

じへいしょう こ はったつ うなが きょういく じゅつ せま
自閉症スペクトラムの子ども達の発達を促す教育術に迫る

かぞく しえんしゃ
家族と支援者のためのガイドブック



Um mergulho na arte de educar para o desenvolvimento dos indivíduos no espectro do autismo.

Una introducción en el arte de educar para el desarrollo de las personas con espectro autista.

A guide to assist families in the education and development of individuals with an Autism Spectrum Disorder



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Integrating Children

A guide to assist families in the education and development of individuals with an Autism Spectrum Disorder

Being a parent or caregiver is a job full of endless challenges. Of course children don't come with an instruction manual, and we often lack the knowledge to raise and educate them in a way that will make them well-adjusted and functioning members of society, with the ability to understand and accept themselves, others, and their own values.

In the case of individuals on the autism spectrum, the challenges are even greater because they have very specific needs at certain points in their lives. In addition, difficulties in communication, social interaction, and restrictions on their interests and autonomy can greatly affect the quality of life for the entire family.

In this booklet, you will find information and tips to help you better understand the nature of autism spectrum disorder (ASD), as well as practical resources to help you in your daily work with children and adolescents on the spectrum.

Sincerely,

Mayra Kurade

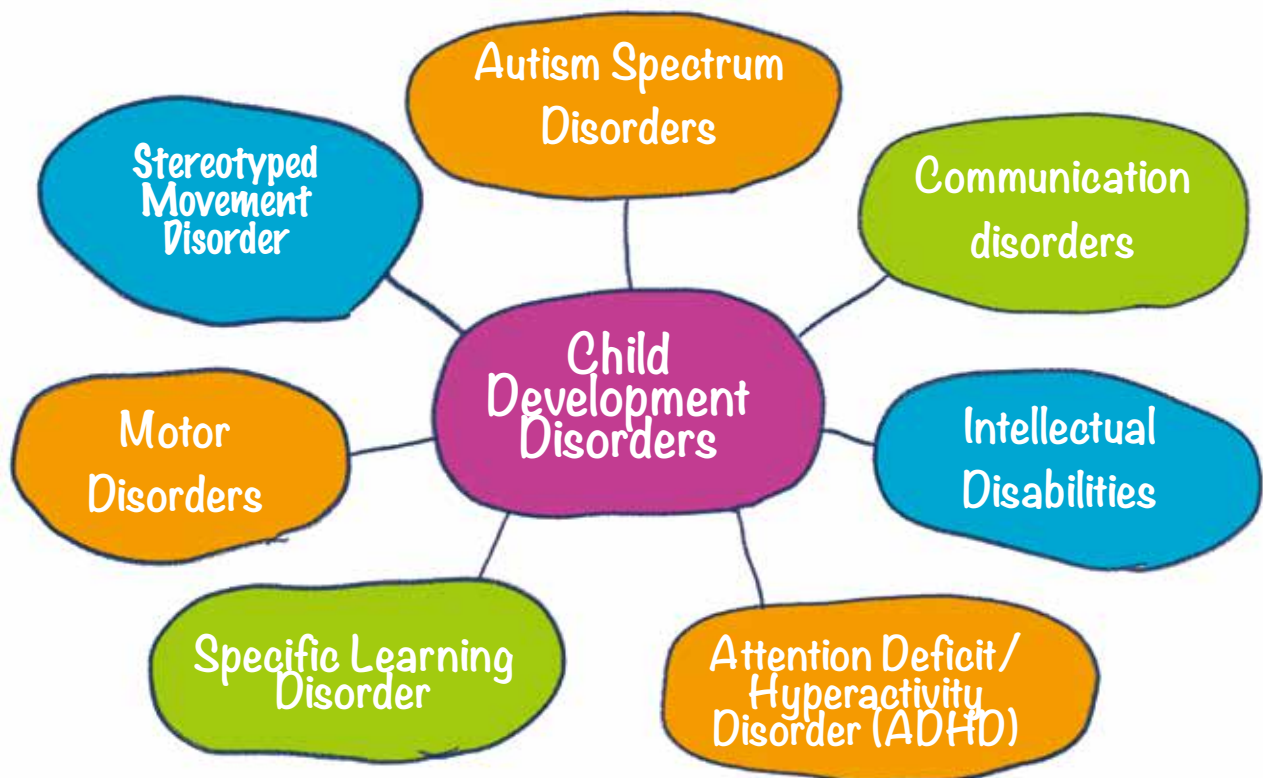


Neurodevelopmental disorders



These are disorders that appear early, in the initial period of development, usually up to **3 years of age**, due to a disharmonious development of the nervous system during pregnancy, including disruption of several factors, such as biological, genetic, among others. This can lead to impairment of neuropsychological functions such as attention, perception, motor skills, emotion, cognition, communication, etc.

What are these disorders?



What is Autism Spectrum Disorder?

It is a neurodevelopmental disorder that is present from birth or early childhood but may be undetected or may not fully manifest until the age of 3.

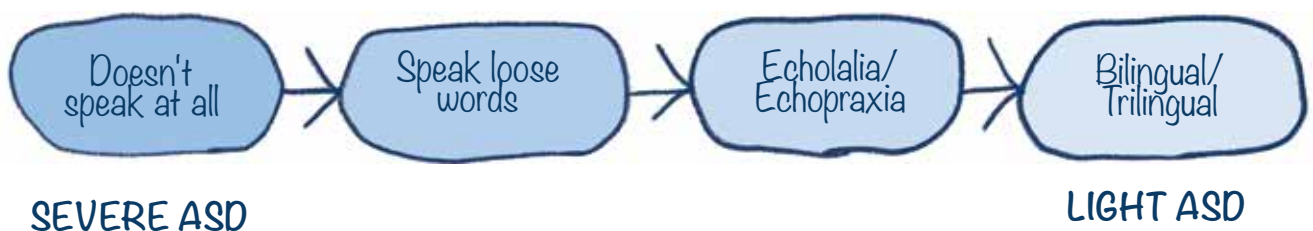
ASD encompasses a range of neurodevelopmental disorders with **three** basic characteristics that can occur together or in isolation. These are:

- **Expressive communication deficit—impairment** of verbal and/or non-verbal language, absence or delay of speech, echolalia, difficulty in sharing emotions.
