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Challenges and solutions in the education of children with autism spectrum disorders

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Abstract

Having a child with autism is a challenge, an attempt to face all the situations and difficulties that arise, stress and helplessness, but also a blessing - that of having a special child. Because the development and recovery of the child with autism spectrum disorder depends, most of the time, on early intervention, a stressful and difficult period begins in the life of the child and the family. If for other children, the environment is a very strong stimulus, they learn everything naturally, on the go, in people with autism this process does not take place or is very reduced, so through early intervention, the world around the child begins to take on color and life, taking on a meaning for him as well. For the acquisition of appropriate behaviors and accepted by society, but also development in the 5 areas of development: cognitive, psychomotor, language and communication, relationship and socialization and personal autonomy, assisting people with autism both in their „lonely world” and in the short moments in which they are present in our world, require an early approach from specialists and parents as co-therapists.

Keywords: special child, autism spectrum disorder, early intervention, early infantile autism

Introduction

The concept of autism was introduced in 1911 by B. Bleuler, who described it as a detachment from reality, characterized by a predominance of inner life, a total retreat into the inner world, uncritical thinking and centered on subjectivity, disconnected from reality. Later, in 1943, Kanner popularized this concept, and A. S. Reber defined it as a pathological syndrome that occurs in childhood, marked by a state of social withdrawal, the lack of social responses, difficulties in communication and language, the inability to develop normal attachments and unusual reactions to environmental stimuli (Gherguț, 2005). According to J. Paris (2015) in the DSM-5 Guide for the Intelligent Clinician, autism is described as a spectrum disorder with persistent deficits in communication and social interaction, accompanied by repetitive and restricted behaviors and interests, whose symptoms begin in childhood and seriously affect the functioning of the individual. Autism is a heterogeneous disorder, which means that people with this disorder can forget and act very differently from each other. According to recent estimates of the National Institute of Mental Health (Barnett-Veague, 2010), autism affects between 0.003-0.006 percent of the population, which means that each of 1000 children, between 3 and 6 will have this condition, being more predominantly in boys and affecting different groups of people. Autism is defined in the Diagnostic and Statistical Manual (American Psychiatric Association, 2000, apud Martin, 2009) as a neurological disorder characterized by qualitative insufficiency in social interaction and communication, as well as the presence of stereotypical „patterns” of behaviors, interests and

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activities. Research has highlighted the fact that autism is a neurological disorder, characterized by distinct brain damage, and people with autism spectrum disorders show inadequate brain development (Grandin, 2013).

To date, autism has generated a considerable number of studies and papers, which have led to formidable controversies. The first documented case of autism is believed to be that of Victor, the „wild child”, discovered by Dr. Itard in 1799. As a relatively new disorder, autism was not formally identified until 1943, unlike schizophrenia, which had been identified almost 100 years before. In 1910, Bleuler, a pioneer in schizophrenia research, used the term „autism” to describe certain symptoms of schizophrenia, the term coming from the Greek „auto”, meaning „in itself” or „for oneself”. Thirty years later, Dr. Leo Kanner, of the Johns Hopkins Hospital in Maryland, studied 11 children who exhibited reduced social skills, self-abuse, repetitive patterns, and stereotypes of behavior, calling this phenomenon „early infantile autism”. In the mid-20th century, autism was considered a form of childhood schizophrenia, which caused problems for patients and their families. The first forms of treatment for autism were restrictive and usually involved the institutionalization of the child. Treatment was vague and focused on imitation teaching, but most efforts focused on self-abusive behaviors rather than rehabilitation. American psychologist Bruno Bettelheim proposed a new theory on the etiology of autism, which blamed the parents of affected children, using the term „refrigerator mother”, referring to the coldness with which, in his opinion, mothers cared for their children. This theory was discredited in the 1980s and 1990s; however, there are still some practitioners who believe that parenting styles are related to this disorder (Barnett-Veague, 2010).

Kanner highlighted in his description, several clinical signs specific to autism, namely:

- the premature appearance of the conditions, usually between 0-24 months;
- visible detachment, the child's behavior of being indifferent and careless towards the environment in which he lives;
- the unstable need, this absolute need for permanent preservation of the environment, the constancy and determination of the indications of some usual ritual checks that are the object, on the part of the child;
- body movements - gestural stereotypes such as walking on tiptoes, moving fingers in front of the eyes;
- the lack of language or the presence of a reduced, poor language, the impossibility of using the pronouns „I” and „you” correctly or the repetition of meaningless words (echolalia).

Rutter, for his part, highlights three basic features:

- a) a particular way of deep and general insufficiency of the capacity to initiate and develop social relationships;
- b) a form of language delay that involves impaired understanding, echolalia and the inability to use the first person singular pronoun;
- c) the presence of various compulsive ritual phenomena.

The French psychoanalyst F. Tustin, reinforces the research and then the distributions on the works of the disorders of the autistic spectrum but also of its defense functions by exposing three categories of autism, namely:

- abnormal primary autism - follows primary autism and is characterized by the absence of differentiation between the mother's body and the child's.
- secondary shell autism – the individual builds a kind of protection around their sense of self;

- secondary regressive autism - characterized by a withdrawal of defense vis-à-vis the fear of the anonymous non-I (Avramescu, 2007).

