial expressions, body posture, and gestures to aid in social interaction. A

failure to develop relationships with peers and an inability to express emotion

with expressions of happiness in others. Lack of social or emotional

reciprocity.

Group 2 addresses symptoms that cause qualitative impairment in

communication, i.e., a delay or total lack of language development. Marked

impairment in the ability to initiate or sustain a conversation with others,

regardless of language ability. The use of repetitive stereotyped language. A

pervasive lack of spontaneous make-believe or social imitative play.

Group 3 encompasses patterns of restricted, repetitive, or stereotyped

behavior, such as a preoccupation with restrictive patterns of interest

abnormal in intensity, apparent attachment to non-functional routines or

rituals, repetitive and stereotyped motor movements, and persistent

preoccupation with parts of objects.

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These symptoms serve as the basis for diagnosis. It is worth noting that, according to Alves, Lisboa, and Lisboa 2010 (last accessed on 17/06/2015), autism does not cause other illnesses, but other illnesses can favor its onset, such as infectious diseases during pregnancy, such as rubella, syphilis, and toxoplasmosis, infectious brain diseases, meningitis, traumatic injuries, parental drug use, and genetic diseases that cause mental retardation.

Statistics indicate a prevalence of the disorder in 1/150 to 1/250 of the population, and the incidence is four to five men for every woman, but when it occurs in females, it is more severe.

1.1 "Treatments" for Autistic Individuals

Some people believe that treating an individual with autism involves only taking medications, such as sedatives or some kind of medicine that accelerates their development. However, it is not always necessary for an individual with autism to take medication. In some cases, the child or adult may have other disabilities in addition to autism, and in such cases, medication may be necessary. But when it comes to autism alone, most, if not all, of the treatment may consist of psychoeducational therapy.

That is, it is based on quality education, with the support of teachers, therapists, psychologists, and others. Some methods used include TEACCH and ABA.

As Alves, Lisboa, and Lisboa (last accessed on 07/05/2018) state, the use of medications previously played a significant role in treatment due to the belief in the relationship between autism and other psychotic disorders. However, it now has the role of alleviating symptoms so that other forms, such as rehabilitation and special education, can be adopted to achieve more effective results.

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In the following section, I will discuss inclusive education, which is considered suitable for students with autism, although there are those who do not agree with this type of education and believe that special education is more effective in the treatment of an autistic individual.

CHAPTER II

2 SCHOOL INCLUSION AND AUTISM

Writing about inclusion is somewhat challenging since it is a controversial subject. Some argue that inclusion happens efficiently, while others say that inclusion might work in some cases but is a total failure in others. According to Cunha (2014), special education gained more prominence in LDB No. 9,394/96 than in previous laws.

If we look at the law alone, we can understand that inclusion is very effective because students receive specialized teachers, support from specialists if necessary, among other things.

However, we know that, in the vast majority of schools, this is not how it works. But our focus in this paper is on the inclusion of individuals with autism, and we would like to understand if it is possible to include students with this type of disability, considering that they require various forms of support, and in most cases, inclusion can exacerbate the situation rather than aiding in treatment.

We are in a state of uncertainty, and it is necessary to increase the determination and entrepreneurial spirit of professionals; to show that all good work must be well-prepared, and fundamental things are needed to develop an adequate and effective educational practice that meets the needs of our children and our professional satisfaction.

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This comes from the process of our students, who, in the subtlety of their way of being, clamor for their rights, so well declared in numerous documents and laws but often forgotten in practice.

According to Alves, Lisboa, and Lisboa (last accessed on 08/05/2018), individuals with autism have variations in potential intelligence, but not all are suitable for school inclusion. School inclusion depends on various conditions within the school, its professionals, and the child. Some individuals are very intelligent and do well pedagogically in regular schools, even though they may not perform well in social interactions as they do not understand the social world. Others need special schools because they have more compromised intelligence and will have more opportunities in such schools.

Because, as Chiote (2013) describes, including a child with autism goes beyond placing them in a regular school; it is necessary to provide them with meaningful learning and invest in their potential to make them individuals who can learn to think, express their feelings, participate in a social group, and develop with and from it.

Therefore, as Martins (2012) asserts, before choosing to include a child with a disability in a regular school, the child's special educational needs, difficulties, and abilities should be analyzed because only then can the most advantageous approach be determined. For inclusion to happen, the school must be prepared to receive students with such disabilities, as Camargo and Bosa (2009) point out, when there is no appropriate environment and conditions that cater to inclusion, the possibility of gains in development gives way to losses for all children. This points to the need for a general restructuring of the social and school system to ensure that inclusion is effective.

