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"THE TALKING BODY": THE IMPORTANCE OF PSYCHOMOTRICITY IN THE DEVELOPMENT PROCESS OF CHILDREN WITH AUTISM SPECTRUM DISORDER (ASD)[1]

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ABSTRACT

The objective of this study was to verify how the motor development process occurs in autistic children from the perception of professionals from different areas. To this end, a qualitative research was carried out. Nine professionals who work with children with Autism Spectrum Disorder (ASD) answered a semi-structured interview. It was found that the psychomotor development in children with ASD takes place in a slow way compared to a typical child[5], their development happens in an integrated way with the environment that surrounds them and from the involvement of everyone who makes up the child's social context. This includes professionals, parents, caregivers, family members, friends who are available to stimulate the child, allowing him to constitute his autonomy as a human being in development. Psychomotricity is part of the development of children with ASD and, when developed, it contributes significantly, promoting global advances, minimizing symptoms and comorbidities and, consequently, contributing to the acquisition of new skills.

Keywords: Autism Spectrum Disorder. Child. Motor Development.

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[5] Expression used in the literature to identify behaviors such as smiling, rolling over, sitting, crawling, walking and talking, within the framework of a child's "standard" development.

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INTRODUCTION

Initially, there is a need to understand that the term psychomotricity is not something recent, since its first studies date back to the nineteenth century. In this historical trajectory, resulting from studies and discussions, which inevitably promoted an evolution in its understanding, it is possible to argue that the term has gone through several definitions.

The Brazilian Association of Psychomotricity (ABP) defines it as

> the science that has as its object of study man through his body in motion and in relation to his internal and external world. It is related to the maturation process, where the body is the origin of cognitive, affective and organic acquisitions. It is supported by three basic knowledges: movement, intellect and affect (PBL).

For Bueno (2014), psychomotor development is based on a joint and procedural process involving motor, intellectual, emotional and expressive aspects, which follows a trajectory that comprises a time interval that begins at birth and is completed around eight years of age. He also highlights that psychomotricity contributes to the formation of a communicative, creative and thinking social being.

In this sense, psychomotricity, as a science, contributes significantly, especially in the first years of life, to our formation, developing the necessary skills for social interaction, both in typical and atypical children.

The motor and human development of the child is conditioned by several (in)formal actions, which are established in all means of experience. It also influences social coexistence, with regard to the learning process, and in the apprehension of knowledge itself (Bhat, 2021). Specifically, movement atypicalities are commonly observed in individuals with autism (Barbeau et al., 2015). These are sometimes observed early due to delayed motor milestones, abnormal muscles and/or reflexes, and postural asymmetries (Bhat; Landa; Galloway, 2011).

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that usually manifests itself before the age of three, and may present difficulties in social interaction and language, and restricted and repetitive behavioral patterns (APA, 2014), these directly related to motor development.

Considering the above, increasingly emerging evidence highlights the importance of early interventions in children with autism for short- and long-term motor, cognitive, and social outcomes (Jia; Xie, 2021). However, the area of motor development, which involves

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changes in functional capacity and motor skills (Haywood et al., 2016), is often neglected in the planning of early intervention in children with ASD (Rosenbaum, 2005; Kruger; Scott; Marques, 2019). Although it is known that psychomotor stimulation proposals tend to trigger cognitive and motor learning, reflecting on social interaction and that the sooner the diagnosis and interventions are carried out appropriately, the better the results can be, mainly because there are children with autism who have problems in the motor pattern, due to the delay in walking, not having crawled, walking on tiptoe, among other factors (Savall et al., 2018).

In the care of children who need early stimulation, it is evident that playing is a therapeutic, relational and playful resource, providing the enhancement of development, considering the stage of maturation and offering a welcoming environment for them and their families (Cipriano; Almeida, 2016). Lapierre and Aucoutorier (1984 apud Barreto, 2006, p. 28) recall that the psychomotor relationship is the only possible one, before the appearance of language and remains a determining factor during the first years.