The core features of autism spectrum disorder are persistent deficits in reciprocity, social communication and social interaction (criterion A), and repetitive patterns of restricted behavior, interests or activities (criterion B). These symptoms are present from early childhood and the limit. The stage at which a functional impairment becomes evident varies according to the characteristics of the individual and his environment. Basic diagnostic features are evident in the development period, but also in the intervention, compensation and support current difficulties that can mask in at least certain contexts (DSM-5, 2013).

During the last years, great efforts have been made to be able to identify autism spectrum disorders as early as possible in order to be able to implement educational and treatment interventions, thus providing support and resources to families but also reducing stress or anxiety following an incorrect diagnosis. The delay in diagnosis for a person suffering from autism can bring great difficulties to the family. Although many children are identified before the age of three, others may go years without an accurate diagnosis. The frustration of not knowing what is happening to one's own child can bring a great deal of questioning, self-blame and anger. Once the diagnosis is made, family members may act in a variety of ways, they may cry, express frustration or anger, or even denial (Barnett-Veague, 2010; Zager, 2005). Currently we do not have a medical test to identify autism, a precise diagnosis is made based on observing the individual's behavior, communication and level of development. If the diagnosis is established correctly and in time, the chances of recovery are greater and can bring satisfaction and relief to those who have fought to find out the source of their problems.

The diagnosis of autism is difficult to make by a practitioner with limited training, therefore it is necessary that the person showing autistic symptoms be evaluated by a multidisciplinary team that includes a neurologist, pediatrician, psychologist, speech therapist or other specialized people who have extensive knowledge about autism (Ernsperger, 2006). The work of the multidisciplinary team starts from the moment of planning the therapeutic and educational intervention plan, thus elaborating an individual, personalized plan, considering the needs and needs/lacks each child as well as the diagnosis, outstanding capacities and the availability of human, material and educational resources (Buică-Belciu, 2004). The development of children with autism is almost normal, then they regress, losing their acquisitions and language by the age of three. They can progress if they follow good educational programs, which most of the time have satisfactory results if they work intensively and start before the age of three (Grandin, 2013). Parents reactions to finding out the diagnosis can be different from family to family, most of the time, parents are aware that their own child is slow in development, and for other parents, the close ones are the ones who raise questions when the child does not perform the steps of the developmental stages (Brereton, Tonge, 2005).

In order to evaluate children with autism, they must be observed in various contexts, both structured and unstructured, the specialist monitoring the situations either directly or by means of videos taken at home or in various situations, thus evaluating some aspects of the child's functioning, namely (Gherguț, 2011):

- cognitive capacities: verbal and non-verbal, functioning abilities in everyday life;
- communication: the child's ability to use non-verbal communication strategies, the child's ability to use language functionally, language delay or loss of language;

- social interaction: initiation of social interactions, social imitation, reciprocity at the age level, attachment pattern in the presence of parents, the child's tendency to social isolation or the preference to be alone;
- behavior and response to the environment: behavioral patterns and behavioral problems, unusual reactions to certain sensory experiences, motor/physical skills, play skills, adaptive behaviors/skills, self-service skills.

The symptoms of the autistic disorder are considered to be triggered by the children's sensory and cognitive problems, so that they are seriously affected, developing self-aggressive behaviors and harming themselves due to lack of sensory stimulation. It is possible that autistic people with sensory deficiencies exert more pressure, there being a balance to help the person not reach the other extreme, namely the pain, trying to make it work to reduce the sensory discomfort (Grandin, 2013). Autistic spectrum disorders are present from birth or very early in development and affect essential human behaviors such as social interaction, the ability to communicate ideas and feelings, imagination and establish relationships with others. These disorders are unique and have lifelong effects on how children learn to be social beings, take care of themselves and participate in community activities.

Autism spectrum disorders vary according to the severity of symptoms, the age of onset and the presence of different characteristics, such as mental retardation and specific language delay, and the manifestations differ from child to child. It is very clear that this disorder has developmental effects in ways that affect educational goals and must adhere to strategies to reach them. Also, deficits in language development, nonverbal communication, cognitive abilities and other areas have distinct effects on behavior (Lord, McGee, 2001).

Chris Williams et al. (2004), uses, with reference to the symptoms of autism at the age of 6 months which are not obvious, some children are very passive, others very restless, they are no different from other children, all having their own unique characteristics and personalities. Given the child's temperament, parents perceive children as inconsolable. In contrast, other parents note that these children rarely look at their faces, communicate in low murmurs, and imitate movements or sounds to a minimal extent. Between 6-12 months, children may have delays in reaching the goals specific to the developmental stage, but they may also develop normally. The first concerns of the parents are awakened when a child of approximately 17 months receives the first vaccinations, and the parents associate the two events. By the age of 24 months, the child should be able to pronounce at least two meaningful words with help, he may also have abilities that, later, will be lost. There are reasons for concern, when the child has „different” behavior compared to typical children, with a triad of symptoms, namely:

- does not have visual contact with other people;
- does not respond to the name when called;
- shows very little interest in other people;
- seems to be in „his” world;
- has delayed language development;
- those who have it lose their language;
- does not use gestures;
- hold the adult's hand, using it to show/ask for something;
- has no games;
- is fascinated by the parts of objects;
- spends a lot of time aligning things;

- as unusual movements (walking on tiptoes or waving hands);

Autism spectrum disorders are manifested by difficulties in social interaction and communication, as well as by the tendency to adopt repetitive and stereotyped behaviors.

