


**TEACHING STRATEGIES AND INTELLECTUAL REHABILITATION OF
CHILDREN WITH AUTISM SPECTRUM DISORDER****ESTRATÉGIAS DE ENSINO E REABILITAÇÃO INTELECTUAL DE CRIANÇAS
COM TRANSTORNO DO ESPECTRO AUTISTA****ESTRATEGIAS DE ENSEÑANZA Y REHABILITACIÓN INTELECTUAL DE
NIÑOS CON TRASTORNO DEL ESPECTRO AUTISTA** <https://doi.org/10.56238/sevened2025.022-007>**Ligiane Kruei Graber¹ and Marli Dallagnol Frison²****ABSTRACT**

This qualitative research, of the case study type, investigated the teaching strategies adopted in a Specialized Center for Intellectual, Physical and Visual Rehabilitation (CERIFV) and in a Basic Education school, with the objective of identifying those with pedagogical potential to favor the learning of school knowledge and analyzing its implications in the process of intellectual rehabilitation of children with Autism Spectrum Disorder (ASD). The production of the data involved observations, application of questionnaires and interviews with nine professionals working at CERIFV, as well as observations of classes taught by two teachers and a monitor in an Elementary School class that included a child with ASD. The data analysis, guided by the perspective of historical-cultural psychology, showed that understanding the singularities of children with ASD is fundamental for the construction of pedagogical practices that have meaning for students and teachers. The results highlight the relevance of personalized approaches and collaborative work between the school and specialized services as essential elements for the promotion of human development in its highest form, for the effectiveness of inclusion and for the qualification of educational processes.

Keywords: Learning. Human Development. Inclusion. Mediation.

RESUMO

Esta pesquisa qualitativa, do tipo estudo de caso, investigou as estratégias de ensino adotadas em um Centro Especializado de Reabilitação Intelectual, Física e Visual (CERIFV) e em uma escola de Educação Básica, com o objetivo de identificar aquelas com potencial pedagógico para favorecer a aprendizagem de conhecimentos escolares e

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analisar suas implicações no processo de reabilitação intelectual de crianças com Transtorno do Espectro Autista (TEA). A produção dos dados envolveu observações, aplicação de questionários e a realização de entrevistas com nove profissionais atuantes no CERIFV, bem como observações de aulas ministradas por duas professoras e uma monitora em uma turma do Ensino Fundamental que incluía uma criança com TEA. A análise dos dados, orientada pela perspectiva da psicologia histórico-cultural, evidenciou que a compreensão das singularidades das crianças com TEA é fundamental para a construção de práticas pedagógicas que tenham sentido para os estudantes e para o professor. Os resultados ressaltam a relevância de abordagens personalizadas e do trabalho colaborativo entre a escola e os serviços especializados como elementos essenciais para a promoção do desenvolvimento humano em sua forma mais elevada, para a efetivação da inclusão e para a qualificação dos processos educativos.

Palavras-chave: Aprendizagem. Desenvolvimento Humano. Inclusão. Mediação.

RESUMEN

Esta investigación cualitativa, del tipo estudio de caso, investigó las estrategias de enseñanza adoptadas en un Centro Especializado de Rehabilitación Intelectual, Física y Visual (CERIFV) y en una escuela de Educación Básica, con el objetivo de identificar aquellas con potencial pedagógico para favorecer el aprendizaje de conocimientos escolares y analizar sus implicaciones en el proceso de rehabilitación intelectual de niños con trastorno del espectro autista (TEA). La producción de datos incluyó observaciones, la aplicación de cuestionarios y la realización de entrevistas a nueve profesionales que trabajan en el CERIFV, así como observaciones de clases impartidas por dos profesoras y una monitora en una clase de educación primaria que incluía a un niño con TEA. El análisis de los datos, orientado desde la perspectiva de la psicología histórico-cultural, puso de manifiesto que la comprensión de las singularidades de los niños con TEA es fundamental para la construcción de prácticas pedagógicas que tengan sentido tanto para los estudiantes como para el profesor. Los resultados resaltan la relevancia de los enfoques personalizados y del trabajo colaborativo entre la escuela y los servicios especializados como elementos esenciales para promover el desarrollo humano en su forma más elevada, para la efectividad de la inclusión y para la cualificación de los procesos educativos.

Palabras clave: Aprendizaje. Desarrollo humano. Inclusión. Mediación.

INTRODUCTION

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by persistent changes in social communication, interaction with others, and repetitive and restricted behavior patterns. Early identification of the signs of ASD is essential for carrying out appropriate interventions that favor the child's integral development, expand their learning possibilities and contribute significantly to their quality of life.

Considering the importance of educational practices that respond to the specific needs of this public, this study aimed to investigate the teaching strategies adopted in a Specialized Center for Intellectual, Physical and Visual Rehabilitation (CERIFV) and in a Basic Education school, identifying those with pedagogical potential for the learning of school knowledge and analyzing their implications in the process of intellectual rehabilitation of children with ASD.