Psychomotor stimulation contributes to the harmonious development of the child, characterized by activities that aim to look at the aspects that awaken the body and affectivity. Thus, stimulating the awakening and blossoming of movement, identifying in which maturational stage that child is, identifying, early, actions that make it possible, in a more integral way, for his development. Movement is a fundamental element. Primarily, every human action is intimately linked to movement, and, on the other hand, every motor act has an action and a meaning, which consider embryonic movements significant for the interaction and survival of the individual with the environment (Bueno, 2014).

Exposed, the present study aims to verify how the motor development process occurs in autistic children from the perception of professionals from different areas.

METHODOLOGICAL PROCEDURES

A qualitative research was developed (Minayo, 2014). To this end, a semi-structured interview was conducted with professionals who develop activities with children with ASD (n=9). The dialogue established during the interview was guided by 11 questions related to: identification of the interviewee; understanding autism; motor development of children with autism; challenges, strategies and tools in working with children with autism. The interview was recorded in order to assist in the recording and subsequent transcription. We did not

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define a specific institution/area of activity of professionals with the objective of involving the largest possible number of professional categories, based on the proposed delimitation.

In total, there were nine participants (P). In the presentation of the collected data, excerpts from the reports of the P are presented, as an illustrative resource of the contextualized reality of the professional. At the time of exposure, we identified them as P1, P2, P3, and so on, up to P9.

It was identified that the P work, or have worked, with autistic children, and some are also ASD researchers. Therefore, the evidence can be substantiated from the point of view of these professionals and encompassed in their training and experiences. Of these, all work or have worked with autistic children or adolescents for at least four years, and P1 and P2 carried out research that culminated in scientific publications in the area and, P9, in addition to working with children with ASD, is the father of an adolescent with ASD. A common point among the P's, in addition to other activities they develop, is their work in the area of Education, at the following levels and areas: Basic Education in Early Childhood Education and/or Elementary Education; in higher education in the area of Psychology, Physical Education and Physiotherapy.

Data analysis was qualitative, in three moments: pre-analysis; exploration of the material; and, interpretation of the results. The pre-analysis included the following actions: floating reading, constitution of the corpus, formulation and reformulation of hypotheses and objectives. In the second stage, the exploration of the material took place. A moment in which we sought to find meaningful expressions or words within the content of the speeches. The classification and association of data was carried out, choosing categories of analysis, responsible for specifying the themes presented in the interviews. In the third stage, the data and results obtained were interpreted (Minayo, 2014). The confrontation and relationship between the theoretical material and the interviews was carried out.

In carrying out the data analysis, in an "artisanal" way, through incisive readings, seeking convergences and differences between the reports, we identified the themes (Bardin, 2016) that emerged as a power for the analysis and understanding of the phenomenon studied.

It is noted that the research is ethically protected under the Certificate of Presentation for Ethical Appreciation (CAAE) number 51364821.5.0000.5636 and Approval Opinion No. 4.976.811, granted after approval by the Research Ethics Committee of the University Center of Brusque (UNIFEBE).

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RESULTS AND DISCUSSIONS

The discussion was organized according to the answers in themes. Based on the evidence in the answers, the following themes were established: (i) Characteristics and singularities about Autism; (ii) "You have to program": reflecting on methodological aspects of teaching/intervention; (iii) Preparation of the professional to work with autistic children; (iv) Corporeity - the "speaking body", "feeling, thinking and acting".

Regarding the (i) characteristics and singularities about autism, initially, it was identified that the P, who are researchers, exposes and have a broad understanding of ASD dialoguing with theory and experience, going beyond the description of symptoms and thinking about the individual in the inserted context. This perception is visualized in P1's report when he mentions,

> [...] Autism is configured as a child neurodevelopmental disorder, so where the child presents as specific criteria for his diagnosis the alterations of communication, social interaction, relationship with others and stereotyped and repetitive movements, then these are the basic criteria for the child to have autism but have some associated comorbidities, So they have been presenting, for the most part, sleep alterations, alterations in motor development, intellectual deficits, some hyperactivity, attention deficits, are some of the associated comorbidities, but they are not specific to the diagnosis of autism [...].

