



WHAT PEOPLE WITH AUTISM TELL US ABOUT EDUCATION

RESEARCH REPORT

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Introduction

I present another publication dedicated to people with autism. It is a continuation of the project *What people with autism think about ...*, which, however, fosters a reversal of the perspective previously used to refer to:

- the term of – autism, autism disorders, autism spectrum disorders, infantile autism, autistic people ..., research
- the issue of – disease, disorder of otherhood, dissimilarity ...,
- prism of view, from the medical, parent, teacher, therapist, accompanying person,
- peer ...,
- the person – being the subject as well as relating their experiences.

It is first and foremost to give a voice to people with autism (not autistics) who can, have the right to, and perhaps THEY should, introduce us to the world of autism. Thanks to a lot of experiments, studies, elaborations from Leo Kanner, we have been able to accumulate a lot of works on this topic – but it is all still descriptions, reports “about”. Stive Salivan (2021) has already drawn attention to the occurring trends of self-organisation, self-governance, of people with autism, who are not only drawing attention to a common ethos of social functioning, but are demanding in this way to be treated in a personal way – as individuals, not as a clinical case capable of astonishing their otherhood (as played out by Dustin Hoffman in the film *Rain Man*). This is an important process of empowerment for people with autism, which is a dimension of social emancipation, of reaching a society that is open *to themselves*.

It seems that a great comment to undertake this research and analysis is a quote from Oliver Sacks’ book, who, when describing Tourette’s syndrome in the chapter *Travels with Lowell*, referred to his own experiences:

Among orthodox Jews there is a well-known blessing that they utter when they come into contact with something strange: they praise the diversity of God's creation and give thanks for the wonder of the bizarre. I believe that this is how the people of La Cr te related to the presence of Tourette's syndrome among them. They accepted it not as something annoying or unimportant that should be reacted firmly or better not noticed, but as something wonderfully strange, an example of the absolute mystery of Providence (Sacks, 2021, p. 139)¹.

We are moving away from the labelling of dissimilarity (sometimes descending into euphoria), which is normality (whatever that word means), as an acknowledgement of multiplicity and variability. Therefore, listening to those around us, but also to the different approaches that are emerging (a great example of the struggle to understand one's scientific otherhood is presented by Simon Baron-Cohen, founder of the theory of mind, or Judy Singer and the American journalist Harvey Blume introducing us to the concept of neurodivergent), it is worth asking ourselves what is our role in creating a more perfect society? What is our contribution to this transformation of the existing reality? – being aware of being a small cog in the huge machine of the world. As a special educator, a speech therapist, and a university teacher, it is particularly important for me to present the voice of those who, not because of their fault, but because of their dissimilarity, should not be punished, and it is worth looking at how much we can learn by being together, in community.

In this book, I wanted to include the reflections of people with autism on education, answers to questions about how they evaluate it and how they would like to organise it. I did not want to present a dissonance between reality and hopes, but tried above all to find out what we should do and what changes should be made to optimise the education process. I realise that the opinions presented are subjective and inaccurate as they are based on my own experiences. But it is a material for guiding reflections on how to organise education for people with autism. In addition, it provides an opportunity to listen to their needs on how the education system can be improved, and opened up to the social, cultural and other changes taking place. It is currently becoming a great challenge to implement inclusive education as a remedy

¹ "It is a blessing associated with natural phenomena. *At the sight of bizarre-looking people or animals, the words are uttered: 'Blessed are You, HASHEM, our God and King of the world, who makes creatures different [from others].'*" Tomal, 2000, 242.

to previous attempts to imperfectly move towards integration and inclusion. It is also beginning to be important to counter extreme approaches that express themselves in the creation of inclusion ghettos by force.

The intention was to present the opinion of people with autism about pedagogical, educational and therapeutic activities. I consciously distinguish between those activities that are undertaken within educational institutions. Very often they overlap, but they require a factual focus on the main objective (which is undoubtedly to support the development of the student with autism) and the specific objectives (related to the implementation of the activities undertaken). The questions related to the activities / tasks of the teacher, form master, therapist and directed the respondents' attention to how they would carry out these tasks, what they would never allow and what they would change. The questions were open-ended, allowing respondents to provide both their experiences, visions and suggestions. Finally, opportunities were presented for involving different communities in the ongoing activities. As I have indicated, it is not only the therapists and the student who are important here, but also the family (as the primary) and peer environments. This broadening of the perspective on the activities carried out is, in a way, an indication of the possibility of including and organising the work of a wide range of specialists, as well as of people who can often (as peers do) in a special way not only support, but also make modifications and provide extra-institutional help – in collaboration with others, thanks to a common commitment.

The possibility of including a diverse, competent and therefore complementary approach in the education system is not a challenge, but a necessity in order to adapt to the changing reality. It is teachers, and in particular educators supporting those outside the norm or on the borderline of the norm (above, below), who are sensitive to and involved in the changes taking place. We often discuss together how to do it, how to support, how to act, because we are personally committed to helping and making a difference. This is the trait of an educator – invariably a transformative one, described as a passionate one. Today, people with autism are once again bestowing their trust, hope and credit in us to help them. Often in spite of others, in spite of previous views, because the challenge is not the disease or the disorder, but how to support, to act for the full development of the charge who becomes close to us through this challenge.

At this point, I would like to express my thanks to all those who took part in the research – both the organisations and associations, including Prodeste, Autism Tema, Farma Życia, and the individuals who decided to share their experience and get involved in making changes to the system.

The book presents the possibilities for conducting therapies that shape communication skills – in our therapeutic system this includes activities undertaken by speech therapists as well as teachers and other specialists. It also presents models that we can use to shape the communication competences which are most affected in autism. Regardless of the age of the charges, we are able to organise therapy and provide support so that they have the best possible effect. These proposals for action are also the result of reflections, advice and visions received from the respondents.

I would like to thank everyone who believed in the possibility of creating this book, as well as the opponents. The point of the research I have undertaken is to show the possibility of combining actions to respect the humanity inherent in each of us. I would like to thank all the teachers, therapists, educators, parents of people with autism who have taken on the challenge of support, but above all for believing in their charges.

I would like to express my special thanks to the team of students working under the supervision of Magdalena Machcińska-Szczepaniak, MA, from the English Philology Department at the Polish Academy of Applied Sciences in Włocławek, for translating, proofreading and editing the manuscript.

1. People with autism

A pupil with a diagnosis of autism – with an autism spectrum disorder – is somehow qualified for special education. The depth and extent of the difficulties and limitations occurring or co-occurring – defined as disorders – are an indication for special measures, which should, however, in their ‘specialness’ be associated with a different way of viewing and perceiving reality. Moving away from labelling in education is, in the case of autism, the most appropriate and effective action. Taking this into account when implementing both individual solutions and creating a whole system of inclusive education seems very necessary.

1.1. Presuppositions of education.

From segregation to inclusion in an evolving world

The essence of education shaping itself according to the latest trends is first and foremost, as mentioned by Bogusław Śliwerski, the pursuit of freedom, autonomy, as well as subjectivity, and the resulting consequences for teachers, students and their parents (cf. Śliwerska, Śliwerski, 2008; Śliwerski, 2008; Śliwerski, 2008b; Śliwerski, 2007; Łukasiewicz, 2020). Furthermore, the move towards self-governance, democracy, communisation, socialisation (without which it is not possible to prepare young generations to participate in the development of democracy and civil society) (cf. Śliwerski, 2017; Śliwerski, 2008c; Radanowicz, 2020; Leppert, 2002) and towards constructivist education, self-upbringing and auto-education of young generations is mentioned (cf. Śliwerski, 2008; Śliwerski, Razmus, 2018). These changes not only affect

the education of people with disabilities, but are also, as it were, a result of the inclusion process, as well as a focus on personalisation – both in terms of education and upbringing (cf. Szczupal, Girynski, Szumski, 2015; Chrzanowska, Szumski, 2020). These changes are also intensified by the transformations taking place in various fields (economics, politics, medicine, etc.). They are linked to the construction of a new social order in Europe, as well as to the processes of globalisation and the influence of the United States on the rest of the world.

From the assumptions that were presented in 2013 by the European Agency for Development in Special Needs Education suggests that attention should be given to the following issues: inclusion as a quality of life issue responding to the diverse needs of individual students; effective ways of strengthening the capacity of mainstream education to be socially inclusive using the capabilities of the special education system; shaping a system of interactions and creating a teaching network that is an integral part of education; providing support to multiple communities; providing effective and appropriate assistance (Organisation..., 2013, p. 5). The reorganisation presented in this way is both about creating a system of common (mainstream) education as well as considering (rather than simply eliminating) the place and role of special education (Organisation..., 2013, p. 11). Such an approach indicates the necessity to create a new framing of education. Thomson (2010) presented schooling in four metaphors. In his opinion it is: 1) a machine (the 'lever' of policy, e.g. the implementation of an external programme and the evaluation of its effects in the school); 2) an ecological network (in reference to the works of Bronfenbrenner, who showed levels of influence placing the school in a broader contextual perspective); 3) a system (via Thomson, 2010, p. 22) – complexity theory and the ways of thinking/ meaning making and acting that facilitate or hinder change, as in systems thinking; 4) collective intelligence (used in the process of meaning making and understanding, which translates into everyday practice, and changes happen in collective action and through new ways of speaking and understanding what is happening). Based on these assumptions, Kendall and co-authors (2005) presented a report about a four-stage hierarchical model of school system transformation:

- I. the base (e.g. infrastructure, staff and material resources, staff knowledge and skills) and institutional processes (partnership operations, approach to syllabus planning and development of strategies to support all students);

- II. in case of transformation occurring at the first level, the change will be noticeable in key areas in the main institutions (understanding of initiatives in relation to everyday experiences);
- III. when changes begin to have a measurable impact on the achievements of the target group(s), i.e. schools, teachers, students, employers and communities;
- IV. trigger changes in infrastructure, systems and processes and involve the transfer of practices and ideas to institutions from outside the initiative (Kendall et al., 2005, p. 121).

Today, the activities undertaken focus primarily on the needs and capabilities of the students. They become not only participants in the changes taking place, but also the creators of these changes. This is evidenced in the move away from the inherent environmental and social barriers that hinder students' participation and engagement (Richards, 2012). These changes are not only challenging but are "signs that the journey is progressing it is the historical pulse behind inclusive education that is gaining strength" (Thomas, Vaughan, 2004, p. 190).

The transformations that are taking place, point to an evolution of special education – from segregative through integrative to inclusive – which, however, requires:

1. changing the role of the teacher / educator (moving from hierarchy to partnership) (e.g. Gibb et al., 2007; Ware et al., 2009);
2. the positioning of special education within the whole educational system (as local resources centres in an open-access system) (e.g. Allan, 2008; Head, Pirrie, 2007);
3. increasing the intensity of cooperation between special and open-access education (through the educating of teachers from both systems and their joint activities in syllabus implementation) (European..., 2007; Meijer, 2010; Ware et al., 2011);
4. affirming the student's natural environment (preserving the target, closest educational environment including the support provided) (Norwich, 2008).