For true inclusion to occur, the school must, as stated by Alves, Lisboa, and Lisboa, be aware of the child's characteristics and have the necessary physical and curricular accommodations, have professionals who continuously train and seek new information, seek consultants to accurately

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assess children, prepare programs that cater to various profiles since autistic individuals can have different styles and potential, have teachers aware that knowledge and skills are different definitions, analyze the environment and avoid situations that impact the child, modify the environment if possible, ensure the school provides all the necessary physical and academic support to guarantee the learning of included students, ensure regular physical activity as it is indispensable for motor development, inclusion cannot occur without the presence of a tutor, and it must be individual, it does not eliminate therapeutic support, it must develop an educational program alongside inclusion, and in inclusive classes, the student must participate in activities in which they have a chance of success, especially activities that promote socialization, the school must demonstrate sensitivity to the needs of students and the ability to plan with the family what should be continued at home. In other words, for inclusion to occur, there must be learning, which triggers the need to reconsider our concepts of the curriculum.

2.1 The Teacher's Role in the Inclusion of Autistic Students

For effective inclusion to occur, in addition to school restructuring, it is also necessary for the teacher to be specialized. Many times, teachers do not have the necessary training or are in the process of acquiring it.

This is because, as Martins (2012) defends, when it comes to special education, the methodologies, techniques, and the type of relationship established with the student are different from what is customary in regular education, which means that teachers and specialists who choose to work with children with special educational needs must have specific training.

It is a matter of training, not professionalism, and of professionalism, not voluntarism or common sense. Professionals need to be prepared because that is how they will be able to guide the education of special needs students.

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Without training, the teacher will learn through practice, but practice alone is not enough. Theory and practice go hand in hand.

It is worth noting that the teacher's role and knowledge about various disabilities are essential because, as Cunha (2014) points out, many cases of autism were initially noticed within the classroom, in the school environment. This is often crucial for the child's treatment because the earlier the diagnosis, the more possibilities the child has for social integration.

Given all these responsibilities and duties, the teacher is the one who contributes the most to the child's development. Therefore, it is essential that, in addition to the activities carried out to contribute to development, the teacher respects the student's limitations and loves them as any other student, as they have the right to respect and love, just like others.

Among so many responsibilities and duties, the teacher acts as a mediator in the child's educational process. Fonseca (2014) presents some tasks that can help the teacher in the teaching and learning of students with autism.

These include staying updated on professional techniques, providing the necessary supplies for activities, maintaining the hygiene and cleanliness of the environment, and observing the functioning of equipment and requesting necessary repairs to avoid risks and losses. They should also participate in co-responsible training programs, perform tasks related to observing physical and behavioral changes in the student, collaborate in activities aimed at reducing aggression, among others.

The mediating teacher must establish clear boundaries with students to ensure coexistence in a complex collective, remain consistent in what they say, and keep their word.

In cases of illness or unexpected difficulties, they should establish a smooth transition to other colleagues to ensure a continuous and smooth educational process for the student.

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2.2 The Role of the School and the Family in Autism

Another part of the school inclusion issue is the school's contact with

the family of a child with autism. Martins (2012) argues that for the school to

provide an effective education and accommodate the inclusion of a student

with autism, it is essential to develop partnerships with the family, developing

communication that provides a close and collaborative relationship.

There is a belief that parents have a strong desire to educate their

children, and their partnership is fundamental to ensure a more favorable

development.

The partnership with the family contributes to the quality of education,

as it strengthens the involvement of parents and caregivers, the child's

learning, motivation, school relationships, and encourages more secure and

happier children.

Therefore, it is essential that there be mutual respect and cooperation

among all those involved in the educational process. It is a matter of mutual

benefit.

The family's involvement can occur in various ways, including through

family involvement and support groups, attending parent meetings, and

participating in activities aimed at their children. The school can also propose

family dynamics that include more training sessions, workshops, courses, and

lectures on various topics.

Thus, the school will have a privileged opportunity to help the family

understand autism and the various ways of assisting their child in their

growth and development.

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2.3 The Problems of School Inclusion

It is not always possible for the student with autism to be included in a regular school. They may have to go to a special school, especially if they have low intelligence, as Alves, Lisboa, and Lisboa (last accessed on 07/05/2018) believe. However, in general, it is advisable to offer the child the opportunity to be in regular school, as this is essential for their development.