The other professionals who work directly with autistic children deal daily with the specificities that involve them and the observed singularity is unanimously reinforced. Even because, the

> Autism is not a single disease, but rather a complex developmental disorder, defined from a behavioral point of view, with multiple etiologies and varying degrees of severity. The phenotypic presentation of autism may be influenced by associated factors that are not necessarily part of the main characteristics that define this disorder (Gadia; Tuchman; Rotta, 2004, p. S83).

The principle of individuality can also be observed in P9's report when he mentions that:

> [...] At the beginning of my work, the idea that was had about autism was that the child was aggressive that he would hit the teacher, or that he would have a fixation on characters, with the time of acting and the opportunity to study and improve

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> myself, and today I understand that autism has several levels, that the child has repetitive movements, he likes to play with certain objects that are very different from each other [...].

According to P7,

> [...] Research shows that autism is a neurological disorder, and uses the term spectrum precisely because no autistic person is the same as another, and for this reason their demands are individualized, for example, some autistic people will need a speech therapy professional, others will need an occupational therapist, others will not have this need and, yes, from other professionals for their demands [...].

In the understanding of the P, it is possible to perceive a detailed view of the understanding and definition proposed by the DSM-V (Diagnostic and Statistical Manual of Mental Disorders - 5th edition) (APA, 2014) in how ASD is configured, intensifying that there is a two-way bias in which the environment where this professional is inserted influences him in the search for knowledge, or the proactivity of this professional makes him available to this knowledge.

Using the search for knowledge as a motivating agent, the importance of this professional, institutions and caregivers is established, because "autism is currently considered a chronic and complex neurodevelopmental pathology, resulting from brain dysfunction of multifactorial etiology, unknown in about 80% of cases" (Ferreira; Oliveira, 2016, p. 2). The term multifactorial affirms the existence of impairment in the global development of this individual and the characteristics presented. According to the DSM-V,

> A. Persistent deficits in social communication and social interaction in multiple contexts, as manifested by the following, either currently or by previous history (examples are illustrative only, not exhaustive; see text): 1. Deficits in socio-emotional reciprocity, ranging for example from abnormal social approach and difficulty in establishing a normal conversation to reduced sharing of interests, emotions or affect, difficulty initiating or responding to social interactions. 2. Deficits in nonverbal communicative behaviors used for social interaction, ranging for example from poorly integrated verbal and nonverbal communication to abnormality in eye contact and body language or deficits in understanding and use of gestures, the total absence of facial expressions, and nonverbal communication. 3. Deficits in developing, maintaining, and understanding relationships, ranging for example from

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> difficulty in adjusting behavior to suit diverse social contexts to difficulty in sharing imaginative play or making friends, the absence of peer interest (APA, 2014, p. 50).

In this context, P1 comments that "[...] I see it more strongly, it's a difficulty in interpersonal relationships, it's not about the issue of communication [...], [...] also about mannerisms [...], [...] by the way I play, I realize a lot about this, so it's how much the child catches the other's gaze [...]". The aspects reported corroborate the characteristics exposed by Klin (2006, p. S5-S6), when exposing some of the qualitative losses that involve the diagnosis of autistic disorder, namely:

> [...] 'Qualitative impairment in social interactions', including marked impairment in the use of nonverbal forms of communication and social interaction; failure to develop relationships with colleagues; absence of behaviors that indicate sharing of experiences and communication (e.g., 'joint attention' skills - showing, bringing or pointing out objects of interest to other people); and lack of social or emotional reciprocity. [...] 'Qualitative impairment in communication' includes delays in verbal language development, not accompanied by an attempt to compensate for it through alternative modes of communication, such as gesticulation in non-verbal individuals; impairment in the ability to initiate or maintain a conversation with others (in individuals who speak); stereotyped and repetitive use of language; and lack of pretend play or social imitation (to a greater degree than would be expected for that child's general cognitive level). [...] 'Repetitive and stereotyped restrictive patterns of behaviour, interests and activities' include comprehensive, intense and rigid concerns with stereotyped and restricted patterns of interest; inflexible adherence to specific non-functional routines or rituals; stereotyped and repetitive mannerisms (such as shaking the hand or finger, shaking the whole body); and persistent preoccupation with parts of objects (e.g., the texture of a toy, the wheels of a miniature car).