Education and the organisation of the school system clearly indicate any deviations from recognised norms as a problem (the occurrence of multiple social, economic, cultural and political barriers). Implementing inclusive education requires transforming the school system as a whole, mainly through

collaborative practices at all levels and between all levels of education, and by putting students' needs at the centre of all changes. As Alexander (2012) notices, there are no universal codes of conduct. However, generalising the current experiences, it is worth noticing that:

- inclusion should be a process that applies to the entire education system (and not just schools with pupils with special educational needs);
- it is advisable to increase the number of schools cooperating with schools for pupils with disabilities in order to improve the competences of teachers in mainstream schools.
- it is necessary to take into account the opinion of pupils and their parents when directing the support provided.
- it seems important to form an attitude of openness towards all students as part of a striving to broaden responsibility for all members of our society – Causton-Theoharis and Theoharis (2008, p. 3) argue that students do not have to 'go out to learn'.
- it is important to take action together to shape a positive reception of culture and educational projects.
- there is a need to secure cooperation undertaken at all levels of special and mainstream education to provide individual support in the local school and community.
- it seems necessary to develop a funding system that aims to improve the care and support provided, to move away from labelling and branding pupils, and that also favours undertaking cooperation and commitment to support it.

According to European Union documents, changes in the education system should be aimed at forming a school system in which the participation of all students is ensured (Mittler, 2000). Taking into account the main stakeholders, such as pupils, becomes not only a challenge but also a necessity in planning improvements to the education system. This approach also includes students who are disabled (Winter, O'Raw, 2010).

Chapman with co-authors (2011) draws attention to the requirement of social conditioning in this context: "the most important factor is the collective will to make it happen" (Chapman et al., 2011, p. 19), which provides the impetus not only to accept but also to strive to implement these changes (Organisation..., 2013, pp. 63-64).

An important element in making the changes discussed was the reference by UNICEF (Regional Office for Central and Eastern Europe and the

Commonwealth of Independent States) to the rights of children with disabilities in terms of inclusive education; the necessity of implementing integration as an approach to education for all children was noted. In addition, educational policy and strategies promoting the right of access to education, the right to quality of education and respect for rights in the educational environment are indicated (The Right..., 2011, pp. 15-16).

1.2. The learner, in the social dimension

The formation of each human being is determined by many factors. In the case of people with autism spectrum disorder, social skills, communicative competences and behavioural disorders in particular attract attention. These individuals understand the world differently, they have a different image of reality (I have presented this problem in two publications: Bleszynski, 2020 and 2021), and the multidimensionality of the factors influencing its formation became apparent during the global pandemic (it is worth reading the results of the research we conducted with a team as part of a project carried out at the Nicolaus Copernicus University in Toruń [Bleszynski et al., 2021]). Knowledge of the social impact on the formation of one's self-image and one's identity becomes the basis for presenting the role of the environment (family, school, based on local friendships, etc.) in the formation of the student's self-image, of who they are (becoming, having become). The experiences of this inspire changes concerning not only the critical framing of education, but also combine with the aim of improving it (both as an individual impact and as a system). A pupil who deviates from the 'norm' is often seen as 'special'. At the same time, it is worth noticing that, for example, Zofia Sekowska points out the need to include exceptionally gifted pupils in special pedagogy as well; thus, she departs from ascribing a negative meaning to this word. But 'specialness' can mean precisely dissimilarity, otherhood, often incompatibility with the social model. This dissimilarity is not infrequently associated with disability, which indicates that which is "not fully capable" – deviating from the 'norm', and which can be perceived as an indication of an inability to perform certain tasks. I emphasise that it is important here to move away from the terms 'inferior' or 'superior' in behalf of 'different' – i.e. not requiring assessment.

The evolution of attitudes to what is ‘special’ requires transformation in a broad sense and concerns social conditionings (e.g. communication) as well as economic and legal conditionings (it changes the status of people with disabilities, often included and accepted in professional environment, etc.). Joanna Glodkowska (2014, p. 101) draws attention to the changing importance of standardisation as a tool that introduces new approaches to the idea and prepares, above all, people with disabilities for active participation in life.

A departure from normalisation, designed to create universally accepted conditions of functioning, can lead to a new take on theory, which becomes ‘an unfinished theory of practice, but what I want to say by this is that I do not mean a theory that merely imposes, orders, is an authority, as Foucault writes about [...], but a new theory – a social one. One that is open to variability, to recognising the multiplicity of experience. It is not about creating a theory detached from reality, an unreal one. We already have such’ (Zolkowska, 2011, p. 89).

These changes are not only about social conditioning. Michel Wehmeyer, in the Self Theory presented here, points out the process of self-awareness / self-consciousness based on one’s own experiences as well as factors and situations: “our life shapes our identity” (per Glodkowska, 2018, p. 27). These are the conditions a person encounters and pays attention to. However, it is not a simple reflection of social attitudes, but the result of the varied experiences acquired in the course of entering into interactions that build identity – in this case, a reflection of one’s own image of disability resulting from capabilities and limitations (cf. Glodkowska, 2014). This approach is particularly helpful in resolving the problems of people with autism spectrum disorder, both those who, as Teresa Zolkowska noted, are already socially excluded and those who are at risk of exclusion (cf. Zolkowska, 2013, p. 53). These people are excluded due to the diagnosis of autism / early childhood autism (as a disorder that prevents / hinders their social functioning) as well as being at risk of exclusion (due to the specificity of functioning and self-exclusion or the creation of separate, often closed communities, as I have written about – Bleszynski, 2020, pp. 175-176). In the case of people with autism, Wolf Wolfensberger’s theory of Social Role Valorisation² seems

² Wolfensberger and Thomas defined the theory of social role valorisation as “The application of empirical knowledge to the shaping of the current or potential social roles of a party (i.e. person, group, or class) – primarily by means of enhancement of the party’s competencies & image – so that these are, as much as possible, positively valued in the eyes of the perceivers” (Osburn, 2006, p. 4).

to be as valid as possible. It emphasises the possibilities inherent in a person's development rather than the illness in order to obtain appropriate help for the particular person, orienting the approach to otherhood (disability) towards positive social roles, which it sees as a counterbalance to social devaluation (Elks, 1994, p. 266). As Wolfensberger pointed out, social role valorisation is understood as 'formal and informal activities aimed at enabling the fulfilment of socially valued roles for people who are excluded from social life participation or at risk of exclusion' (per Zolkowska, 2013, p. 53). In his view, one of the most important ways to ensure that people with disabilities have their rightful place in society is to assist them in playing socially valued roles (Plichta, 2017, p. 62). The imperative for society to recognise the rights of people with disabilities and to treat them as fellow citizens is also important. Devaluation³ as a consequence leads to rejection, isolation, repulsion, downgrading or harassing (persecution, pestering, bullying), a permanent showing in a negative light of the person concerned. In order to change the situation of a person devalued because of their otherhood (affliction, disability, etc.), according to Wolfensberger, we should verify our approach, pay attention to the fact that when "the support system is more concerned with 'rehabilitation' than with the effects of devaluation, it will be doomed to failure and may even become an instrument of oppression" (per Elks, 1994, p. 150). This indicates the humanistic-social nature of approaches to dissimilarity, whereby the social role valorisation emphasises its importance for the individual. This makes it possible to analyse how we should undertake our actions that influence the formation of social roles by increasing competencies and compensating for existing disabilities and limitations. Wolfensberger assumes that playing a positive social role can minimise the negative effects of disability regardless of their determinants, i.e. time, depth (per Elks, 1994, p. 266).

Counteracting these unfavourable factors through valorisation 'is possible with two strategies: improving the social image and increasing the competencies of the people excluded. These actions, as they prevaricate between exclusion / social acceptance and devalued / valued roles, also have a reflexive character" (Papuda-Dolińska, 2019, p. 98).

³ The term devaluation is used here to denote one of the psychotic defence mechanisms of attributing to the self or others exaggerated features or negative qualities (per Reber, 2002).

In the case of people with autism spectrum disorders, Wolfensberger's approach points to the importance of a holistic approach to devalued people and the possibility of transforming their situation. Thanks to this theory, we are able to better understand the phenomenon of segregation, which as a consequence leads to passivity and dependency (Kijak, 2016, p. 72).

As Silberman (2015, p. 443) pointed out, people with autism have begun to draw attention on social media platforms to the necessity of validating their problems, by, for example, moving away from being perceived only through the prism of an illness or disorder. Thanks to the inception of advocacy organisations (e.g. the Autistic Self-Advocacy Network) and self-advocacy, the necessity to revise approaches to the problems of people on the autism spectrum, as well as others who were socially excluded, began to be discussed. Thanks to such activities, the possibilities inherent in people with autism, who are able to achieve success in life despite their difficulties, have begun to be recognised. This problem was undertaken, for example, by Malgorzata Sekulowicz (2009), who stated that "in social perception, autism is not associated with genius and creativity. Rather, it tends to be associated with severe learning difficulties and a level of intelligence far below the norm" (Sekulowicz, 2009, p. 180), further pointing out, following Fitzgerald, the characteristic features of people on the autism spectrum, such as: "the ability [...] to focus on a task; to make endless attempts to solve a problem, what we might call workaholism; high levels of energy and motivation, extraordinary observational abilities, and a great visual imagination" (Sekulowicz, 2009, p. 182). This author believes that society faces the challenge of preserving those talents that are discovered too late and the education system does not reach out to the possibilities of creating them (Sekulowicz, 2009, p. 196).

1.3. The person with autism

The subject of the analyses conducted in this publication is the student with autism. The aim is to show a variety of approaches to students who do not fit only into social (including educational) norms, but also linguistic as well as developmental norms. Terms such as: "different", "dissimilar", "atypical", are often evaluative in nature. Sometimes they idealise what they call (pointing to uniqueness, inimitability, wonderfulness), while at other times they direct

attention to limitations (specificity) and, in particular, impairment. Increasingly, we approach the problem of autism as that kind of otherhood or dissimilarity that is embedded in a non-homogeneous social structure. Thanks to socialisation activities, a great deal of educational support, many people with an autism / early childhood autism diagnosis have not only found their way in society but have also proved to be creators of the changes that follow (both social, e.g. inclusion, and technical). Thanks to the reflections that they share with us (see Bleszynski, 2020), it is possible to shape a differentiated structure of attitudes and, above all, to optimise measures aimed at the fullest possible inclusion of these individuals in the social, cultural and professional environment. It is therefore advisable to present not only the evolution of the approach to what we have termed ‘autism’, but also of the ongoing transformations in the reading of the reality (individual and social) that this word has co-created.