In recent years, the understanding of Autism Spectrum Disorder (ASD) throughout the life cycle – from childhood to adulthood – has expanded significantly, revealing the complexity of clinical manifestations at different stages of development. Studies such as those by Zeidan *et al.* (2022) and Kuhn, Levinson, and Udhmani (2021), emphasize that early diagnosis remains one of the main challenges faced, especially in contexts with low coverage of specialized services and limited professional training. During childhood, the recognition of spectrum signs can be hampered by variations in typical development, while in adolescence and adulthood the diagnosis tends to be postponed or even neglected, which compromises timely access to effective interventions (MASI *et al.*, 2022 GEORGE; STOKES, 2018).

Although public policies for inclusion and attention to neurodiversity have advanced in many countries, including Brazil, significant gaps still persist in the articulation between health, education, and social assistance services, hindering an integrated and continuous response to the needs of people with ASD (SCHMIDT; BOSA, 2020).

Researchers such as Pellicano and Den Houting (2021) warn of the risk of invisibility of adolescents and adults with autism in health care strategies, since most policies are centered on childhood. Thus, the effectiveness of public actions depends not only on the expansion of services, but also on the training of professionals capable of performing diagnostic evaluations sensitive to the sociocultural context and the specificities of the spectrum at each stage of life.

In this sense, the relevance of this study lies in the contribution that its results can offer to the advancement of knowledge about ASD, as well as in supporting the performance of CERIFV professionals, teachers and monitors of Basic Education. Its

importance is highlighted by the need to evaluate in a contextualized way the characteristics of the disorder and the approaches used in the teaching and learning processes.

The present study was developed in a Specialized Center for Intellectual, Physical and Visual Rehabilitation (CERIFV) and in a public school of basic education, both located in the Northwest region of the State of Rio Grande do Sul. CERIFV aims to provide specific support and assistance for children with ASD, seeking to identify their individual needs and develop personalized intermediation. 12 people participated in this research, one child with ASD, 7 health professionals who worked at CERIFV, 2 elementary school teachers, 1 monitor and 1 teacher in the Specialized Educational Service room.

The investigation was guided by the following question: What are the teaching strategies adopted in a Specialized Center for Intellectual, Physical and Visual Rehabilitation (CERIFV) and in a Basic Education school, which have pedagogical potential for the learning of school knowledge, and what are the implications in the intellectual rehabilitation process of children with Autism Spectrum Disorder (ASD)?

In view of this scenario, it is observed that, although there have been advances in the field of therapies and guidelines for the diagnosis of Autism Spectrum Disorder (ASD), there are still important gaps in terms of the articulation between the health and education sectors, as well as equitable access to effective pedagogical practices. In this sense, this research is necessary because it seeks to understand and analyze teaching strategies with pedagogical potential for children with ASD, contributing to the qualification of learning and development processes in the school context and in rehabilitation services. Next, the theoretical framework that underlies this investigation will be presented, based on the historical-cultural perspective and recent studies on autism in the different stages of human development.

LITERATURE REVIEW

Autism Spectrum Disorder (ASD) is defined by the presence of persistent deficits in the ability to initiate and maintain reciprocal social interactions, as well as in social communication. In addition, it is marked by patterns of behavior, interests, and activities that are characterized by their rigidity, repetition, and inflexibility, being considered atypical or excessive in relation to the individual's chronological age and sociocultural context. The onset of the disorder occurs in the developmental period, usually in the first years of life; however, the signs and symptoms may not become fully evident until later stages,

especially when the social demands outweigh the child's adaptive abilities (APA, 2014; SBP, 2019; PEREIRA *et al.*, 2020).

Leung *et al.* (2016) and Carvalho *et al.* (2025) highlight that understanding autism as a spectrum implies recognizing the wide variability in the way its characteristics manifest themselves in each individual. In this context, the authors exemplify that a child may present significant impairments in social communication, such as absence of verbal language and resistance to interaction with other children, while not demonstrating motor stereotypies, revealing a relatively adaptive and flexible behavior in the face of change. On the other hand, a child with the same diagnosis may have developed verbal language and preserved communicative skills, but exhibit extremely rigid behavior patterns, with intensely negative reactions to changes in routine or environment.

As highlighted by Carvalho *et al.* (2025), ASD deficits are severe enough to cause impairment in personal, family, social, educational, occupational, or other important areas of functioning, and are a generalized feature of the individual's functioning observable in all settings, although they may vary according to social, educational, or other context. As for gender-related issues, both the DSM-5 and the ICD-11 specify that men are four times more likely than women to be diagnosed with ASD (APA, 2013, 2014; WHO, 2019).