Nonetheless, it is important to mention some difficulties that a child with autism may face in school. According to Alves, Lisboa, and Lisboa (last accessed on 06/05/2018), students with autism have different ways of developing their skills, and not all will be able to attend regular schools.

To ensure their learning, it is essential to adapt the school to their needs, which is not always possible in all schools.

The first and main problem faced by students with autism in regular schools is a lack of understanding from teachers, students, and school staff. Many people do not understand the syndrome, which can make things more challenging for the child. In this regard, Cunha (2014) states that the family must be a partner, must know and be involved in the child's difficulties, and be aware of the limitations and potentials of their child.

In this case, the teacher must not act without planning; the school, and especially the teaching staff, must develop some criteria to ensure the adaptation of the child with autism. This includes evaluating their interaction with others and how much they learn in the school environment. But before adopting methods and criteria, it is essential that there is a well-prepared team and a plan for the inclusion of the child.

In addition to a lack of understanding, the lack of discipline and adaptability in school can hinder a child's development, as Alves, Lisboa, and Lisboa (last accessed on 07/05/2018) state. That is, schools need to be more flexible when it comes to activities.

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This means, for example, offering more break times, as well as physical

and sports activities, which are indispensable for the development of the child.

In addition to the activities, it is essential that schools have a more flexible

curriculum that takes into account the abilities and limitations of each

student.

Another difficulty is that a child with autism may exhibit behaviors that

may bother other students. Therefore, as Fonseca (2014) defends, all children

need to be educated together from a young age so that they can help each

other. Understanding is crucial.

Since the school environment can be harmful, it is essential that the

school offers support in a suitable room, free from noise and stimuli, so that

the child can relax and have a moment to rest from the stress of the school

environment. To ensure that this room is effective, Cunha (2014) argues that

the school needs to have professionals who can offer necessary support to the

child.

CHAPTER III

3 RESEARCH METHODOLOGY

This section will discuss the data analysis for this study, which consists

of three questionnaires answered by three regular education teachers and

three questionnaires answered by three specialized education teachers, all of

whom work exclusively with autistic students.

First, we compared regular education with specialized education, and

then we analyzed whether regular education effectively meets the needs of

autistic students. The first question on the questionnaire aimed to understand

the academic background of the participating teachers.

The regular education teachers all have degrees in pedagogy. The

specialized education teachers include two with pedagogy degrees and one

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with a postgraduate degree in Arts, Letters, and Linguistics with an emphasis on Educational Art Therapy.

Regarding specialization in the field of special education, only two regular education teachers have supplementary training, and one does not. In the specialized education sector, two teachers have postgraduate degrees in special education, and one holds a postgraduate degree in Art Therapy, which qualifies her for special education teaching.

The third question aimed to gather the teachers' opinions on the development of a child with autism and the role they play in this process. Regular education teachers believe that being a professional willing to acquire new knowledge to better work with the child, understanding the characteristics of autism, and teaching the child to interact in a group, socialize, work as part of a team, and accept differences can contribute to the development of these children.

Special education teachers, on the other hand, see the teacher as a mediator in the child's interactions within the social environment in which they live. In this sense, the teacher plays an important role, using strategies that align with the autistic individual's needs, fostering the child's communication, sociability, and social imagination. It's worth noting that emotional security makes the social environment a positive and evolving space for the child's progressive development.

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3.1 Analyzing the Difference between regular and Specialized Education

To initiate the study, it's essential to observe the child to determine their current level, which allows for the development of more effective activity plans. For example, if an autistic child remains isolated while other children play, it doesn't necessarily mean they live in their own world.

In such cases, it's important for the teacher to take a critical look because the child might simply struggle with initiating, maintaining, or properly concluding conversations or social interactions. Therefore, specialized teachers are crucial for these students.

Additionally, it's important to consider the parallel work with families since, apart from school, it's with the family that autistic individuals spend most of their time. Families should continue the work done in school; otherwise, all the teacher's efforts will be in vain.

Regular education teachers face difficulties in terms of a lack of necessary materials for activity development, limited resources in often inadequate physical spaces, and the challenges posed by changes in students' routines, as they must adapt to the routines of students who do not have autism. Specialized education teachers encounter greater difficulties related to the child's behavior, including social interaction, communication, distraction, and organizational challenges.

The teaching methods employed by regular education teachers involve the use of images, filming, photographs, games, socialization, and a focus on following a structured routine.

