

Perception of teachers of students with autism spectrum disorder about educational inclusion

Percepção de professores de alunos com transtorno do espectro autista acerca da inclusão educacional

Percepción de docentes de estudiantes con trastorno del espectro autista sobre inclusión educativa

Received: 28/10/2019

Approved: 15/03/2020

Published: 01/08/2020

Maria Ângela Favero-Nunes¹

Jussara da Nóbrega Silva²

Gabriela Machado Carvalho³

Nilson Nunes Anjos⁴

This study aimed to understand the perception of private elementary school teachers about the educational inclusion of students with Autism Spectrum Disorder. This is a qualitative study with a psychoanalytical framework, conducted from an interview with a guiding script, with nine teachers from the Ribeirão Preto-SP, Brazil region in the first half of 2018. Three categories emerged: *Knowing the different: the disturbing stranger*; *Prepare for the challenge: training and support at school*; and, *A look that expands: the perception of the role of the family*. The search for knowledge of teachers in the face of the disorder, technical preparation and support from the school; the perception of the role of the family stood out. However, the impotence experienced in many situations involving educational inclusion is considered. Guidance to family members was mentioned as essential so that teachers could perform their educational role, seeking to support each other in the challenge of inclusion in the school context. As for technical preparation, they were assessed as not prepared due to the lack of specialization, indicating supervision with the trained team as a resource as a means of coping for the better insertion of these students.

Descriptors: Faculty; Mainstreaming (Education); Psychoanalysis; Autism spectrum disorder.

Este estudo teve como objetivo conhecer a percepção de professores do Ensino Fundamental privado acerca da inclusão educacional de alunos com o Transtorno do Espectro Autista. Trata-se de um estudo qualitativo com referencial psicanalítico, realizado a partir de entrevista com roteiro norteador, com nove professores da região de Ribeirão Preto-SP no primeiro semestre de 2018. Três categorias emergiram: *Conhecer o diferente: o inquietante estranho*; *Preparar-se para o desafio: a formação e o apoio no âmbito escolar*; e, *Um olhar que amplia: a percepção do papel da família*. Destacaram-se a busca de conhecimento dos docentes diante do transtorno, o preparo técnico e apoio da escola; e, a percepção do papel da família. Mas, pondera-se a impotência vivida em muitas situações que envolvem a inclusão educacional. Mencionou-se a orientação aos familiares como fundamental para que os professores pudessem desempenhar sua função educativa, buscando apoiarem-se mutuamente no desafio da inclusão no contexto escolar. Quanto ao preparo técnico, avaliaram-se não preparados devido à falta de especialização, indicando a supervisão junto à equipe capacitada como recurso como modo de enfrentamento para a melhor inserção destes alunos.

Descritores: Docentes; Inclusão educacional; Psicanálise; Transtorno do espectro autista.

Este estudio tuvo como objetivo comprender la percepción de los maestros de la Educación Primaria de escuelas privadas sobre la inclusión educativa de los estudiantes con Trastorno del Espectro Autista. Este es un estudio cualitativo con un marco psicoanalítico, realizado a partir de una guía de entrevista, con nueve maestros de la región de Ribeirão Preto-SP, Brasil en la primera mitad de 2018. Surgieron tres categorías: *Conocer lo diferente: lo extraño inquietante*; *Prepararse para el desafío: capacitación y el apoyo en entorno escolar*; y, *Una mirada que se expande: la percepción del rol de la familia*. Se destacó la búsqueda de conocimiento de los docentes ante el trastorno, la preparación técnica y el apoyo de la escuela; a percepción del papel de la familia. Sin embargo, se considera la impotencia experimentada en muchas situaciones que involucran inclusión educativa. La orientación para los miembros de la familia se mencionó como esencial para que los maestros puedan desempeñar su función educativa, buscando apoyarse mutuamente en el desafío de la inclusión en el contexto escolar. En cuanto a la preparación técnica, los profesores se evaluaron como inaptos debido a la falta de especialización, indicando la supervisión con el equipo capacitado como un recurso, como un medio para hacer frente a la mejor inserción de estos estudiantes.

Descriptores: Docentes; Propensión (Educación); Psicoanálisis; Transtorno del espectro autista.

1. Psychologist. Master in Psychology. PhD in Clinical Psychology. Professor at Universidade Paulista (UNIP), Ribeirão Preto, SP, Brazil. ORCID: 0000-0002-0852-2538 E-mail: maria.nunes@docente.unip.br

2. Psychologist. Specializing in Neuropsychology in the Faculdade Metropolitana. Specializing in Psychotherapy of Couple and Family of Psychoanalytic Orientation in the UNIP. Ribeirão Preto, SP, Brazil. ORCID: 0000-0002-7017-3308 E-mail: saranobrega26@yahoo.com

3. Psychologist. Ribeirão Preto, SP, Brasil. ORCID: 0000-0003-1351-1937 E-mail gabrielamachado98@hotmail.com

4. Psychologist. Ribeirão Preto, SP, Brasil. ORCID: 0000-0002-4772-9785 E-mail nilsonnunes@live.com

INTRODUCTION

The Autistic Spectrum Disorder (ASD) was recently classified as a Neurodevelopmental Disorder causing communication and social interaction deficits in children, who manifest restricted and repetitive patterns of behavior, interests or activities¹. In addition, the disorder appears early in childhood, causing significant impairment in social functioning and intellectual disability presents itself in important areas of life as a comorbidity in most cases. The most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) merged autistic disorder, Asperger's disorder and global developmental disorder within the framework of ASD¹.