Difficulties with social interaction

Autistic manifestations appear as early as the first months after birth, in the child's development. A child who presents these autistic manifestations does not smile, is indifferent to his own mother and to the appearance or departure of the mother, and does not know how to distinguish between his mother and other unknown persons. The lack of reciprocity is another symptom that is the basis of the diagnosis, children present deficits that can manifest as a lack of visual contact, they tend to focus on the mouth of the other, they have a delay in the emergence of symbolic play, which does not develop spontaneously. An essential characteristic is the deterioration of affectivity, an individual with autism does not express his feelings towards others and does not begin to be a person. In his life, the child lives in two totally different worlds, the world of others and his world, that of a child with autism. Between the two there is an impossible barrier to cross, the child with autism perceives a different world from the others (Benga, 2010; Francois, 2003; Mircea, 1999). People with autistic symptoms are visibly attached to their parents, they feel defenseless in front of the world, and parents seek to help them at every opportunity. The love and devotion towards their child to which he is indifferent and careless is a real tragedy for the family. The problems they have in understanding what is happening around them, cause suffering and humiliation for the whole family who do not know what to do to understand their own child (www.autism.ro). Most children with autism have difficulties interacting in everyday life. From the age of 8-10 months, those who have not yet established a diagnosis, display some symptoms, such as the inability to respond to their own name when called, reduced interest in people, delayed murmur, have problems initiating social games, does not imitate the gestures and actions of others (www.autismspeaks.org).


Communication difficulties

They also have a great deficit in expression, many of them do not have the ability to understand the things around them or verbal communication (the words, the sentences addressed by the parents). They can have language spontaneously, but used in a repetitive way, and the use of the personal pronoun can be a barrier for them, because they can refer to themselves, as in the second person, there are cases where they can also use the third person. The language of children with autism develops with difficulty or not at all, they use gestures more than words. From the ninth month to a year, the child does not react to the mother's stimulation (Benga, 2010; Gherguț, 2005; Mircea, 1999). The baby's connection with the close people, especially with its mother, grows from birth through non-verbal language. A child with autism lacks the sensitivity to receive and transmit love and affection, not externalizing his emotions, since he has, from the beginning, a life marked by loneliness (www.autism.ro). People with autism have great difficulties in speaking, they are not „able” to combine words into meaningful sentences, they can only speak simple words or they can repeat the same word over and over (echolalia). Non-verbal children learn to use communication signs: pictures, sign language, electronic word processors or devices. Another striking feature of autism is the inability to understand body language, tone of voice or facial expressions, but also the difficulty of initiating or carrying on a conversation, which is mostly mechanical, echolic (www.autismspeaks.org).

Behavioral difficulties, activities and interests

The behavior in the game is poor, it is played with a certain number of objects. He has stiffness and frustration when his daily routine changes or when the furniture is changed or modified in the room, he does not easily accept other clothing items, wanting to wear the same clothes every day. These daily routines and rituals that the child has, give him a sense of control and security over the world, which is unpredictable for him, and the presence of such concerns tend to impose rigidity and routine on a wide spectrum of aspects of functioning daily, it usually applies both to new activities and to family habits. Strange, unaccepted behavior often causes stimulation through self-aggressiveness, emotions expressed through screams, clapping hands, spinning one's own body, which are inappropriate both for him and for the community in which he lives (Benga, 2010; Mircea, 1999). The narrow range of activities, interests and preoccupations with repetitive and stereotyped behaviors (hand waving, jumping, tiptoeing) is another important trait for diagnosing autism (www.autismspeaks.org). The child with autism can also have aggressive or self-stimulating behaviors, which can affect family life. In many situations, parents feel helpless and incapable when self-aggressive behavior occurs: biting, hitting the head against walls (www.autism.ro). An essential characteristic of autism may also be the ability to understand feelings and emotions. In the case of children with autism, they have a special interest in concrete, specific things, however there are studies that talk about the deterioration of abstract orientation, preventing the formation of concepts and the ability to understand symbols. It is reported that following recent studies, the child's body movements synchronize with the adult's speech. It is considered that common feelings are learned too little by the child through imitation. This imitation is important both for the development of language and symbolism, but also for understanding emotions and social behavior. These children with autism have feelings like the others, which they often do not understand and can be sensitive to the emotional state of those around them (Peeters, 2007).

In specialized literature, over time there have been numerous controversies and discussions that have resulted in various theories that can be supported by the causes of autism, but there can also be theories that have no viable explanation. There are several basic doctrines that clarify what autism means, namely:

-  **psychogenetic theories** - these theories appeared in the 50s when there was still no way to research the central nervous system, and which emphasized the fact that these theories produced damage to the personality of the mother who was considered unable to give maternal love to her own child. At the base of psychogenetic theories, a hypothesis expressed in three ways was highlighted:
 - the development of autism would be done only on psychogenetic bases;
 - the possibility of the existence of two types of autism - one type associated with organic pathology, and another type influenced by psychogenic factors;
 - the association between an inborn organic accident and pathogenic stress can be considered autism.