In the social sciences, the approach to autism determines the type of supportive or assistive measures taken. The medicalisation of life has undoubtedly introduced a dualism with regard to human beings themselves – one can be healthy or ill (including chronically ill). The term ‘borderline’ (being on the edge) in pedagogy and psychology has been linked to the labelling of some people as at risk, from a group at risk (e.g. in connection with dyslexia – Bogdanowicz 2011; Bogdanowicz et al., 2014), indicating a state not yet corresponding to the full picture of a specific disorder, but ‘revealing a predisposition to it’. In quantitative research, such a statement was used, for example, in the case of autism, by writing that someone has quantitatively or qualitatively appropriate syndromes but does not meet the criterion requirements. Research approaches affect our – as a society – attitude towards these individuals, as well as the measures taken (e.g. remedial, rehabilitative, supportive or improvement measures).

1.3.1. Understanding autism as a trait

From the time Leo Kanner described autism, attempts have been made to differentiate the term, to point out the specificity of what it describes (the words ‘autistic psychosis’, among others, have been used). Referring to the term “autism” in the historical perspective, it must be said that it was in the United States, thanks to developing psychiatry, that the challenge became to show the

dissimilarity and to distinguish from other diseases and disorders the features defined by Kanner as the “autistic spectrum”. The evolution of the understanding of autism has undoubtedly been linked with increasing knowledge of human psychosomatic development, the emergence of modern technique and the social changes that we can describe today as growing awareness. The development of the social sciences has fundamentally transformed the organisational as well as the economic or cultural structure. There has been a change in the understanding and approach to the other person, and in particular to the person whom we today refer to as the Different (this does not only mean disability, but it can also refer, for example, to a different or originally expressed identity).

A very interesting approach to this issue is presented by Anna Prokopiak (2021, p. 60), pointing to four models: 1) individualistic-materialistic (disability as a deviation in the psychophysical development of a person); 2) individualistic-idealistic (disability is a particular form of individual human identity – there is identification with disability); 3) social (disability as a material product of prevailing socio-economic relations); 4) constructivist (disability is not a personal trait but a special relationship between the individual and society).

1.3.1.1. Autism as a disease

In an earlier period, autism was seen as a dissimilarity that represented a deviation from accepted religious and cultural norms. This theme was brought to light by Alfred and Françoise Brauner (1988), who attempted to change attitudes towards people with autism. It tended to be primarily medical in nature. There is a historical reason for this, as the first people to describe autism were those employed in hospitals. According to Magdalena Chroscinska-Krawczyk and Mirosław Jasinski (2010, pp. 75-76), the French physician Jean Itard can undoubtedly be considered the first researcher to describe typical autistic behaviours, although he did not name them. The characterisation of autism was made in 1943 by Leo Kanner, writing about autistic disturbances of affective contact and presenting his findings in a scientific paper (Kanner, 1943, p. 217). Others include Hans Asperger (1944) and Victor Lotter (1966). The approaches of the aforementioned researchers, in line with the assumption, point to the necessity of the emergence of a pathogenic factor – a disease-causing factor,

responsible for the occurrence of certain disorders⁴. These approaches reflect medical classifications – the most common being the ICD 10, which places early childhood autism (*autismus infantili*) in holistic developmental disorders (International..., 2012, p. 248). These concepts are clinical in nature. Within them, interventions of a pharmacotherapeutic nature are undertaken, having the character of reducing, silencing the symptoms associated with autism. In collaboration with psychologists, behavioural modification is introduced, which boils down to shaping appropriate skills. This approach is often pinpoint-oriented, targeting the triggering factor that causes specific symptoms – once this factor has been eliminated or its impact reduced, remedial actions aimed at rehabilitation are taken, with the aim of restoring the pre-symptom state, i.e. recovery.

1.3.1.2. Autism as a disorder

This approach to autism is mainly observed in the humanities and social sciences. A disorder is characterised by a departure from a pattern, and the actions carried out are intended to bring the individual into line with the standards set. The term ‘disorder’ indicates dissimilarity in negative terms, which needs to be corrected, brought to ‘normality’ or at least the dissonance reduced. The most widely used classification is the Diagnostic Criteria according to DSM-IV-TR issued by the American Psychiatric Association (2008). As Ellen J. Hoffman (2009, p. 48) points out, this approach for autism includes manifestations of dysfunction in the areas of social interactions and communication, as well as the presence of repetitive, stereotyped behaviours.

A significant problem is the co-occurrence of autism with other disorders (e.g. neurodevelopmental, mental or behavioural disorders such as linguistic disorders, intellectual disability, specific learning disabilities, ADHD, to name a few). In addition, it may be accompanied by comorbid afflictions such as dyslexia, motor dyspraxia or epilepsy: at the lower end of the spectrum;

⁴ The PWN Encyclopaedia provides the following definition: “disease, a dynamic reaction of the organism to the action of a pathogenic factor (or many factors) leading to disorders of the natural cooperation of tissues and organs, and consequently to functional disorders and changes in the functioning of individual organs and the entire human organism”, <https://encyklopedia.pwn.pl/haslo/choroba;3885838.html> (accessed 15 February 2022).

epilepsy occurs in one third of cases while cognitive delay occurs in about three quarters (see Baron-Cohen, 2000).

The measures implemented under this approach are mainly remedial, modifying and adjusting. This mainly includes correction, remedial therapy (often described as correctional and adjustment therapy), modification and transformation. In addition, it is worth mentioning the therapies of the behavioural stream, which “are used in cognitive therapy, but their primary aim is to evoke cognitive change (verification of thoughts and beliefs)” (Sliwinski, 2016, p. 6). What becomes most important here, in any case, is to make changes.

1.3.1.3. Autism as otherhood or functional dissimilarity – neurodiversity

The evolution of the approach to autism is directed towards inclusion, which is realised in a global and multifaceted perspective, which is part of the ongoing changes, for example at the level of the European Union. There is a move away from judging, searching for a strictly aetiological factor, to pointing to dissimilarity as a coexisting phenomenon in social development. The first to use the term ‘neurodiversity’ was Judy Singe (1997), who initially pointed to neurological pluralism, revealing the necessity of creating a different account of autism, among other things. It became important to move away from denying, alleging abnormalities, to affirming dissimilarity. The issues raised here are introduced by Agata Borkowska, who draws attention to “[...] the need for targeted changes in the educational and therapeutic space regarding the perception of the student on the autism spectrum in the category of neurodevelopmental diversity. The creation of a theoretical context of conceptualisation will allow the transformation of the thinking of those involved in the process of co-organising special education for students on the autism spectrum, which will undoubtedly find its solution in the category of pedagogical practice” (Borkowska, in print). Changes of approaches in education, at different levels, are presented in their work by Ryszarda Cierzniewska and Dorota Podgorska-Jachnik (2021b).

In an interesting way, this problem is pointed out by Robert Baron-Cohen, who notes that “[N]o time, if at all, do I spend a lot of time thinking about mathematical problems, but I do spend a lot of time thinking about people.

[...] however, I do not describe myself as having a disability in mathematics. Rather, I would say that I just prefer to spend time thinking about people: it is more interesting to me. Calling what a person can do with a limitation a disability can be seen as unreasonable” (Baron-Cohen, 2000, p. 493).

It is very important here to move away from branding, labelling, treating, changing in favour of implementing supportive, integrative activities, leading to autonomy and maintaining a high level of well-being. These activities are based on the acceptance of diversity, enabling self-determination and self-expression.

1.3.2. Supporting people with autism as a dissimilarity in understanding goals in the education system

The move away from seeking homogeneity in the approach to autism to pointing to the essence of the spectrum, taking into account individual predispositions arising from development and environmental conditions, creates today an influential way of understanding this disorder (as a deviation from the norm). The co-occurrence, overlapping of many symptoms of diseases and disorders makes it much more difficult to relate to the essence of autism, which – apart from being associated with certain limitations (e.g. social) – allows for the formation of a different, non-stereotypical understanding of the surrounding reality. This necessitates not so much an individual, but a strongly individualised approach to understanding autism – tailored optimally to intra- and inter- development, not just to the stated goals of the normalisation trend.

Among the factors indicating a variation in the approach to autism, it is worth mentioning schizophrenia. Initially, the validity of categorising autism as schizophrenia was recognised (even as a subcategory, which was associated with one of the axial symptoms of psychosis, as well as being due to the association with the age of the parents, Reichenberg et al. 2006; Galkowski, 1984). Today, a critical analysis is being made and co-occurrence as well as nosological differentiation is being pointed out (Sasson, Pinkham, Ziermans, 2021). As the aforementioned authors point out, a common feature of autism and schizophrenia is disturbances in the social sphere. Differences concern, among other things:

- difficulties in multisensory processing, where cognitive space limitations are present in autistic people;

- working memory, visuospatial memory, learning, language learning, processing speed, attention – here the better results were obtained by people with autism.

Despite the indications of neurophysiological brain development – it is worth mentioning that the aforementioned researchers focused their analyses on the connectivity of the neuronal network, in particular the activation of the spindle-branch and the amygdala – a new, heterogeneous approach to the cognitive processes carried out by people with autism becomes relevant. This sets the necessity to adopt a different attitude towards the problem of educating these individuals, which may require the implementation of new solutions (e.g. in terms of organisation) within contemporary pedagogical practices.

1.4. Education of a student with an autism diagnosis – organisation of the educational system

In some studies (e.g. Ryan et al., 2011), mainstream measures for students with autism spectrum disorders include programmes focused on: behaviour analysis (e.g. ABA); one-to-one approach (e.g. DIR, Floortime); alternative communication system (e.g. PECS, Makaton); social stories formation; complex educational system (e.g. TEACCH, Lövaas) (Ryan et al., 2011, pp. 56, 58).

The analysis of the role played by the teacher and the pupil in the activities implemented is based, in the case of the pupil (as the subject of the interactions), on a vertical arrangement of categories:

- a) work
 1. participation in classes (passive – active),
 2. the scope of the interactions to be undertaken (subjective, integrated);
- b) organisation
 3. creativity in the implementation of the programme (cooperation – none),
 4. organisation of classes (individual, integrative, inclusive),
 5. programme (imposed – adjusted – personalised – individual);
- c) system
 6. involvement in shaping the programme (passive – influential),
 7. participation in social interactions (individual teaching, ensemble teaching, class teaching).

The ways of interacting with the pupil can furthermore be divided into directive and non-directive, which, however, by both their scope and nature, can be placed on different levels. However, such differentiation has its consequences; it can lead to a change in the system of interactions.

It is becoming important to operationalise the objective(s) of the educational activities carried out when working with students with a diagnosis of autism (in Poland, we still encounter the distinction between autism and Asperger syndrome). These are most often set within the Individual Educational and Therapeutic Programme (IPET), which was presented, for example, within the Good Practice Bank of the Institute of Education Development by Justyna Michałowska (Individual Educational and Therapeutic Programme (IPET) for a child with autism). It is recognised that, by definition, it is a range of interactions aimed at optimal development in all spheres of a student's functioning, among others, reducing the consequences resulting from developmental disorders, compensating and levelling deficits, and developing and strengthening developmental potentials. Supporting a pupil, particularly one on the autism spectrum, should be considered in the short and long term, as well as being determined by the stage of development (education) at which they are located. Among the short-term goals, both functional and concrete goals can be mentioned – they are mainly related to development (its improvement). As long-term goals, it must be considered the striving for independence, autonomy, which is an important element in shaping the level of quality of life.