With the updates promoted by the Diagnostic and Statistical Manual of Mental Disorders – DSM-5 – (APA, 2014) and the International Classification of Diseases – ICD-11 – (WHO 2019), autism has come to be recognized as a single diagnostic condition, called Autism Spectrum Disorder (ASD) (KUHN; LEVINSON; UDHNANI, 2021; ZEIDAN *et al.*, 2022). This reformulation breaks with previously used fragmented classifications – such as childhood autism, Asperger's syndrome and pervasive developmental disorder – and proposes a dimensional understanding that encompasses the wide variability of clinical manifestations present in the spectrum. The heterogeneity of ASD is assessed based on different levels of support required, which vary according to the severity of impairments in the areas of communication, social interaction, and restrictive and repetitive behaviors, in addition to the presence of possible comorbidities.

The ICD-11 (WHO, 2019) emphasizes that the diagnosis should only be considered in the face of marked and persistent deviations in the competencies expected for the individual's age, degree of intellectual functioning, and sociocultural context. In this sense, it is essential to distinguish traits of typical development, such as shyness or inhibition in the face of new situations, from the clinical alterations typical of ASD. Kagan (1994) points out that behavioral inhibition is a temperamental trait and does not characterize, in isolation, a disorder. In addition, Vygotsky (2008) emphasizes that human development is profoundly

influenced by social interactions and the cultural environment, which reinforces the need for contextualized diagnostic evaluations, sensitive to the complexity of individual and social processes.

According to Pereira *et al.* (2020), an essential characteristic of ASD is the persistent impairment in the ability to understand and use, appropriately, language for social communication. Early language delay alone is not indicative of ASD and requires evidence of limited motivation for social communication and limited interaction skills. Most children with early language delay eventually acquire language skills similar to those of their peers of the same age. The age at which children acquire spoken language for the first time, and the rate at which their speech and language become steadily established, is variable.

Leung *et al.* (2016) add that cognitive and behavioral rigidity is also a central characteristic of children with ASD, who demonstrate resistance to changes in routine or activities, preferring repetitive and predictable tasks. Another characteristic that compromises the social communication of this child is impoverished eye contact or the absence of gaze support, one of the bases of the development of children with ASD.

For Montazeri *et al.* (2022), when children with autism do not receive the necessary stimulation or when their diagnosis is delayed, it is essential to identify the core symptoms of ASD as a relevant starting point with a focus on the development of effective and individualized therapeutic interventions. The same authors explain that, in order not to miss teaching opportunities and generate consequences in adult life, it is necessary to understand the characteristics and address the specific challenges faced by the individual with ASD. This can help healthcare professionals offer support to promote growth and development in important areas of life.

ASD can manifest itself in any age group, including adulthood, but it is a permanent condition, whose characteristics and impacts can vary according to age, such as cognitive and language skills, the presence of other associated conditions, and the environment in which the person is inserted. Restricted and repetitive behaviors occur especially during school and adolescence, and the repetitive sensorimotor behaviors of ASD generally tend to persist throughout life, but become less frequent and less intense (SBP, 2019; LEUNG *et al.*, 2016; CARVALHO *et al.*, 2025).

In Brazil, the reality of diagnosis and therapeutic intervention for autism presents a combination of advances and challenges. Based on what ICD 11 defines as repetitive and stereotyped behaviors in ASD as part of typical development, it is observed that many children go through phases of repetitive play and highly focused interests. However, there needs to be evidence of impairments in interaction and social communication, since

behaviors characterized by repetition, rigidity of routines, or restricted interests alone are not enough to indicate the presence of Autism Spectrum Disorder (ASD) (CARVALHO *et al.*, 2025).

According to Sandri *et al.* (2024), the Unified Health System (SUS) and the private sector offer a series of therapies, but the integration between health, education and the adequacy of services to local needs still need improvement. Although there are several best practices, such as Applied Behavior Analysis (ABA) and the Treatment and Education of Autistic and Communication-Handicapped Children (TEACCH) method, the application of these approaches can be limited by inequality in access to specialized services and variability in the quality of care.

In view of these challenges related to the articulation between health and education services and the effectiveness of practices aimed at the care of children with ASD, it became necessary to investigate, in a more in-depth way, the teaching strategies that have been effectively developed in educational and therapeutic contexts. To this end, this research adopted a qualitative approach, guided by the case study method, in order to understand, in depth, the pedagogical practices developed in a Specialized Center for Intellectual, Physical and Visual Rehabilitation (CERIFV) and in a Basic Education school. The methodological procedures adopted, the instruments used for the production of data and the criteria that guided the analysis of the information produced are presented below.

METHODOLOGY

This research adopts a qualitative approach, based on the conception of Lüdke and André (2013), according to which knowledge is socially constructed from the daily interactions of subjects with reality, in a dialectical movement of mutual transformation. The authors highlight that the main focus of the qualitative investigation is on the subjective universe of the participants: the meanings they attribute to their experiences, their forms of expression, cultural productions and social interactions, thus constituting the central nuclei of interest for the researcher.