Still on sensoriality, P7 reports that "[...] the issue of the sensory system, not everyone has it, but the vast majority has sensory dysfunction and then presents a sensitivity or hypersensitivity, such as sounds, colors, textures, etc. [...]". Also, some of the characteristics mentioned by Klin (2006) are verified by P3 when he characterizes that "[...] the child who had those repetitive movements that only played at stacking things [...]". Although there are some particularities that involve the involvement, each child has its own particularities. Melo et al. (2020, p. 4) point out that, "the use of the new term [ASD] is due

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to the variability of characteristics and intensities to a heterogeneous group of diseases that varies according to the level of severity".

In view of this, thinking about motor development and considering the specificities of the spectrum, there is a commitment to enable the promotion of the global development of children with ASD. Sustaining psychomotricity and its knowledge in the tripod defined by movement, intellect and affect. P3's report objectively supports this position,

> [...] so this motor development will occur according to Vítor da Fonseca genetically at some points repeating phylogenesis and ontogenesis because the child from birth begins with its development, which is from the middle to the extremities and then acquires movements, of course, this will depend and we cannot deny the influence of the environment in which it lives, environment and people, their caregivers, in the sense of those who are with the child, and the child then starts to an increasingly accentuated toning of its muscles, its reflexes that are initially born with it, so they are the innate reflexes [...].

In addition, Azambuja (2005) justifies that psychomotricity helps in the development of children with ASD because psychomotor action aims to promote global development and knowledge of one's own body.

The professionals reinforced the perceptible evolution of children exposed to interventional actions based on psychomotor development and how the child largely develops beyond the scope of fine and gross motor coordination. In this way, it also provides cognitive and linguistic advances (Rossi et al., 2023), as reported by P7: "[...] when they start to develop those motor skills that they had difficulties with, my God, they develop everything like that, you know, and then that leap in development happens, it's very cool [...]." The importance of the development of psychomotor aspects is visualized, favoring the affective and physical development between people, emotions and actions, making them more autonomous (Santos; Costa, 2015).

In P6's report, the presence of manual difficulties is mentioned "[...] To complement, so since it's the motor part and manual skills, we realize that they have a little difficulty [...]". Another report that evidences this view is from P5, "[...] Many autistic people have muscle stiffness, which greatly corroborates the delay in the development of fine motor skills, an example of which is not being able to handle a pencil [...]".

Ferreira and Corrêa (2019), bring perspectives aimed at education and re-education with psychomotor therapy, in order to interact with the child observing their difficulties and

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skills for the construction of strategies that boost motor, cognitive and socio-affective development. The guiding origin of this practice is to offer stimuli through sensations, feelings and movements that lead you to the range of experiences, and to provide the perception of your body through psychomotricity and the development of characteristics that are presented, such as repetitive/stereotyped movements; social; motor skills; hypersensitivity; and others.

P5 reports in one of his interventions an event about:

> [...] we worked on the circus theme that year and there was an activity that was to hit the clown's mouth with a ball, so the child needs to be able to handle the ball in his hands and be able to make the movement to hit the target that was the clown's mouth, and the child with ASD had many difficulties and was very angry for not being able to, We were always encouraging him to train and learn the movement, until on a specific day the child managed to complete the task of hitting the clown's mouth [...].

All the P brought reports about the particularities experienced and observed in the daily routine of work, with children who have ASD. In this sense, the singularities are perceived, as well as the intensity that manifest themselves in each individual, a reality that requires a careful look from the professional, in order to understand the child with ASD and enable experiences that promote their significant development. Each case is a different reality, as there is no pattern of manifestation. Over time, the child with ASD may develop or lose some of the characteristics/abilities presented above.

It is then observed the importance of the existence of a methodology that anchors the performance of this professional, understood as a process, not as a plastering, always guided by a direction. Therefore, we idealized the category (ii) "You have to program": reflecting on methodological aspects of teaching/intervention, in which the professionals were consonant in reporting the need to program and also possibilities applicable to working with autistic people, each with its characteristics and peculiarities.