Severity levels for ASD range from a child who requires very substantial support, when there are severe deficits in verbal and non-verbal communication skills, among others, to children who require mild support, who have difficulties in initiating social interactions. Because the manifestations of the disorder vary greatly depending on the severity of this condition, the level of development and age, the term "spectrum" was chosen. Taking into account the pervasive, diffuse characteristic of this disorder, affecting development as a whole, in its aspects of communication, behavior and social interaction, it can be considered the most severe psychopathology of childhood¹.

The word "autism" first appeared as a characteristic of the schizophrenic condition². Then came the Dick case presented by Melanie Klein as a boy with very peculiar characteristics, which suggested features of what is now known as ASD³. Kanner reported the study of eleven children with a combination of characteristics that involved extreme isolation from a very young age, an inability to use language in an understandable way and an insistence on repetitive attitudes⁴, differentiating early childhood autism from intellectual disability. Beginning with Kanner's 1943 description of early childhood autism syndrome, studies have been conducted interspersed with diversity regarding the etiological issue⁵⁻⁹.

Since the 1970s, it was considered essential to distinguish psychoses initiated in childhood from those that emerged later¹⁰. From a medical point of view, autism is diagnosed based on clinically observed symptoms related to the lack of quantifiable biochemical and neurological signs¹¹. It is an organic view, which does not consider psychological aspects as possible factors that contribute to the situation.

In the autism clinic, professionals who consider the dynamism of facts and psychological phenomena recognize that such disorders cannot be attributed to purely psychogenic causes^{8,9}. It is difficult to separate organic, metabolic and psychogenic factors, and it is unfortunate that psychodynamicists and organicists are on opposite sides. It is recognized that detailed records of psychotherapeutic work with these children can assist organicists in directing their efforts, and, likewise, the latter with their knowledge could help psychotherapists to be more cautious in their conclusions⁸.

The frequency of cases of ASD in recent years has reached 1% of the population in the USA and other countries¹. Although higher rates may reflect the expansion of DSM-V's diagnostic criteria, it should be noted that this correlation has not yet been described, as it includes subliminal cases of the disorder. Other factors such as greater awareness regarding TEA, differences in the methodology of the studies and an increase in the actual frequency of the disorder may occur¹.

A recent study found that fathers and mothers of children with ASD tended to be over-protected¹² and uncertainties regarding their child's future are reported from older to current Brazilian publications¹²⁻¹⁴. Raising children with ASD brings many challenges to parents, among them, those concerning self and heteroaggressive behaviors and doubts about schooling^{13,14} in addition to requiring total dedication to the care that the child needs¹², especially experienced by part of mothers^{13,14}.

There has been a growing concern about the insertion of children with ASD in social and

educational contexts. A recent study¹⁵ indicates that autism is a condition little known by teachers who feel unprepared to educate children with ASD, showing the importance of continuing education to better prepare teachers to work in inclusive classes. Children with ASD have come to schools and need a place and a school system that can accommodate their educational needs. There has been a great demand for children with ASD enrolled in regular schools, as well as the need for help for teachers who assume the education of a child with ASD in the classroom, considering the breadth of the spectrum in terms of the severity of cases. There is a lack of rules or formulas to deal with students with ASD, given the diversity in the disorder^{15,16}.

A study reports the defense of the clinic of psychoanalytic orientation in educational sciences¹⁷. A fundamental balance was woven into the work of the teams in Brazil and France regarding the inclusion of students with serious psychological problems, the training of teachers and the desire to know students in this condition. Such debate was inscribed in the research field of the intersections between psychoanalysis and education, defending the use of the old expression “psychic problems” instead of “children with special educational needs” to signal opposition to the massive presence of medical discourse in area of education¹⁸.

With regard to the field of care aimed at professionals involved in the process of school inclusion, the identification of conditions that preserve the educator from professional depression in the face of the heavy and complex work of school inclusion is highlighted. This theme is hardly addressed in the area that refers to the place of the desire to know in the schooling of children with serious psychological problems, as one can think in the case of ASD, especially the importance of looking from the perspective of the student himself and your desire in that context¹⁸.

A study from the psychoanalytic perspective¹⁹ sought to know the perception of the teacher and the tutor regarding the school inclusion of children with ASD reflecting on the intentionality of the pedagogical discourses, considering the tendency to produce repetitions as a possible defense in the face of anguish provoked by the different, so that the perceptions enunciated evidenced the feeling of anguish of the interviewees regarding the school inclusion of children with autism in regular education¹⁹.

