

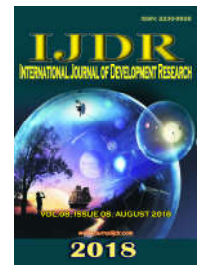


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AUTISTIC SPECTRUM DISORDER, A CURRENT PEDAGOGICAL ANALYSIS ON SCHOOL INCLUSION

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ABSTRACT

Autism is a non-degenerative disorder, with changes present at very early ages, typically before three years old, and which is always characterized by severe difficulties throughout the individual's life, reflecting both social and communicative skills and repetitive behaviors and limited interests, with great variability in the intensity and form of expression of the symptomatology in the areas that define its diagnosis. The objective of this study was to conduct a current pedagogical analysis of Autistic Spectrum Disorder (ASD). This is a reflexive analytical study of studies found in the literature about ASD. Among the main results of this study, it has been shown that ASD is considered the third most common developmental disorder among children, with a prevalence ranging from 7 to 13 autistic to ten thousand individuals, approximately 1 in 42 boys and 1 in 189 girls. The essential criteria for diagnosis of ASD are: persistent deficits in communication and social interaction, restricted and repetitive patterns of behavior, interests or activities. Symptoms manifest in early childhood with significant clinical impairment in the social functioning of the individual, and may present other associated deficiencies and / or other comorbidities. In view of the above. We concluded that it is a very prevalent and very prevalent disorder in the school context.

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INTRODUCTION

The search for understanding the variations of symptoms that characterize Autistic Spectrum Disorder (ASD) generates anxiety and uncertainty in family members and professionals who deal with these children. Currently, autism spectrum disorder has been much more commented and studied, but there are many controversies about the subject, making the subject still unknown to many scientists of human behavior and because it is a disease that does not choose race, customs or social class. According to Cábrio and Carneiro (2017), children with ASD need special attention, as they present some typical symptoms, such as: irritability, inattention, hyperactivity / impulsivity, aggression, insomnia, and

repetitive behaviors, and some have epilepsy. Because of this, for many years there was a separation between regular students and students with ASD. But the Law on the Guidelines and Bases of Education - LDB (Law No. 9394/96) establishes, among other principles, "equality of conditions for access and permanence in school" and recommends that education for "educating with special needs" "Occurs, preferably, in the regular educational network (BRASIL, 1996). In 2008, with the elaboration of the National Policy on Special Education in the Perspective of Inclusive Education (BRASIL, 2008), in response to a worldwide movement for inclusion, these children, previously segregated in special rooms, are now included in schools and classrooms of regular classes of basic education. In this scenario, the question that guided the present study was: How can the inclusion of autistic children in the regular school context benefit their development? Therefore, the general objective of this research was to collect and present data about the inclusion of children with autism spectrum disorder, with specific objectives: to identify the concepts

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about this disorder; explain how the development of a child with ASD occurs; understand how children with ASD can benefit from their inclusion in regular schools. In order to reach these objectives and answer the guiding question, this study was developed through a review of the literature, with the search of information in books, national legislations and published articles, searched in the databases Scientific Electronic Library Online (SciELO) and Coordination of Improvement of Higher Education Personnel (CAPES), Ministry of Education.

The Autistic Spectrum Disorder

The term autism has a Greek origin, where "autos" means "of oneself", that is, one who is facing oneself. The term was created in 1906 by the Swiss psychiatrist Paul Eugen Bleuler who used it to describe signs of isolation in some clinical cases where patients had one of the symptoms of schizophrenia: loss of contact with reality and its consequence in communication. Thus, autism was called a psychotic condition where an individual lived in his / her inner world, losing contact with reality, presenting great difficulties of interpersonal communication (Guchi, Tuchman, 2004, Zacher, D, Alpern, Coutinho, Coutinho). But the official history of Childhood Autism only began in 1943, through researcher Leo Kanner's article entitled *Autistic disturbances of affective contact*, published by *The Nervous Child*. In the article, the author describes his research with eleven children, boys and girls, aged between two and eleven years, who presented a common behavior, with a limitations in their social relation, mainly in relation to the difficulty of verbal communication, besides movements self-stimulation and resistance in accepting situations that break their routine, all behaviors that correspond to the concept of autism. From this study the author coined the classification of the autistic disorder of affective contact, and associated these symptoms with schizophrenia (KANNER, 1943).

