

# INCIDENCE OF AUTISTA SPECTRUM DISORDER – ASD

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## Abstract

*People with disabilities have long-term limitations that may obstruct and / or hinder their integration into society. Among the many existing deficiencies is Autistic Spectrum Disorder (ASD), which is a neurological disorder characterized by impaired communication, social interaction, and behavioral change. In this sense, the present work proposes to show the percentage of children and adolescents enrolled in the school system in the city of Paulo Afonso-Ba, in kindergarten, elementary I and II, diagnosed with ASD, besides knowing the history, the diagnosis and the treatment of autism. To this end, a bibliographic search was performed with searches in the Scientific Electronic Library Online (SciELO) databases, in the CAPES Journal Portal and Google Scholar, using the keywords: autism, ASD, autistic, and search in the Diagnostic Manual and Statistical Analysis of Mental Disorders - DSM V (2013). Then a descriptive analysis of the collected data was performed. However, according to research it is observed that the incidence of autism cases has increased significantly during the last decades.*

**Keywords:** Disabled Person. Autism. Incidence.

## 1. Introduction

### 1.1 The Disabled Person

For a long time in the history of mankind people with disabilities were seen as incapable beings in life in society, being denied all their rights. Even being paid, discriminated against and even killed by their own relatives, they served neither to produce wealth nor to fight. With the rise of Christianity, people with disabilities were protected by the law of Constantine in 315 AD, so they could not be killed (SCHEWINSKY, 2004). Until the seventeenth century, however, people with disabilities continued to be ignored and many of them abandoned by their families, excluded from society, and beggars to survive. At this time many were taken to monasteries, nursing homes and to be studied in hospitals.

Article 2. A person with a disability is considered to be a person who has a long-term impairment of a physical, mental, intellectual or sensory nature, which, in interaction with one or more barriers, may hinder their full and effective participation in society on equal

terms. with the other people. (LAW 13,146 of July 6, 2015)  
[http://www.planalto.gov.br/ccivil\\_03/\\_Ato2015-2018/2015/Lei/L13146.htm](http://www.planalto.gov.br/ccivil_03/_Ato2015-2018/2015/Lei/L13146.htm)

However, it was not until the twentieth century that some inclusive public policies for people with disabilities emerged in order to ensure a better quality of life and promote equal opportunities for people in health and education. According to the United Nations - UN, Brazil is among one of the few countries that has legislation for people with disabilities. Including Constitutional Rules for people with disabilities, as well as laws, decrees and ordinances, according to the government website: <https://www.pessoacomdeficiencia.gov.br/app/legislacao>.

In Brazil, social policies directed at people with disabilities emerged in the nineties, starting from the 1988 Constitution, being the responsibility of the State. However, what is still evident is that most institutions that operate in this area are inserted in the so-called private but public philanthropic sphere (ROY, 2000, p: 217 apud SOUSA, 2011, p. 220).

It is through this partnership with the participation of organized civil society and government agencies that social justice takes place. Favoring people with disabilities the right to health, education, leisure, work, among others.

## **2. Autista spectrum disorder - asd**

Within the various deficiencies in the world is Autism Spectrum Disorder - TEA. Autism is a neurological disorder that compromises global development. The term “autism” comes from the Greek word “autos” which means “self” or “from oneself” (FERRARI, 2012, p. 5).

According to the Diagnostic and Statistical Manual of Mental Disorders - DSM V / 2013 (American Psychiatric Association - APA, 2014), the person with Autism Spectrum Disorder (ASD) presents early impairments in socialization and communication, as well as behaviors and behaviors. restricted and stereotyped interests. To Madaschi (2017), Children with ASD may also present cognitive deficit, hyperactivity, aggressiveness and anxiety, among others. These characteristics vary in their degree of intensity from person to person, some frames are lighter and others more severe.