Considering the reality of the education professional and the difficulties faced, the aim of this study was to understand the perception of private elementary school teachers about the educational inclusion of students with Autism Spectrum Disorder.

METHOD

This is a qualitative study carried out during the first semester of 2018 with elementary school teachers from private schools in three cities in the Ribeirão Preto-SP region, schools chosen due to the geographical proximity of each of the student-researchers involved. The initial contact was made with the school principals via telephone or email. Next, meetings were scheduled with them when the research project was presented.

With the consent of the director, he indicated the teacher available for the interview. The criterion for inclusion of the teacher was to have had experience with the educational inclusion process of children with ASD or to be in that process at the present time. In addition, the teacher who agreed to participate showed his consent by signing the Free and Informed Consent Form. Data collection was carried out through individual interviews collected in person, recorded in audio and transcribed in full later. The interviews were scheduled based on the participant's availability and lasted an average of thirty minutes.

A guiding script for the semi-structured interview was elaborated, with the characterization of the participants as to the time of training and experience in teaching, and questions dealing with: the information of teachers concerning the ASD about characteristic signs; the inclusion of these children in the classroom and the teachers' attitudes; how the teacher analyzed inclusion based on that student's learning, the relationship with peers and the

dynamics in the classroom; how the teacher thought the role of the family in the educational process of children with ASD; if the teacher felt prepared to work with a child with ASD; how he evaluated the support offered by the school.

The present study was guided by a clinical perspective taking a psychoanalytical look at the analysis and interpretation of data from the interviews with teachers regarding the educational inclusion of children with ASD. In this study, the qualitative research method, with a clinical-psychological investigative approach, was followed. This methodology made it possible to know the meaning of a given phenomenon for this group of teachers, an individual or community who are involved in the various situations linked to the event²⁰.

The difficulties involved in the educational inclusion process of children with ASD were investigated from listening to the teachers' reports. More specifically, we used the clinical-qualitative method aimed at different settings, including the educational context, aiming to interpret the meanings brought by individuals about the multiple phenomena pertinent to the field of educational problems. To deal with the collected material, psychoanalysis was used, in the interest for the process and not simply for the results and the product²¹.

The qualitative research approach is a solid support for conducting research that aims to analyze in depth social and psychological phenomena²². Due to the complexity of intersubjective processes, the senses, relationships and subjectivity are important factors for the production of knowledge. With this, we sought to listen and value the mobilized psychodynamic aspects, especially in the affective and direct relationship with the subjects under study²⁰. From such delimitation, the control of variables did not exist and the researcher, with his senses, was the instrument used to apprehend the object of study then interpreted.

RESULTS

The survey was conducted with nine teachers from the private elementary school network in three municipalities in the Ribeirão Preto-SP region. The participants in this research were between 28 and 43 years old, eight women and one man, with teaching time ranging from one year and six months to 22 years, with an average of nine and a half years in teaching.

From the content raised, three categories emerged, namely: *Knowing the different: the disturbing stranger*; *Prepare for the challenge: training and support at school*, *A look that expands: the perception of the role of the family*.

Knowing the different: the disturbing stranger

Having a student with ASD puts the teacher facing challenges and tasks that are difficult to face. The impact in the face of the new and different, which does not follow the patterns one is used to, provokes several ambivalent feelings. This strangeness is amplified when considering the heterogeneity of ASD, in which the symptoms differ from one child to another. This characteristic was highlighted by the interviewees:

It is the socialization disorder itself. In relation to this student, we can perceive interaction even with the other (...) autism is different from the other, it is not like (the child with Down syndrome) (...) J. is smart on the English side, we have another student who stays with another aunt, who he no longer speaks, he is totally different. And I have one, who stays with me this afternoon, that she has traits of autism, but has not yet closed her diagnosis, she has some totally different traits too, so there are three cases, which is different from the other, one is verbal, another is not, and the other is already aggressive. So there are three that I think to prepare to deal with autism you need to study hard (P1).

It is possible to observe the teacher's accompaniment in the face of family drama when she mentions that the diagnosis has not yet been closed. The impact described in the participant's discourse can be seen in the face of the diversity of symptoms: one admires the intelligence of a child at the same time observing the other who is unable to communicate verbally, while the other child expresses aggression:

This diversity causes professionals to feel helpless in the face of lack of knowledge about the disorder. The constant school experience with this child requires coping with the impotence experienced by the child and also by the teacher and other school staff involved with the child. One of the resources in face of this situation was the search for knowledge of the theme that emerged as an alternative to deal with this impotence: In my perception of autism the child has a little difficulty communicating, to my

understanding, there are degrees of autism, which we read and study, so it depends on the child. They have difficulty in socializing with other children, we already observe with a different look, with a more special look for this child. And the child also has a little more difficulty in the classroom, in terms of literacy, it usually appears a lot (P4)

It was observed that the disorder affects several areas of the child's life:

It varies, not all students have the same characteristics (P7);

I have the opinion that for the coexistence and good performance of children with autism they need special teachers like them (P8); So, prepared we are never. We always have to seek new knowledge, always, because no child is the same as another, nor is autism, each one is a trait (P9).