Teacher sensitivity is necessary in order to understand and enhance the learning of children with autism (Thiengo et al., 2021). In some situations, they may present sensory sensitivity and be unable to remain in some spaces and/or understand sound stimuli, which may cause nervous crises (Fantini; Nunes, 2022), a characteristic aspect of children with autism, in the face of untimely changes in routine (Ramírez, 2014). "The most common sensory modulation disorders are related to the tactile and vestibular system" (Carvalho;

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Antunes; Vicentini, 2010, p. 50). In addition, they may need to "[...] more time to unravel situations of little complexity for those who do not have the spectrum" (Thiengo et al., 2021, p. 6).

Castro (2005 apud Bortolotti, 2021) understands that activities should be planned by marking a "routine" composed of a slight adaptation directing this child who is resistant to change. Also, Hollerbusch (2001 apud Bortolotti, 2021) addresses the construction of a bond that captivates this child and arouses interest in participating in the activity without generating frustration or initial complexities, discouraging him from the activity, always providing adequacy to his needs in a simple way.

It was realized that children with ASD need the narrated anticipation of what the next steps will be, which is not a rule, but each individual has a demand for these narratives. An example of this can be seen in the performance of P4, when he reports: "[...] so when the teacher is teaching the Physical Education class and it's circuit, for example, I narrate to the child what the other classmate is doing, to encourage him to do it too [...]". In the same direction, P5 mentioned that "[...] in aquatic activities it is essential to report everything that will be done in class, they feel safe [...]". In these two reports (P4 and P5), the issue of objectivity, use of appropriate language, and perception of the intentionality that is intended with the activity is visualized, through motor actions that will enable motor learning. It is known that children with autism have "difficulty" in performing symbolic transposition (Renzo et al., 2017), and mediation with the offer of various forms of language can help them understand. Even because,

> The child with autism can play, interact and share interests, objects and games with other children, as long as there is an intentional and systematic pedagogical intervention. In this context, it is necessary for the teacher to have a sensitive look at this child, to apprehend the clues, the smallest details of the actions and interactions established with others so that they can enhance them (CHICON et al., 2019, p. 174).

Considering that they present losses in some areas, "[...] it is up to the professionals who work with them to use strategies that contemplate the acquisition of skills that are prerequisites for others to be effective" (Lemos; Solomon; Agripino-Ramos, 2014, p. 119). Motor learning can be understood as a set of neuronal processes that are closely linked to the repetition of relatively invariant actions, which promote minimally permanent changes in the individual's ability to perform certain tasks. This possibility occurs due to changes in the

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neural networks responsible for the motor response, promoting good performance in the execution of the new task. It is possible to observe the individual's performance attributing evolution in execution, naming the initial phases as imprecision of movements, with evolution to the closest to the movement taught with the least slowness and the fewest errors (Shimidt; Wrisberg, 2001; Shumwat-Cook; Wollacott, 2003 apud Palazzin, 2007).

Rivière (1995, p. 273) addresses how to promote teaching and education for autistic people, mentioning that "to educate autistic people, it is not enough to know and apply certain techniques, it is necessary to try to understand what it means to be autistic" (Rivièri, 1995, p. 273), thus, he emphasizes the importance of (iii) Preparation of the professional to work with autistic children.

Among the strategies mentioned, P8 reports: "[...] I identify what this student likes the most and create activities or adapt activities with characters they like, so I notice more engagement by the student [...]". According to Gaiato (2019), to maintain the attention of children with autism, it is essential to use materials of interest to them. He also points out that, "when we teach a child who is an automobile aficionado, for example, we can use this interest" (Gaiato, 2019, p. 119).

The report reaffirms the importance of a solid education about professionals who work with children with ASD, which, intrinsically, enables the emergence of the skills and competencies necessary for the professional to bring to light the essentiality of creating a professional bond with the child. In this sense, there are several strategies, but the one in which the student reports what he likes most and the professional perceives and uses this possibility, adapting it, stands out. Even because, the non-performance of the proposed activity/inattention of the child with ASD may be related to difficulty in imitation and symbolic play (Renzo et al., 2017).