The communication of the individual with ASD draws attention, since they present little or no verbal communication, usually have echolalia, can manifest by self-repetition of their speech or repetition of the other (MERGL; AZONI, 2015). They still present deficits in socio-emotional reciprocity, inability to engage with others and to share ideas and feelings (...). Restricted and repetitive patterns of behavior, interests or activities, these symptoms have been present since early childhood and limit or impair daily functioning. (APA, 2014, p. 53).

In this same direction are the provisions of items I and II of Law No. 12.764, of December 27, 2012, which establishes the National Policy for the Protection of the Rights of People with Autistic Spectrum Disorder in Brazil, which considers that the person with ASD features:

I - Persistent and clinically significant impairment of social communication and interaction, manifested by marked impairment of verbal and nonverbal communication used for social interaction; absence of social reciprocity; failure to develop and maintain relationships appropriate to their level of development;

II - restrictive and repetitive patterns of behaviors, interests and activities, manifested by stereotyped motor or verbal behaviors or unusual sensory behaviors; excessive adherence to routines and ritualized behavior patterns; restricted and fixed interests. (BRASIL, 2012)

In this scenario it is worth noting that despite the important research developed in the areas of Genetics and Medicine, there is as yet no indication of a specific cause for autism, nor cure.

### **2.1 Brief History of Autism**

The first definition of autism was made by the Swiss physician Eugen Bleuler in 1911, when describing children who exhibited similar real-world detachment behavior as schizophrenics (CAMPELLO, 2002 apud SILVA; LIMA; SALLES, 2018). However, from 1943 Leo Kanner in the United States defined childhood autism as an emotional alteration, referring to children who lived in her world and did not interact with others. (BARON-COHEN, 1990. p. 408 apud SOUZA AND SANTOS, 2005. p. 2). Already Hans Asperger in 1944 in Austria considered autism as a mental illness, calling it "autistic psychopathy in childhood". (SOUZA; SANTOS, 2005. p. 6)

After this period there was an absence of studies on autism, only in the early 60's began deeper reflections on autism syndrome. From the 1980s onwards, the concept of autism changed, in which the expression psychosis was excluded from the nomenclature, being defined in the Diagnostic and Statistical Manual of Mental Disorder - DSM-III (1987) as: Rett Syndrome and Autistic Spectrum Disorder Syndrome.

The DSM aims to serve as a practical, functional and flexible guide to organizing information that can assist in the accurate diagnosis and treatment of mental disorders. It is a tool for clinicians, an essential resource for training students and professionals and a reference for researchers in the field. (APA. 2014, p. 41).

However, the conceptualization and classification of autistic syndrome are not pacified as can be observed when analyzing that the World Health Organization itself (WHO) and the Diagnostic and Statistical Manual of Mental Disorder (DSM) of the American Psychiatric Association and the tenth edition of the International Classification of Diseases (ICD-10), 1991: They used different terminologies for autism.

Thus, for the DSM-IV (1994) Global Developmental Disorders encompassed five disorders characterized by severe impairment in numerous areas of development. Autistic Disorder, Rett Disorder, Childhood Disintegrative Disorder, Asperger's Disorder (name derived from researcher Hans Asperger) and Global Developmental Disorder Not Otherwise Specified. This group of disorders was characterized by severe difficulties in social interactions manifesting since early childhood. (SILVA; MULICK, 2009).

In the view of the latest version of DSM-V (2013), which brought significant changes to be observed for the diagnosis of autism and its nomenclature is now defined as Autism Spectrum Disorder - ASD, occurring with the fusion of autistic disorder, autism disorder. Asperger's disease and global developmental disorder.

### **2.2 Diagnosis of Autistic Spectrum Disorder**

The diagnosis of Autistic Spectrum Disorder - ASD is essentially clinical, based on observations about the child's behavior and interviews with parents and / or caregivers (MACHADO et al. 2014).

The IRCD (Clinical Indicators of Risk for Child Development) is a recommended instrument to be used by health professionals in general (doctors, health agents, speech

therapists, nurses, among others), so that the behavior of the dyad can be observed. mother-baby and thus point out signs of risk for child development in general. (MACHADO, F. P et al. 2014).