The chosen research method is the case study, which enables an in-depth analysis of educational phenomena in their natural contexts of occurrence (LÜDKE; ANDRÉ, 2013). Sátyro and D'Albuquerque (2020) add that this approach allows for a thorough examination of specific contexts, temporally delimited through in-depth data collection and the articulation of multiple sources of evidence, contributing to the construction of detailed knowledge about the case and its complex dimensions.

The present study was developed in a Specialized Center for Intellectual, Physical and Visual Rehabilitation (CERIFV) and in a public school of basic education, both located in the Northwest region of the State of Rio Grande do Sul. 12 people participated in this research: i) a child in the age group of 8 years, diagnosed with Autism Spectrum Disorder (ASD), enrolled in a municipal public school located in the Northwest of the State of Rio Grande do Sul, and attended by the multidisciplinary team of CERIFV; ii) 7 health professionals who work in this Center, among them one of the authors of this text; iii) 2 teachers who work with the class of students in which the child with ASD is enrolled; iv) 1 monitor who accompanied the student with autism during the development of the classes; and v) 1 teacher in the Specialized Educational Service room).

The data production, carried out in 2024, consisted of the application of a questionnaire, via Google Forms, with ten open questions on issues related to the psychic development of children with ASD. This article analyzes the answers to four specific questions asked to the professionals who care for children with ASD at CERIFV: i. Name and briefly describe three characteristics that help you in the process of recognizing Autism Spectrum Disorder in children who are received at CERIFV; ii. How is the planning and strategies you use in the care of children with ASD? Iii. How is the follow-up of the child with ASD, in terms of intellectual development, by the professional who works at CERIFV; and iv. What referrals are made to the family or school based on the results obtained during the follow-up of the child with ASD?

For identification purposes, the questionnaires were numbered, and the participants' answers were identified by the letter 'P', followed by the corresponding number (e.g., P1, P2, P3...). The school's teachers were identified by the letter 'P', followed by the letter 'E' and the corresponding number (e.g., PE1, PE2). For the organization of the data, we followed the theoretical assumptions of Discursive Textual Analysis (DTA), as proposed by Moraes and Galiuzzi (2016). According to these authors, ATD does not treat the context investigated as something ready to be simply described and interpreted. On the contrary, it is seen as a research procedure that helps to interpret the discourses in qualitative research and involves the realization of the stages of unitarization, categorization and capture of the new emerging in *the textual corpus* of the empirical material. According to Gonçalves (2023), ATD allows for an in-depth understanding of discursive practices in different educational contexts.

The interpretation of the data was carried out in the light of the theoretical framework that underlies this study, in dialogue with the contributions of authors such as Vygotsky

(2007, 2008), Leontiev (2004) and others, who address child development, social interaction and pedagogical strategies for children with ASD.

The data analysis procedure was guided by specific questions that will be presented sequentially throughout this text. All research participants signed the Informed Consent Registry (ICR), and, in the case of the participating child, the Informed Consent Registry (RALE) was also signed. These documents are essential to ensure ethics and legality in research protocols involving human beings.

We also recognize the importance of the contributions of Marafon and Santos (2024), which highlight the uniqueness with which people with Autism Spectrum Disorder experience and perceive the world. In the light of this theoretical framework assumed by the authors, we share some discussions about possible teaching strategies with pedagogical potential for the learning of school knowledge, as well as their implications in the process of intellectual rehabilitation of children with ASD in the specific context of the research.

ANALYSIS AND DISCUSSION OF THE RESULTS

The analysis of the data reveals, in general, that the professionals involved in this research – both from the Specialized Reference Center for Childhood and Family (CERIFV) and from the school – understand these spaces as fundamental social contexts for the constitution of the child with Autism Spectrum Disorder (ASD). By recognizing in these environments opportunities for interaction, mediation and development, they reaffirm the centrality of the relational dimension in the processes of learning and subjective formation.

This understanding is manifested in an articulated way in the answers to the questionnaire applied, whose analysis was organized into three sub-items, corresponding to the four questions investigated. The **first sub-item**, entitled *"Between Evidence and Experience: The Recognition of ASD in Everyday Practice"*, analyzes the answers to the question *"Name and describe, succinctly, three characteristics that help you in the process of recognizing Autism Spectrum Disorder in children who are received at CERIFV"*. The **second sub-item**, called *"From Planning to Mediation: Strategies in the Care and Development of Children with ASD"*, refers to the question *"How is the planning and strategies you use in the care of children with ASD?"* The **third sub-item**, entitled *"Between Accompanying and Forwarding: Interfaces between CERIFV, Family and School in the Human Development Process"*, includes the joint analysis of the answers to the last two questions: *"How is the monitoring of children with ASD carried out, in terms of intellectual development, by the professional who works at CERIFV?"* and *"What referrals are made to the family or school based on the results obtained during the follow-up of the child with*

ASD?" Next, each of these aspects will be discussed based on the data produced, evidencing the meanings attributed by the professionals to their practices and the relationships they establish with the children, their families and the school community.