The teacher mentioned the "little bit" of difficulty that can reveal that the student under her tutelage would have a lighter degree from ASD. However, she soon mentioned the different degrees of autism within the spectrum. The same interviewee mentioned the difficulties of socialization and literacy.

Prepare for the challenge: training and support at school

When asked about feeling prepared to work with children with ASD, it was observed that the teachers highlighted several aspects as important to consider when evaluating their own performance, including school support.

At this point, P3 expanded the issue of preparation beyond ASD, comparing it with Down syndrome. She paid attention to what the child "likes" as a possible way out of the challenges of attracting the attention of a child who is often self-absorbed, enclosed. This path for what the child "likes" can leave him in the same place if it is felt as something that ends in that point of interest of the child, which would favor the maintenance of his autism, or else it can be a way of meeting the world of this child in the face of the many daily disagreements experienced:

t is very difficult to answer this because it depends on the level of the ASD, it depends on the school where you work, if you have the support, the support, the family, there are N factors that will help you or not, when I have an inclusion child, be it with ASD, with Down's Syndrome, any other type of disability, I research a lot, you know, and something that worked with one child may not work with the other, so I research, I go deep, I see the family, I see the that the child likes to start from that point so I can work with learning (P3).

Another resource found was the search for knowledge and the exchange of information and conversations with other teachers. Access to information was seen as fundamental. Added to this is the need that the teacher showed to research the issues he faces in his daily life, which drives this professional in constant search of studies and resources to deepen the theme, or paralyze in the face of not knowing. Contact with health professionals was noted as an important way out by P5:

I think we are very unprepared for these children who are coming, even because of this diversity that we are having, it is not a cake recipe, so we have to look for a lot of literature, we have to read, we have to seek help from other professionals, there must be a help from the psychopedagogue, the psychologist, the speech therapist, the neurologist, it is a set of professionals to help, because it is not easy, inside the classroom (P5)

Still, the time of teaching experience was indicated as a help factor:

If I said that I am ready, let's say that half a lie is a lie, I'm not quite. I speak as the years have been teaching us, the various experiences teach us (P6)

Teacher training during graduation was also mentioned as a failure factor in preparing for work with educational inclusion, especially for children with ASD. In the report below, the need to expand the education of educators since graduation is highlighted:

I believe that all graduate schools should be concerned with preparing students for this type of, receiving this type of student (P2)

Most professionals involved in the issue of educational inclusion have sought intensive and specific training, as they do not feel sufficiently prepared to take charge of their work. One factor that came to counterbalance these flaws in training was the school offering an adequate structure and showing receptivity to the teacher's difficulties.

This factor of greater support and support from the school team helped the work of including students in the classroom to be more successful. When support was insufficient, the teacher felt alone in this challenge. It was also highlighted, two points observed in the reports in an opposite way, on the one hand the feeling of support and, on the other hand, apprehension. In addition, it appears from P2's discourse that professionals have sought complementary training to help their work.

This participant, the only male one, seemed to show disbelief in relation to the resources that were offered at school. The main support mentioned was that of the professional

psychologist present in the daily life of the school, demonstrating the importance of the school psychologist and his function of approximating the knowledge of the mental world with the daily exercise of being present in contact with the school, educators, employees, the school system as a whole.

In P4's report, it is possible to pay attention to the uniqueness it offers to the student, the observation of the needs of each child, the referral given to parents in order to help them in directing the search for help to the child. P5 highlighted the periodic meetings, the meetings in which the specific issues of that child can be discussed, their particular difficulties:

It is a total support that they always seek to update themselves to bring new techniques, new resources, new aids for us to deal directly with them so that we can help them (P1);

It is limited to that, to inform what the child has, but not to say the best way we should work. The little I learned, I studied on the outside (P2);

At X school it is a service group, it is a support group, so the teacher is never alone, we have the coordination who is here every day, we have Aunt E who is the psychologist and she talks to the parents because it is difficult for a father to accept that his son is different (P3).

So, we will take note of all the moments that the child goes through, one different from the other. And then we will talk to the school psychologist, we call her, we show her, she stays in the room for a period, and makes a more accurate observation than ours. And then we call the parents to make a more appropriate referral ... everything we need the school really supports. As I told you, we assess the child's needs, observe, take notes. Then we look for the school psychologist, and the coordinator of the pedagogical part and they give us all the support we need to work with the child, they give us reading tips, material tips (P4)

Here where I work I have full support, we hold several periodic meetings for us to deal with this situation, I have a lot of support when this child needs help that goes beyond what I can, so we have the psychologist at school, the coordinator who helps, we are always working as a team and holding meetings with the professionals who care for these children to draw up an action plan with us to deal with the difficulties, so these professionals come to school, we talk (P5).