Diagnosis does not exclude the use of neurological and cognitive examinations, speech and hearing evaluation, and genetic testing, including chromosome and neuroimaging studies, may be necessary in specific cases to identify more homogeneous subgroups according to behavioral manifestation. and the etiology (GADIA, TUCHUMAN AND ROTTA, 2004 apud SCHWARTZMAN, ORSATI and MACEDO, 2008).

The same authors also state that:

The assessment of autistic individuals requires a multidisciplinary team and the use of objective scales. Structured techniques exist and should be used to evaluate both children's social behavior and their ability to imitate.

In April 2017, Law 13,438 was approved, which obliges the Unified Health System (SUS) to adopt the protocol for routine pediatric consultations, in order to identify signs of autism in children. M\_CHAT is simple, fast and can be completed by parents, provided they are literate, and can be applied to children 18 to 24 months of age (MADASCHI, 2017).

### **2.3 Treatment of the person with ASD**

The quality of life of the individual with ASD will depend greatly on multiprofessional treatment, that is, with several professionals, among them: psychologist, psychopedagogue, speech therapist, occupational therapist, physiotherapist and child neurologist. It is recommended that interventions take place from the first years of life, respecting their peculiarities. However, the financial and, most importantly, the emotional burden on the parents and families of affected children can also be substantial. (NIKOLOV, JONKER, SCAHILL, 2006, p. 40).

Generally, medications are not part of the treatment for children with ASD, but when necessary they can use drugs to control insomnia, aggression and agitation (NIKOLOV, JONKER, SCAHILL, 2006). The therapeutic interventions for the child with ASD are most often speech therapy and occupational therapies to address language and sensory issues, respectively.

Regarding behavioral issues according to Amorim (2011) cited by Silva; Lime; Salles, (2018), the best known interventions are: TEACCH (Treatment and Education of Autistic and Related Communication Handcapped Children); Picture Exchange Communication System (PECS); and ABA (Applied Behavior Analysis). In addition to the above it is still observed that:

Through playful activities the child assimilates values, acquires behaviors, develops various areas of knowledge, exercises physically and improves motor skills. In living with other children, he learns to give and take orders, to wait for his turn to play, to lend and borrow his toy, to share good and bad times, to make friends, to have tolerance and respect. develops sociability. (SANTOS, 2008, p. 56).

Thus, they are also indicated to develop skills in children with ASD, some complementary or supplementary therapies such as: hippotherapy, hydrotherapy, cynotherapy, swimming, music therapy, ludotherapy, among others (DUARTE, 2016).

## **2.4 Autism and Education**

In addition to therapies, children with ASD need to be included in society for their global development, one of the forms of inclusion is through education. In the same vein, one of the main documents that recognizes the need for the inclusion of people with disabilities in the regular education system is the Salamanca Declaration document produced at the World Conference of Special Education, in June 1994, in Spain, together with the United Nations. Educational, Scientific and Cultural Organization (UNESCO). "Inclusive education is the most effective way to build solidarity between children with special educational needs and their peers." (SALAMANCA DECLARATION, 1994).

In line with this thinking, in 2008, the Ministry of Education (MEC) launched the National Policy for Special Education from the perspective of Inclusive Education (BRAZIL, 2008). In addition, to institute Operational Guidelines for Specialized Educational Assistance in Basic Education, Special Education modality, according to Resolution No. 4 of October 1, 2009 (<http://www.cesarcallegari.com.br/v1/edesp.pdf>) as well as Decree no. 7,611, of November 17, 2011, which deals with special education, specialized educational assistance and other measures. ([http://www.planalto.gov.br/ccivil\\_03/\\_Ato2011-2014/2011/Decreto/D7611.htm](http://www.planalto.gov.br/ccivil_03/_Ato2011-2014/2011/Decreto/D7611.htm)).