BETWEEN EVIDENCE AND EXPERIENCE: THE RECOGNITION OF ASD IN EVERYDAY PRACTICE

From the question that asked the professionals to identify three characteristics that help in the recognition of Autism Spectrum Disorder (ASD) in children assisted by CERIFV, elements emerged in the answers that evidence the articulation between technical observation and daily experience in specialized care. The professionals highlighted, among other aspects, difficulties in communication, absence or infrequency of eye contact, irritability behaviors in the face of environmental stimuli, motor and sensory agitation, as well as delays in speech development and access to basic skills compatible with the age group. These observations, exemplified by statements such as: "*communication difficulties, little or absence of eye contact, irritability for staying in the same environment, among others...*" (P1); "*recognition of basic skills according to their age group, motor/sensory agitation and delay in speech development*" (P4); and "*identification of basic cognitive skills, which can be cited as support for eye contact, interaction, playing*" (P6), reveal how the recognition of ASD is based on sensitive indications, mediated by attentive listening and professional practice anchored in experience and continuous education.

Such manifestations show a careful look at the behavioral and communicative expressions of children, signaling signs often associated with the diagnosis of ASD. In the light, however, of historical-cultural psychology – especially the contributions of Vygotsky (2008) and Leontiev (2004) – it is essential to broaden this reading beyond a logic centered on deficit or closed diagnoses. For Vygotsky (2008), child development occurs in social interactions mediated by cultural instruments and language, which implies considering each manifestation within the context in which it occurs. Leontiev (2004), in turn, emphasizes that human activity is always guided by motives and objectives, with play, communication and imitation being privileged forms of appropriation of reality and constitution of consciousness.

In this sense, the signs mentioned by the professionals should not be understood only as isolated clinical signs, but as expressions of the way in which these children are constituted in relation to the social and educational contexts they attend – contexts that can both favor and restrict their active participation and development. The identification of ASD, therefore, must consider the child in its entirety, in its dynamic relationship with others, with cultural objects and with the possibilities of development that these environments offer.

The school teachers who welcomed the child with ASD also share perceptions that confirm and complement this view. Teacher PE1 observes: "*Difficulty in relating, concentrating and learning*", while teacher PE2 points out: "*Difficulty in playing with other children, changes in speech and agitation*". Such observations highlight the challenges faced by children with ASD in the field of social interaction – both verbal and non-verbal – which directly impacts the construction of affective bonds, participation in collective activities and the learning process.

In a situation observed during a collective reading class, for example, the child remained oblivious to the group dynamics, sitting in isolation and having difficulties to follow the explanations, which compromised his understanding of the content.

Teacher PE2 adds: "*Children with ASD don't like to make records in their notebooks, they choose some classmates to socialize, they don't like noise.*" Her speech reveals aspects of selectivity in social interactions and sensory sensitivity that interfere both in socialization and in the performance of school activities. The choice of specific partners to interact with, the discomfort with sound stimuli and the refusal to make certain records, indicate the need for pedagogical strategies that are more sensitive to the particularities of each child.

In this way, it becomes evident that the constitution of the child with ASD does not occur in isolation, but through the relationships he establishes with adults, classmates and the school environment. As Wallon (2007) reinforces, child development is global and relational, integrating motor skills, emotion and cognition. Thus, the challenges pointed out by CERIFV professionals and school teachers should not be seen as insurmountable barriers, but as invitations to the construction of inclusive educational practices that favor active participation, the development of higher psychological functions and the unique expression of each subject.

FROM PLANNING TO MEDIATION: STRATEGIES IN THE CARE AND DEVELOPMENT OF CHILDREN WITH ASD

Continuing the data analysis and considering the professionals' perception of CERIFV and the school as contexts that favor the social constitution of children with Autism Spectrum Disorder (ASD), the following question was introduced: *How is the planning and strategies you use in the care of children with ASD?* The answers revealed different approaches, reflecting both the theoretical foundations that support each professional area and the specific ways of acting in the child development process.

P1, who works at CERIFV, describes a practice based on active listening and clinical observation:

Using anamnesis with caregivers and clinical observation, it is possible to identify aspects related to development that present deficits, whether in basic skills, cognitive or executive functions [...]. From this identification of demand, it is possible to trace the STP [...] with objective instructions and rules, eye contact, organized environment, positive reinforcement and use of playful resources.