- **Difficulty interacting and forming bonds with others**, which can make it difficult to develop and maintain friendships; reduced ability to imitate gestures and speech, which makes learning by observation and repetition difficult. Lack of social reciprocity (not responding to commands, calls, or play).
- **Restricted and repetitive patterns of behavior**, interests, and activities



Why Spectrum?

There are many **different** symptoms and manifestations, ranging from mild to severe impairment. But all share the difficulty of **communication** and forming **social relationships**.



Restriction of interests and stereotyped behavior



These factors have a great impact on the development of the individual with ASD because they limit their opportunities to experience different situations with certain contexts, which are natural stimulators for the construction of the child's cognition. Because they are difficult to change, they prevent the necessary flexibility to adapt to different daily situations and are very often triggers for crises. These repetitions and limitations have several aspects:

- ⇒ Individuals make repetitive movements without any practical function, such as swinging the trunk or hands, jumping up and down, making guttural sounds, clicking.
- ⇒ Special movements with objects, orientations, rotations
- ⇒ Resistance to change of established routines or rituals, always trying to do the same thing in the same way.
- ⇒ Limited or atypical interests
- ⇒ Attachment to certain subjects or themes, such as a particular character, movie, cartoon, etc.

As the child adopts these stereotypes and restrictions, he remains calm. Rather than disturbing this calm, the family or school may fear making any changes that would “correct” certain patterns, as this could lead to an outburst from the child wanting to avoid disruption of his routines. But if these autistic restrictive symptoms are left unaddressed, a vicious circle is created, hindering change and progress of the child's global development.





Important aspects of caring for people with ASD

- The diagnosis cannot be made until the child is three years old, but **the earlier** the evaluation, the better the chances for improvement.
- Parents should be aware of the early signs of autism, as the child may be able to begin treatment before a formal diagnosis.
- Research suggests that there is a window of possible treatment up to the age of 4, when the child is more responsive to stimuli

What are the first signs of ASD?