The ultimate goal of educational activities, which can be called the 'end result', is often dependent on external, mainly economic and political factors (this is about the placement of the student in a future, i.e. likely social, professional, economic situation, etc.). This is an important issue: why do we educate, what do we educate for and what effect is expected from the action taken by society as a whole. The widely accepted model of inclusion in education is linked to the aim of creating an open society that does not exclude people because of their dissimilarity, as an expected outcome of pedagogical processes. An element of the evaluation of the effects achieved by educational activities for adults with autism are their levels of employment, independence, self-determination and communisation, which, however, are not clearly correlated with levels of quality of life or sense of well-being (Vanroy, Vermeulen, 2019, p. 547). It is important here to refer to authors who point to a high-risk

factor for mental illness (including depression and anxiety disorders – e.g. Ghaziuddin, 2005; Stewart et al., 2006; Strang et al., 2012; van Steensel, Bögels and Perrin, 2011). Kobe Vanroy and Peter Vermeulen assumed that:

[T]raditionally, the long-term effect of education is defined in terms of independence and achieving social norms, such as having a job, being healthy, taking care of oneself and maintaining relationships. These social norms have led to a focus on: [quality of] life and subjective well-being. This well-being is the amount of support that a person receives, but also other factors such as pleasure, life satisfaction, enjoyment and contentment. These factors deserve more attention in measuring the effects of autism. Although instruments exist to measure well-being, they are not always autism-friendly (Vanroy, Vermeulen, 2019, pp. 548-549).

This statement emphatically demonstrates the necessity of individualising the approach to the objectives set, which are determined by many factors but must be grounded in the realistic cultural, economic and social situation.

1.4.1. Organisation of the educational system

There are many solutions for organising the educational system for people with autism. Organisational arrangements are diverse, resulting from economic possibilities, but above all socio-cultural ones. Currently, the United States seems to be leading the way in the search for new solutions. As Rita Jordan (2019, p. 48) points out, analysing the structure of education from an international perspective, children with autism are included in pedagogical interventions at the pre-school age. The various ways in which specialised and mainstream education are combined are outlined below.

1. **Specialised school shared with a mainstream school** – provides opportunities for co-operation between pupils with special educational needs and those who are developing well (by sharing facilities, taking joint initiatives – formal and non-formal integration). Collaboration between teachers and sharing of expertise through special education practitioners is possible – specialists become the centre of educational support. However, it can create problems related to the need for independence of the two schools, losing opportunities to create joint development potential.
2. **Learning Support Assistant (LSA) – support allocated to the child 1:1.** Such activities limit full social integration, especially with peers. The

undoubted advantage of this type of organisation is the fact that the child's assistant (LSA) can help with the acquisition of school knowledge and skills, including adaptation to the organisational system. The problem with this approach is the possibility of developing a learned helplessness resulting from working with an assistant, which can make it even more difficult to interact with peers.

3. **Specialised class for pupils with autism in a mainstream school.** A pupil with autism can develop according to their abilities in contact with the staff of the mainstream school (teachers, staff, etc.). This creates easy access in peer contacts and the opportunity to follow the general syllabus. Such an organisation of the school system does not require the involvement of specialists to work directly in the classrooms, who play a supporting role in the overall teaching process. This approach implies inclusion, which, however, is intended for those who function well.
4. **A specialised branch or part of a mainstream school.** This type of organisation involves the creation of a specialist unit, which runs within a mainstream school. It is staffed by a smaller number of specialists who are seconded to this unit. However, this organisation may limit interactions with students from other classes, and thus limits inclusion.
5. **Specialised unit as part of a mainstream school.** This approach implies the use of a cadre of specialists within the interactions of a mainstream school. This allows the development of the child according to his / her maturity (readiness); the staff of the mainstream school takes advantage of the opportunities to respond flexibly according to the needs of the student. An unquestionable advantage is the fact that the same staff is involved in educational work, which means that specialist teachers are part of the staff of the mainstream school. The main goal is to include students with autism by working with the teacher at the mainstream school and its students. For an autistic student, it is a place where they have a feeling of security, tranquillity. However, such an organisation requires constant monitoring of the needs of children with autism, as well as training and improvement of teaching staff.
6. **Lack of designated support or specialised education for staff / students.** There are situations where a student with autism does not receive the required support or provision by appropriately prepared pedagogical staff. The child follows a full-time programme locally but without

integration. The local school provides access to the full syllabus, but the lack of appropriately prepared staff leads to a situation where the child is excluded, fails as a student and is unable to follow the syllabus or control their behaviour.

The use of a non-standard – alternative educational system provides an opportunity to combine different solutions for organising the peer environment, determining the scope of the syllabus to be delivered, the degree of involvement of the student and their environment. The creators of alternative programmes, including Rudolf Steiner and Maria Montessori (see Okon, 1997), proposed abandoning the Herbartian system in favour of individualisation and adapting the material to the needs and psychophysical capabilities of the pupil.

1.5. Professionals in the education of people with autism

The organisation of the educational system for people on the autism spectrum is, as mentioned, diverse. We are dealing with segregation, integration and inclusion, as well as with mixed systems (Bleszyński, 2001). In an effort to professionalise and optimise educational outcomes, it is important to ensure an adequate base, as well as professionals undertaking a variety of activities in this area. Some authors (e.g. Fischer, Lehman, Jansen, Davis, 2019, pp. 338-341) count among the professionals primarily teachers with a special education qualification, school psychologists, as well as supporting professionals: speech therapists, occupational therapists, behaviour analysts and administrative staff and parents.

How important this issue is can be seen, for example, in the research on the organisation of the lesson system presented by Zenon Gajdzica (2011, 2012). However, referring to the education of students with autism, it is worth presenting the research of Nicole Sparapani, Vanessa P. Reinhardt, Jessica L. Hooker, Lindee Morgan and Christopher Schatschneider (2021), showing the formation of teacher language during a lesson. As argued by these authors, there is a conceptualisation of teacher language in relation to students with autism in both general and special education classes. This allows for evaluation and monitoring of the activities undertaken in the class team. As indicated, teachers' comments towards students with autism are most often directed towards a particular student and are primarily (69%) directive in nature and

consist of closed questions. In addition, they are often intrusive, which is due to the necessity of taking activities of a controlled nature, stopping or redirecting the pupils' behaviours (this is sometimes determined by the severity of the disorder present). Such an approach to working with a student does not provide the opportunity for full interactivity, familiarisation with the student's needs or interests, but has a typically directive, even scholarly character. In the case of integrative education, although the teachers dealing with a child with autism presented similar linguistic behaviours, the participation in the learning process of other students not only allowed the observation of a different activity, but also made it possible to create a dialogical and open communication system (not restricted to repetition). The research presented here has important impact on the creation of a holistic approach to the student with autism. Above all, they draw attention to the necessity of preparing them to participation in social life, as well as to the formation of their personality, psycho-physical structure. This awareness is an important element in the activities undertaken by the teacher, who makes them dependent on the capabilities and, above all, on the severity of the disorders present due to autism.

1.6. Overview of therapy for persons with ASD

The speech of people with autism spectrum disorders is a broader aspect of the overall development that undoubtedly affects their functioning, including social functioning. Discussions about the determinants of social functions and speech / communication are an important element of the analyses conducted. There is undoubtedly a relationship between speech and social development, as well as social development influencing speech – according to the DSM-5 teleology, these are elements that not only co-occur, but are significantly compatible with each other. The results of the research that has been carried out in this area indicate that disorders in speech development are not unique or necessary in the diagnosis of autism. Despite the difficulties associated with the disorders present, people on the autism spectrum have the capabilities to communicate (see Bleszynski, 1997), and only 30% of this will involve verbal communication (Tager-Flusberg, Kasari, 2013).

As the most recent criteria indicate, the communication disorders of people with autism involve both the verbal and non-verbal side (American

Psychiatric Association, 2013), which should determine the support activities carried out. This approach allows us to gain a fuller and deeper insight into the occurrence of symptoms that may indicate the formation of inappropriate forms of communication, such as prelingual. This can include, for example, the use of gesture, which is an element of mimicry developed before the acquisition of speech skills and is responsible for creating a field of joint attention. It can be considered that gesture is responsible in the first years of a child's life for shaping expression and openness in entering communicative interactions (Mitchell et al., 2006; Watson, Crais et al., 2013), as well as creating a joint field of attention, which makes it easier for carers to read and name, for example, pointed objects (Dimitrova et al., 2016; Ozcaliskan, Dimitrova, 2013). In addition, the aspect of speech reception is important, as reflected in research (Kwok, Brown, Smyth, Cardy, 2015), which showed that the delay compared to the peer group is about one and a half standard deviation points.

In the case of verbal skills disorders, minor deviations in articulation are indicated, while other aspects of communication are important, such as:

- prosodic abnormalities (Shriberg et al., 2011);
- motor abnormalities of the articulatory system (e.g. apraxia, dysarthria), reduced tongue and lips dexterity (Gernsbacher et al., 2008);
- abnormalities related to the construction of utterances, e.g. pronoun exchanges (Eigsti et al., 2011);
- low level of communication activity as a social motivation disorder (Paul et al., 2013, p. 429).

Speech therapy activities are changing in nature, not focusing on linguistic correctness, but on aspects concerning communication and the social functions of message construction. As I have pointed out in earlier studies, it can be considered that communication in the case of people with autism is a leading element (Bleszynski, 1997), which shapes correct therapeutic work. I assume that communication, interacting, as well as learning in social interactions are elements that condition not only the acquisition of social competences, but also cognitive development and correct psychological functions – including an appropriate level of well-being / quality of life.

Speech therapy, as indicated by Kasari et al. (2005, p. 381), should be based on indicators that allow the evaluation of the therapeutic interventions undertaken. These may include:

- the severity of the impacts undertaken, the intensity with which it will be carried out (e.g. National Research Council, 2001⁵; *Development of guidelines...*);
- **the method** used, concerning the areas of interventions undertaken, the content; the severity, e.g. of directive nature, as well as the scope of participation of therapists, parents and the environment (Kogele, Ashbaugh, Koegel, 2016);
- **the range of impacts** – the interventions carried out as a result of the underlying symptoms of disorders in the areas of communicative competence, language or articulation (Hamptom, Kaiser, 2016);
- **the time** of intervention – this issue relates equally to the initiation of early intervention, its scope and its length (Fein et al., 2017; Gulsrud et al., 2014; Stahmer, 2007).

It is also worth mentioning:

- **infrastructure** – accessibility to early diagnosis and support (Mandell, Novak, Zubrisky, 2005);
- **the period of speech development** in which the therapy was undertaken (e.g. pre-linguistic).