Although the discourse is based on a diagnostic perspective centered on the identification of deficits, the professional's effort to build an intentional, structured and responsive therapeutic environment is noted, which values playful strategies and positive reinforcements as a way to enhance development. From the perspective of historical-cultural psychology, especially in the contributions of Vygotsky (2007), this type of intermediation can be understood as the creation of zones of proximal development – spaces in which, through interaction with the other and the use of cultural tools, the child is mobilized to advance beyond his current level of development. The clarity in the instructions and the care with the organization of the environment reveal a sensitive understanding of the importance of intermediation for the subjective constitution of the child with ASD. P2, on the other hand, highlights a complementary dimension of planning: *"Specialized listening is carried out with parents, followed by social assessment in order to identify vulnerabilities, enable the guarantee of the user's rights and make the necessary referrals"*.

Although succinct, the answer shows the focus of action on the social dimension and on the contextual determinants of development. The professional's view transcends the individualized subject and recognizes that access to rights, family stability and institutional support are fundamental elements for creating favorable conditions for learning and development.

These manifestations show an understanding of the professionals that dialogues directly with the foundations of historical-cultural psychology. Leontiev (2004) states that human activity is inseparable from the social and material contexts in which it takes place, which implies recognizing that the development of children with ASD is deeply linked to concrete living conditions and opportunities for social participation. Thus, ensuring access to public policies, services and resources is not only a care measure, but a direct intervention in the processes of subjective constitution and human development of these children.

In this sense, Vygotsky (2007, p. 112) points out that "learning is not a separate and independent process from development, but a universal and necessary aspect of the process of development of psychological functions". In addition, the author states that "the development of thought and language is intrinsically linked to the social context, being mediated by interactions with other individuals, which is fundamental for the constitution of consciousness and the cognitive process" (VYGOTSKY, 2008, p. 167). These conceptions reinforce the importance of intentionally organized educational strategies as well as collaborative work between different areas of activity, as a fundamental condition to promote learning and rehabilitation of children with ASD.

This understanding also appears in the statements of the professionals participating in the research, as exemplified by the statement of P3, when she states: "Starting with the favoring of basic skills, especially motor imitation followed by verbal imitation, thinking about the acquisition of linguistic skills (with emphasis on the pragmatic skill that is lagging in patients with ASD)." This statement evidences the intentionality of the pedagogical and therapeutic work aimed at the integral development of the child through the mediation of higher psychological functions, such as language, thought and attention.

The emphasis on imitation – both motor and verbal – is in line with Vygotsky's conceptions, which understands imitation as an essential mechanism for the internalization of higher psychological functions. By prioritizing the development of pragmatic language, the professional reveals concern with the functional use of language as an instrument of communication, human constitution and social interaction, and not only as a formal skill. Such an understanding is central in historical-cultural psychology, which considers language to be a constitutive element of thought and consciousness, always developing in the relationship with the other.

In the school environment, the teachers were unanimous in highlighting the importance of articulation with the family and with the support network as a starting point for the elaboration of strategies. PE1 expresses that "*Talk to the family to refer the child for an evaluation with a health professional*".

This data points to the recognition, on the part of the school, of the need for joint action with those responsible and with specialized services. The continuous dialogue with the family and the search for intersectoral collaboration – involving health, social assistance and other professionals – configure an integrated network that strengthens the possibilities of inclusion and favors the integral development of the child.

Also noteworthy is the contribution of P5, linked to CERIFV, whose approach is based on a thorough evaluation of sensory, motor and functional skills. Its planning begins

with anamnesis with parents and application of instruments, such as the Sensory Profile II, the SPM, the Portage and the clinical observation *checklist*, with the objective of identifying sensory dysregulations, motor coordination difficulties and limitations in activities of daily living (ADLs).

The scientific literature supports the importance of this type of evaluation. Dunn (1997) highlights that the use of sensory measurement instruments allows the identification of specific patterns of sensory processing, favoring a more accurate understanding of the difficulties faced by children with ASD. Parham *et al.* (2011) reinforce that interventions based on sensory integration contribute significantly to the improvement of self-regulation, attention and engagement. Pfeiffer *et al.* (2011), in turn, highlight that strategies adjusted to individual needs promote advances in occupational performance and quality of life, encouraging the child's autonomy and social participation.

In general, the answers analyzed point to a broader conception of the child with ASD as a subject in the process of development, whose potentialities emerge from interactions with attentive, qualified adults who are sensitive to their specificities. The plans and strategies reported reveal interdisciplinary practices that, although distinct, converge in a common purpose: to create favorable conditions for the child to appropriate increasingly complex ways of acting, thinking and interacting. It is, therefore, a continuous movement to expand its possibilities of social participation, autonomy and integral development.

