



Intervenção em autismo

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Membro da Luna ABA



Desde quando há pessoas com autismo?

Mozart, Newton, Einstein?

Hugue de Borgue

Prevalência dos TEA

- Uma em cada 59 crianças é diagnosticada com TEA (Centro de Controle de Doenças – CDC, dos EUA)
- O autismo é 3 vezes mais comum em meninos do que em meninas
- O autismo é um problema mundial e afeta pessoas de todas as etnias e classes sociais



O que causa o Autismo?

Vacinas? Vermes? Alimentos?

81% genética herdada

18% genética não herdada

1 a 3% ambiental de dentro do útero

Transtornos de Espectro do Autismo

No DSM-V de 2013 - déficits em dois domínios:



TEA – Níveis



Nível 1 ou leve - apoio



Nível 2 ou moderado –
apoio substancial



Nível 3 ou severo –
apoio muito substancial

Comorbidades

TDAH (só permitido no DSM V) 30% a 60% dos TEA

Apraxia - cerca de 63% dos TEA

Transtornos da marcha

Transtornos gastrointestinais

Transtornos alimentares

Epilepsia - 30% dos TEA com DI

Distúrbios do sono – até 80%

5 + 1 GRANDES IDEIAS SOBRE TEA



UTA FRITH
AUTISM:

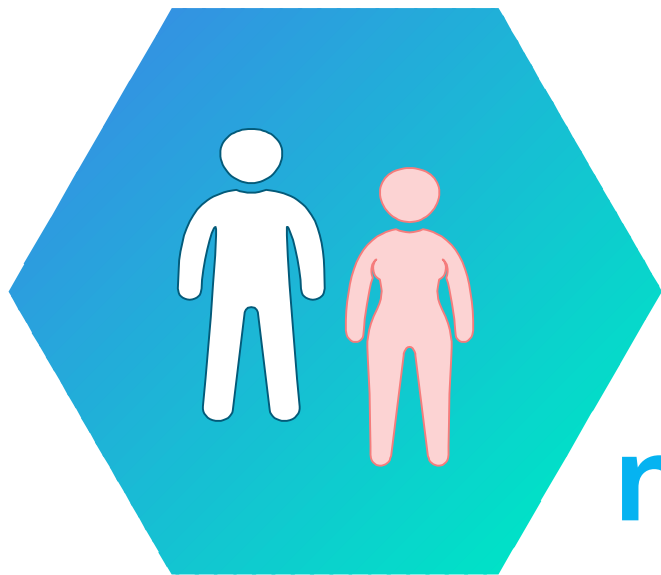
A very short introduction



1. Teoria da Mente



**Teste Sally-
Ann**



2. Falta de sistema de navegação social



3. Coerência Central







4. Neurônios espelho



5. Função Executiva



6. Cérebro hipermasculino

A questão da inteligência



PRÁTICAS BASEADAS EM EVIDÊNCIAS

1. Intervenção ABA
2. **Terapia Cognitivo-Comportamental**
3. Intervenção Intensiva Precoce
4. Ensino de Fala
5. Modelação
6. Estratégias de Ensino Naturalístico
7. Treinamento Parental
8. Pacote de Ensino por Pares
9. Ensino de Respostas Pivotais
10. Rotinas Visuais
11. Roteiros
12. Ensino de auto-gerenciamento
13. Ensino de Habilidades Sociais
14. Histórias Sociais

Integração Sensorial (2 Revisões Sistemáticas em 12/2018)

- Baseado em Análise do Comportamento Aplicada - ABA



**ABA é uma intervenção de
saúde ou educação?**

AMBOS

1

Avaliação

Instrumentos globais ou individuais

Alguns instrumentos de avaliação

VB-MAPP



Crianças menores ou com bom repertório verbal.

ABLLS-R



Crianças maiores até o fim da adolescência.

PEAK



Protocolo de linguagem, abarca habilidades complexas, como Teoria da Mente.

Portage

Para bebês.



Essential for Living



Para pessoas com autismo severo.