In specialized schools, the TEACCH method is used, which may require some adaptations for visually impaired autistic students.

Regarding specialized support beyond school, regular education teachers seek these services in specialized schools. According to the teachers, specialized schools offer services such as psychologists, speech therapists, physiotherapy, occupational therapy, and equine therapy.

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The teachers believe that these services greatly influence the development of the students, as long as they are applied appropriately to each individual case.

It is known that childhood autism is a syndrome defined based on behavioral characteristics or symptoms, including an inability to interact socially, difficulties in language mastery, and patterns of restricted or repetitive behavior, among others.

The severity of these behaviors varies, ranging from mild cases to more severe forms in which the diagnosed child is incapable of maintaining any form of interpersonal contact and exhibits aggressive behavior and intellectual disability. Autism affects individuals from all social classes and ethnic backgrounds, meaning that any child is susceptible to being born with this syndrome. It occurs more frequently in boys than in girls, and the first signs typically become evident before children reach the age of three.

Chapter 2

2.2 Common Teaching Methods Used for the Education of Autistic Students

2.2.1 TEACCH Method

The TEACCH method utilizes an evaluation called PEP-R (Revised Psychoeducational Profile) to assess children, identify their strengths, areas of interest, challenges, and then build an individualized curriculum around these points.

The TEACCH model was developed in the 1960s at the Department of Psychiatry at the School of Medicine at the University of North Carolina, USA. The TEACCH model was a response by the government to the growing movement of parents who were complaining about the lack of services for children with autism.

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TEACCH was used in special classrooms in public schools in the United States. It eventually became established as a statewide program in 1972 and became a model for other programs worldwide.

TEACCH focuses on adapting the environment to help children understand their workspace and what is expected of them. Through the organization of the environment and each student's tasks, TEACCH helps students develop independence from teachers to learn new skills while still allowing them to spend much of their time independently. (Monte, 2004, p. 9). In this way, the methodology aims to provide ways for autistic individuals to adapt to their surroundings.

But it's important to analyze each child individually because, even though they may have the same diagnosis, their difficulties may not be the same. This means that, in addition to valuing the positive aspects of autism, we also support the development of communication, social interaction, and competitive skills in the person.

Priorities and basic principles of TEACCH:

- Focus on the individual, their skills, interests, and needs.
- Understanding autism and identifying differences through individual assessments.
- Using visual structures to organize the environment and tasks to be taught.
- Supporting autistic individuals during leisure and social activities.
- Flexible teaching.
- Structured learning environment.
- Adapting goals to the individual's developmental level, avoiding distractions, and maintaining motivation using appropriate reinforcements.

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- Use of individualized schedules.
- Sequence of daily tasks through various means, such as drawings and photographs.
- Developed for individuals with ASD of all ages and skill levels.
- TEACCH has proven to be quite effective in improving social and communication skills. It also reduces inappropriate behaviors, improves the quality of life, and reduces family stress. Autistic individuals who use the model gain more self-confidence and work productively and independently.
- A review of more than 150 autism intervention studies found that TEACCH provided more educational benefits than any recognized program. These benefits included increased learning and improved motor skills.

2.2.2 ABA Method

Another technique that produces excellent results when used in autistic children to change behavior is the Applied Behavior Analysis (ABA) methodology. It stands out for its departure from behaviorist theory, which observes, analyzes, and explains the relationship between the environment, behavior, and learning.

With the book "The Behavior of Organisms" published in 1938 by B.F. Skinner, the great discovery of operant behavior is demonstrated, which provides transformations and assists in learning through a reinforced stimulus that results in a higher probability that the behavior will occur in the future.

Applied Behavior Analysis, or ABA, is described as an applied behavior analysis, and some scholars define it as "errorless learning."

Basically, this therapy involves intensive and individualized teaching of the skills necessary for an autistic child to gain independence and a better quality of life.

In this way, we can understand that the ABA method can intentionally encourage and teach children to display more appropriate behaviors in place of "problematic" behaviors.

Postures and behaviors are related to events and/or stimuli that precede them, which are the antecedents, and their future occurrence is related to the consequences that follow them.

For this reason, and seeking to break paradigms in changing behaviors used in ABA methodology, the intervention objectives are represented in the following order:

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Address deficits by identifying the behaviors that the child has difficulty with or is unable to perform, which affect their life and learning.

Reduce the frequency and intensity of tantrum-like or undesirable behaviors, such as aggression, stereotypies, and others that hinder social interaction and learning for this individual.

