

Challenges in Including Students With Autism Spectrum Disorders in Regular Education

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Abstract: This study aimed to reflect on the challenges in the school inclusion process of students with Autistic Spectrum Disorder, in relation to teacher training and the school inclusion process. Thus, the research had a bibliographic character and qualitative analysis, based on works by other authors on this topic, selected from research platforms. The results showed that the initial and continuing education of teachers for Inclusive Education has gaps that lead many professionals to report insecurity in pedagogical actions in the classroom. Other difficulties pointed out in the reference studies were related to the elaboration and application of inclusive pedagogical proposals and curricular adaptations, in addition to doubts related to the school evaluation process of the advances obtained by students with ASD. It is concluded that inclusive education has historically evolved from the efforts of pro-inclusion groups and was endorsed by public policies, however, some challenges remain in the areas of teacher training, proposition of inclusive pedagogical practices, curriculum adjustments, constitution of support networks and encourage further research on these themes.

Key words: autistic spectrum disorder, inclusion, teacher training

1. Introduction

Autism Spectrum Disorder (ASD) represents a concern for the health and education field. There is a lack of statistical data in Brazil, but it is estimated that there may be thousands of students with ASD included in regular classes. BECK (2017) investigated the prevalence of autism cases in southern Brazil and found an estimated number of 3.85/10,000 inhabitants.

This neurobiological disorder directly affects the individual's development in interpersonal relationships, communication and behavior, greatly impairing learning. Thus, it is a topic of great relevance for research, especially in relation to inclusive education projects increasingly present in elementary schools.

It is noteworthy that in inclusive education processes aimed at students with ASD, there is a need to expand the actions of initial and continuing education of teachers. Disseminating theoretical foundations and encouraging discussions about pedagogical practices can help teachers in the teaching-learning process of students with ASD, or any other special need.

The presence of students with ASD has been observed more and more frequently in regular schools and the teacher often does not know how to intervene pedagogically, allowing these students to remain outside the teaching-

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learning process. It is noteworthy that physical presence in schools is not enough to promote inclusive education, the most that is achieved is a form of integration that can bring about some gains in socialization, but does not promote the expected educational action.

Given this context, the main objective is to investigate the teaching-learning process of students with ASD included in regular classes in the early years of elementary school and the initial and continuing teacher training for inclusive education.

The methodology used was based on qualitative analysis based on bibliographical research on teacher training and the process of inclusive education of students with ASD. The procedure adopted was to search for studies on the topic in the platforms, Scielo, Academic Google and Virtual Health Library (VHL), selection and analysis of the material.

2. Development

2.1 The Inclusive Education Process

Currently, the topic of inclusion has been widely discussed in light of the changes promoted by public policies for school education. The term include comes from the Latin *includere* and means, according to Melero (2002, p. 34), “to understand, encompass, contain in oneself, involve, belong together with others.” Thus, inclusive education is not restricted to students with special needs (SEN), but encompasses all those who need some form of reception or equity.

In the educational environment, the first step was taken with the integration of students with SEN in special classes inserted in the regular school space. In these cases, students lived together in some activities and at recess, however, there was a dual system where special and regular education took place in parallel, in the same physical space. According to Bueno (2008, p. 44) the “[...] school inclusion of students with educational needs came to replace the old paradigm of integration, outdated and conservative”. The landmark of this change was the Salamanca Declaration (1994), which was the basis for Brazilian public policies.

According to Fernandes (2006), the history of special education dates back to Antiquity, when anyone who escaped the standards of beauty and perfection of his time was considered subhuman and was relegated to abandonment and extermination. In the Middle Ages, due to the strengthening of the Catholic Church, sick or disabled people started to receive society’s attention, however, they were considered demonic or victims of divine punishment for the sins committed. There was also an association between disability and supernatural powers such as prophecy or clairvoyance, and at the end of this period the first asylums appeared (Pessoti, 1996).

With the European Bourgeois Revolution, the Church lost power, disabilities were associated with the area of health and people with disabilities were taken in in psychiatric hospitals and shelters along with the mentally ill. Thus was formed a medical-assistentialist vision that influenced the first Brazilian institutions.