BETWEEN ACCOMPANYING AND FORWARDING: INTERFACES BETWEEN CERIFV, FAMILY AND SCHOOL IN THE HUMAN DEVELOPMENT PROCESS

In the course of this research, we sought to understand how CERIFV professionals monitor the development of children with ASD, considering the intellectual aspects and the referrals made with the family and the school. The participants' answers reveal different forms of follow-up that articulate collaborative practices, continuous evaluation and affective bonds as central elements of the intervention process. The follow-up is not limited to the individual observation of the child, but constitutes an integrated and dialogical work with the others involved in their development trajectory.

Participant P6, for example, reports that "*follow-up occurs weekly, always enabling contact and exchanges with parents and schools if the need arises*", evidencing the commitment to a performance that goes beyond the limits of clinical care and extends to the construction of a support network. This perspective reinforces the importance of constant communication between professionals, families and educators, creating conditions for the implementation of inclusive practices that are responsive to the child's needs.

This answer highlights the importance of continuity in care and articulation with the child's broader contexts: family and school. Weekly follow-up, combined with dialogue with adults who live directly with the child, demonstrates an understanding that the development of the subject with ASD does not occur in isolation, but in networks of interaction and support. According to Oliveiras (2020), interdisciplinary work and strengthening the bond with the different environments in which the child lives are essential to ensure more effective intermediation and interventions that are coherent with the needs of the child with ASD. In addition, this position is in line with the historical-cultural perspective, which recognizes the importance of social mediation and the joint construction of knowledge and subjectivity.

Participant P2 complements this view by stating: *"Through the achievement of the bond with the patient, appropriate evaluations and interventions are carried out, and conducts are discussed as a team, with parents and with the support network."* This statement highlights the bond as a starting point for follow-up and intervention. The establishment of the affective relationship is, according to Kanner (1956) and, more recently, Amaral and Bosa (2015), one of the greatest initial difficulties in working with children with ASD, but it is also one of the most powerful elements to enable advances in development. The construction of this bond is not only affective, but also structuring for listening, trust, and openness to learning. By valuing listening and networking, P2 reinforces a practice centered on the uniqueness of the subject and on the shared responsibility between professionals and adults who participate in the child's daily life.

Participant P7, on the other hand, highlights the importance of continuous and diversified evaluation by stating: *"Through quantitative and qualitative evaluations, of the Evaluation Protocols, such as TGMD-2, but mainly through observational and subjective evaluations, in which it is possible to analyze the changes, the skills that have been acquired, those that are in the acquisition period, as well as those that still need stimuli for their development"*.

This response demonstrates a more systematic understanding of follow-up, integrating measurable data with subjective and procedural assessments. The use of protocols such as the TGMD-2 (Test of Gross Motor Development) reveals the care with motor aspects that are often compromised in children with ASD and directly impact their participation in social and school activities. In addition, the valorization of observational and subjective assessments refers to the approach advocated by authors such as Klin, Volkmar and Sparrow (2000), who highlight the importance of observing behavior in natural contexts for a more reliable understanding of the development and needs of children with ASD.

Therefore, the three manifestations show that the monitoring of the development of children with ASD at CEFIV is carried out in a continuous, interactive and multidimensional way. The construction of bonds, attentive listening, articulation between professionals and families, and the use of multiple evaluations are strategies that seek to respect the uniqueness of each subject, promoting favorable environments for the development of their potential.

These elements, analyzed in the light of historical-cultural psychology and the specific contributions of the literature on ASD, evidence practices that understand the child in its entirety, considering the intertwining between affective, cognitive, social and cultural dimensions. From this perspective, the professionals' work goes beyond the identification of clinical signs and is guided by sensitive listening and the construction of bonds that favor the child's integral development. Continuing the analysis, the issue related to referrals made to the family or school stands out. This question was based on the understanding that the school constitutes, as defended by historical-cultural psychology – especially by Vygotsky – a privileged space-time for the development of higher psychological functions, and should therefore act in articulation with the other contexts of the child's life. The participants' responses reveal practices aimed at the collective construction of strategies, the sharing of information between the different actors involved and the promotion of continuity of care beyond formal therapeutic spaces.

Participant P7 highlighted: *"Conversations and feedback are held with both the family and the school about the child's development. Seeking to jointly analyze and align the conducts so that performance and results are achieved. As well as, when there is a need for the individual's discharge, family members and the school are guided as to the results achieved, the skills acquired and the continuity of care for these individuals at home and at school."* The statement highlights the importance of continuous dialogue with the adults who live with the child, recognizing them as co-authors of the development process. This posture is deeply aligned with the perspective of Vygotsky (2007), when he states that development occurs mediated by cultural instruments and signs and that the adult has a central role as an intermediary in the zones of proximal development. By guiding and involving school and family in the process, the professional expands the scope of their interventions, ensuring that the advances achieved in therapeutic contexts can expand and consolidate in the child's daily social practices.