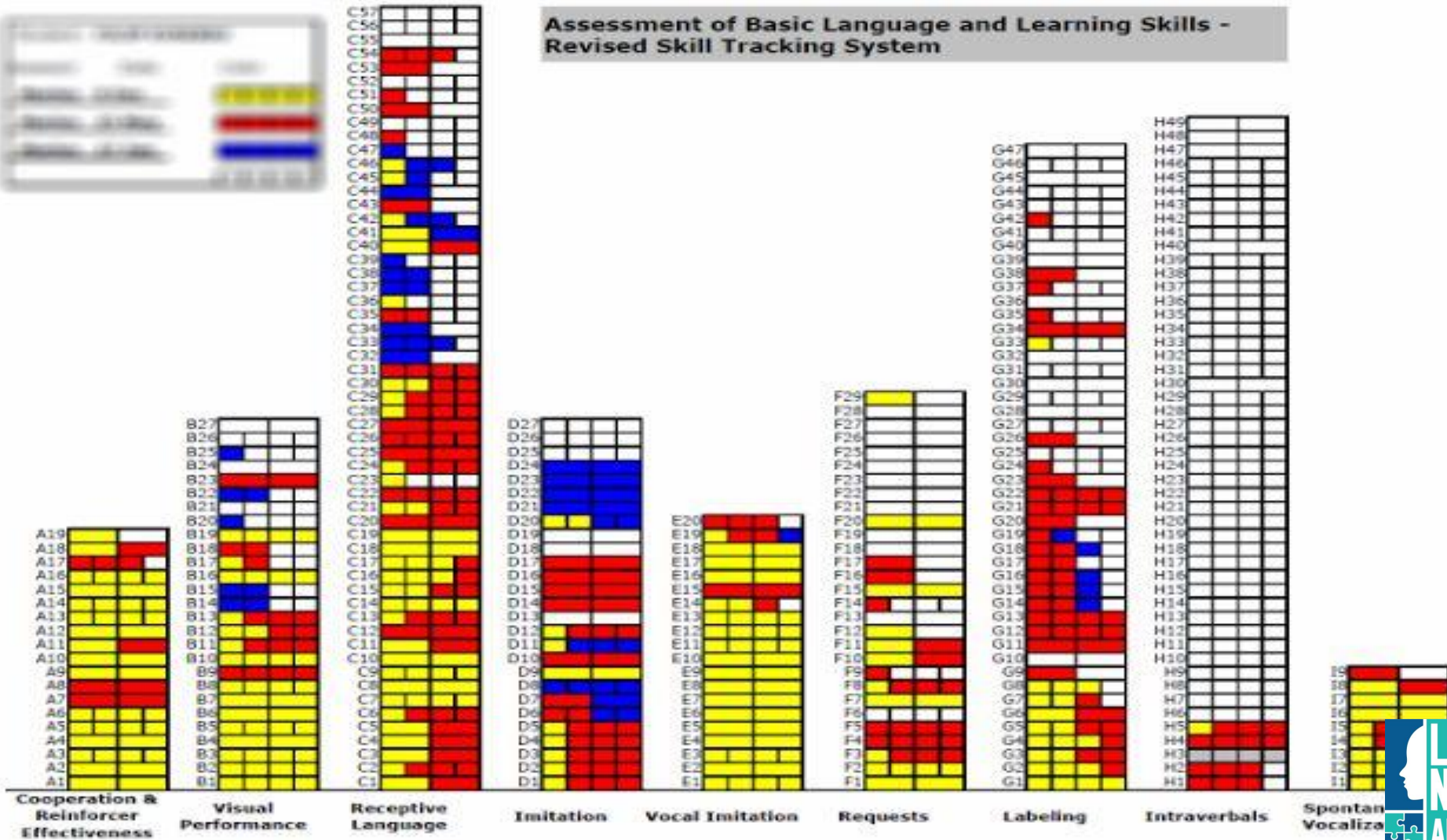
Socially Savvy



Para Habilidades Sociais em autismo leve.



Assessment of Basic Language and Learning Skills - Revised Skill Tracking System



Child's name:	Fulano de Tal			
Date of birth:	18/07/2013			
Age at testing:	1	2	3	4

Key:	Score	Date	Color	Tester
1st test:		9/4/17		Lucelmo
2nd test:				
3rd test:				
4th test:				

LEVEL 3

	Mand	Tact	Listener	VP/MTS	Play	Social	Reading	Writing	LRFFC	IV	Group	Ling.	Math
15													
14													
13													
12													
11													
	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000



LEVEL 2

	Mand	Tact	Listener	VP/MTS	Play	Social	Imitation	Echoic	LRFFC	IV	Group	Ling.
0												
9												
8												
7												
6												
	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000

LEVEL 1

[illegible]

2

Intervenção

Com Plano de Ensino Individualizado – PEI, com a) objetivos; b) programas; e c) alvos bem definidos

Habilidades para aprender

Exemplos: Sentar, esperar, ouvir, ficar em relativo silêncio

Habilidades “cognitivas”

Exemplos: pareamentos, comunicação, alfabetização

Habilidades funcionais

Exemplos: usar o banheiro, trocar de roupa, escovar os dentes

Procedimento: Sd A: brinquedo relacionado a uma onomatopeia Sd B: O (nome do brinquedo) faz...