According to some epidemiological research, it was found that these hypotheses were refuted by Kanner and it was proven that there were no differences between the parents of children with autism, that there is no connection between the age of the mother and the birth of the child with autism. According to these theories, autism is considered the expression of the subject's withdrawal from everything that was perceived as cold, hostile and punishing in the environment (Avramescu, 2007).

- ✚ **cognitive theories** - within these theories four classes of theories can be distinguished:
 - a) *perceptual theories* - which started from the perceptual dysfunctions present in autism and formulated three hypotheses:
 - *the hypothesis of the dominance of the proximal senses* (tactile, olfactory, gustatory) - which stipulates that people with autism preferentially use these proximal senses and is issued by Goldfarb (1956).
 - *the hypothesis of hyper selectivity of stimuli* – the child with autism reacts in an exclusive way only to a part of the received message and pays attention only to certain details.
 - *the hypothesis of perceptual instability* – the child with autism is not able to harmonize inputs with motor outputs.
 - b) *hemisphericity theories* - autism is due to abnormalities of cerebral dominance.
 - c) *linguistic theories* - the hypotheses of this theory considered language and cognition disorders as well as his family data.
- ✚ **meta-representational theories** - the concept of meta-representation involves the possibility of representing the mental state of the person in a given situation and is defined by Uta Frith (1987). Researcher Hobson highlights the fact that this inability of meta representation suggests the symbolization capacity of the autistic child, so that by confessing experiences with others, the child can become aware of the emergence of multiple points of view.
- ✚ **psychodynamic theories** - the hypotheses that are the basis of psychoanalysis theories refer to the unconscious meaning of symptoms that are related to mental suffering and to the phantasms to which autism is attached. There are three points of view that analyze autism from a psychoanalytic perspective:
 - a) *the genetic point of view* - which considers that autism is the consequence of a „deviation” in mental development from developmental stages and it is believed that there were phases that were skipped and that cannot be returned to. According to this view, Mahler (1968) emphasized the presence of two types of autism, primary and secondary.
 - b) *the dynamic point of view* - the disciples of this point of view are based on the analysis of transfer and counter-transfer phenomena.
 - c) *the structural point of view* - it was believed that the person with autism presents topological discontinuities in the form of holes that lead to the lack of continuity between the individual and the object.
- ✚ **organic theories** - according to these theories, it is highlighted that autism, due to biochemical disorders or insufficient development of the brain, leads to the inability to develop normally. The organic anomalies that are penciled in the organic theories are: brain disorders, genetic anomalies, dysfunctions of the vestibular system (Verza, Verza, 2011).

Method

As part of the proposed research, we conducted a study to analyze the perception of parents and teaching staff regarding the satisfaction of the educational and therapeutic needs of children with autism spectrum disorders, who are in special schools in Timișoara (C.Ș.E.I. „Paul Popescu Neveanu”, C.Ș.E.I. „Dumitru Ciumăgeanu”, C.Ș.E.I. „Constantin Pufan” and Iris Special Theoretical High School), as well as in other special education institutions from other counties. For this, we developed questionnaires that were applied to parents of children diagnosed with autism spectrum disorders and to teachers who have at least one such child in their group or class. The questionnaires were distributed to the two categories of subjects (parents and teachers).

Descriptive study: Parents' and teachers' perception of meeting the educational and therapeutic needs of children with autism spectrum disorders

General objective

In this descriptive study, we analyzed the current context in which the parents of children with autism spectrum disorders and the teachers interacting with these children find themselves. The main objective of the research was to identify perceptions and highlight the educational and therapeutic needs, as well as the ways to meet those needs.

Hypotheses and specific objectives

In order to highlight the perception of parents and teaching staff regarding the satisfaction of educational and therapeutic needs, we tested the following hypotheses, to which we associated the corresponding specific objectives.

Hypothesis 1. Parents and teachers consider the quality of the education system for children with autism to be low, so the implementation of educational and therapeutic programs adapted to the needs of children contributes to an improvement of these educational services.

Objective 1.1. Identifying parents' perception of the quality of the education system offered to children with ASD.

Objective 1.2. Establishing the perception that parents and teaching staff have regarding the impact of implementing educational programs adapted to the needs of children with ASD.

Hypothesis 2. Both the teaching staff and the parents of children with ASD believe that the barriers/difficulties in educating children with disorders on the autistic spectrum have materialized by the insufficient number of human and material resources.

Objective 2.1. Identifying the difficulties/barriers encountered in school regarding the education of children with ASD, from the perspective of teachers and parents.

Hypothesis 3. The teachers believe that the main educational needs of children with disorders on the autistic spectrum are embodied in: adapted materials, specific therapies, informational support for parents and a greater number of hours for individual work.

Objective 3.1. Identifying the educational needs of children with ASD identified by teachers.

Variables

For the first hypothesis, we introduced as a dependent variable *the dissatisfaction vis-à-vis the quality of the education system*, and as an independent variable *the implementation of appropriate educational and therapeutic programs*.