In addition to the teacher being able to count on his peers, as in P6's speech, P1's report showed how much the children themselves seek to help the one with ASD, when he mentions that his colleagues "welcome one hundred percent". If the teacher can observe what is happening around the child with ASD, if he realizes that other children help, he can foster a movement for school and social inclusion, stimulating respect and understanding for the difference of the other. And the point to be perceived, in this sense, is their ability, that of the educator, to learn through their daily experiences, to learn through play and the imagination of children who believe that their peers will achieve through another path, other than that suggested by the teacher:

In relationships with colleagues it is gradually, there are colleagues who are super affectionate, who like, who welcome. Others do not. So it's a job that we do daily, so that everyone has contact, so that everyone can be friends (P6)

Here we even admire the children a lot, because they welcome one hundred percent, but it is one hundred percent, even so, to help, to say like "come here, I'll help you, I'll explain", "people, he isn't understanding, calm down " sometimes they even take it ahead (other children) to try to teach it the way they understand it, why the child understands it in a different way, that sometimes you are explaining it, and the child comes and understands it, and he understands it (P1)

A look that broadens: the perception of the role of the family

The family facing a birth is changing. New roles are assigned, changes take place from the most concrete levels, the rooms of the house are occupied in a different way, the daily life of that place and of those people changes, schedules, expenses. From these aspects to the most abstract in terms of the meanings of each person's functions, they become new with a birth.

When the family is inserted in a special condition of survival, as is the case of the parents receiving a diagnosis of the child, the family dynamics undergoes mobilizations that range from financial aspects to those related to the physical, psychological and social quality of the members that make it up. Families that have a child with ASD experience very special situations due to the child's peculiarities and the way in which each parent and both as a parent experience the creation of this child with ASD.

According to P6, his posture, when putting himself in the place of the parents of children with ASD, was to face the situation without denying the child's difficulties, seeking resources to help work with the child. They reported the perception that it was difficult for some families to accept the child's condition. Thus, they established a relationship between this acceptance and the family's involvement with the search for resources in meeting the child's demands:

I think the first thing is acceptance, we have cases of parents who do not accept it. Then it becomes more difficult, since from the moment I do not accept that my son is a special child, who needs specialized care, I am not going after it, right? "No, he has nothing".

Parental acceptance is the first thing, when he accepts it, when I know about my son's problem, I'll go after it, I'll help, I'll research, I'll look for a group of mothers who also have children in the same diagnosis as mine, so acceptance is the first thing, when I accept it, I run after it and look for it (P6).

It was also noticed that there was an improvement in symptoms and conditions for learning, feeling the family as allies of the school. P3 observed the family's distress when the child with ASD does not follow the same rhythm as the other students. He mentioned his perception that the psychologist's work in this area helps the family to have greater tolerance for the time that the child needs to develop:

Fundamental, because he does it in a specialized clinic, he has O.T, phono, psycho, pedagogue, he has the psychologist, he does swimming outside here, which they indicated for him, so his development is along with all this. Thanks to the family's commitment, because, in this case, there are others that the family is not so focused, so committed and development ends up delaying a lot (P1) Yes, you need this tripod that I talk about, which is the school, family and medicine, so the doctors who are going to diagnose, the family has to have support and we also have to have support, one helps the other (..) the psychologist is very important because she calls the family to talk, to understand that not only because the child is different that he will not learn, he will learn only in another way, another time, sometimes his time it's not the same time as the classroom, but it's not that he doesn't learn, he learns (P3)

They state that the family needs to offer the necessary support through the search for specialized professionals:

The family needs to give support and support, both in terms of looking for the right professional to help and in education and helping with tasks at home (P4);

Essential, there is no way to work, there is no way for professionals to do all the work and the family doesn't collaborate in any way, we don't see success in the situation, because they are smart, they know how to differentiate, so I realize that when we don't have support from the family all the work that was done here, or it was done with professionals outside, if you get home you don't have a continuation of it all goes downhill, everything regresses (P5).

However, there was no perception that the family itself needs to be helped in the face of the emotional burden experienced. On the other hand, they agreed that it can be difficult for parents to obtain resources, whether external or internal, to help the child. In this sense, the need for other professionals arose again in the teachers' report:

I know it shouldn't be easy to have a child with a disorder, but unfortunately there are several professionals, not one, there must be a speech therapist, there must be a neuro, there must be a psychologist, because they are all these professionals who are going to help this child with the demands they need, so there must be a lot of availability. Emotionally speaking, financially speaking, support is really a team (P5).