Resposta: emitir o som alvo

Materiais necessários

Brinquedos: Trem, cachorro, vaca e outros

Emitir sons com ajuda ecoica imediate																	
		S	N	S	N	S	N	S	N	S	N	S	N	S	N	S	N
		S	N	S	N	S	N	S	N	S	N	S	N	S	N	S	N
		S	N	S	N	S	N	S	N	S	N	S	N	S	N	S	N
		S	N	S	N	S	N	S	N	S	N	S	N	S	N	S	N
		S	N	S	N	S	N	S	N	S	N	S	N	S	N	S	N
		S	N	S	N	S	N	S	N	S	N	S	N	S	N	S	N
Gráfico	5																
	4																
	3																
	2																
	1																
	0																

ATO

S

AMBIENTE

R



C

CONSEQUÊNCIA



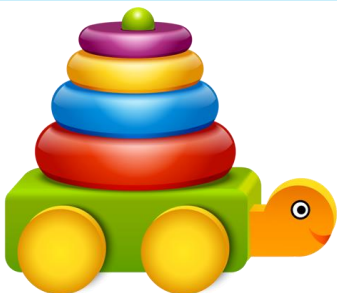
Sensorial

Esquiva

Tangível

Atenção









ATO

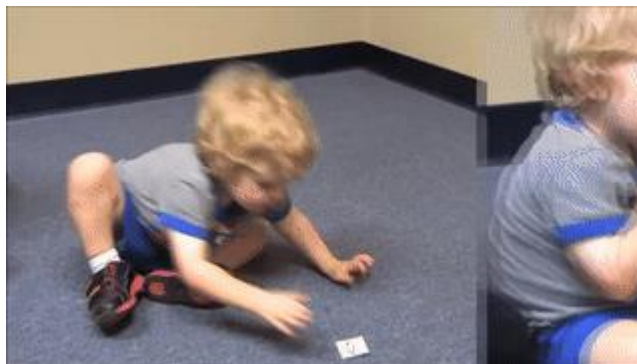


CONSEQUÊNCIA

S

AMBIENTE

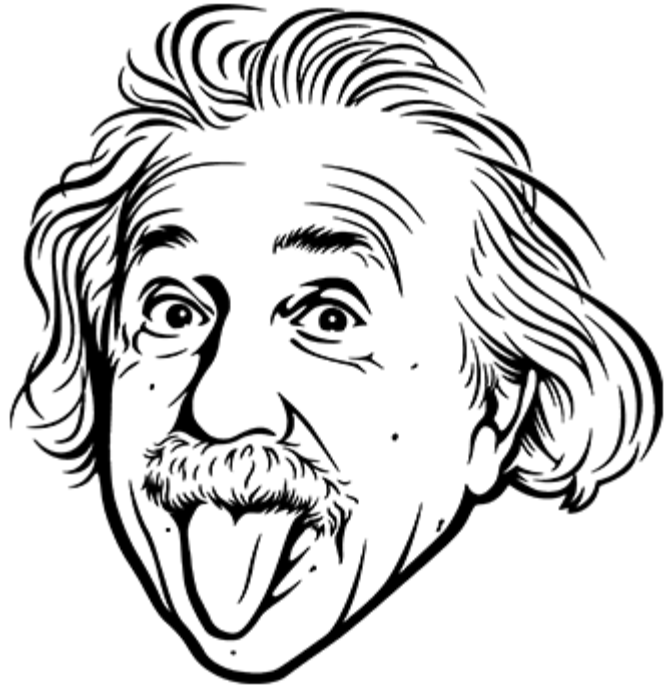
R



C

3

Reavaliação e reprogramação permanentes



Ciência

1. Faz uma afirmação
2. Testa
3. A afirmação é corroborada ou refutada

Hierarquia da Evidência



Google Acadêmico

evidence based practices in autism



☒ Em qualquer idioma ☐ Pesquisar páginas em Português

Sobre os ombros de gigantes

[Google Scholar in English](#)

Remedial and Special Education
33(6) 374–387
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sagepub.com/journalsPermissions.nav
DOI: 10.1177/0741932511421634
<http://rase.sagepub.com>



Evidence-Based Practice for Teaching Academics to Students With Severe Developmental Disabilities

**Fred Spooner¹, Victoria F. Knight¹, Diane M. Browder¹,
and Bethany R. Smith¹**

Abstract

A review of the literature was conducted for articles published between 2003 and 2010 to build a case for the degree to which evidence-based practices were documented for teaching academic skills to students with severe developmental disabilities. This review extended earlier comprehensive work in literacy, mathematics, and science for the population in question. A total of 18 studies met the Horner et al. (2005) quality indicator criteria. In general, time delay and task analytic instruction were found to be evidence-based practices. In addition, specific target responses were defined to show academic learning, with the most prevalent target responses being discrete responses; the type of systematic prompting and feedback used most often was time delay, while the component used least often was stimulus fading/shaping; and teaching formats used most often were massed trials and one-to-one instruction.