The type of therapy depends on the scope of the intervention undertaken and also on:

- the approach specific to the particular **intervention**, e.g. directive or non-directive; the choice is made taking into account the behavioural therapy model that is widespread and considered effective.
- **the role** of the therapist and the environment, which can be isolating (therapist-child), based on collaboration between carers and therapist or characterised by the carers assuming full therapeutic competence (therapist as supervisor);
- **the location** of the therapy provided – it can take place in the environment closest to the child (room, home), only in an institution or in both locations (hybridisation);
- the way in which **alternative communication systems** are used.
- **the range of activities** undertaken, resulting from the type of institution within which therapeutic support (medical, educational) is provided.

⁵ Referring to the research carried out in the United States, it was considered that the effective impacts of speech therapy should amount to 25 hours of active work per week; in our country this is unregulated, depending on the diagnosis and recommendations.

- the collaboration with other professionals in the field of a holistic approach in therapy.
- The therapy provided may result from reliance on, for example:
- a natural therapeutic intervention resulting from the child's development (NDNI), based primarily on neurophysiological development. It is more in the nature of stimulation, intensification or support.
- behavioural interventions (NDBIS) aimed at implementing direct modifications, behavioural treatment strategies aimed at teaching functional and required skills (Schreibman et al., 2015, p. 2411).

The problem of the development of disorders in relation to people with autism has been addressed for many years, with research focusing on the ontogeny of social and communicative functions. Currently, I argue (following Carlos G. Aguirre Velázquez and team, 2019, p. 3) that problems related to interaction are primary to linguistic ones both in terms of their timing and their scope.

In the following, selected methods and systems of speech therapy will be presented, which are primarily interventions based on multidirectional interventions. The presentation of the therapy approaches, and their environmental conditions will be the main axis of the division of therapeutic interventions. This will be done due to the activation of the environment as a factor optimising the implemented activities.

1.6.1. Examples of therapies for people with ASD

Selected methods and systems of speech therapy will be presented below, which are primarily interventions based on multidirectional influences. The presentation of therapy approaches, and their environmental conditions will be the main axis for dividing the therapeutic interventions undertaken. This division will be focused on the activation of the environment – as a factor optimizing the undertaken actions.

1.6.1.1. The family environment is the main place of communication interactions

I present therapy systems in which the family model is considered a priority as a place of influence, and parents (being direct caregivers) are characterized as institutionally supported therapists. An example of such an approach is the

Early Social Interaction Project (ESIP), implemented at the Autism Institute of the National University of Florida, and financed by the US Department of Education and the Autism Speaks organization (engaged in promoting comprehensive solutions for the needs of people with autism and their families through advocacy and support) and the National Institute of Mental Health, responsible for biomedical research related to health status.

The project is aimed at parents of children diagnosed with a disability in infancy or up to 2 years of age, including autism. The assumptions behind the activities undertaken in this therapy are:

1. an individual program focused on the family – its needs, capacities, and limitations;
2. locating interventions in the child's natural environment, i.e. the family and social environment – that is, the environment in which the child develops;
3. securing support for the child's carers in the form of coaching to provide support and education for parents during interventions (see Wetherby et al., 2014).

The aim is to teach carers between three and five strategies that are implemented in working with the child (depending on the type, degree, and severity of the disorder present).

During the sessions conducted, carers acquire skills in:

1. identifying properly functioning resources and targeting for intervention;
2. taking an active role in the parent's work with the therapist and providing feedback;
3. jointly taking action and validating it with the provision of feedback;
4. shaping a developmental framework indicating priority areas of education and social intervention, validating the results obtained, based on the results, relying on scales that allow for benchmarking (e Scerts Model Program Planning And Intervention): A Comprehensive Educational Approach for Young Children with Autism Spectrum Disorder – SCERTS⁶). Based on reports from parents and direct observation,

⁶ The SCERTS program was implemented into nine monthly thematic blocks, conducted in meetings in groups of 4-5 families of children on the autism spectrum. The first group session in each month was devoted to discussing how to achieve the goals set. The remaining sessions were workshop-based. Therapists discussed with carers and practiced strategies for working with children. After research, it was indicated that the activities undertaken in this way had an

a framework for the development of the child's development (including goals and monitoring of progress) (Prizant et al. progress) (Prizant et al., 2006). According to SCERTS, in terms of the elements considered in the education of young children's communicative functions children, it is important to extend "the use of gestures, mimic sounds and words, initiate spontaneous non-verbal and verbal communication, understand the meaning of words, initiate and respond to to act together, extending the functional use of objects and pretense in play, together with an extension of the reciprocity in interactions' (Wetherby et al., 2014, p. 12);

5. systematic education on the use of strategies in the development of social skills that are undertaken during the ongoing research. As argued by some authors (Woods, Wetherby, Kashinath, Holland, 2012), these strategies include prioritizing initiation in communication by the child on the autism spectrum, involving modeling the responses constructed for the child to then shape their correctness in use by the child, leading to share control of the interaction with the child and arrange these activities in the environment to provide as many opportunities as possible for the child to initiate communication;
6. intensity planning, which involves the use of intervention and support strategies in daily activities and by definition requires engagement for a minimum of 25 hours per week to maximize intensity and achieve meaningful outcomes, as recommended by the National Research Council (2001).

Research into the feasibility of this method and the effects achieved can be found, for example, in the publications by Amy M. Wetherby and Juliann J. Woods (2006), which presents the results of a quasi-experiment conducted on a group of seventeen children with autism who were introduced to the ESI program at the age of two years, compared with a control group of eighteen children who entered early intervention at the age of three years. Evaluation of the results showed a significant improvement in social communication. Comparative studies also highlighted significantly higher skills in social communication in those guided according to the method of early intervention. Of interest is the report of a large-scale study (Wetherby et al, 2014; Wetherby,

impacted on the development of social communication, including language, adaptive behavior and non-verbal communication skills, and the perception of messages.

Woods, 2006) undertaking an analysis of the outcomes achieved in early intervention for children with autism and the effectiveness of the collaboration undertaken with carers. The research was conducted with 82 children with a mean age of 19.6 months.

The research carried out during the individual early intervention classes included meetings conducted by therapists with families three times a week (twice at home, once in the center) for six months and then twice a week for three months (once at home, once in the community) to compare the results obtained. per week (once at home, once in the community) to compare the effects obtained and generalize them.

Another example of family therapy is the Early Social Intervention (ESI) project (Early Social Intervention, ESI), the main thrust of which is to focus on:

- the family (as the place where basic needs are met);
- the home they live in (as a natural environment);
- the use of coaching (as a method of support in the process of developing social support competencies with professionals) (Wetherby et al., 2014).

By design, it is an early intervention project, i.e. implemented from the earliest possible stage of a child's development. Placing in the immediate environment and providing care and therapy through the influence of the parents themselves are the most optimal solutions for supporting the development of the young child. The intensity of the measures taken in the case of a child with autism are sometimes regulated, as mentioned, by legislation, e.g. in the USA, it is 25 hours per week. The project itself is based on five coaching principles: 1) 'identify what has an impact and I will direct the teaching if necessary'; 2) the practice of interacting with the parent is based on his/her active role, with feedback provided; 3) practice and analysis of the caregiver's actions are combined with feedback; 4) the developmental framework is based on standardized outcomes; 5) systematic education is based on behavioral strategies; 6) intensity appropriate to the disorder is provided (Prizant, Wetherby, Rubin, Laurent, Rydell, 2006).

Within the framework of the classes, an evaluation is carried out, which mainly considers communication, emotion regulation, and transactional support. transactional support. Thus, The developmental framework is used to outline high-priority goals and monitor the child's progress based on parent reports and direct observation. Based on the goals of communication for

young children, plans are made for “expanding the use of gestures, sounds, and words, initiating spontaneous verbal and non-verbal communication, understanding the meaning of words, initiating and responding to joint attention, increasing functional facility, using and pretending play, and extending reciprocity in interactions’ (Wetherby et al, 2014, s. 12). Behavioral techniques are often combined with other techniques of education to ensure that they are as natural as possible for a given environment and methods of operation. The communication activities implemented (Woods, Wetherby, Kashinath, and Holland, 2012) are primarily intended to develop the child’s ability to initiate an act of communication to then extend its scope or to model child-directed speech. After this stage, the correctness of the child’s linguistic utterances can be taken care of, as a result of acquiring the competence to control the interaction with the child and arranging the environment to provide more opportunities for the child to initiate communication. Recommendations:

1. specialist training in working with young children on the autism spectrum disorder and their families – which includes knowledge of the early symptoms and occurring disorders in young children with autism and the developmental changes during the first three years of life;
2. in the case of difficulties, the use of positive stimulation the use of behavioral support to learn to communicate and replace difficult behavior;
3. proficiency in the use of SCERTS⁷ – required to determine effectiveness of interventions and interventions planning.
4. acquire the knowledge and skills needed to consult with families, using a systematic process of specialized support – possible during training carers to promote competence and autonomy in supporting their child in the learning process.

⁷ The SCERTS program was implemented into nine monthly thematic blocks, conducted in meetings in groups of 4-5 families of children on the autism spectrum. The first group session in each month was devoted to discussing how to achieve the goals set. The remaining sessions were workshop-based. Therapists discussed with carers and practiced strategies for working with children. After research, it was indicated that the activities undertaken in this way had an impacted on the development of social communication, including language, adaptive behavior and non-verbal communication skills, and the perception of messages. Information about training and certification in the United States and a dozen other countries, https://scerts.com/wp-content/uploads/SCERTS_2pg_3_16.pdf (accessed 30 October 2022).

Another example of a therapy focusing on interaction through the family environment is the Early Start Denver Model (ESDM). Denver Model (ESDM), which addresses all areas of development of the young child (12 to 48 months) and their family (Rogers, Dawson, 2009). Activities can be carried out in a variety of settings, i.e. in the child's home, counseling, and clinical centers, and the main form of work during the activities is play and the use of joint activities within the family – referring to the child's natural and immediate environment, the child's natural and immediate (including material) environment with a particular commitment to the introduction of interaction (initially in the triad). This is an approach focused on social interaction rather than cognitive formation (focused on cognition of objects etc.). The therapeutic activities carried out are based on the four stages developed by researchers of four stages (Rogers, Dawson, 2009; Rogers, Dawson, Vismara, 2012):

1. identify and begin to develop a theme – the person (child or adult) chooses an object (e.g. a toy) or activity, using it to initiate the activity;
2. establish the topic – an interaction is introduced (once by the child, once by the adult), which is the initiation of a joint action aimed at to establish cooperation to perform the same activity, which can be based on objects or social tasks;
3. modify or expand – the therapist's task is to modify the subject matter so that activities are not repeated too often and to make use of more skills – transference;
4. finish and transition – the final stage begins when the child's attention wanes or the activity has little didactic value (due to e.g. ritualization), and consists of putting away the materials used and moving on to another activity.