## **3. MATERIAL AND METHODS**

To perform the research, in which the proposal is to show the incidence of ASD, a bibliographic search was used, and searches were made in the Scientific Electronic Library Online (SciELO) databases, in the CAPES Journal Portal and in Google Scholar, and the following were selected: articles published between the years 2000 and 2019. The following keywords were used: autism, ASD, autism. In addition, research conducted in the Diagnostic and Statistical Manual of Mental Disorders - DSM V / 2013 (American Psychiatric Association - APA, 2014). Then the descriptive analysis of the collected data was performed.

As a methodological approach, the present study had as research field the schools located in the city of Paulo Afonso-BA. For this, between June and July 2019, a survey was carried out with the Department of Education (municipal public schools) and the private schools of the municipality. The collected data were analyzed within a quantitative approach.

### **3.1 Inclusion and Exclusion Criteria**

As inclusion criteria to participate in the research were considered only the municipal public schools and private schools with kindergarten, elementary school I and II. In addition, to establish the sample participants, only the students who had closed medical reports, ie, those still in the evaluation process, were not included in the research.

As an exclusion criterion, they were excluded from the research to state public schools, because they work with high school and private schools with a quantity of less than 200 students; as well as private schools that are located outside the perimeter of the island of Paulo Afonso-BA.

### **3.2 Procedure**

For data collection, the school board was asked to complete a simple questionnaire, only to include the number of students enrolled in schools that were diagnosed with ASD (with medical reports), according to the teaching modality.

#### 4. RESULTS AND DISCUSSION

According to the collected data, it was possible to identify the number of children and adolescents with Autistic-TEA Spectrum Disorder who are of school age in the city of Paulo Afonso-BA. They are presented in the table below.

Table 1. Number of children and adolescents with Autistic – TEA are of school in the city of Paulo Afonso-BA/Brasil

INSTITUTIONS EDUCATIONAL	TEACHING MODE			PERCENT OF STUDENTS WITH TEA	TOTAL SCHOOL STUDENTS
	STUDENTS WITH TEA CHILDHOOD EDUCATION	STUDENTS WITH TEA IN ELEMENTARY SCHOOL I	STUDENTS WITH TEA IN ELEMENTARY SCHOOL II		
MUNICIPAL PUBLIC SCHOOLS	32	40	27	0.60	16.404
SEVEN SEPTEMBER COLLEGE	6	13	1	2.21	953
MONTESSORI COLLEGE	3	2	2	0.63	1.101
GOOD IDEA COLLEGE	3	0	1	0.61	650
MONTEIRO LOBATO COLLEGE	0	1	0	0,39	256
SCHOOL WHEEL PIÃO	6	5	0	3.83	287
PINGO SCHOOL OF PEOPLE	3	1	0	1.42	280

Through ethnographic technique it was possible through informal conversation with school leaders and pedagogical coordination to realize that there are in all institutions surveyed other children with suspected ASD, some who are already in the evaluation process and others who parents do not accept the disorder, therefore, still without reports, however, with some real characteristics, observed in the great majority by the pedagogical team of the schools.

On the other hand, the Specialized Educational Attendance - SEA rooms of the schools also need to attend these children (without reports), because, according to the technical note no. 04, of January 23, 2014, issued by the Secretariat of Continuing Education, Literacy, Diversity and Inclusion (SECADI), which establishes, among other things, that “[...] cannot be considered essential for the presentation of a medical report (diagnosis disability, global developmental disorders or high skills / giftedness, as ESA is characterized by pedagogical rather than clinical care (BRASIL, 2014, p. 3).

According to the following representation, it is possible to observe the prevalence of autism between 2004 and 2018. So far, it is not clear why this increase is due. However, it believed in the recent expansion of diagnostic criteria, as well as an improvement in the training of professionals. (SILVA; MULICK, 2009).