According to Klin (2006), in 1944, the Austrian Hans Asperger published similar cases, but the individuals described by him had preserved cognitive abilities. The author described four children with difficulty integrating socially and who, despite having intellectual abilities preserved, presented significant limitation in non-verbal communication. Asperger called this condition "autistic psychopathy," in reference to Kanner's study, but indicating a stable personality disorder marked by social isolation. These substantial differences between the groups investigated by Kanner and Asperger paved the way for the subsequent emergence of different diagnostic classifications as a reference to the different symptomatic manifestations of autism. Thus, after the findings of Kanner and Asperger, new studies showed a variability in the expression of symptoms in autism, giving rise to different diagnostic classifications, such as: Autistic Disorder, Asperger's Disorder and Global Developmental Disorder without any other specification. Thus, the term Autism Spectrum Disorder has been used as a reference to this set of disorders that share characteristics of autism (CZERMAINSKI; BOSA; SALES, 2013). More current researchers, such as Wing, Gould and Gillberg (2011) define autism as a neurodevelopmental disorder characterized by social, behavioral and communication impairments. In the search for the identification of the variables that encompass and characterize Autism Spectrum Disorder (ASD), two diagnostic manuals for the treatment of mental disorders are

currently used as reference. One of them is CID-10 (Classification of Mental Disorders and Behavior), where the disorder fits the Psychological Development Disorders and is denominated as Invasive Developmental Disorders (F84), being "characterized by qualitative abnormalities in reciprocal social interactions and in patterns of communication and by a repertoire of restricted, stereotyped and repetitive interests and activities" (WHO, 1993, 246). The most current reference manual is DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) of the American Psychiatric Association (2014), framing the disorder in Neuro developmental Disorders and is then called Autism Spectrum Disorder, what: It is characterized by persistent deficits in social communication and social interaction in multiple contexts, including deficits in social reciprocity, in non-verbal communication behaviors used for social interaction, and in skills to develop, maintain and understand relationships. In addition to the deficits in the mean, the diagnosis of autism spectrum disorder requires the presence of restricted and repetitive patterns of behavior, interests or activities (AMERICAN PSYCHIATRIC ASSOCIATION, 2014, p.31). ICD-10 (WHO, 1993) encompasses Childhood Autism, Atypical Autism, Rett Syndrome, Other Childhood Disintegrative Disorder, Hyperactive Disorder Associated with Mental Retardation and Stereotyped Movements, and Asperger Syndrome as Psychological Development Disorders, being called such as Invasive Developmental Disorder (TID).

DSM-4 used the nomenclature Global Developmental Disorders (PDD) to define five specific conditions, which are: Autistic Disorder, Rett Disorder, Childhood Disintegrative Disorder, Asperger's Disorder and Global Developmental Disorder without any other specification. However, DSM-5 grouped three of the five diagnoses that had previously been found in TGDs (Autism, Asperger Syndrome, and Developmental Disorder Not Otherwise Specified) as a unique classification: Autism Spectrum Disorders (AMERICAN PSYCHIATRIC ASSOCIATION, 2014). Regarding the diagnosis of ASD using DSM-5, the authors Wing, Gould and Gillberg (2011) believe that there is a deviation in the diagnosis of women with ASD, and criticizes the criteria adopted by DSM-5 regarding the possibility that girls and women with autism may continue to be unrecognized or misdiagnosed in this new handbook. The authors conclude that some changes need to be made so that the DSM-5 criteria can be used reliably and validly in clinical practice and research. It is still not possible to define a single cause responsible for the TEA, which characterizes this disorder as multifactorial, since it is known that there is interaction of biological and environmental factors involved in this process. This concept is supported by the fact that autism and related disorders are the developmental disorders most strongly associated with genetic factors, and the fact that vulnerability and social rigidity can be found in family members of these patients, even if these family members do not meet criteria for a clinical diagnosis. In this case, it is often referred to these relatives as having the "broader autism phenotype" (KLIN, 2006). People with ASD may present changes in the orbito-frontal cortex, temporal lobes, and amygdaloid body. Recent studies have found alterations in certain areas of the brain of people with ASD, but it is verified that there are several areas that may be altered in these individuals, and may present some connection problems between them. However, there is still no agreement between these studies, and further research is needed on this path (SAMPAIO; LOUREIRO; GOMES, 2015).