Thiengo et al. (2021, p. 7) is emphatic in mentioning that "the teacher who is not yet prepared for such a demand must be prepared in an incisive and proper way, in order to facilitate the contact of the student with autism spectrum with other students and the entire school environment". Rivière (1995) also emphasizes the issue of educational environments and how their structure is essential to facilitate the student's relationship with the environment that surrounds him, who has a stimulating environment that develops and has professionals committed to educating, including and integrating to develop. It also emphasizes the need for the professional to know about the nature of autism and the

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possibilities of development in different aspects, including cognitive, communication and language, motor skills, among others. Therefore,

> The teacher must always be aware of the stages of the student's development, placing himself in the position of facilitator of learning and basing his work on mutual respect, trust and affection. Psychomotricity, in the teaching-learning process, is closely linked to the affective aspects with the motricity, the symbolic and the cognitive (Santos; Costa, 2015, p. 7).

Ferreira and Corrêa (2019) point out the contribution of Henry Wallon, highlighting the importance of the affective aspect that precedes behavior and states that it is the "driving action that regulates the appearance and development of mental formations", also reinforcing that thought and language are inseparable. Thus, it connects to the individual's condition of expressing himself through movement, which allows him to capture knowledge of the environment in which he is inserted through his body with his perceptions and sensations. Psychomotricity directs motor, cognitive, affective and language interactions as well as the social environment.

Promoting this stimulus requires the professional to dialogue with theory and practice, enabling the development of (iv) Corporeality - the "body speaks", "feels, thinks and acts". Consequently, thinking about it in its entirety, because according to João (2019, p. 8)

> Corporeality consists of the following dimensions: physical-motor (organic-biophysical-motor infrastructure that organizes all dimensions of individuality), affective-relational (instinct-drive-affect), mental-cognitive (attention, memory, reasoning, problem solving, reflective awareness) and socio-historical-cultural (values, habits, customs, senses, meanings, symbolisms) (João, 2019, p. 8).

In this process, movement presents itself as a means to do so.

> Movement is the first manifestation in the life of the human being, because from intrauterine life movements are carried out with the body, in which they are structured and exert enormous influences on behavior. Thus, it is considered that psychomotricity is a very rich instrument that helps to promote preventive interventions, providing satisfactory results in situations of difficulties in the teaching-learning process (Santos; Costa, 2015, p. 7).

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Motor development is fundamental for child development and composes the meaning of the self and the other and their various acquired motor activities, good mental functioning and language, within the particularities presented by each individual. Positivo (2001, p. 19) points out that

> Motor development in early childhood is greatly accelerated. Through biological stimuli and the environment in which he lives, the child goes from a situation of total dependence, in the performance of his actions, to a stage in which he can move his body by himself; An upright posture and locomotion are fundamental acquisitions of this phase of life.

Ferreira and Corrêa (2019) understand that psychomotor development happens from the general to the specific and that in the course of learning, the basic elements of psychomotricity are constituted, which are: broad and fine motor coordination; body scheme; Laterality; spatial and temporal perception. Although there is evidence for the presence of motor deficits in children with ASD, there are still uncertainties related to the prevalence, nature, and specificity of the deficits (Kaur; Gochyyev; Devashish, 2024). Whyatt and Craig (2012) suggest that motor skills deficits associated with autism may not be generalized, but more apparent in activities that require complex, interceptive actions, or central balance ability.

P7 identifies and exemplifies, "[...] motor coordination, so in early childhood education we end up working a lot on this issue of making circuits of going up and down, we work a lot at the beginning of the year on issues related to identity, the issue of spatial notion of laterality [...]"; for P8, "[...] with regard to psychomotricity, it involves many skills and the child has difficulties, such as opening the door, holding the pencil [...]"; in P6 on developing balance mentions that "[...] Another thing that we worked on a lot and that we were able to work with the whole class was the issue of balance [...]".

Giorgetti and Richartz (2020) argue that the teacher should know the difficulties of this student and even know what the disorder is and how he should proceed with his conduct and performance. In other words, it is up to the teacher to observe this student and understand what his most eminent needs are and, based on this action, to elaborate his performance in promoting the development of this student. Still, it is important to emphasize that the use of methods appropriate to the needs of each student collaborates directly in the

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effectiveness of the results, since this student will present a minimization of the deficits presented.