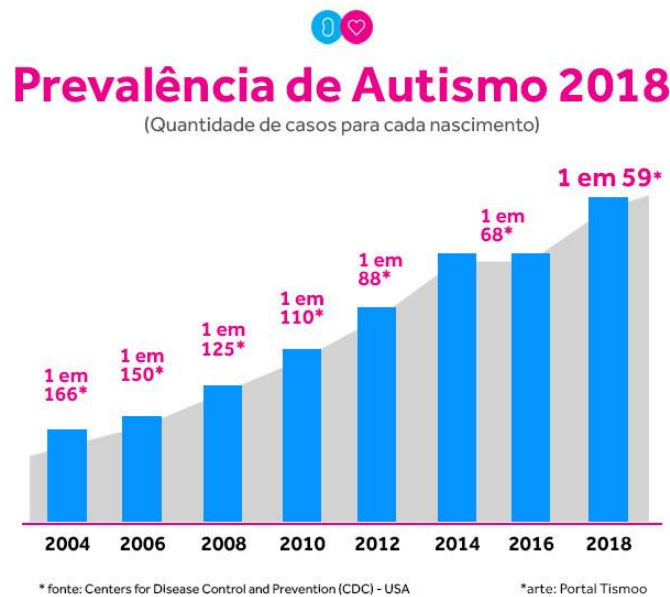


Figure 1. Prevalence in autism in 2018

Source: <https://tismoo.us/destaques/cdc-divulga-novos-numeros-de-autismo-nos-eua-1-para-59/>

For Klin (2006), the increase in ASD, besides what has already been reported, is also due to the better detection of cases without mental retardation (Asperger's syndrome - AS), to the incentive to determine the services provided by this diagnosis. as well as the understanding that early identification (and intervention) maximizes a positive outcome.

From the analysis of the figure, it is observed that each year increases in number of cases of ASD. UN data (2015) show that ASD affects 70 (seventy) million people worldwide and classifies the disorder as a global public health issue. Thus, in 2007, the United Nations - United Nations Organization created World Autism Day, celebrated on April 2, with the aim of drawing attention to this disorder by disseminating information to the population about autism and thus reducing discrimination and discrimination. preconception.

However, the person with ASD is affected by:

The condition has serious socioeconomic consequences, as it begins in childhood, is chronic, and disability can be substantial. The costs to society are significant in terms of special education programs, support services, residential institutions and loss of productivity for affected individuals as well as for family members. (NIKOLOV, JONKER, SCAHILL, 2006. p. 40)

According to Duarte (2016), "... the incidence rate seems to be four times higher in males; however there does not seem to be any known association with racial, social, economic or cultural aspects ". Because most diagnosed cases are in boys, autism is represented by blue.

## 5. FINAL CONSIDERATIONS

Autism Spectrum Disorder (ASD) impairs global development, affecting communication, social interaction, and behavior. According to the latest version of the Diagnostic and Statistical Manual of Mental

Disorders DSM-V / 2013 (APA-2014), this syndrome includes autistic disorder, Asperger's disorder and global developmental disorder. According to the UN every year this number has been increasing considerably.

To reach the research results, data from public and private schools in the city of Paulo Afonso-BA were used to obtain a survey of children and adolescents of school age, with diagnoses of ASD. However, according to the government website (<https://www.camara.leg.br/noticias/562740-sancionada-lei-que-inclui-dados-sobre-autismo-no-censo-2020/>), on July 18 of this year, Law 13.861 / 19 was sanctioned, which obliges the Brazilian Institute of Geography and Statistics (IBGE) to insert questions on autism in the 2020 Census. With this, it will be possible to know how many people in Brazil have this disorder and how they are distributed throughout the territory.

This measure will also favor the implementation of public policies aimed at this clientele. For this reason, the Development Center was inaugurated on 10/10/2010 in the city of Paulo Afonso - BA, focused on the treatment of child mental health. More than 300 children are currently being assisted by seven professional experts.