In general, individuals with ASD present impairments that involve qualitative deficits in social interaction, with a behavioral pattern characterized by restricted interests, stereotypies and repetitive behavior patterns, as well as language and communication changes. This compromise can vary from person to person, presenting different degrees, including intelligence, which reinforces the idea of autism spectrum with an increasingly dimensional and less categorical character (ZAGER, ALUTN, BOUTOT, 2009). Children with ASD who have lower functioning are characterized by being completely or almost always completely isolated from social interaction and carrying out few social incursions. At a level above, children can accept social interaction passively, but they do not seek it and may have some spontaneous language. Those who have a higher degree of functioning and a little older, have a different social lifestyle, may be interested in social interaction, but can not initiate or maintain it in a typical way. Their social style is called "active, but strange," since they generally have difficulty regulating social interaction after it has begun. But the behavioral characteristics of autism may change during the course of development (KLIN, 2006). The classic changes in the autistic triad, which are the deficits in interaction, communication and behavior, about 60 to 70% of children with typical ASD have intellectual deficit, although more recent studies are suggesting that a smaller estimate of this characteristic can be found through more sensitive ways of assessing the communicative and executive functions of these children. These individuals can also present comorbidity with mental disorder, being evaluated in about 71% of people with ASD, where 41% would present two or more associated disorders, mainly depression, anxiety, obsessive compulsive disorder, phobias and attention deficit disorder with hyperactivity, among others (SAMPAIO; LOUREIRO; GOMES, 2015).

The first signs of autism occur before age three, usually when parents begin to worry, as the child's language does not develop, between 12 and 18 months. It is also common for parents to be concerned that the child may be deaf due to a lack of response to verbal approaches. Another common symptom is the observation that the child responds dramatically to the sounds of inanimate objects (such as a vacuum cleaner, candy being unwrapped). Occasionally, the parents report that the child was "very good," because it made few demands and showed little interest in social interaction, which contrasts with the so-called "normal" behavior of children. In some cases the parents report that the child started to develop some language, but stopped or regressed, being this common history in about 20 to 25% of the cases (KLIN, 2006). With the evolution of knowledge about autism and its early signs, among them the absence of visual contact, gestures such as pointing, besides the non-demonstration of behavior or social joy, an increasing number of family members have been worried when identifying these signs before of the child's first year of life, which helps the early diagnosis. For these children, the human face does not generate any curiosity, whereas for children with normal development is very interested. In addition, the playful abilities and sensory exploration of toys may be completely absent in children with ASD. Despite this, the percentage of the lack or delay of the development of these children has been decreasing over the years, thanks in great part to the early and intensive intervention (KLIN, 2006).

How child development with autistic spectrum transtone occurs

For Bee and Boyd (2011), the development presented as expected by children in the preschool years is the ability to communicate more and more clearly, in addition to presenting an increasing sense of self as a person, an individual with specific qualities and the rudiments of cognitive and social skills that allow them to interact more fully and successfully with their peers. The ability to share awareness with others through sharing, mentoring, and / or orientation of attention usually arises during the first year of life and supports the development of subsequent language and social skills. There are already studies that show that children with ASD have shared attention deficit. (NEUHAUS; BEAUCHAINE; BERNIER, 2010). One of the major shortcomings of ASD is the inability to interact with others empathically, which ultimately undermines the individual's relational contact. Another impaired area in the development of the child with ASD is the processing of facial information. Children with autism, in addition to often avoiding eye contact with other people, are described as having information processing from the less face to face that people with typical development, giving exaggerated emphasis to parts of the face in detriment of the other perception (eg, focusing only on the mouth and not observing eye movements, eyebrows, among others, which, in turn, would lead to the loss of important non-verbal cues in communicative processes. Commonly, children with autism have difficulty tolerating changes and variations in their routine, so an attempt to alter the sequence of some activity can lead to terrible suffering on their part. Another characteristic presented is the development of an interest in a repetitive activity, such as collecting strings and using them for self-stimulation, memorizing numbers, repeating certain words or expressions. Younger children can develop bonds with some objects, often different from the usual objects, choosing rigid rather than fluffy objects. The presence of stereotyped movements is very common, and may include standing on tiptoe, snapping fingers, body waving and other mannerisms, which are performed as a source of pleasure or self-calming, and may be exacerbated in situations of stress (KLIN, 2006).

In relation to environmental stimuli, children with ASD tend to present hyper or hyposensitivity to sensory stimuli. Some may have hyperacusis (acutely sensitive to sounds), while others may seem absent from loud noises or callers, but are fascinated by the faint ticking of a wristwatch or the sound of a paper being crumpled. Some stress through bright lights, and others are fascinated by light stimulation. Another issue is in relation to tactile stimuli, where some have extreme sensitivity to touch, including strong reactions to specific tissues or to the social / affectionate touch, while other children though are insensitive to pain and do not cry after a serious injury. It is common for a child with ASD to be fascinated by spinning objects, while others take pleasure in vestibular sensations, such as whirling, performing this action without seemingly getting dizzy (KLIN, 2006; ZAGER; ALPERN; BOUTOT, 2009). Children with typical development begin motor imitations within a few weeks after birth, while those with ASD have deficits in this spontaneous and immediate imitation of basic movements of hands, face and other parts of the body, as well as simple handling of objects. They also have difficulties in discerning between voluntary and involuntary movements of others. Individuals with ASD have difficulties in recognizing emotions based on vocal and visual cues and