It adds to the question of having other professionals involved in helping children with ASD, open communication between parents and teachers. This factor was perceived as a major factor in helping the child. In the speech of P5, the open space of the school in the reception of parents was pointed out as essential as a place for exchanging information, for conversations where mutual support can arise in the face of adversity. P7 mentioned the inclusion "with other people" considering the school as a place of social inclusion for children with ASD who can take advantage of the opportunity to be in this context:

We talk, we have a meeting, we call the parents too, to participate, so we have both the school meeting with the professionals and the family, everything can happen together and it helps a lot (P5)

Make your inclusion with other people and always looking for improvements (P7)

They are the extension of the teacher's work (P8)

DISCUSSION

Recent studies^{18,19,23} reveal that some devices have helped the educational inclusion of children with ASD. The school inclusion work needs to be carried out with the inclusion of teachers, as they are one of the most important tools in sustaining this social place sought for children with ASD, the place of student²⁴. The use of periodic visits to schools, meetings open to the participation of educators interested in discussing issues of school inclusion creates a space for dialogue between professionals who engage in the schooling process of children with ASD²⁴. The use of psychoanalytic knowledge has helped the interventions of teachers in the school environment²⁵.

It was verified the need on the part of the teachers to talk about the theme and to report that they did not consider themselves prepared for the task of helping the learning of a child with ASD. One of the paths found by the teachers was the search for knowledge about the ASD framework. The heterogeneity of the framework culminated in an impact on the teachers' work

with these children and their classmates in the classroom.

Characteristics such as aggressiveness, the ASD comorbidity with intellectual disability, the absence of verbal communication were mentioned as obstacles to the child's learning as well as the teacher's contact with the child. On the other hand, the intellectual capacity preserved in some children also surprised teachers who were "delighted" with this ability.

The support of the school structure, whether in concrete material terms or in offering supervision of the team, was mentioned as a factor that collaborated in preparing the teacher to work with children with ASD. Another factor highlighted as helping in the work with children with ASD was the exchange of information and conversations with other teachers, when it was possible to receive support and solidarity from colleagues in the preparation of activities aimed at children.

It was noted that some teachers mentioned the fact that the children of inclusion are "special", therefore needing special teachers. From a positive point of view, it stimulates the attention they need and the efforts of teachers to help these children in the school context. On the negative side, it can be expected that something very special needs to be done for this child to survive in the school context, demonstrating, with this, a high level of demand that removes the creativity of the teacher in the encounter with the otherness of the other.

Participants recognized the role of the teacher as a main contributor to this possibility for children with ASD to find their place in the school through the socialization process, being respected in their difference. It was found, through the interviews, that they did not feel qualified to work with children with ASD, which corroborates with another study¹⁵, a factor attributed mainly to the lack of investigations related to the theme both in undergraduate and through refresher courses.

Adapting and updating methodologies, knowing the characteristics of the disorder, detecting the difficulties of each child were ways mentioned by teachers. Making space for meeting the singularity of these children was also highlighted in a study¹⁸. When there was school support, the provision of resources, the design of a team that serves the child and not just the cheer isolated in his difficulties, his most valued work was perceived and, consequently, they were able to observe the child's progress. However, we cannot fail to mention the impotence in the face of the child's isolation and the resistance that this condition provokes regarding the student's approach with ASD.

Group learning was rarely mentioned, except when the teachers observed that some students did not accept the child with ASD while others struggled to find ways to help them. It is known that when the group welcomes the subject, he or she has more possibilities to develop, so that this resource of the group device seemed little used by the interviewed teachers.

Group learning enables a greater bond between students and between them and the teacher. It was assessed that the participants sought knowledge to help them reduce the difficulties of children with ASD, but did not mention allowing themselves to be guided, at least a little, by their associations and intuition about what that child and that group needed. Resistances hinder the search for internal resources to deal with daily difficulties, not only with students with ASD, but with all other students.

Confidence at work can, over time, provide some insights that arise from this search for contact with the child. Trying to identify the fears brought by that child with ASD to the classroom, to classmates, to the teacher, to the school's coordination can help in exploring action models with this subject. It is hoped that the school can continue to grow and train the citizen, based on what this child carries as baggage from family experiences.

The child with ASD causes a challenge that can bring a sense of failure if the limits and possibilities of each of those involved in the process are not understood within this specific institutional context, which is the educational field. The identification and awareness of expectations related to that child can help to decrease the level of demand with him, with the teacher and, by extension, with the family. Thus, it is worth reflecting on the teacher's

relationship with the taught knowledge, a relationship that comes from the personal history of each one and from their training²⁵.

The need for continuing professional training was mentioned. However, it is added to this, in special, the importance of reflecting on the work itself, of the teacher discovering his own resources. The exchange with other professors can be very valuable, in addition to the exchange with other professionals, as mentioned by some interviewees.

In a parallel related to opposing organicist and psychodynamicist opinions^{8,9} for an issue as important as the educational inclusion of children with ASD, teachers, school, coordination team and family cannot be placed in opposite poles. A problem as complex as that of the educational inclusion of children with ASD needs all of these coordinated areas to better adapt the child in this context.

As for the role of the family in the educational inclusion process, the teachers indicated that acceptance is the main point, the fact that the family accepts the diagnosis, as well as investigating various resources to help the child with the consultation with other professionals. Participants noted that some parents tended to deny their child's condition, while others sought to find ways to foster their child's development. They suggested that the family could complement the teachers' work by carrying out school work at home. It is worth mentioning the emotional overload experienced by the family of the child with ASD, especially the direct caregiver who is, in most cases, the mother^{13,14}.