In the second hypothesis, the dependent variable: *the difficulties/barriers encountered in educating children with ASD*, and the independent variable: *the insufficient number of human and material resources in schools*.

The independent variable from hypothesis three: *the teaching staff*, and the dependent variable *the educational needs of children with autism spectrum disorders*.

Research tools

To verify these hypotheses, we designed and applied opinion questionnaires addressed to parents and teachers, consisting of 16 and 17 items respectively. The questionnaire items mostly include Likert scale questions, multiple answer questions, open answer questions, closed questions. The questionnaire is a request to investigate the accessibility of the fact that we could apply face-to-face, by phone or online (via mail or social networks) and it did not require much effort and time on the part of the investigators, so they are formulated to be understood by them.

Subjects

The tool was offered to complete a batch of 40 parents of children with autism spectrum disorder, both from Timișoara and from other cities of the country (Buhuși, Sighișoara, Craiova, Dej, Zalău, Constanța, Brăila, Bucharest, Buftea). In the following, I present some characteristics of the respondents, namely:

- from the total of 40 parents of children with autism spectrum disorder who completed the questionnaire, 60% come from the urban environment, the remaining 40% come from the rural environment.
- the results obtained from the respondents regarding the level of education is distributed as follows: 45% of the respondents have secondary education (high school), 30% have post-secondary education (10 classes) and a percentage of 25% have higher education. a percentage of 75% of the people enrolled in the research who answered the questionnaire are female, and 25% are male. the age of the respondents is between 25-51, with an average age of 35.7 years.

The group of subjects to whom the questionnaire was applied was made up of teaching staff who have at least one child with autism spectrum disorder in the group/class, within the special schools in Timisoara. In what follows, I will present the educational institutions where they work.

The respondents included in the research answered as follows:

- a percentage of 53.6% of the people involved in the research work at C.Ș.E.I. „Paul Popescu Neveanu”;
- 7 of the teachers work at C.Ș.E.I. „Dumitru Ciumăgeanu”;
- at C.Ș.E.I. „Constantin Pufan” works for a number of 3 people surveyed (10.7%), and at Iris Special Theoretical High School a percentage of 10.7% works;
- all special education institutions are in Timisoara.

Findings and discussion

This hypothesis starts from the current situation, testing the perception of parents and teachers, vis-à-vis the low quality of the education system offered to children with autism spectrum disorder, but also the need to implement educational and therapeutic programs adapted to their needs.

1. Should the therapeutic programs addressed to children with autism be personalized and individualized, considering the needs of each one?

Table no. 1.1.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	neutral	2	5,0	5,0	5,0
	agreement	6	15,0	15,0	20,0
	total agreement	32	80,0	80,0	100,0
	Total	40	100,0	100,0	

From the total of 40 parents of children with autism who completed the questionnaire, 38 (95%) chose to answer with total agreement (80%) and agreement (15%) and a percentage of 5% answered neutrally. Analyzing the obtained results, it is found that 95% of the parents know and are aware of the need for therapeutic programs that must be personalized and individualized, respecting the individual characteristics and level of development of each child. Only a percentage of 5% wanted to express their opinion as neutral.

2. Do mainstream schools and special schools offer appropriate educational programs for children with autism?

Table no. 1.2.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	total disagreement	13	32,5	32,5	32,5
	disagreement	11	27,5	27,5	60,0
	neutral	6	15,0	15,0	75,0
	agreement	7	17,5	17,5	92,5
	total agreement	3	7,5	7,5	100,0
	Total	40	100,0	100,0	

From the table above (no. 1.2), it can be seen that the parents distribute their answers as follows: 60% mention that mainstream / special schools do not offer adequate educational programs for children with autism spectrum disorders; total disagreement is expressed by 32.5%, and 27.5% disagree, 15% remain neutral on this question; a quarter of the parents (agreement and total agreement) mention that these educational institutions have appropriate educational programs available to children with autism spectrum disorders.

3. What do you think should be done to improve the situation in the educational system at the present moment so that your child can benefit from an education appropriate to his needs?

Interpreting from a qualitative perspective, the item that refers to the improvement of the educational system, in the opinion of the parents, the following aspects can be found:

- the majority of parents state that „it is necessary to involve and work with everyone, from the psychologist to the teacher, to the parents, to the itinerant teacher, to give several hours per week related to a child for a dialogue and the evolution of the child with ASD, the child to have a companion who to be tested on all the needs of children with autism, the state must get more involved, create special kindergartens and schools with qualified staff to be able to help them, give them a chance for easier inclusion, parents and staff must be educated didactic so as to accept special children and not discriminate and stigmatize them, the people who work in special education units to deal more with these children, to have more therapies available from the schools, to invest more money in education and in the training of teaching staff, providing them with free continuing education courses and programs”;
- other respondents included in the research, claim that in order to benefit from an education appropriate to his needs, for the child "there must also be a support teacher, weekly sessions with a psychologist for the integration, acceptance of these children with ASD by the others colleagues, if the medical documents are not taken into account, throw out those responsible”;
- parents believe that there is a need for „additional human resources and didactic materials to work individually (teacher-student), increase the infrastructure, customize the curriculum based on educational needs and its potential, teachers need additional training in order to accept children with disabilities in the first place, and then to work with them, everything must be changed (the program, the curriculum, the teaching staff), the school psychologist must also talk with the parents of classmates to avoid situations in which the parents oppose the existence of the child in that class or teach their own children to avoid the child, the system should be prepared, adapted also for students with disabilities (easier hours, fewer requirements), UNITAR educational project throughout the country and

applicable, more precisely with norms. Solving problems cannot be done as long as there is no real communication, it is in vain that we talk and ask and come up with solutions, if those who decide have headphones on and do everything according to their understanding. As long as you don't come into direct contact with autistic people and try to strictly solve at least one of that person's problems, you have no way of knowing what to do”;