react with disinterest or repudiation of the emotions expressed through the behavior of others (NEUHAUS; BEAUCHAINE; BERNIER, 2010; SAMPAIO; LOUREIRO; GOMES, 2015). In relation to speech, individuals with autism often do not speak, and those who come to speak present a language different of the considered normal. For example, they may repeat what they are told (immediate echolalia) or what they hear in their environment, such as on TV (late echolalia). Their language tends to be less flexible, so that, for example, there is no evaluation that the change of perspective, or with whom one speaks, necessitates a pronoun change, which leads to pronominal inversion. Another interesting fact in the language of the TEA individual is that humor and sarcasm can be a source of confusion, as the person with autism may not be able to understand the speaker's intention to communicate, resulting in a completely literal interpretation of what (KLIN, 2006; ZAGER; ALPERN; BOUTOT, 2009). A problem in the development of the child with ASD is that many of these children present some degree of mental retardation, with about half of them falling within the range of mild mental retardation and the others in the range of moderate to profound mental retardation. Another important difficulty in the development of these children are sleep and eating disorders, which can be very exhausting in family life, particularly during childhood. They may present erratic sleep patterns, waking up several times a night for long periods. Among eating disorders, they may have aversion to certain foods, or insist on eating only a small selection of them, refusing to try new foods. Children with more severe cognitive impairment may present "pica" (eating non-edible things) which may expose them to health risks and injuries (KLIN, 2006).

Therefore, there are many cognitive and behavioral impairments associated with executive functions that are observed in children with ASD. Dias, Menezes and Seabra (2010) define executive functions as a set of cognitive processes that allow the regulation of cognition and behavior, allowing the individual to engage in complex actions. They can be defined as a set of cognitive skills that allow the subject to engage in goal-oriented behaviors, performing voluntary, independent, self-organized and goal-directed actions. These skills are especially important in the face of new situations or in circumstances that require adjustment, adaptation or flexibility of behavior to the demands of the environment. These functions are fundamental for directing and regulating various intellectual, emotional and social abilities of the individual (DIAS; MENEZES; SEABRA, 2010). Thus, individuals with ASD present greater difficulties in their social and learning development, involving inhibition of responses, planning, attention and cognitive flexibility, which explains, in part, the difficulties in social interaction, in communication and the repetitive and stereotyped behavior that are characteristic of ASD. However, although there are undeniable difficulties in several aspects of executive control in ASD, as reported by professionals, clinicians, educators and relatives of children with this condition, there is still no clear understanding in the literature about which executive components would be most impaired (Czermainski, Bosa, Sales, 2013). As explained by researchers Cábrio and Carneiro (2017), there is still no type of biological test to diagnose ASD. For this reason, the diagnosis is made through anamnesis and evaluation of the clinical picture, and several scales and criteria have been created to try to fit the TEA: CARS (Childhood Autism Rating Scale), BOS (Behavior Observation Scale for Autism), ASIEP Screening Instrument for

Educational Planning), CHAT (Checklist for Autism in Toddlers), IBSE (Behavioral Summarized Evaluation Scale), ADI-R (Autism diagnostic interview-revised). Thus, if the diagnosis of ASD is confirmed, because it does not have a cure, the treatment consists in minimizing the damages, through the care of a multidisciplinary team.

Inclusion of children with autistic spectrum disorder in regular school

The elaboration of the National Policy on Special Education in the Perspective of Inclusive Education in 2008 motivated the creation and approval of Law 12,764 in 2012, known as the Berenice Piana Law. This law highlights the right to inclusive education and Specialized Educational Assistance (ESA), confirming the access of these children to all levels of education throughout the country. In addition, it gives these students the right to receive specific attendance at the regular shift during the regular school year, which includes qualification for school administrators and teachers (BRAZIL, 2008-2012; CÁBRIO; CARNEIRO, 2017). As a result, the number of students with ASD enrolled in regular primary education has increased. In this scenario, it is important to remember that these children present disorders at different levels of severity. While some have a hard time expressing themselves and do not speak, others can communicate. In addition, some make repetitive movements and avoid contact with people, others have intellectual disabilities. On the other hand, there are children with high performance, with extremely developed abilities. In this way, it is fundamental that the educator knows the basic characteristics of each TEA, besides having the capacity to develop differentiated pedagogical strategies for each student, in order to offer a meaningful learning (CÁBRIO; CARNEIRO, 2017). In carrying out research on school interventions in relation to students with ASD, Pereira and Schmitt (2017) have identified intervention programs that are beneficial to these children in relation to psychomotricity, cognition, language, social interactions and mathematical skills (addition and subtraction). The evaluations performed by the authors indicated that children with autism perform better on tests than the literature often portrayed.