CONCLUSION

It was noted the need that teachers find spaces for conversation about the difficulties faced daily in the exercise of their profession. It should be noted that most educators found support in the school institution as a whole for the monitoring of the child. Such support was closely linked to the presence of the psychologist in this context, showing that the work with children with ASD at school is complex and requires the participation of a professional who also shares a knowledge of the mental world not only of the child, but of everyone involved.

The attention of the professional psychologist can assist in understanding the effects of the impasses and failures faced in receiving and monitoring the child with ASD. The device of group work, of joint activities was not mentioned by the teachers, indicating that this resource has not been used.

An additional point of this study was the presentation of the teacher's view on the family issue, showing that the participants were sensitive to the experienced family with a child with ASD. Some participants emphasized, however, that families should continue at home the work that begins at school. Although this may be a helping factor, it is known that families have difficulties in their daily lives with children with ASD, and in cases where there is greater commitment, activities of practical and daily life need to be carried out with the complete help of parents, overloading them both physically and emotionally.

As a limitation of the present study, there is the complexity of the theme and the fact that the work is developed with teachers from private schools in Elementary School, making it impossible to establish a comparison with teachers from the municipal or state schools, which can be suggested for future research.

Further research could also assess the perception of teachers taking into account the degree of commitment of the ASD, for example, according to the severity levels for ASD of the DSM-V regarding the type of support used, from very substantial to lighter support.

It can be considered that even a more committed child can have an interesting encounter with an educator who will help them in a meaningful way, with the support and trust of the family, while a more rigorous educator, or a more demanding family, may have difficulty to value the quality of a child's development that requires less support.

There are several concerns that are imposed on this field of knowledge making studies necessary to investigate and understand the different processes of educational inclusion considering the mental world of the people involved in this context, especially considering the care and benefits and losses of the referred processes for children with ASD.

REFERENCES

1. American Psychiatry Association. Manual Diagnóstico e Estatístico de Transtornos Mentais-DSM-V [Internet]. Porto Alegre: Artmed; 2014 [cited in 31 aug 2019]. Available at: <http://c026204.cdn.sapo.io/1/c026204/cldfile/1426522730/6d77c9965e17b15/b37dfc58aad8cd477904b9bb2ba8a75b/obaudoeeducador/2015/DSM%20V.pdf>
2. Bleuler E. Dementia praecox ou groupe des schizophrénies. Paris: E.P.E.L. G.R.E.C.; 1993 (1911).
3. Klein M. Amor, ódio e reparação: as emoções básicas do homem do ponto de vista psicanalítico. Rio de Janeiro: Imago; 1975 (1930).
4. Kanner L. Autistic disturbances of affective contact. *Nervous Child*. 1943; 2:217-50.
5. Zilbovicius M, Meresse I, Boddaert N. Autismo: neuroimagem. *Rev Bras Psiquiatr*. [Internet]. 2006 [cited in 24 mar 2020]; 28(1):21-8. Available at: <http://www.scielo.br/pdf/rbp/v28s1/a04v28s1.pdf>
6. Valente KDR, Valério RMF. Transtorno invasivo do desenvolvimento e epilepsia. *J Epilepsy Clin Neurophysiol*. 2004; 10(4):41-6, Suppl 2.
7. Lampreia C. Avaliações quantitativa e qualitativa de um menino autista: uma análise crítica. *Psicol Estud*. [Internet]. 2003 [cited in 24 mar 2020]; 8(1):57-65. Available at: <http://www.scielo.br/pdf/pe/v8n1/v8n1a08.pdf>
8. Tustin F. Autistic states in children. Ed. revised. London: Routledge & Keagan Paul; 1992 (1981).
9. Alvarez A. Live company: psychoanalytic psychotherapy with autistic, borderline, deprived and abused children. London and New York: Routledge, Taylor & Francis Group; 2006 (1992).
10. Rutter, M. Infantile autism. In: Shaffer D, Erhardt A, Greenhil L. A clinician's guide to child psychiatry. New York: Free-Press; 1985. p. 48-78.
11. Whiteley P, Rodgers J, Shattock P. Clinical features associated with autism: observations of symptoms outside the diagnostic boundaries of autistic spectrum disorders. *Autism* [Internet]. 1998 [cited in 24 mar 2020]; 2(4):415-22. DOI: <https://doi.org/10.1177/1362361398024006>
12. Cunha JHS, Pereira DC, Almoalha L. O significado de ser pai ou mãe de um filho com autismo. *REFACS* [Internet]. 2018 [cited in 23 mar 2020]; 6(1):26-34. DOI: <https://doi.org/10.18554/refacs.v6i1.1971>
13. Favero MAB. Trajetória e sobrecarga emocional da família de crianças autistas: relatos maternos [Internet]. (dissertação). Ribeirão Preto, SP: Faculdade de Filosofia, Ciências e Letras de Ribeirão Preto, Universidade de São Paulo; 2005 [cited in 24 mar 2020]. Available at: https://teses.usp.br/teses/disponiveis/59/59137/tde-27042005-113149/publico/FAVERO_MAB.pdf
14. Favero-Nunes MA, Santos MA. Itinerário terapêutico percorrido por mães de crianças com o transtorno autístico. *Psicol Reflex Crit*. [Internet]. 2010 [cited in 24 mar 2020]; 23(2):208-21. Available at: <http://www.scielo.br/pdf/prc/v23n2/v23n2a03.pdf>
15. Schmidt C, Nunes DRP, Pereira DM, Oliveira VF, Nuernberg AH, Kubaski C. Inclusão escolar e autismo: uma análise da percepção docente e práticas pedagógicas. *Psicol TeorPrat*. [Internet]. 2016 [cited in 24 mar 2020]; 18(1):222-35. Available at: http://pepsic.bvsalud.org/scielo.php?script=sci_abstract&pid=S1516-36872016000100017&lng=pt&nrm=iso
16. Barbosa MOB, Fumes NLF. Atividade docente em cena: o foco no Atendimento Educacional Especializado (AEE) para educandos com Transtorno do Espectro Autista (TEA). *Interfaces Educ*. [Internet]. 2016 [cited in 24 mar 2020]; 7(19):88-108. DOI: <https://doi.org/10.26514/inter.v7i19.1044>