- Eye to eye interaction. This exchange starts early, and the autistic child has an **elusive look** that is not fixed on the mother's eye but on objects around him.
- One does not notice the **little vocal exchanges** typical of babies, the “mommy language”, nor the lallation, a phase in which the baby begins to speak the first syllables, that don't have any meaning.
- The child has a strange, unusual gaze.
- The child does not respond to sounds or to being called by the parent.
- Has no interest in another person's point of view.
- Does not expect to be cuddled on the lap of another familiar person.
- The child does not vocalize or speak until the age of two.

These signs indicate that the child is not interacting with the world, and he or she may have a neurodevelopmental disorder.



Secondary autism

It is one that is not related to neurodevelopment disorders, but can be caused by the following factors

- Severe social isolation of the child and its triggering factors, such as: bullying, domestic violence, physical and verbal abuse, etc.
- Prolonged exposure to electronic media such as tablets, cell phones, video games, television.

In secondary autism, treatment is less complicated; in many cases, simply removing the child from isolation or exposure to electronic media is enough to improve the condition.

IMPORTANT!

- Parents should have a proactive attitude in caring for their children, not only in finding good professionals, but also in participating in treatment.
- Be aware of your child's characteristics, because ASD has variations that are unique to each child. If something seems strange and you are in doubt, seek professional help as soon as possible.



How to help people with ASD?

Communication and Social Interaction

It is essential that parents seek exchanges with their children that are facilitated by synchronization and the continued focusing of attention such as:

- Adopting postures that promote eye contact
- Being face to face with the child whenever possible, facilitating and seeking eye contact
- Establishing simple exchanges with the child through games accompanied by vocalizations, nursery rhymes, or songs with well-marked rhymes.



Try other exchanges that require **synchronization**, such as:

- Mimicking gestures
- Clapping hands or feet on the floor to accompany a song
- Always use nursery rhymes
- Playing games that involve imitation such as tossing a ball around, object exchange, “now me... now you...”
- Vocal games with onomatopoeia also encourage openness to communication and the development of the child’s sound repertoire.



Be creative and invent games that make the child want to continue. Encourage **imitation**, **shared enjoyment** and **socio-emotional reciprocity**, which can be extended to family, school and friends.



Stereotyped Behaviors and Restricted Interests

Parents should be alert to any signs of "excessive repetition" in the daily routine, trying not to crystallize routines.

- Seek constant variety and change, very slowly and little by little so as not to overload the child: trajectories, product branding and labeling, glasses, plates, clothing, toys.
- Fixation on drawings or movies that are watched repeatedly, allowing the child to anticipate gestures or lines of characters, often decontextualized or echolalic.

Possible interventions:

- The adult enters the child's world and tries to make sense of the language. For example: "Peter, you remember" and encourage the child to remember which cartoon this line comes from.
- Always look for lines that break the child's alienation and encourage contact with the adult present, or even with another child, siblings or friends.
- Reduce as much as possible the child's exposure to movies, [television](#), [tablets](#), and [electronic games](#), all of which focus attention too narrowly and may encourage alienation from the world and increase anxiety.

It is essential to mobilize the child to other types of play that involve broad motor play, such as playing with toys at the park, using trampolines, slides, swings, games at the pool, lakes and rivers, or water sports in general.

- Try to change environments, use weekends or vacations to travel and do other things that help break up repetitive routines.



Personal and social autonomy

Suggestions that involve doing something together with the child, gradually introducing the phases of each task to stimulate different aspects of autonomy, such as hygiene, clothing, eating, personal and social autonomy.

- The adult must situate the child in what is happening here and now.
- Look for the functionality of actions – always ask “What for?”
- Do not interrupt actions abruptly.
- Always verbally announce what is going to happen.
- Use gestures, written clues, or pictures as needed.
- Divide the activity into sub-activities and pay attention to their sequence.
- Parents and caregivers should try to reorient the child as is necessary, step by step, if the child loses focus.
- Always consider the child’s developmental level.
- When you notice that the child has learned something, take the opportunity to encourage him or her to do it on their own, respecting the time needed to do it. If necessary, use pictures and illustrations for each step.