> The content must be adapted and the teacher must be aware that one step is always taken at a time. If the student develops quickly and can move on to another activity, that's fine, but if he can't, that's fine too. Adapt the material and select what really matters in that chapter and what really matters for the student to assimilate. Pay attention to the type of difficulty of the student and evaluate, together with the coordination, how much they will explore each topic studied by the other students in the same class or in the same grade (Brito, 2014, p. 59).

As an example in the report of P4,

> [...] he liked trains, he was watching a painting activity, but he didn't want to do it, so I looked for something he liked, so I created train albums [...], [...] I made a train all out of a cardboard house and took it to another environment for us to paint, so I try to win that way, investigate what he likes, right, what they know and try to work on it [...], he liked planets, so he didn't stop, he didn't want to know anything, so you don't have to bring something on top of planets for him to be able to hear, try to understand a little about the subject [...]

Considering the responsibilities of the teacher and the fundamental role assigned to him, it is up to him to teach and value the student beyond his diagnosis, following the development of the promotion of autonomy, in order to offer tools for the child to solve daily tasks and not only teach content and disciplines. To this end, it is necessary to know the student and his abilities as well as his difficulties in order to promote learning, and the inclusion movement, working on confidence and the feeling of acceptance (Giorgetti; Richartz, 2020).

Thus, P5 suggests, "[...] to the professional who intends to work in this area first to know autism, to look with affection and attention, to specialize in the area [...]". P6, on the other hand, mentions that, "[...] My strategy is to include this autistic person to be able to provide a broad evolution and development [...]".

Identifying the need to seek knowledge about the spectrum in order to create action strategies aimed at the evolution of the student is not an easy task, and the P made it evident that proactivity is the basis of the professional in working with autistic people, however, the search for the new and constant training are necessary. In this sense,

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Giorgetti and Richartz (2020, p. 9) point out: "we know that there are professionals who are already aware of the need to commit to their students and do an excellent job, but we also know that there is still a long way to go in relation to inclusive education".

Reporting on P1 alert,

> [...] The challenges are also to broaden our understanding of this phenomenon because we know very little about it and so we are walking and unveiling it little by little, despite the existence of unusual behaviors and singularity, and I also think that one of the biggest challenges is to work on the attitudinal barrier, and so from the moment we have this existential openness to welcome the other with their differences, this problematization will be solved [...].

Richartz and Gonçalves (2016) emphasize that there is no ready-made protocol to make inclusion effective, but that it is necessary to have a real involvement of the entire team involved, including parents, caregivers, teachers, schools and everyone who involves the universe of this child, adapting this world to a pedagogical political project in order to meet the demand in an individualized way. Orrú (2003, p. 11) also points out that

> We have not yet found the finite line of this horizon. This is one of the branches of a large river that flows into the ocean. Knowledge has no limits. Many questions about the possibilities and the way to educate a person with autism continue to surface. Putting an end to this work is impossible and contradictory to our guiding principles.

It is evident how challenging it is to work with children with ASD. Dealing with all professional insecurities, creating bonds and, in this construction, paying attention to the productive process of teaching and, at the same time, providing quality teaching and learning, dedicating oneself to the singular process, requires, in addition to proactivity, empathy, and a humanistic look at diversity and humanization.

FINAL CONSIDERATIONS

It is considered that every professional who works or intends to work with children with ASD is aware of the importance of how necessary it is to know the subject, thus avoiding possible sterile actions, and, therefore, without practical effects for the promotion and psychomotor intervention in all its scopes. The evolutionary journey, regardless of the area of activity, occurs horizontally and continuously and with the engagement of all those involved in the process.

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It was verified, from the perception of the P, that the psychomotor development of children with ASD takes place in a slow way compared to a typical child, because their development happens in an integrated way with the environment that surrounds them and from the involvement of everyone who makes up the circle of this child, including professionals, parents, caregivers, family members, friends who are available to stimulate this child, allowing him to constitute his autonomy as a human being in development.

Finally, it is considered that psychomotricity is part of the evolution of children with ASD and that, when developed, it contributes significantly to promoting global and expressive advances, minimizing symptoms and comorbidities, contributing to the acquisition of new skills.

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