The program is geared towards the acquisition of skills in a variety of areas, including social competence, communication (perception and production), imitation, cognitive interest in the environment, fine and gross motor skills, socially acceptable behavior, and independence in performing activities (e.g. eating, dressing). Activities are implemented in twelve weekly cycles and are based on behavioral methods. The materials developed⁸ are used to organize

⁸ An interactive online course is available to early intervention providers who work with children up to three years of age in natural settings (Autism Navigator for Early Intervention Providers, Autism Navigator, 2017); it includes training on how to effectively work with families and others to include them in intervention strategies as part of daily routines in natural settings.

the support system. the support system provided. Training courses are provided at various levels, both for professionals and parents, who, upon completion obtain a certified qualification (UC Davis MIND Institute, 2017). The cycle of staff training begins with an introductory workshop, followed by advanced training leading to certification; this also applies to professionals who wish to become a certified parent coach. Both the materials and the training are made available on the websites, but the training itself training using this method is subject to requirements, e.g. education beyond a bachelor's degree and regular work with young children on the autism spectrum as part of an interdisciplinary team. Information about training and certification is available on the ESDM website (<http://www.ucdmc.ucdavis.edu/mindinstitute/research/esdm/>, accessed 30 October 2022); they have been summarized by Talbott et al. (2016). An example of a different approach to the provision of communication and language therapy in a broad sense communication and language is the Improving Parents as Communication Teacher (imPACT) project, which responds to parents' demands for greater involvement in their child's overall development-based on the immediate environment, based on primary social interactions.

Early Start Denver Model for Young Children with Autism: Promoting Language, Learning, and Engagement (Rogers, Dawson, 2009) parents, cooperation with the doctor / therapist and the child, and an intervention program is developed. It is based on the Social Communication Checklist (Social Communication Curriculum, SCC) for children aged from 18 months to 6 years of age; it is used to evaluate the progress of work with the child. The checklist makes it possible to assess the level of communication functions and to identify areas of intervention. This project aims to activate parents in providing interventions to support the development of communication and language development and social integration based on imitation and play (didactic interventions). The project aims to support parents by teaching them interactive and direct strategies aimed at social involvement, based on the intensive use of forms of play to shape social interaction. During the following meetings, the therapist introduces those concerned with the intervention technique: he

Obtaining the Autism Navigator certification is available to individuals with at least three years of experience working with young children with delays and their families. Information about the five-step certification process is available on the Autism Navigator® website, <http://www.autis-mnavigator.com/courses-tools/> (accessed October 30, 2022).

discusses the technique, adapts the forms of interaction to the parent with the child, and then coaches the parent, introducing interaction with the child (including feedback). Together with the parents, the guidelines for the activities to be carried out at home are developed and reviewed during the next session. Examples include following directions examples are: following the child's directions, animation with toys, imitation exercises, modeling, etc. related to imitation, modeling, and extending language competencies. The activities can be carried out individually or in a group; it depends on the infrastructure of the environment and the therapeutic goal set. The program is currently being implemented at Michigan State University (Michigan State University Autism Research Lab, n.d.), where there are certified courses for those interested; it is also available as a handbook (Ingersoll, Dvortcsak, 2010a, 2010b).

1.6.2. Extending the therapeutic impact to the environment peer environment

A different example of working with children with different types of disorders, including communication, is the Peer Intervention Programme (Mediated Interventions – PEER). This is a method used by special educators to improve communication and social functions in natural situations (Chan et al., 2009; Wong et al, 2014; Zhang, Wheeler, 2011). The program is designed for preschool children who understand verbal commands given. It is aimed at behavior modeling, discussion, and role-playing, as well as providing direct support and feedback on the objectives of the activities carried out (Chan et al., 2009; Watkins et al., 2015). The program also aims to develop social skills (including communication) and self-determination based on the role models created. The activities are based on the use of role models in interventions in the form of peers in the interventions and aim to facilitate both the the acquisition and maintenance of social competence and other skills in the child's natural environment (Chan et al., 2009; Wong et al., 2014; Zhang, Wheeler, 2011). Typical strategies used in this program include. Following Watkins et al. (2015):

1. initiating cooperative play, games, and conversation;
2. encouraging the child on the autism spectrum to take the initiative to communication with the use of natural reinforcement, e.g. encouragement verbal encouragement or gestures to engage him/her in an activity;

3. being near the child, participating in daily activities (e.g. eating meals, getting dressed for a walk), as well as participating in clubs with his/her peers.

Thanks to its flexibility, the program can be used for the development of different types of skills, as well as the elimination of difficult or problematic behavior (Chan et al., 2009). It is a great support for the development of social skills in children with autism, including communicative competence, due to the demands associated with active participation, such as responding (Chan et al., 2009), acquiring conversational skills (Bambara et al., 2016), and initiating collaborative activities with peers (Hochman et al., 2015).

It is a project promoting inclusion and counteracting misunderstanding the misunderstanding of others, including those with autism spectrum disorders. Thanks to these activities, normally developing peers, who often become friends by interacting with each other, can observe each other, as well as allowing, for example: 1) staying together in the same place with a friend and watching what their friend is doing; 2) playing together with their friend, during which the leader or carer can shape situations involving the use of objects or introduce them to new situations; 3) shaping communicative competence if only by talking about play, interests, communicative situations using toys (English et al., 1997; Goldstein et al, 1997; Goldstein, Thiemann-Bourque, 2012; Ledford, Osborne, Chazin, 2016). There are many approaches to both the feasibility and organization of such a project (Carter, Sisco, Chung, 2012). There is also the possibility of using various training materials, e.g. Stay, Play, Talk (Ledford et al., 2016), which are undoubtedly supportive of inclusive and inclusive peer activities.

1.6.3. Therapy based on the wider family environment

Another method is **Enhanced and Prelinguistic Milieu Teaching** (EMT) in community education. The program is designed to work with children with minimal ability to imitate verbal expressions (ten words or more), with limited comprehension of speech directed at them, as well as limited interaction – less than 1-2 per minute, as well as using assistive and alternative communication methods communication (Hancock, Kaiser, 2012). The method is based on natural patterns of communicative interaction, involving asking questions and getting answers. The essence of this approach is to create strategies dialogic strategies based on the environment's natural forms. The essence of the

approach is to create dialogical strategies based on the environment's natural forms of communication, including situations and objects in the child's immediate environment. It is important to include the people closest to the child in these activities, i.e. parents, grandparents, or siblings. It is a school of shared responsibility, of creating a community based on the formation of a common field of attention.

Created strategies are based on interactivity, a question is asked with a suspension of 5-15 seconds to create interest in the interaction. The essence of the activities carried out is to rely on three interrelated strategies:

1. creating social relationships between adults and children as a basis for mutual interaction. This strategy introduces the child into the world of interaction by imitating and responding – building statements as if the child were speaking for himself;
2. providing support for language development, with a particular focus on responsiveness – the speed of the response while enriching the stock of active and passive language;
3. learning is shaping the child's language skills in the form of modeling these skills through requests and demands, which should be the actions resulting from education in the child's environment child (Manwaring, Barber, 2019).

The program activities are playful and didactic, and can be applied to children who manifest developmental delays as well as those with intellectual disabilities or autism (Wong et al., 2014). Another method used when working with a child on the autism spectrum can be **joint attention, symbolic play, engagement, and regulation** (Joint Attention, Symbolic Play Engagement, and Regulation – JASPER). This program has been running for more than a decade (Kasari et al., 2006), and involves parents in the home environment as well as locally through specialized centers (Chang et al., 2016; Shire et al, 2017; Shire et al, 2020). The main aim of the program is to develop competence in language, particularly expressive speech, in addition to developing the ability to create and interact socially. In the work of speech therapy, special attention is paid to the formation of concentration and the creation of a shared field of attention in conjunction with language skills (Manwaring, Stevens, 2017). The program includes activities divided into seven groups:

1. **basic strategies**, i.e. optimal matching to the individual child's capabilities in terms of pace and expression of emotions during play, with the use

of behavioral strategies when the child fails to take initiated actions or displays negative behaviors;

2. **shaping the environment**, i.e. the preparation of people and the selection of toys located within the child's reach (attention is also paid to their placement at eye level);
3. creating situations aimed at **following the child**, i.e., his/her interests and activities to imitating and modeling them;
4. drawing up a **set of rules for the activities undertaken**, including rules for games adapted to the child's level of development;
5. **widening the area of application of the acquired skills** – modifying the already introduced patterns of action, as well as shaping the child's expression;
6. **developing the ability** to focus attention, and interact by creating a shared field of attention and initiating social behavior (such as asking or thanking);
7. creating **language strategies** adapted to the child's developmental level of the child, aimed at creating a communicative space, including responding to the message and extending the child's range of communication (Shire et al., 2017).

The project in question is tailored to the individual needs and psychosocial capacities of the child, which determines the entry into social interaction, especially with peers. More information can be found at: <http://www.kasarilab.org/treatments> (accessed 30 October 2022).

1.6.4. Therapy based on the wider environment involving alternative modes of communication

An interesting development is **Pivotal Response Training** (Pivotal Response Treatment (PRT)), used in early intervention and based on the behavioral analysis in children with autism – can be used in working with young and older children. The developers of the method, Robert and Lynn Koegel (2006) concluded that for children with autism, the focus should be on the development of verbal communication, and secondarily on social skills and presenting disorders (Schreibman, Stahmer, 2014; DiStefano, Kasari, 2016). The project is implemented in family and school settings (Bruinsma, McNerney, 2012) and aimed at shaping motivation, engagement, self-control, and response

to multiple child-directed cues. The main directions of the activities carried out are building motivation and aiming to shape the child's self-control using specific procedures and strategies. The main strategies in shaping the volitional side of the child, which is initially implemented individually and then combined to counteract learned helplessness, include 1) relying on getting to know the child through observation and interaction (e.g. asking questions), his/her interests, preferred materials, activities, themes, and toys; 2) reinforcing the child's motivation in the activities he or she undertakes, from trying to initiate to acting independently; 3) basing interventions on direct and natural reinforcements, often resulting from the situation; 4) the formation of motivation through the reinforcement of already acquired skills and the acquisition of new ones thanks to the gradual 5) alternation of interventions in the educational system, which improves the acquisition of new skills. educational system, which improves the acquisition of the aforementioned skills and, as a result, improves interaction, increases motivation levels, and enhances responsiveness (speed of response) (Koegel, Ashbaugh, Koegel, 2016). It is a design that moves away from behavioral interaction and is aimed at non-directive skills training for the child on the autism spectrum, with the aim of implementation into social life in the long term. Training therapists include a specially developed program, popularized in the form of publications (Koegel, Koegel, 2006, 2012) as well as certified on-site and remote courses (<http://www.autismprthelp.com/>, accessed 30 October 2022).

1.6.5. Therapy based on a broad environment and using alternative modes of communication

Another activity that serves to arouse, support, or shape Alternatives to verbal communication are Augmentative and Alternative Communication (AAC). In the case of people with autism, the main problems concerning social life include communication and the formation of linguistic competence language. It is recognized that approximately one-third of people on the autism spectrum have significant limitations in verbal communication (TagerFlusberg, Kasari, 2013). To optimally meet the needs of all individuals, especially those on the autism spectrum – who have impaired in the formation of social interactions, it is important to activate possible developmental support options for noted (with individual severity) decision-making. As I have previously indicated

(see Bleszynski, 2015a, p. 64 and 2020a, p. 122) important factors guiding the choice of communication method(s) may be:

1. about the patient:
 - intellectual development (ability to, for example, use and create messages with abstract content),
 - cistic development (ability to use body parts in communication, e.g. arm, leg, etc.),
 - social conditioning of the use of the method (participation and recognition in the environment of the communication method),
 - acceptance of the patient concerned (conviction of the validity and the possibility of its use);
2. concerning the method:
 - the ease of the method,
 - the importance of the communication opportunity as interaction,
 - the easy reception of information by the immediate and distant environment,
 - the possibility of creating complex statements.