Participant P1 complements this approach by stating: *"Orientations are carried out, case discussion is carried out in meetings both in the team and with the school body or with family members. These moments of meeting and orientation aim to understand and assist*

in the improvement of behaviors, making it possible to trace paths and interventions". This answer emphasizes the importance of teamwork and meetings as spaces for joint analysis of the child's needs.

Leontiev (2004) helps us understand this process by highlighting that human development takes place in activity guided by a goal and mediated by cultural and collective tools. By discussing cases with different agents (professionals, teachers, family members), it is possible to set common goals and organize activities that make sense to the child, respecting their history and possibilities. In addition, this practice dialogues with the conception of Henri Wallon (2007), who states that development is always global and depends on an integrated understanding between emotion, cognition and motor skills. Shared guidance enables precisely this integrated view of the child, avoiding fragmented interventions.

Participant P2, in turn, adds: *"Individualized opinions are prepared for each area in which the patient performs care, a multidisciplinary report, meetings and, if necessary, visits"*. This practice reveals a concern with the recording and systematization of follow-up data, ensuring that information about the child's development circulates in an accessible way among the various professionals and educational contexts. The preparation of opinions and reports, in addition to being a technical instrument, constitutes an ethical practice, as it allows the child to be monitored with continuity and coherence between the various instances that serve him.

The conduct of articulation between specialized services and the regular school, highlighted by the participants of this research, is supported by the literature on the inclusion of children with ASD (SCHWARTZMAN, 2011; MANTOAN, 2015). These authors emphasize that the construction of truly inclusive practices depends on the co-responsibility between the different agents involved in the educational process – health professionals, education professionals and families. Thus, the referrals made to the family and the school are understood as fundamental to ensure the continuity, coherence and effectiveness of actions aimed at the integral development of children with ASD.

This understanding dialogues with the assumptions of historical-cultural psychology, as expressed by Leontiev (2004, p. 81) when he states that "the development of the human psyche is conditioned by specifically human forms of activity, which develop historically and only exist in a system of social relations". It is, therefore, in the articulation between different educational and therapeutic spaces – when based on dialogue, listening and cooperation – that environments conducive to the promotion of human development are created.

These actions, by being based on ethical and collective principles, reaffirm that the care and education of children with ASD should not occur in an isolated or fragmented way. On the contrary, they require a shared commitment between the various contexts of action, promoting inclusive practices that respect the uniqueness of the child and expand their possibilities of learning, interaction and social participation.

CONCLUSION

The data analysis showed that the CERIFV and school professionals participating in this research understand their practices as crossed by an ethical, relational and formative commitment towards children with Autism Spectrum Disorder (ASD). Recognizing the CERIFV and the school as social contexts that mediate human development implies assuming that the processes of learning, recognition of specificities and construction of service strategies are historically constituted and take place in dialogue with the subjects and with the relationships they establish among themselves.

When it comes to the development and learning of students with ASD, it is essential to adopt a sensitive and attentive look at the uniqueness of each child. Knowing the student, identifying their specific characteristics and understanding their ways of interacting with the world are fundamental aspects for professional and pedagogical practice. The analyzed reports show that the recognition of ASD does not occur in an isolated or only diagnostic way, but emerges from active listening, daily observations and the bond built with the child and his family. Likewise, the planning of interventions and the monitoring of intellectual development are articulated with mediating practices that aim to enhance children's capacities, respecting their time, their context and their concrete learning possibilities.

This study sought to be based mainly on the contributions of historical-cultural psychology, based on authors such as Vygotsky, Leontiev, Smolka and Wallon. The analyses reaffirm the centrality of the relational dimension in the process of human development, understood as a phenomenon mediated by social practices, language and culture. In this sense, the importance of articulation between the different actors involved – family, school and CERIFV team – in the constitution of an effective support network, committed to the integral formation of the child, was highlighted.

As for the general objective of the research, the results point to the relevance of understanding the pedagogical approaches, strategies and actions used in the spaces intended for the care of children with ASD, evaluating their potential in the learning process and analyzing their implications in the intellectual rehabilitation of these children. It was



found that the professionals involved use various means to monitor the development and learning of students, through a multidisciplinary approach that articulates personalized and integrated actions. Active listening to families, collaboration with school teachers and the construction of individualized strategies proved to be central to ensuring significant advances in the inclusion process.

In view of the growing number of diagnoses of ASD and the diversity of manifestations in different age groups, the topic has become the object of study in several areas of knowledge. By better understanding the teaching strategies that promote the learning and development of children with ASD, it is possible to qualify the educational services offered, promoting more effective inclusion and more consistent support for children and their families.

This study aims to contribute to the advancement of knowledge about the teaching and learning of children with ASD. Although the scientific production on the inclusion of students with autism in regular schools has increased, there is a need to expand studies that specifically deal with pedagogical practices in dialogue with didactic proposals, in order to strengthen educational actions and the rights to integral development of these subjects.

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