Regardless of the strategy used to conduct the research, it is noted that the incidence of ASD is a public health issue. This number is also due to Autistic Spectrum Disorder, encompassing other disorders. Therefore, research suggests that parents and health professionals investigate the first atypical manifestations of children through specific instruments. Because studies show that early interventions bring positive results for the person with ASD.

This study also brings a reflection on the global development of people with ASD, because the school is one of those spaces of coexistence, and through interpersonal relationships that reduce discrimination and prejudice. "Although the current discourse is the valorization of the human being, one cannot deny the current prejudice." (SCHEWINSKY, 2004). For this reason, the MEC has been showing an effective interest in improving the education of students with special educational needs, despite also evidencing an oscillation in the significance of Special Education and, more recently, Inclusive Education. (MAZZOTTA, ANTINO, 2010).

Despite some achievements, especially in the legal field, there are still many questions about Autism Spectrum Disorder (ASD) that need to be unraveled, as many of us, including in the academic field, still do not know how to deal with this disorder.

## **6. References**

American Psychiatric Association (2014). **DSM-V: Manual Diagnóstico e Estatístico de Transtornos Mentais** (5a ed.). Porto Alegre: Artmed.

BRASIL. **Constituição** (1988). **Constituição** da República Federativa do Brasil. Brasília, DF: Senado **Federal**: Centro Gráfico, 1988. 292 p.



\_\_\_\_\_. Constituição da República Federativa do Brasil. São Paulo: Imprensa Oficial, 2001. Available in: [www.imprensaoficial.com.br/downloads/pdf/Constituicoes\\_declaracao.pdf](http://www.imprensaoficial.com.br/downloads/pdf/Constituicoes_declaracao.pdf)

\_\_\_\_\_. Ministério da Educação. **Política Nacional de Educação Especial na Perspectiva da Educação Inclusiva. Inclusão:** Revista da Educação Especial, Brasília, v. 4, n. 1, p. 7-17, jan./jun. 2008. <Available in: <http://portal.mec.gov.br/seesp/arquivos/pdf/revinclusao5.pdf>>. Access in: JAN 2019

\_\_\_\_\_, Ministério da Saúde. **Política Nacional de Atenção à Saúde da Pessoa com Deficiência.** < Available in: [http://bvsmms.saude.gov.br/bvs/publicacoes/politica\\_nacional\\_pessoa\\_com\\_deficiencia.pdf](http://bvsmms.saude.gov.br/bvs/publicacoes/politica_nacional_pessoa_com_deficiencia.pdf)>. Access in: 05 de abril de 2018

\_\_\_\_\_. **Nota técnica n. 04/2014/MEC/SECADI/DPEE.** Brasília: Ministério da Educação, Secretaria de Educação Continuada, Alfabetização, Diversidade e Inclusão, Diretoria de Políticas de Educação Especial, 23 jan. 2014. Available in: [http://portal.mec.gov.br/index.php?option=com\\_content&view=article&id=16761&Itemid=1123](http://portal.mec.gov.br/index.php?option=com_content&view=article&id=16761&Itemid=1123). Access in: 7 fev. 2015.

**Declaração de Salamanca.** Sobre Princípios, Políticas e Práticas na Área das Necessidades Educativas Especiais (1994). <Available in: <http://portal.mec.gov.br/seesp/arquivos/pdf/salamanca.pdf>> Access in: 10 de julho de 2018.

**Decreto n. 7.611, de 17 de novembro de 2011.** Dispõe sobre a educação especial, o atendimento educacional especializado e dá outras providências. Available in: <[http://www.planalto.gov.br/ccivil\\_03/\\_Ato2011-2014/2011/Decreto/D7611.htm#art8](http://www.planalto.gov.br/ccivil_03/_Ato2011-2014/2011/Decreto/D7611.htm#art8)>. Access in: 24 dez. 2011.

DUARTE, A. F. **Conversando Sobre Autismo Com Pais e Educadores.** São Paulo: All Print Editora, 2016.