The selection of an appropriate method and the extent to which it can be used (from assisting, or supporting communication, to replacing another mode of communication – interaction) is the main teleological problem concerning the undertaken educational activities. There is an ongoing debate about the adverse effects of AAC (Kaczmarek 2014; Tager-Flusberg, Kasari, 2013) points to the need for communicative interventions in early intervention, which should be introduced with other forms of interventions in therapy (Iacono, Trembath, Erickson, 2016; Ronski et al., 2015). AAC makes use of the extensive possibilities of basic kits, as well as those in computer-based versions (such as pictograms) and devices adapted or specifically developed to initiate communication or use mixed methods (Ganz, 2015), by being able to “implement a multimodal approach to enhance effective communication that is culturally and linguistically appropriate” (ASHA, 2005, p. 1).

An important part of introducing AAC is to be aware of the goal of not only activating the communication and language of the person undergoing therapy but also taking care of the person’s cognitive development, e.g. by expanding his/her vocabulary and concepts. vocabulary. It is also about paying attention to responsiveness (here understood as caring for the child’s expressions and not just focusing on the child’s message to the child, e.g. by implementing

request or protest, cf. Ganz, 2015; Logan et al., 2017) to shape an attitude of independence and self-determination, which is the basis of empowerment.

The following will provide examples of communication systems that are used in working with people who have a lack of speech development (for parietal reasons) or a delay in speech acquisition (e.g. intellectual disability), as well as speech acquisition disorders (exemplified by autism spectrum disorder). Depending on the type of perception and processing of incoming information, these conditions may relate to stimulus preference, taking into account:

- statics – examples include pictures, and pictograms, which we can be divided up according to their execution:
 - use of color: colored or black and white,
 - graphic: a faithful reflection of the designator (e.g. a photograph), a schematic or artistic rendering,
 - size: dependent on applicability (primarily practical use),
 - material of which it is made – most commonly paper, but sometimes occurs in the form of wooden or plastic blocks,
 - technical device: it is used to introduce usually already developed static elements into the therapeutic work;
- dynamism – examples include gestures and their variants:
 - gesture by origin: natural (mimicking the action being performed) and artificial (abstract),
 - complexity of the gesture: homogeneous (referring to a single element such as a letter or word) or combined (allowing the use of elements of a natural action),
 - structure of the gesture: single or systemic (allowing the combination of single elements, allowing the creation of longer statements);
- interactive – using technical devices to support the ability to communicate:
 - use of senses: homogeneous (e.g. visual only) or using multiple senses (e.g. visual-auditory),
 - participation of third parties: independent or requiring the participation of others.

Commonly used in communication is a gesture as a stand-alone or supporting element (e.g. to emphasize or clarify) of the verbal message. Since birth, we have used gestures in communication as an element to attract attention,

as well as to introduce joint attention or mimic imitative communication (as a preparation for an autonomous action).

Popular gestures are characterized by high generality and do not always require precise execution. In specialized use, gesture requires precision, as it already involves motor systems (dactylography – refers to air signs and gestures with meaning), as well as reliance on abstract thinking (e.g. the Makaton system¹⁰ – about which further on). The gesture system has been used to work with children with autism, however, it should be noted that there are difficulties in its application in these children. These may be due to motor limitations, difficulties in focusing attention, and creating a shared field of attention (e.g. Lorah et al., 2015; Paul, 2008), as well as imitative skills (arising from decibels of a theory of mind or mirror neuron theory) (Goldstein, 2002; National Research Council, 2001).

The gesture and the graphic elements introduced are the basis of the widespread and modified Bogusława B. Kaczmarek Programme Linguistic Makaton⁹ – a system of gestures and graphic symbols. Originally, the system had the form of gestures, which were primarily intended to support communication with individuals. In its original formula, the Makaton was divided into nine stages of vocabulary introduction, where the time to introduce a full vocabulary takes five years, as mentioned by Kieron Sheehy and Hester Elizabeth Dudy (2009). The program designed in this way was conditioned by the number of words introduced (adapted to the intellectual level of the patients), as well as the ability to create multi-element utterances (by combining gestures). Important elements of this system are the ability to:

- making a gesture with any hand – no bias applied (often people with intellectual disabilities have disturbed or undeveloped lateralization) – with a consistent adherence to the chosen side;
- repeating the gesture using video – because the mirroring that occurs would not impede the creation of the gesture;
- combining gestures with articulation and facial expression, which supports and mobilizes the acquisition of skills in verbal speech.

A total of 350 words were introduced as a basis for acquiring and shaping non-verbal contact skills. Due to the limited perception and memorization

⁹ In Poland, thanks to the Bogusława B. Kaczmarek (2013) program, a modification of the Makaton system is available.

abilities of people with intellectual disabilities, an average of about fifty new gestures are added every six months. new gestures, based on which attempts are made to create complex expressions. In the first year, mainly gestures describing:

- people from the immediate environment (e.g. mother, father, brother, sister, nurse, doctor);
- the names of objects (e.g. cup, biscuit, dinner, bed, chair, table, house, car / bus);
- rooms (e.g. toilet);
- questions and expressions of place (e.g. where, what, here, this);
- actions that express objects (sleep / bed, drink / cup, eat / food, look / see, get up, sit down, wash, bathe, go, come, give);
- greetings and common words (well, OK, hello, yes, no, please, thank you, good morning, goodbye).

The use of this system is particularly indicated for disorders (including delayed acquisition of communicative competence) in autistic children with co-occurring intellectual disability or severe developmental delays. It is possible to find out from several sources that in individuals, with whom the Makaton system has been used, an improvement in attention, the emergence, and prolongation of eye contact, as well as a decrease in undesirable behavior, have been observed.

A well-known and creative promoter of the Makaton system is Bogusława B. Kaczmarek, who developed the Makaton Language Programme in Poland as part of a project implemented between 2001 and 2005. As part of this project, a dictionary was developed in conjunction with gestures, which were adapted to the needs of communicative needs of preschool and school-age pupils who manifest a variety of problems in the acquisition of communication, speech, and language learning. This has made it possible to use gestures, words, and images, i.e. creating a poly-sensory message. Mel O'Neil and George O'Neil (2016) pointed out that there is potential to use the system in question to work with adults.

1.6.5.1. Traditional alternative communication methods

Among the most easily recognizable signs in society are **pictograms** (Picture Exchange Communication System, PECS). The undoubted advantage

of pictograms (intended for pictorial communication) are their universality. While they are used by the general public to read the information they contain (e.g. signposts, road signs), in the case of autistic people with autism – for the transmission of information by these people. So to speak, the options for their use are changing, as with the mostly correct perception of information the emphasis is on initiation and transmission. The system pictograms are used in education and therapy when working with people of different ages, adapting the range of issues covered to development (Simpson, Ganz, 2012; Wong et al., 2014). Among the most common forms of communication using pictograms we can distinguish:

- pictograms made on a white background (e.g. Picture Communication Symbols, PCS), used in working with people with disabilities, in marking system communication;
- pictograms made on a black background (e.g. Pictogram Ideogram Communication, PIC), which have white graphics placed on a black background, often with a caption; they are considered to be very legible to users;
- color pictograms, which use images, drawings of objects, and presentations of situations;
- photograms – increasingly used in work with children photographers, which are favored by the availability of means of capturing images (Błęszyński, 2015a, p. 74).

An example scheme for the introduction of the PECS protocol includes six phases of training:

1. **basics of communication** – the child learns to replace pictures with the designators or actions that are being practiced at the moment;
2. **distance and patience** – continued use of single pictures, with the generalization of the new skill; involves swapping the picture for an object or performing an activity both by extending the place (including distance) and introducing other people, creating the conditions for practicing patience and perseverance in achieving a goal;
3. **distinguishing between pictures** – children learn to make a choice, by differentiating between two or more pictures (the pictures can be placed in a so-called communication book in the form of a binder, where they are attached with Velcro and thus easily accessible when communicating);
4. **sentence building** – as an extension of one's skills, when, for example, a person builds simple sentences using a picture of "I want" and a picture

of the desired object (e.g. on a detachable sentence strip), which is then expanded (e.g. adjectives, verbs, and prepositions);

5. **answering questions** – which involves learning to use the PECS to answer the question “What would you like / want?”;
6. **commenting** – as an extension of communication skills (going beyond requests) by introducing attempts to comment and answer questions such as: “What do you see?”, “What do you hear?”, “What is that?”, and responding with initiating words, e.g. “I see...”, “I hear...”, “I feel...”, “This is...” (<https://www.pecs-poland.com/pecs.php>, accessed 26 January 2021; Frost, Bondy, 2002).

Apart from photograms, all pictograms are based on abstract representation, and generalization, which are characterized by the realization of a mental process mental process based on analysis (listing significant details that differentiate the elements on display) and the creation of generalizations (most often through grouping). The widespread use of pictograms has its limits due to, for example, motor limitations and cognitive (intellectual) abilities. The creation of individual boards as well as notebooks with pictograms selected. The creation of individual boards as well as notebooks with pictograms adapted to the communication level enables optimum communication of the communicator – conveying messages nonverbally.

The preparation of therapeutic staff to work with pictograms is determined by location as well as education. It is generally recognized that communication should be dealt with primarily by speech therapists. However, in their work (putting it into practice, repetition, and generation of skills) are supported by both educators and carers (usually parents). In Poland, this issue is dealt with by PECS Poland (<https://www.pecs-poland.com/>, accessed 26 January 2021) providing certified individual training for groups and schools. In the USA, such training is provided by Pyramid Educational Consultants at three levels.

The use of technical devices as well as mass media is increasingly widespread – new technologies are the most intensively developing area for assisting people with disabilities and difficulties in broadly defined social adaptation society (Zielińska, 2015, 2016). The creation of technical means of support and alternative methods to help establish, maintain, and shape the communication message is one of the roles of an inclusive society aiming at the full acceptance of people who need to take rehabilitation or resocialization measures (understood as returning them to society). This problem particularly affects people

who have not acquired communication skills or have lost them (due to some factor, e.g. aphasia), or for functional reasons have significantly impaired reception of information (Mikołajewska, Mikołajewski, 2011).

1.6.5.2. Methods using multimedia elements

One of the changes being made concerns, in particular, the approach to People with communication disorders, often referred to as intellectual disabilities, is undoubtedly **Facilitating Communication (FC)**, which to this day is still the subject of much debate and controversy (e.g. in terms of verifying its effectiveness¹⁰), but is still used today. in terms of verifying its effectiveness¹¹), but it is still being used in therapy and in supporting the social functioning of people with autism. After was first introduced in the 1960s by Rosalind Oppenholz (von Tetzchner, 1997).