It is known that psychomotor development is the basis of learning, so the evolution of student learning is influenced by stimuli of the environment. Thus, the objectives of an inclusive education policy should seek to promote the following factors for special students: social interaction; physical education practices; right to choose and encourage autonomy; development of language skills; social, cultural, artistic and professional development. In addition, an education focused on inclusion should take certain measures, such as: offering more services geared towards special education, with equipment, qualified staff, specialized teaching material and physical space that is appropriate to the special needs of students, as well as investing in the creation of training programs for the work, encouragement for informal learning and family orientation (CANTARELLI; MOURA, 2013). Although Brazil has legislation and programs focused on inclusion, in practice there have been many problems. In the study by Luiz, Gomes and Lira (2017), the authors explain that the care of the child with ASD does not only require their reception in the school, but it is necessary that there is a whole awareness and preparation of the educators to deal with ASD. The study of these authors verified weaknesses in school studies, not only in relation to teacher training and practice, but

in the unpreparedness of professionals, besides the non-acceptance of the parents and the school as a whole, which ended up transferring all responsibility to the teacher. In addition, the school did not promote any training for the educator in the question, which does not favor the inclusion process. Finally, the authors concluded that the inclusion of the child with ASD is a duty of all who, by not cooperating, may be complicit in their exclusion. In another study, Serra (2010) states that although there are several Brazilian legislation that encourages inclusion, this still translates into public policies, which makes it difficult to organize pedagogical practices that allow students to stay with TEA in regular school. The author also says that for inclusion there is a need for learning, and this leads to the need to review the concepts on the curriculum. According to her, the school curriculum can not be summed up to the academic experiences and should be extended to all the experiences that favor the development of the students, be they normal or special.

Unfortunately, the demand for inclusion came to the schools before the educator's training, and there is no way to include special children in regular education, without specialized support, able to offer guidance and assistance, within a perspective of the qualification of the pedagogical work there. returned In this case, pedagogical practices that are effective and appropriate to the deficiencies of these pupils are essential for their evolution and learning, and this the educator can only plan and develop when he receives the appropriate theoretical framework and pedagogical advice. Therefore, for an effective inclusive practice, pedagogical education is the key element for the transformation of the school, extending this possibility of transformation to the whole society (SERRA, 2010). In addition to the benefits for the child with ASD, there is the issue of living with diversity, which benefits all students, teachers and society in general, as the authors Cábrio e Carneiro put it:

The relationship with diversity gives us all the idea of sharing and accepting the particularities of each one, making us more supportive and welcoming, and this is part of the inclusion process. It is emphasized that school inclusion is a recent theme in our midst and in education even more, demanding from society an additional effort to break social paradigms, abandon preconceptions that the handicapped is a useless individual to believe that he is different, but able to overcome limits (CÁBRIO, CARNEIRO, 2017, 264). According to Luiz, Gomes and Lira (2017), diversity enriches the classroom for the simple reason of learning from the different. A school with inclusion, working in a happy, unrestricted way, educating all students together, with trained professionals, will be able to prepare students with ASD (and others with other skills) to have the opportunity to prepare for a life in community, developing at its best, enhancing its capabilities. Teachers will enrich their professional skills, society will function according to the social value of equality for all people. Consequently, this inclusion will be able to promote social peace. But to achieve this inclusive teaching, regular and special teachers, as well as all others involved, must ally themselves in a unified and consistent effort for this purpose (SERRA, 2010).

Final Considerations

The study concluded that children with Autism Spectrum Disorder included in regular schools are clearly benefited as this interaction allows them to improve their social skills

through contact with other people. But in this inclusion, it is important that the school provides an adequate environment for the learning of these students, with an understanding of the TEA by the teachers and that they are able to make interventions considering the particularities of each child. And what has been observed in Brazil is that, despite the creation of laws and programs aimed at inclusive education, in practice what has been happening is not an inclusion, but a simple permission for children with ASD and other syndromes or disorders, attend regular schools. Unfortunately, it is still necessary to train educators to be able to deal with TEA, to increase the number of professionals for this purpose in schools, and to provide adequate infrastructure so that these children can have the stimulus necessary for their development. As long as there are no real investments in the inclusion of children with ASD in schools, many of them will be hampered, as an educator who is not trained to work with a child with ASD will not be able to help her in her development.

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