Choices also promote autonomy; whenever possible, let the child choose. For example, give them no more than two or three choices for an article of clothing. In addition to exercising autonomy, this is also a way of communicating.



PAY ATTENTION TO...

The smaller the child and/or the presence of dysregulated behaviors, the shorter the ability to stay in a situation. Then:

- Choose short activities
- Always signal the end of activities
- These aspects are **regulatory** and help them in their organization, to situate themselves and adapt more flexibly to the environment.

Play, play, and interact with your child


Parents insist on asking questions or asking the child to repeat some expression they have said, with the intention that the child will begin to speak. But before speaking, the child must discover the importance of **communication and interaction**, stages that precede functional speech.

Primary Stage — The development of **imitation** and shared **attention, play, fantasy...**

In this stage, it is fundamental to help children communicate in a loving and encouraging atmosphere so that can face difficulties. It will stimulate their growth through the most diverse situations of everyday life, helping them to discover the world and build their experiences and groups of knowledge. Examples include playing, singing, and helping them to discover how to pedal a tricycle.



Some tips for the difficult moments:

People with autism can become discouraged when they are interrupted, when they change their routine, or when they are in overstimulated environments. These are some of the situations that can trigger exacerbated or difficult-to-control reactions. 

If you notice a certain frequency of these moments, it is important to create an action plan for whenever the child shows signs of irritability or lack of emotional control. One tip is to create a kit that allows the child to calm down on their own. You can create a box or even a corner in the room with materials to stimulate the senses and relieve emotional overload. The items should be chosen according to the age of the child.

Examples would be pillows, stuffed animals, soft objects that she can hug, a bubble set, play dough, squish toys, objects that are pleasing to the eye such as glitter jars, some types of lamps, or items that stimulate the sense of smell such as lotions and diffusers (in this case, it is important to check with the child which scents she likes).



Some children like small, cozy places to rest, such as huts or tents, even if they are made of bedsheets. Others prefer large spaces. This is why it is so important to know each child's characteristics.



Noise-canceling headphones, earmuffs and music can also help calm them down. So can massage, relaxation and breathing, or short physical activities such as jumping on a bouncy castle, hitting a punching bag for older children or a “Silly John”, or even a game of tennis with balloons.

Water is a very calming element; swimming, playing in the hot tub, filling and emptying jars of water can be very helpful. And in moments of crisis, washing your face with cold water or taking an ice cube and rubbing it on your hands and neck can help reduce the heart rate that increases at these times.



It is very important to find activities that are appropriate for each child's level of understanding. Participate and interact with them, always letting them be in charge of how the activity works.

When you notice that the child has calmed down, present a pleasurable activity and interact to ensure that he or she has reached a more balanced emotional state.



Final message



Don't focus too much on the diagnosis—focus on the children. Try to notice what they like, their characteristics and peculiarities, and focus on the present moment, on the relationship, on the interaction, on the affection. If you notice that something has caught the child's attention, for example, when children start to play with a shoe box, take the opportunity to play together, enter the child's world. This experience can lead to fun and warm interaction. Sometimes children like simple toys that they have made or discovered much more than more complex ones..

Good luck to you!

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令和4年度 独立行政法人福祉医療機構 社会福祉振興助成事業
活動報告書

「自閉症スペクトラムの子どもの発達を促す教育術に迫る

～家族と支援者のためのガイドブック」

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〒230-0051 横浜市鶴見区鶴見中央 4-7-15 ラカンパーナ キソヤ 3F

TEL：045-550-3455

執筆：倉出マイラ 岩木エリーザ 須田洋平 安富祖樹里 和泉正明 渡辺裕美子

翻訳：渡邊洋之

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デザイン：スタジオクッカバラ

表紙：安富祖美智江 佐々木英恋

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つみれ自習室

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O Projeto Tsumire Jishuushitsu é uma parceria da NPO ABC Japan com a NPO Third Place (NPO法人サードプレイス) e o apoio do WAM (Agência de assistência médica e de bem-estar do Japão) como o objetivo de proporcionar para os alunos do ensino médio um espaço totalmente gratuito destinado aos estudos.

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