- other respondents state that „it should be made known to those in a position, that these problems are not contagious, that only by including these children in schools, they can progress, they can recover, they can also become like typical children. It would be ideal to have a program adapted to the child's needs, personalized, and especially implemented by the teaching staff. In the primary cycle, it is easier, being only the teacher, who can more easily control the school situation. The problem, the challenge will be for us the gymnasium cycle, with many teachers and mentalities, possibly prejudiced, the establishment of classes with a maximum of 10 children in mainstream education”.

Summarizing, the results obtained, in the section related to hypothesis 1, are:

- 95% of parents know and are aware that therapeutic programs must be personalized and individualized, respecting the particularities of age and the level of development of each child;
- more than half of the respondents mention that mainstream/special schools do not offer appropriate educational programs for children with autism spectrum disorders;
- most parents say that there is a need for improvements in the education system offered to children with ASD;
- most respondents declared themselves dissatisfied with the quality of the educational system in special schools;
- all respondents express their dissatisfaction with the quality of the educational system offered to children with autism, highlighting the negative aspects of this system;
- over 95% of the cases present remedial solutions to improve the quality of life of the child with autism and his family;
- 89.3% argue that there is a need to implement educational programs adapted for children with autism spectrum disorders;
- half of the respondents believe that special/mainstream schools do not do enough to identify, monitor and satisfy the educational needs of children with autism spectrum disorders;
- more than half of the teachers believe that the factors that influence the educational process are: collaboration with the family, collaboration with the multidisciplinary team, etc.;
- equipping classrooms and groups of preschoolers with didactic materials and standardized tests, intervention to be done 1:1, family collaboration with specialists, early intervention, are just some of the improvements in the education system;

These quantitative and qualitative results allow the confirmation of the first hypothesis of the research, parents and teaching staff consider the quality of the education system of children with autism to be low, so the implementation of educational and therapeutic programs adapted to the needs of children contributes to an improvement of these educational services.

Hypothesis 2 is based on the barriers/difficulties encountered in educating the child with autism spectrum disorder.

1. Are the human and material resources in the educational and therapeutic institutions sufficient to provide quality services to children with autism?

Table no. 2.1.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	total disagreement	6	15,0	15,0	15,0
	disagreement	14	35,0	35,0	50,0
	neutral	8	20,0	20,0	70,0
	agreement	9	22,5	22,5	92,5
	total agreement	3	7,5	7,5	100,0
	Total	40	100,0	100,0	

Interpreting this item that refers to the human and material resources of the educational and therapeutic institutions, parents, in proportion of 35%, express their disagreement and 15% total disagreement, in relation to the statement according to which the human and material resources would be sufficient to provide quality services for children with autism spectrum disorders. 20% of the parents questioned are neutral. Therefore, in special schools, it is necessary, in the parents' opinion, to supplement human and material resources in order to offer quality services to children with ASD. They believe that it is necessary to have specialized people in schools (psychologists, psychotherapists, speech therapists, etc.) in working with children with autism, to have properly adequate spaces for children to relax, equipped offices, various materials (games), but also standardized tests. However, a total of 30% of parents declare themselves satisfied (22.5% agree and 7.5% agree) with the human and material resources available in special schools.

2. What kind of human and material resources do you think should exist in schools to improve the quality of life of the child with an autism spectrum disorder?

A qualitative analysis regarding human and material resources, from the point of view of the parents, we can emphasize the following:

- „it is necessary for the kindergarten to have a psychologist or at least one of the teaching staff to have a psychology course, in terms of material resources, I think it would needed a place to relax or satisfy needs, eg a trampoline or exercise ball, a slide. Let's say that the material resources are not really that important, we could also contribute there as parents, but it is of the utmost importance that the human resource is a quality one. And when I say quality, I don't necessarily mean academic training. It has been proven that an involved person, empathetic and willing to help, can achieve much better results than a person with a bushy CV, but lacking goodwill, the desire to change (for the better, even people willing to volunteer if they have training in the field (possibly students). Prepared and sufficient teaching staff, logistics adapted to the needs of this type of students. By the training of educators, teachers and professors, I do not mean strictly the theoretical courses after which some diplomas are obtained, but the practical training, by applying the acquired knowledge, for a period, would not hurt. And the spectrum must be broad, because the schools do not only include highly functional autistic teacher information about autism - books, methods of applying behavioral therapies. Teachers and educators need to be educated. Even if they have goodwill, they do not understand what autism means and how they should react to specific manifestations. I think it would not be bad to have a breathing room, where there are means of sensory adjustment, the desire of the teaching staff to help children with autism, specialized staff, especially in special schools where the children

have such a need to be understood, and the personnel psychopedagogues have only the title, psychologists, counselors to mediate the connection between the child and the collective, child and teacher. In terms of material resources, I think it includes the resources shared with other children, adequately equipped educational spaces that meet the needs of children, staff hired according to clear recruitment and selection criteria, resources and teaching methods that allow the active participation of all children”.