Promote the development of social, communication, adaptive, cognitive, academic skills, and more.

Promote socially desirable behaviors.

Still, the process of behavioral assessment refers to the "discovery" phase, and its objective is to identify and understand the aspects related to autistic children and their involvement in the environment in which they live and interact.

For a better understanding, some of the objectives, once the possibilities for intervention have been identified and the weaknesses and areas of attention from the assessment have been outlined, we can plan associated with the ABA methodology.

Understand the child's communication repertoire: presence or absence of functional language, eye contact, compliance with commands, and more.

How they relate in their environment: favorite toys, frequent tantrums, reactions to people.

The function of their problem behaviors.

Under what circumstances certain problems occur or are less likely to occur with greater frequency or intensity.

What consequences are provided for these problem behaviors?

And how can we prevent problems from occurring?

Avoiding situations or people that serve as antecedents to problem behavior.

Controlling the environment - throughout an individual's life, the environment shapes, creates a behavioral repertoire, and maintains it; the environment also sets the occasions on which behavior occurs since it does not occur in a vacuum (Windholz, 2002).

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Breaking tasks into smaller and more tolerable steps, which we call

errorless learning. All intervention is based on errorless learning, meaning we

leave aside the history of failures and teach the child how to learn.

This learning should be enjoyable and fun for the child, and reinforcers

can be used to keep the child motivated. A reinforcer is a consequence that

increases the likelihood of that response happening again. When a behavior

is strengthened, it is more likely to occur in the future.

2.4 Tips for Teachers Working with Autistic Children

1 - Ask families for a report on each child's interests, preferences, and things

that cause displeasure.

2 - Use the child's preferences and materials they like in class or on the

playground to establish a connection with the school and the people in the

school environment.

3 - Work in short periods, from five to ten minutes, on increasingly complex

activities, gradually incorporating more materials, people, or objectives.

4 - Speak minimally, using only the most important words (usually, autistic

children do not process much language at once).

5 - Use simple gestures and images to support what is said and facilitate

understanding (autistic individuals are more visual than verbal).

6 - Develop routines that the child can predict or anticipate (through repetition

and with the support of images that show what will be done during the day).

7 - Encourage participation in tasks such as tidying up the room, helping to

distribute materials to other children, etc.

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8 - Hand over objects in the visual channel. The adult should have the object

in front of the child's eyes so the child can pick up the object while the adult's

face is within their field of vision.

9 - Respect the need for some alone time, walking, or jumping to calm down

(this can be used as a reward after an activity).

10 - Get to know each child's abilities to use them as a resource (ask the

families).

11 - Avoid speaking too loudly and any situation involving too much

stimulation (it can even be harmful to the child).

12 - Always ask how the afternoon or the previous day was, about the quality

of sleep, or if there have been any changes in the routine to anticipate states

of emotional anxiety. In cases of anxiety, try to use elements of the child's

interest and preference with less demand to avoid tantrums or increased

anxiety.

13 - In cases of "tantrums," it is important to have some knowledge of behavior

modification techniques (time out, diversion of attention, etc.).

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Chapter IV

4 Some curiosities about autism

• Autism Has Been Around for a While

Autism has existed as a name and a definition since 1911 when Eugen Bleuler described it as the most severe clinical version of schizophrenia. The first publications, however, only emerged in 1943 by Leo Kanner and in 1944 by Hans Asperger. With the explosion of neuroscience since the 1990s, there has been a greater approach and understanding of autism, promoting more research in various fields of knowledge. This has also led to increased sensitivity from the public and an intensification of treatment and inclusion methods.

• Girls with Autism Have More Epilepsy

Despite being much more common in boys, the occurrence of autism in girls increases the risk of epileptic seizures. This mechanism is not yet well understood, but the suspicion is that factors that typically protect girls from the disorder are linked to a counterpart. The condition is more severe, with a higher chance of developing intellectual disabilities and epilepsy in girls with autism.

• The Cause Appears to Be Genetic

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For years, it was believed that autism was an anomaly caused by "refrigerator mothers" or families not providing enough affection and emotional support to their children. However, since the 1970s, reliable research has shown its association with neurological disorders, epilepsy, genetic syndromes, brain malformations, etc., undermining this theory. The consensus among experts today is that autism is a biologically and genetically inherited disorder.