The change in conception began with the French physician Jean Itard, who was considered the precursor of Special Education. In 1800, the doctor developed a program based on medical and pedagogical procedures to educate a wild boy found wandering alone in a forest in France.

According to Fernandes (2006, p. 27), “another determining factor for the change in the model of care provided were the social movements that started in the late 1940s and early 1950s [...]”. This mobilization encompassed all who felt marginalized and gave rise to the Universal Declaration of Human Rights – 1948, inspiring public policies in several countries.

In this scenario, a movement of parents and friends of people with disabilities, triggered in the 1960s, in Denmark, the demand for access to education offered in regular schools to children and young people with SEN, starting the movement for inclusion. Brazil started the integration process in 1980, which for Mantoan (2003, p. 21), “refers specifically to the school insertion of students with disabilities, [...] which involves a range of possibilities ranging from ordinary classes to specific places, such as special classes and schools”. However, the integrationist policy did not resolve the separation between the regular and special systems.

Inclusive education was born with the purpose of overcoming this division and serving all students in their needs and individualities. The Salamanca Declaration (1994, p. 5) advocates that “[...] the fundamental principle of the inclusive school is that all children should learn together, regardless of any difficulties or differences they may have”. However, the percentage of students with SEN assisted is insufficient and weaknesses in teacher education and curriculum strategies remain (Bueno, 2008).

2.2 The Autism Spectrum Disorder

According to Coutinho (2018, p. 5) the word autism comes from the Greek *autos* which means “to turn to oneself” and was used for the first time by Eugen Bleuler in a diagnosis of schizophrenia. However, research on autism began with the American psychologist Leo Kanner, in 1943, when he observed eleven patients aged between two and eleven years who revealed a lack of imagination and difficulties in social relationships. Kanner described the cases as forms of schizophrenia and childhood psychosis, according to Kwee (2006, p. 3) calling them “Affective Contact Autistic Disorder”. Initially, he argued that the child was born autistic, however, observing the distant contact of these parents with their children, he concluded that the origin of the disorder was emotional.

As described by Orrú (2010), this hypothesis influenced some psychoanalysts to seek a cure for the disorder with treatments in which children were encouraged to curse, bite and beat a statue that symbolized the mother, to express their feelings. And describing stages in the child’s development in which the mother’s affection would constitute a bridge between the emotional state and social life, if the mother were cold, the child would be stuck in the autistic stage.

In 1944, the pediatrician and psychiatrist Hans Asperger also described children with severe changes in social interactions, however, in addition to considering family history, he studied the performance of children with autistic psychopathy in intelligence tests, considered physical and behavioral aspects, and realized that some of them had lighter characteristics, better language, memory and intelligence potential (Tamanaha, Perissinoto & Chiari, 2008).

From the 1970s onwards, autism began to be related to mental retardation and the idea of a psychotic condition lost strength. Shortly thereafter, diagnostic criteria were proposed for this population based on loss of social interest, responsiveness, language changes, ritualistic and compulsive behaviors with early onset of symptoms. In the 1980s, ASD was considered a developmental disorder, with cognitive deficits related to attention, memory and language (Tamanaha, Perissinoto & Chiari, 2008).

Thus, we reached the end of the century. XX with the perception that Autism is a complex disorder that encompasses characteristics in the areas of behavior, social interaction, cognition and communication, which manifests itself early and has a higher incidence in males (Assumpção Jr. & Pimentel, 2000).

Along this historical journey, many classifications and terms were created to diagnose the great variety of characteristics found. In an attempt to integrate the terms, symptoms and classifications into a broader category, in 2013 the Statistical Manual of Mental Disorders (DSM-V) coined the term Autism Spectrum Disorder (ASD), proposing three levels of manifestation. At the first level are cases that need little support and show greater

independence in daily life. The second level brings together people who need support to perform part of their daily tasks and the third level individuals who require intermittent support in all areas.

The diagnosis of ASD is clinical and can be made in the first years of life from direct observation of behavior and interviews with parents, according to Gauderer (1997) there are no specific tests for autism, but it is possible to research some genetic conditions in the karyotype and perform some physical exams to detect the existence of other associated diseases.