**Especialistas da ONU em direitos humanos pedem fim da discriminação contra pessoas com autismo.** < Available in: <https://nacoesunidas.org/especialistas-em-direitos-humanos-da-onu-pedem-fim-da-discriminacao-contr-pessoas-com-autismo/>> Access in: 15 de junho de 2018.

FERRARI, P. **Autismo Infantil: O que é e Como Tratar.** 4ª. Ed. – São Paulo: Paulinas, 2012. – (Coleção Caminhos da Psicologia).

KLIN, A. **Autismo e Síndrome de Asperger: Uma Visão Geral.** Rev Bras Psiquiatr. Rev. Bras. Psiquiatr. vol.28 suppl.1 São Paulo May 2006. <http://dx.doi.org/10.1590/S1516-44462006000500002>.  
*Print version* ISSN 1516-4446 *On-line version* ISSN 1809-452X  
<Available in: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1516-44462006000500002](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1516-44462006000500002)>.  
Access in: Fev 2019

**Lei nº 7.612, de 17 de novembro de 2011, que Institui o Plano Nacional dos Direitos da Pessoa com Deficiência.** <Available in: [http://www.planalto.gov.br/ccivil\\_03/\\_ato2011-2014/2011/decreto/d7612.htm](http://www.planalto.gov.br/ccivil_03/_ato2011-2014/2011/decreto/d7612.htm). > Access in: 11 de abril de 2018

**Lei nº 12.764, de 27 de dezembro de 2012, que institui a Política Nacional de Proteção dos Direitos da Pessoa com Transtorno do Espectro Autista.** <Available in: [http://www.planalto.gov.br/ccivil\\_03/\\_ato2011-2014/2012/lei/12764.htm](http://www.planalto.gov.br/ccivil_03/_ato2011-2014/2012/lei/12764.htm). > Access in: 18 de abril de 2018

**Lei 13.146, de 06 de julho de 2015. Institui a Lei Brasileira de Inclusão da Pessoa com Deficiência (Estatuto da Pessoa com Deficiência).** Available in: [http://www.planalto.gov.br/ccivil\\_03/\\_Ato2015-2018/2015/Lei/L13146.htm](http://www.planalto.gov.br/ccivil_03/_Ato2015-2018/2015/Lei/L13146.htm)> Acesso: Jul 2018

**Lei 13.861, de 18 de julho de 2019. Inclusão de dados sobre autismo no Censo 2020.** Available in: <https://www.camara.leg.br/noticias/562740-sancionada-lei-que-inclui-dados-sobre-autismo-no-censo-2020/>> Acesso: Ago 2019

MACHADO. F. P, et al. **Questionário de Indicadores Clínicos de Risco Para o Desenvolvimento Infantil: Avaliação da Sensibilidade Para Transtornos do Espectro do Autismo.** *Audiol., Commun. Res.*[online]. 2014, vol.19, n.4, pp.345-351. Epub Sep 30, 2014. ISSN 2317-6431. <http://dx.doi.org/10.1590/S2317-64312014000300001392>.  
Audiology - Communication Research. <Available in: [http://www.scielo.br/scielo.php?pid=S2317-64312014000400345&script=sci\\_abstract&tlng=es](http://www.scielo.br/scielo.php?pid=S2317-64312014000400345&script=sci_abstract&tlng=es)>. Access in: FEV 2019

MAZZOTTA. M. J.S, ANTINO. M. E. F.D. **Inclusão social de pessoas com deficiências e necessidades especiais: cultura, educação e lazer.** *Saúde e Sociedade.* *Print version* ISSN 0104-1290. *Saude soc.* vol.20 no.2 São Paulo Apr./June 2011. <http://dx.doi.org/10.1590/S0104-12902011000200010>. <Available in: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0104-12902011000200010](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-12902011000200010)>. Access in: FEV 2019

MADASCHI, V. **Autismo, Diagnóstico e Intervenção Precoce.** <Available in: <http://www.portalacesse.com/2017/09/20/autismo-diagnostico-e-intervencao-precoce/>> Access in: 08 de junho de 2018.