3. What barriers do you consider existing at the moment in the integration of children with autism spectrum disorders?

Analyzing this question qualitatively, in the opinion of the parents, the barriers encountered in the integration of the child with autism are:

- „the lack of specialized personnel, the lack of empathy of the teaching staff with the parent of such a child. A first obstacle would be the lack of information for teaching staff. I think that some continuing education psychopedagogical courses would be more than necessary. Equally important is the attitude of the parents, some actually throwing the child into the classroom and letting the teachers handle it, without presenting them with the real situation or having too many expectations related to the rapid integration of the child. Refusals and wrong mindsets. The child with autism and not only is seen as a „pariah”. Some can go to a normal school and not be accepted. Neither by the institution itself, nor by the parents of normal children. Education personnel are very reluctant to welcome children with autism in their classes. They should be forced to accept a child with a disability in every class. First of all the bad will, the outdated mentality, then, the lack of adequate recovery programs, so that many of the children with ASD remain captive in their world, with no chance of overcoming his condition. The attitude of the parents of the other children in the class and sometimes of the teachers who do not know how to approach them and then prefer to avoid communicating with them. The non-involvement of the authorities, the poor organization of the education system in the country, the generalized lack of professionalism of those in education. The cases where real integration takes place are rare and are based only on the combined efforts of parents, therapists and teachers, moved by a single feeling: humanity. Another barrier, this time psychological, is the misunderstanding of this condition. I know educators who, after attending a few therapy sessions to get to know better the abilities of the autistic child, whom he intended to take to kindergarten, admitted that he might throw away what he thought he knew about autism. He totally reconsidered the impression and understanding given to that child and understood that the form of communication with him can be learned and can be applied. They need support and relationship levels, to be able to collaborate, we cannot ask them to be born educated, but the state can motivate them to get involved and not just by taking some courses. The integration of children with autism must be done with support from qualified people to deal with these situations. Lack of information regarding specific manifestations, lack of education and prejudices of teaching staff. The insufficiency of the material means for many parents to support a child with a companion in mainstream school, strictly in my case the principals and teachers who take everything too easily and do not want to hear about curriculum adaptation and/or a support professor”.

4. The difficulties you encounter in school regarding the education of children with autism spectrum disorders are related to the large number of children in the group/class.

Table no. 2.2.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	not at all	2	7,1	7,1	7,1
	to a small extent	1	3,6	3,6	10,7
	moderate	8	28,6	28,6	39,3
	to a large extent	8	28,6	28,6	67,9
	to a very large extent	9	32,1	32,1	100,0
	Total	28	100,0	100,0	

It is found that the answers found in the table highlight the difficulties encountered in the school regarding the education of the child with autism spectrum disorders are related to the large number of children in the group/class. The following aspects are also noted:

- a percentage of 7.1% believes that they have no difficulties at all in educating the child with autism, even if there is a large number of students in the group/class;
- 9 of the teaching staff claim that they have difficulties due to the large number of children in the group/class regarding the education of these children, to a small extent 3.6% and a percentage of 28.6% to a moderate extent;
- a total of 60.7% of teachers have difficulties (28.6% to a great extent and 32.1% to a very great extent) related to the large number of children in the group/class.

As a result of the statistical and psycho-pedagogical analysis carried out, we can say that hypothesis 2 is confirmed, both teachers and parents of children with ASD believe that the barriers/difficulties that are recorded in the education of children with disorders on the autistic spectrum are embodied by the number insufficient human and material resources.

Therefore, we can summarize the following aspects:

- half of the respondents believe that the human and material resources are insufficient to provide quality educational services to children with autism;
- all parents express their desire to impose the addition of human and material resources;
- all parents encounter barriers when they want to integrate their child into mainstream school;
- a total of 61.3% of teachers have difficulties related to the large number of students in the group/class;
- the majority of respondents (85.8%) believe that the difficulties encountered in educating the child are related to the lack or reduced number of human and material resources;
- a percentage of 42.9% of the people questioned claim that they face difficulties at the level of the multidisciplinary team, thus, that 28.6% present difficulties to a large and very large extent;
- over 85.7% do not encounter difficulties related to other problems in educating the child with autism spectrum disorder;
- 64.3% of the cases claim that special schools do not have appropriate human and material resources.

Hypothesis 3 highlights the educational needs of children with autism spectrum disorders.

1. To what extent do you consider that, in your teaching activity with students with autism spectrum disorders, the teacher emphasizes the formation and development of personal autonomy skills?

Table no.3.1.

	Frequency	Percent	Valid Percent	Cumulative Percent
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Valid	to a small extent	1	3,6	3,6	3,6
	moderate	3	10,7	10,7	14,3
	to a large extent	5	17,9	17,9	32,1
	to a very large extent	19	67,9	67,9	100,0
	Total	28	100,0	100,0	

Analyzing item 1 statistically, it is mentioned that over 85.8% of the respondents included in the study, in the activities they carry out in the classroom with the student with autism spectrum disorder, emphasize the formation and development of personal autonomy skills.