Keywords

evidence-based practices, academic skills, students with severe developmental disabilities

Evidence-based practices in intellectual disability and behaviour disorders

Ian M. Grey^a and Richard P. Hastings^b

Purpose of review

To critically review the most recently published studies on the treatment of challenging behaviours/behaviour disorders for individuals with intellectual disability.

Recent findings

Literature published in the review period was from three traditions: applied behaviour analysis, psychopharmacology, and service evaluation. Applied behaviour analysis treatments have a large evidence base, and recent research has focused on refining issues such as dealing with low rate behaviours, improving generalization, the effects of choice-making, and setting event variables that may affect treatment outcomes. Recent interest in risperidone as a treatment for behaviour disorder has dominated the literature on pharmacological interventions. Several empirical studies support the use of risperidone in children, although a recent review is more sceptical of the

Abbreviations

ABA	applied behaviour analysis
FCT	functional communication training
N-CBRF	Nisonger Child Behavior Rating Form
NCE	noncontingent escape
PCP	person-centred planning
PDD	pervasive developmental disorder

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0951-7367

Introduction

The purpose of the present review is to consider recent evidence on interventions for behaviour disorders in children and adults with intellectual disabilities. We have included studies published during 2004 and the first few months of 2005, and used a broad definition of behaviour

The Effect of Physical Activity Interventions on Youth with Autism Spectrum Disorder: A Meta-Analysis

Sean Healy , Adam Nacario, Rock E. Braithwaite, and Chris Hopper

The purpose of this meta-analysis was to examine the effect of physical activity interventions on youth diagnosed with autism spectrum disorder. Standard meta-analytical procedures determining inclusion criteria, literature searches in electronic databases, coding procedures, and statistical methods were used to identify and synthesize articles retained for analysis. Hedge's g (1988) was utilized to interpret effect sizes and quantify research findings. Moderator and outcome variables were assessed using coding procedures. A total of 29 studies with 30 independent samples ($N = 1009$) were utilized in this analysis. Results from meta-analyses indicated an overall moderate effect ($g = 0.62$). Several outcomes indicated moderate-to-large effects ($g \geq 0.5$); specifically, moderate to large positive effects were revealed for participants exposed to interventions targeting the development of manipulative skills, locomotor skills, skill-related fitness, social functioning, and muscular strength and endurance. Moderator analyses were conducted to explain variance between groups; environment was the only subgrouping variable (intervention characteristics) to produce a significant difference ($Q_B = 5.67$, $P < 0.05$) between moderators. While no significant differences were found between other moderators, several trends were apparent within groups in which experimental groups outperformed control groups. ***Autism Res*** 2018, 0: 000–000. © 2018 International Society for Autism Research, Wiley Periodicals, Inc.

Lay Summary: Results of the meta-analysis—a method for synthesizing research—showed physical activity interventions to have a moderate or large effect on a variety of outcomes, including for the development of manipulative skills, locomotor skills, skill-related fitness, social functioning, and muscular strength and endurance. The authors conclude that physical activity's standing as an evidence-based strategy for youth with ASD is reinforced.

Keywords: Exercise; ASD; evidence-based strategy; sport; youth

ORIGINAL PAPER

Evidence-Based Practices for Children, Youth, and Young Adults with Autism Spectrum Disorder: A Comprehensive Review

Connie Wong · Samuel L. Odom · Kara A. Hume · Ann W. Cox ·
Angel Fettig · Suzanne Kucharczyk · Matthew E. Brock · Joshua B. Plavnick ·
Veronica P. Fleury · Tia R. Schultz

Published online: 13 January 2015
© Springer Science+Business Media New York 2015

Abstract The purpose of this study was to identify evidenced-based, focused intervention practices for children and youth with autism spectrum disorder. This study was

Keywords Evidence-based practice · Focused intervention · Autism spectrum disorder · Children and youth

OS MAIORES DESAFIOS

TODOS devem manter a mesma conduta com a criança (e isso pode ser muito difícil, emocionalmente)

Gerenciamento de conflitos Terapeutas, Escola e Família (a regra é o diálogo e a assertividade)

A intervenção é um direito de TODOS, se você tem acesso ao serviço, comprometa-se para que os pais que não possuem condições financeiras também consigam.

OBRIGADO!

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