It was verified by this brief historical review, that despite the TEA being researched for decades, it still offers challenges for diagnosis and school teaching.

2.3 Teacher Formation and Teaching-Learning Processes in Students With ASD

Public policies developed in Brazil in recent decades defend that students with SEN have the right to study in inclusive environments and receive the support they need from trained teachers.

However, initial teacher education courses offer few subjects that address methodologies aimed at teaching students with SEN, with the exception of Pedagogy courses where it is possible to detect such subjects more regularly. Brazilian universities practice a variety of curricula and there is little data on content offerings on school inclusion. The reports of basic education teachers found in several articles on the subject reveal that they do not feel prepared for the challenges of teaching for diversity. According to Bereohff, Leppos and Freire (1994, p. 95), “educating an autistic child is an experience that leads the teacher to question his ideas, principles and professional competence”. The learning demands of these students demand constant updates from teachers.

In Brazil, much of the teacher training for Inclusive Education takes place continuously, through in-depth or specialization courses. For Perrenoud (2002, p. 36), “training, initial and continuous, [...] continues to be one of the drivers that allow for raising the level of competence of professionals”. In addition to the relationship between theoretical and practical foundations and teacher training, it needs to consider the precepts of inclusive education and the knowledge of special education.

However, the lack of knowledge about the teaching of students with ASD in Brazil has led many teachers to demonstrate dissatisfaction with the training provided in this area. In the words of Schmidt et al. (2016, p. 224),

[...] several national studies, produced in the last ten years, have investigated the conceptions and practices of teachers about the schooling of students with ASD in regular teaching contexts [...]. These surveys reveal that the feeling of unpreparedness has been prevalent among teachers of students with autism, who work in the context of the regular classroom.

According to Schmidt et al. (2016), in the last decade, studies that investigated the inclusion of students with ASD in regular education nationwide pointed out some gaps in teacher education related to the romanticized way of seeing the student with ASD, difficulties in making curricular adaptations or proposing practices diversified pedagogical skills, conception of reducing the school space to an environment of socialization, emphasis on the development of functional skills at the expense of academic ones, lack of pedagogical support networks, among others.

For students with ASD to have the opportunity to access and succeed in Inclusive Education, it is necessary to think of pedagogical projects that value and encourage the abilities and potential of this audience. In this sense, pedagogical practices can involve participation in actions in the community and rely on the support of support networks made up of professionals and family members.

Another important issue concerns the assessment procedures where Goldberg (2002, p. 32) points out that the

teacher “[...] has an important role in identifying their needs, and it is up to them, through an assessment, to help in the identification educational needs and their degree of specificity”. With this information, the teacher can propose pedagogical strategies aimed at the integral development of students. Bosa (2002) suggests several pedagogical practices that can be developed in the classroom with students with ASD, involving the organization of the school routine, the proposition of structured sequences for carrying out activities, stimulation of communication, group work, among others.

3. Conclusions

The school inclusion of students with ASD in regular schools is a reality guaranteed by public policies, however, inclusion goes beyond the inclusion of the target audience of special education in regular schools, involving architectural adjustments, curriculum and initial and continuing teacher training.

In the inclusion process, the teacher’s role is essential, as it is he who will mediate the learning process and carry out the necessary interventions. Therefore, initial and continuing education needs to invest in the study of alternative methodologies that prioritize the inclusion of all students. Curriculum adaptation can be planned together with other professionals who care for the child, such as psychologists, educational psychologists, AEE teacher and the family, thus constituting support networks.

Sharing knowledge about the disorder, investments in initial and continuing teacher training and discussions on the organization and provision of adapted activities in the classroom help to implement inclusive pedagogical strategies, both in the curriculum plans applied in inclusive schools and as in teacher training proposals, with a view to promoting learning for all students.

Finally, the inclusion of students with ASD is a reality and the school needs to be constantly reflecting on the topic. Teaching strategies involve discussing curricula, establishing support networks involving families, teacher training and proposing alternative teaching strategies.

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