2. To what extent do you consider that, in your teaching activity with students with autistic spectrum disorder, the teacher emphasizes the formation and development of some knowledge of social relationships?

Table no. 3.2.

		Frequen cy	Percent	Valid Percent	Cumulative Percent
Valid	moderate	1	3,6	3,6	3,6
	to a large extent	12	42,9	42,9	46,4
	to a very large extent	15	53,6	53,6	100,0
	Total	28	100,0	100,0	

The teachers' opinions are distributed as follows: approximately 96.4% (to a large and very large extent) claim that in the activity they carry out in the classroom with students with autism spectrum disorder, they emphasize the formation and development of some knowledge of social relations.

3. In your opinion, what do you think are the educational needs of students with autism (disabilities) in your class that the school must meet?

Qualitatively analyzing the teachers' opinions that refer to the needs that must be met by special schools, they mention the following educational needs:

- „the school must provide the child with autism with specific materials, a rigorous continuity over time - in terms of educators, therapies alternatives, cognitive stimulation, behavioral interventions, socio-school adaptation, training and development of personal and social autonomy, training of psychomotor and verbal skills, diversification and efficiency, access to the material base, psychological support, well-trained teaching staff, training and development of verbal communication and non-verbal skills, training and development of social interaction, adaptive behaviors, adapted curriculum, personalized intervention program, socio-affective needs, multidisciplinary team, family support, a greater number of hours in individual work, social integration, development in a supportive environment, protected, speech therapy, occupational therapy, physical therapy, parent/child informational support, students' need for expression, individuality, the benefit of 8 hours of therapy per day, training of basic skills”.

Summing up, the results obtained, in the section related to hypothesis 3, are:

- 85.8% of the respondents involved in the research emphasize the formation and development of personal autonomy skills;
- 96.4% of the people included in the study state that they emphasize the formation and development of some knowledge of social relations;
- 27 of the teaching staff believe that they work with students with autism spectrum disorder on the development and training of corporal and psychomotor skills;
- over 82.1% of cases emphasize the cognitive skills of students with autism;

- 85.7% of them emphasize the development and formation of positive behaviors;
- all respondents state that the educational needs that the special school must satisfy include components such as: adapted material resources, specific individual and group therapies, the involvement of parents in the therapeutic approach.

Therefore, as a result of the statistical and psycho-pedagogical analysis carried out, we can affirm that hypothesis 3 is confirmed, teachers believe that the main educational needs of children with autism spectrum disorders are embodied in: adapted materials, specific therapies, informational support for parents and more hours for individual work.

Conclusion

The results of this practical-applicative research outline the general picture of how the educational needs of children with ASD are met, both in the vision of parents, as well as in that of the staff in the institutions. In addition to the quantitative data obtained, the investigation also brought qualitative data, regarding the parents' perception of the way of meeting the educational needs of children with autism. After analyzing the data, we can conclude the following aspects: parents are aware of the fact that therapeutic programs must be personalized and individualized, respecting each other the particularities of the age and level of development of each child, noting that the schools of mass/specials do not offer suitable educational programs for children with autism spectrum disorders and that there is a need for improvements in the education system offered to children with ASD. They have declared dissatisfied with the quality of the educational system in special schools and presents remedial solutions to improve the quality of life of the child with autism and his family. Human and material resources are insufficient to provide educational services for children with autism.

Parents request the addition of human and material resources, they encounter barriers when they want to integrate their child into mainstream school related to the large number of students in group/class, due to the lack or reduced number of human and material resources, at the team level multidisciplinary. They are willing to participate in training courses to help their own child, and the teaching staff, although they have knowledge, are open to participating in programs for learning some techniques to work with the child with ASD. In educating children with autism spectrum disorder, the teacher emphasizes training in personal autonomy, positive behaviors, bodily and psychomotor skills, knowledge of social relations and cognitive skills. Parents assume their role as co-therapist, thus, the quality of life of the child with autism is visibly improved.

The results of this research provide a detailed picture of how the educational needs of children with ASD are met, from the perspective of parents and educational staff.

Although the investigation combines quantitative and qualitative data, the sample of parents and teachers may not be representative of the entire population. The perceptions obtained can vary considerably depending on regional, cultural factors and the type of institution involved (main school vs. special school). Another major limitation is the lack of material and human resources available in the targeted institutions. This insufficiency may limit the effectiveness of educational and therapeutic programs, which indirectly affect research results, suggesting the need for additional resources for a more complete evaluation. The perceptions of parents and teachers regarding the quality of education and the needs of children with ASD can be influenced by their personal experiences, but also by their level of knowledge and training in the field. This subjectivity can limit the objectivity and generalizability of the conclusions.

Family financial limitations influence children's access to quality therapies, which introduces an economic variable that can affect perceptions of the quality of the educational system for children with ASD and their educational progress.

Also, although parents and teachers report willingness to participate in training to improve support for children, research cannot guarantee the uniformity of implementation of this knowledge in practice, which may influence long-term outcomes.

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