17. Blanchard-Laville, C. Em defesa de uma clínica de orientação psicanalítica em ciências da educação. *Estilos Clin.* [Internet]. 2007 [cited in 24 mar 2020]; 12(22):208-23. Available at: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1415-71282007000100013
18. Kupfer MC, Pechberty B. A escolarização de crianças e de adolescentes com problemas psíquicos graves no Brasil e na França: algumas observações. *Psicol Argum.* [Internet]. 2010 [cited in 24 mar 2020]; 28(61):127-34. Available at: <https://periodicos.pucpr.br/index.php/psicologiaargumento/article/view/19739>
19. CanedaCRG, Chaves TML. A percepção do professor e do tutor frente à inclusão da criança com autismo no ensino regular. *Aletheia* [Internet]. 2015 [cited in 22 sept 2019]; 46:142-58. Available at: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1413-03942015000100012&lng=es
20. Turato ER. Métodos quantitativos e qualitativos na área da saúde: definições, diferenças e seus objetos de pesquisa. *Rev Saúde Pública*[Internet]. 2005 [cited in 24 mar 2020]; 39(3):507-14. Available at: <http://www.scielo.br/pdf/rsp/v39n3/24808.pdf>
21. Triviños ANS. *Introdução à pesquisa em ciências sociais: a pesquisa qualitativa em educação.*São Paulo: Atlas; 1992.
22. Eizirik MF. Por que fazer pesquisa qualitativa? *Rev Bras Psicoter.* 2003; 5(1):19-32.
23. Bialer M. A inclusão escolar nas autobiografias de autistas. *Psicol Esc Educ.* [Internet]. 2015 [cited in 24 mar 2020]; 19(3):485-92. Available at: <http://www.scielo.br/pdf/pee/v19n3/2175-3539-pee-19-03-00485.pdf>
24. Bastos MB, Kupfer MCM. A escuta de professores no trabalho de inclusão escolar de crianças psicóticas e autistas. *Estilos Clin.* [Internet]. 2010 [cited in 24 mar 2020]; 15(1):116-25. Available at: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1415-71282010000100008
25. Blanchard-Laville C. *Os professores: entre o prazer e o sofrimento.* São Paulo: Edições Loyola; 2005.

CONTRIBUTIONS

Maria Ângela Favero-Nunes has contributed to the analysis, discussion and writing. **Jussara da Nóbrega Silva Gabriela Machado Carvalho** and **Nilson Nunes Anjos** has worked on the project design, data collection and analysis and discussion.

How to cite this article (Vancouver)

Favero-Nunes MA, Silva JN, Carvalho GM, Anjos NN. Perception of teachers of students with autism spectrum disorder about educational inclusion. REFACS [Internet]. 2020 [cited in *insert access day, month and year*]; 8(Suppl. 1):537-548. Available at: *insert access link*. DOI: *insert DOI link*.

How to cite this article (ABNT)

FAVERO-NUNES, M. A.; SILVA, J. N.; CARVALHO, G. M.; ANJOS, N. N. Perception of teachers of students with autism spectrum disorder about educational inclusion. **REFACS**, Uberaba, MG, v. 8, p. 537-548, 2020. Suppl. 1. Available at: *insert access link*. Accessed on: *insert access day, month and year*. DOI: *insert DOI link*.

How to cite this article (APA)

Favero-Nunes, M. A., Silva, J. N., Carvalho, G. M., & Anjos, N. N. (2020). Perception of teachers of students with autism spectrum disorder about educational inclusion. *REFACS*, 8(Suppl. 1), 537-548. Retrieved on: *insert access day, month and year* from *insert access link*. DOI: *insert DOI link*.