• Not Every Autistic Individual Has Speech Problems

Autism varies significantly from one person to another. There are those who don't speak at all, those who speak with difficulties, and those who speak perfectly and follow all grammatical rules. The crucial thing to understand is that, even when speaking well, people with autism have difficulty expressing themselves appropriately in social contexts and tend to speak mechanically and repetitively.

• They Often Dislike Writing

Many children and young people with autism experience motor, coordination, and sensory perception problems when it comes to handling pencils or pens. This limitation causes many of them to avoid writing and not master the skill of writing entirely or spontaneously.

• Every Autistic Individual Is Unique

The wide range of clinical presentations of autism is one of its main characteristics. While they share the basic characteristics of the disorder, cognitive, behavioral, sensory, language, and intellectual impairments vary widely from one child to another. The reason for this variation lies in the

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genetic variability involved and differences in the environment and the timing

of interventions for these children.

Medication Benefits Some Autistic Individuals

The use of medication in autism is essential, especially for those with

severe antisocial, aggressive, oppositional behaviors that may lead to epilepsy

and sleep problems. However, not every autistic child needs medication, and

the necessity of introducing medications should always be evaluated on a

case-by-case basis.

Advanced Maternal Age Increases the Risk of Autism

This is a fact. Maternal age can influence the risk of having an autistic

child. Getting pregnant after the age of 40 significantly increases the risk of

having an autistic child. Data from the National Institute for Health and Care

Excellence (NICE), a kind of UK Department of Health, shows a direct

relationship between maternal age and the occurrence of autism in children.

• Not Every Autistic Individual Has Intellectual Disabilities

Not every child with autism has intellectual disabilities. On the contrary,

around 5% of them have high abilities or giftedness, and 40% have a normal

to above-average level of intelligence, suitable for school and academic life.

Recognizing this condition and these particularities is essential to avoid the

idea that autistic individuals, in general, cannot learn. However, 50% of them

have intellectual disabilities.

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Autistic Individuals Can Hug and Kiss

Yes, they can hug and kiss! Just because they are autistic doesn't mean

they don't do either. The difference lies in how they hug and kiss in their

environment and how they express their affection. Autistic individuals often

do this repetitively, without spontaneous intention, under pressure from

others, or in a peculiar and compulsive manner.

FINAL THOUGHTS

As we have seen, autism is, as described by Chiote, "a syndrome defined

based on behavioral characteristics that make up the diagnostic picture"

(2013, p.13). Considering that autism symptoms manifest in behavior, there

is a possibility that such students are not being well received in regular

schools. While inclusion laws theoretically provide support, analyzing the

practice reveals that these laws are not being fully implemented.

The primary objective was to understand whether the methods used in

regular education effectively meet the needs of autistic students. Based on the

questionnaires, it becomes clear that the methods used in regular education

do not adequately meet the needs of these students, hindering their

development.

Additionally, these schools lack suitable physical spaces to

accommodate autistic students, as well as appropriate teaching materials.

Specialized support outside of the regular school is offered by specialized

educational institutions that provide psychologists, physiotherapy, speech

therapy, and other services.

These institutions also use the TEACCH method, which can be tailored

to the individual needs of the student, and they have an adequate supply of

educational materials. The main challenges faced by teachers include

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addressing the students' lack of concentration and finding strategies to enhance it.

Regarding the specific objectives, it is evident that students with autism require more attention in education, as their school environment plays a significant role in their treatment.

However, true inclusion often does not align with the way it is presented in the law. This was observed in the schools where the surveyed teachers work. These regular schools do not provide adequate support to autistic students, as they do not receive all the necessary resources for their social development. This social development is crucial for the treatment of these children.

To conduct this research, three questionnaires were collected from teachers in regular educational settings and three from teachers providing services in specialized educational institutions. Due to administrative constraints, the names of these teachers have not been mentioned here.

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Analyses and perceptions of the inclusion process of autistic students in 'traditional' classrooms

This research follows a qualitative approach as it aims to gain an in-depth understanding of the research subject and does not focus on statistical representation but rather on capturing information present in the texts used in the study. Qualitative research highlights the socially constructed nature of reality, the relationship between the researcher and the subject of study, and the situational limitations that influence the investigation (Denzin & Lincoln, 2006).

The research methodology chosen for this study is descriptive, as emphasized by Godoy (1995), with writing playing a pivotal role in this approach. The study is primarily based on bibliographical works.

We began by presenting autism, how it can be diagnosed, and possible treatments. Subsequently, we explored whether autistic students can be included in regular schools, according to the chosen authors.

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