MERGL. M, AZONI. C. A. S. **Tipo de Ecolalia em Crianças com Transtorno do Espectro Autista.** Rev. CEFAC vol.17 no.6 São Paulo Nov./Dec. 2015. <http://dx.doi.org/10.1590/1982-021620151763015>. Print version ISSN 1516-1846 On-line version ISSN 1982-0216. Available in: [http://www.scielo.br/scielo.php?pid=S1516-18462015000802072&script=sci\\_abstract&tlng=pt](http://www.scielo.br/scielo.php?pid=S1516-18462015000802072&script=sci_abstract&tlng=pt). Acesso: Dez 2018

NIKOLOV. R, JONKER. J, SCAHILL. L. **Autismo: Tratamentos Psicofarmacológicos e Áreas de Interesse Para Desenvolvimentos Futuros.** Rev Bras Psiquiatr. 2006;28(Supl I):S39-46. Available in: <http://www.scielo.br/pdf/rbp/v28s1/a06v28s1.pdf>. Acesso: Fev 2019.

SALOMÃO, H. A. S. MARTINI, M. JORDÃO, A. P. M. **A Importância do Lúdico na Educação Infantil: Enfocando a Brincadeira e as Situações de Ensino Não Direcionado.** <Available in: [www.psicologia.pt/artigos/textos/A0358.pdf](http://www.psicologia.pt/artigos/textos/A0358.pdf).> Access in: 20 de Agosto de 2018

SANTOS, I. A. **Educação Para Diversidade: uma prática a ser construída na Educação Básica.** 2008. <Available in: <http://www.diaadiaeducacao.pr.gov.br/portals/pde/arquivos/2346-6.pdf>.> Access in: 23 de junho de 2018.

SOUSA, P. M. L, SANTOS, I. M. S. C. **Caracterização da Síndrome Autista.** 2005. <Available in: <http://www.psicologia.pt/artigos/textos/A0259.pdf>. > Access in: 17 de julho de 2018

SCHEWINSKY. S.R. **A Barbárie do Preconceito Contra o Deficiente - Todos Somos Vítimas.** REVISTA Acta Fisiátrica. Instituto de Medicina Física e Reabilitação. Número atual: Abril 2004 - Volume 11 - Número 1. Available in: [http://www.actafisiatrica.org.br/detalhe\\_artigo.asp?id=251](http://www.actafisiatrica.org.br/detalhe_artigo.asp?id=251). Acesso: Fev 2019

SCHWARTZMAN, J.S, ORSATI, F.T, MACEDO, E. C. **Transtornos Invasivos do Desenvolvimento: conceituação e critérios diagnósticos.** Disponível: <https://pt.scribd.com/document/362439428/Transtornos-Invasivos-do-Desenvolvimento-conceituacao-e-criterios-diagnosticos-pdf>. Access in: Dez 2018.

SOUSA. C. M. **Refletindo Acerca das Organizações da Sociedade Civil e o Atendimento às Pessoas com Deficiência em Campina Grande (PB).** In DAVI, J., MARTINIANO, C., and PATRIOTA, LM., orgs. Seguridade social e saúde: tendências e desafios [online]. 2nd ed. Campina Grande: EDUEPB, 2011. pp. 219-235. ISBN 978-85-7879-193-3. Available from SciELO Books. Available in: <http://books.scielo.org/id/zw25x/pdf/davi-9788578791933-11.pdf>. Access in: Mar 2019

SILVA. M, MULICK. J. A. **Diagnosticando o Transtorno Autista: Aspectos Fundamentais e Considerações Práticas.** Psicol. cienc. prof. v.29 n.1 Brasília mar. 2009.

*versão impressa* ISSN 1414-9893. Available in:

[http://pepsic.bvsalud.org/scielo.php?script=sci\\_arttext&pid=S1414-98932009000100010](http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1414-98932009000100010). Access in: Mar 2019