It is noteworthy that with FC, it was pointed out that communication difficulties must not impinge on the assessment of intellectual development¹². The method neither targets a specific group of people, although it is most often associated with people on the autism spectrum nor is it age-specific. The main principle of FC is the participation of a facilitator (referred to as a facilitator) who, by supporting a part of the body – usually the hand (wrist, forearm), initiates a movement that makes it possible to point to a letter or symbol on the platform (a printed alphabet board or other device). The assisted person must feel the touch of another person (on the wrist or forearm) so that communication can be initiated and continued

(A similar difficulty is encountered in people with, for example, Parkinson's disease). In the case of FC, the essential role of the facilitator is to activate and sustain communication by holding the hand or forearm while creating the message. Problematic in assessing the objectivity of this method is the following fact that the facilitator is always chosen by the mentee; they are usually a person from the immediate environment (mother, father, rarely the

¹⁰ It should be noted at this point that there is still a lack of substantive research evidence that are fully validated forms of assistive or alternative communication (Schlosser, Balandin, Hemsley, Iacono, Probst, von Tetzchner, 2014; Hemsley, 2016).

¹¹ In practice, non-verbal tests began to be used to determine intelligence quotient, as well as therapeutic and educational programs for non-communicators have been developed with greater attention.

therapist). As I indicated earlier, this method is a source of information that is difficult to objectify, not least because of the impossibility of appointing an objective facilitator in the research.

Although this method is often criticized, many people undertake its use and describe the results obtained (e.g. Travers, Tincani, Lang, 2015). The most common criticisms made concern descriptions of the use of this method (i.e. the communication problems of people with autism, which does not rule out the possibility of the use of this form of communication in other illnesses and disorders) and the problem of using FC in autism itself, which is due to the fact, the fact that it is one of the most profound developmental disorders with an undetermined etiology. There is no furthermore, there is no objectified research that indicates unequivocally that the messages received are authored by the assisted persons; the texts obtained by this method must be subject to a great deal of processing (due to co-movements, and mistakes made by the mentee), which require the intervention of the carer's intervention in the transmitted text.

The **Mówik** system is widely used when working with people displaying speech difficulties. The tool can be used both in therapy for children and adults, as it contains picture elements with captions. In addition to the software, an Android and tablet system is used, with which single-word utterances (e.g. one picture) or complex utterances (arrangement of several pictures) are arranged. The symbols can be unambiguous (e.g. referring to nouns or certain actions), as well as complex – strings of meaning (e.g. “I want to hug you”). An advantage of **Mówik** is the system of communication. With the help of the device, the child creates a form of verbal communication verbalized, spoken by a selected voice. An example of the use of this technique is given by Jolanta Zielińska and Klaudia Piotrowska-Madej (2017, s. 124-125) – it can be an element of therapy to support the development of children with profound intellectual disabilities. Many other conformations of its use can be found on websites that primarily play an informational and commercial role; it is also worth mentioning at this point the method associated with **SpeechGenerating Devices** (SGDs). This is communication support via a device using a suitable vocabulary display format. The aim of the study conducted by the team led by Kasari (2014) was to determine: a) whether young children with autism can be taught to use different SGDs vocabulary display formats and (b) whether there are differences between the formats on a range of secondary

measures (e.g. preference and generalization). The effectiveness of the method was validated.

Another method that uses computer support is **video training** (Video Modelling, VM), which involves using recordings to produce mostly short instructional films. This method is designed to work with children, adolescents, and adults (Mason et al., 2012a and 2012b; Teddy, 2019). When applying this method to working with people with autism, attention is drawn to the fact that this modeling fits into the visual learning style of people on the autism spectrum (Reichow, Volkmar, 2010), and by analogy with television programs, computer screens, as well as the possibility of self-presentation, the social barriers associated with live modeling (Buggey, 2014).

The person recording uses this system by modeling the performance of a specific task or triggering a desired behavior. After familiarization with the entire recorded lm, a situation is created in which the person subject is allowed to perform a task according to the system presented in the lm. There are four types of video modeling:

1. basic video modeling, in which someone other than the subject (e.g. an adult or a peer);
2. self-modeling – the person in therapy is recorded as performing a target task or representing a skill;
3. modeling, which reflects what the subject sees while performing the target task;
4. video cueing, which is enabled by recording each step of an activity or skill being learned in the form of a sequence to imagine the activity before performing it and trying out alternative solutions (Murray, Nolan, 2013).

The LM scenarios created are based on the natural situations in which people function, as well as the environment in which they live. An important element of video training is to embed it as close to natural conditions as possible. Through the repeated repetition made possible by video recording, it is possible to adapt the repetition program to the needs and abilities of the participant (Cardon, 2012, 2013; Ganz, Earles-Vollrath, Cook, 2011; Sigafoos, O'Reilly, de la Cruz, 2007). The video modeling method can be used to shape cognitive skills, and emotional as well as social skills (McCoy, Harmansen, 2007), including the acquisition of communicative competence. An important element is the development of empathy, which is related to the theory of mind (Philips, Baron-Cohen, Rutter, 1998).

Video modeling can be carried out in the natural environment and in an institutionalized system by parents, carers, teachers, and therapists (Sigarfoos, O'Reilly, de la Cruz, 2007).

In Poland, we have observed the use of this method for several years. Agnieszka Sokołowska (2017) undertook a broader analysis of its use and presented its effectiveness in the theory of mind (in a dissertation defended in 2018). On the websites, you can find suggestions for conducting classes, as well as ordering materials for individual or group therapy (<https://www.pomocautyzm.org/tus-narzedzie-wideo>, accessed 2 February 2021) whether the parent-presented schemes of work for the development of, among other things, active and passive speech, active and passive speech, learning to read, and other skills presented by the parent (<https://autyzmso.pl/>, accessed on 2 February 2021).

1.7. Summary

The methods and techniques presented for working on communication with people with autism are a proposal for a creative approach to supporting communication abilities. For many years there has been a discussion on individualization, as well as securing the interactive shaping of communication, which is then shaped towards verbalization and training of a system of language structures. Stanislaw Grabias (1997) pointed out that in the case of a speech disorder related to undeveloped perceptual skills, the main course of action is to build up all kinds of competence, while improvement of realization is a secondary procedure. Such an approach indicates, in the case of people with autism, the conscious possibility of shaping their communicative competence, as well as developing their social skills, including language skills. social skills, including language skills. Undoubtedly, speech therapy interventions are not only primordial but are multidirectional and can be. They can therefore be described as holistic. These actions should be implemented as early intervention, both regarding the metrical age and the developmental age (e.g. Gevarter, Horan, Sigarfoos, 2020). However, it should be noted that this points out that speech therapy interventions should not be limited exclusively to the youngest developmental groups – this becomes particularly apparent in analyses of the speech of older people with autism (see Błeszyński, 2020; Prokopiak,

2020). The organization of interventions is also an important element, which assumes the optimization of the support provided. The examples presented above show how they can be modified, and improved, but above all adapted to the needs and capabilities of the persons subjected to them. Currently, We are witnessing a move away from institutionalized care, based on the implementation of a therapeutic program (often imposed by avoiding previous experience or the directives of educational centers), in favor of seeking collaboration with the child's family environment (using prolonging the impact in the safest environment for the child and ensuring not only continuity but also a strategy of frequent repetition), as well as introducing the peer environment (cooperating throughout the therapy process). This direction of change is based on the use of the latest technological developments while drawing the attention of professionals to the importance of both the cooperation and co-creation undertaken and the co-responsibility, all of which stem from an inclusive society.

Ensuring that mentees acquire skills in both communicative, linguistic as well as social competencies is not only a challenge for speech and language therapists, but also a goal to optimally accommodate people on the autism spectrum to a life of well-being and a comfortable social environment. Speech is the simplest and at the same time the most effective way of ensuring this participation; moreover, the individual's predispositions to acquire these competencies (e.g. Sherer, Schreibman, 2005; Yoder, Stone, 2006; Odom et al, 2010; Gordon et al, 2011; Paul et al, 2013). At the same time, it should be noted (following DiStefano & Kasarim, 2016) that it is the responsibility of speech and language therapists to adapt interventions to the needs and abilities of the person being treated. This often involves looking for alternative solutions, as well as modifying existing ones – which is why it is. Therefore, professionals undertaking therapy with persons with autism must have high competence and broad knowledge in this area.

2. Methodological assumptions and description of the research

It is reasonable to raise a question relating to the choice of qualitative research. Previous research that has allowed people with autism to provide their views on what autism is, as well as the characteristics of functioning, has opened the way for self-presentation of their views. This is an important process of restoring subjectivity and reframing the approach to the problem, which is the different functioning of these people, without making evaluations. It is an indication of the sine qua non of understanding people who function differently, regardless of how we define this approach – the armature of neurodiversity, respect for otherness, enjoyment of difference, etc. It is the need to move away from the pattern of leaving out the most concerned in explaining what autism is (early childhood autism, disorders on the autism spectrum, etc.).

Changing the field of research conducted allows, as I have written about before (Błeszynski, 2020), first of all, a better understanding of the problem (interdisciplinary, holistically oriented), the development of science, and it provides a possibility to communicate with autistic people of different ages and developmental levels.

2.1. Main premise

In the case of the analyses I am conducting, which I situate in the qualitative research strand, in a particular way researchers “[...] have a moral obligation to take the side of the socially disadvantaged, those belonging to minorities [...]”. (Flick, 2010, p. 30). With this in mind, I took the opportunity to ask

questions on a social network for people with an autism diagnosis, with limited third-party access. Silberman (2017, p. 443) has already written about such groups.

2.2. A humanistic approach to research – the interpretive paradigm and phenomenography

I base my research on the interpretive paradigm which, as Agnieszka Woynarowska notes after Krzysztof Rubacha, “based on R.G. Paulston’s R.G. Paulston’s theory seeks to understand how individuals gain their consciousness within given social structures. Important here are issues of investigating the understanding of the individual, the subjective experience of the individual, of one’s existence. This paradigm also rejects order deterministic’ (Woynarowska, 2011, p. 119). This involves the abandonment of the hitherto dominant objectivist paradigm in favor of leaning toward the experiences and conclusions of individuals – which has a particularly justified in the social sciences, including special pedagogy (Krause, p. 73).

By design, the research was qualitative and grounded in phenomenography (phenomenography). Phenomenography is a research methodology qualitative in an interpretive paradigm, which explores the different ways in which people experience something or think about something. It is an approach to educational research that emerged in publications in the early 1980s. It points to the diad: pupil-teacher / educator, and often the triad:

pupil – parent-teacher, who are integrated into a system of educational, caring, therapeutic interactions. It is the appropriate shaping of their interaction that is an important element in the creation of the pedagogical system, as well as the forms of support given to pupils with autism. The development of an appropriate model must be linked to respect for dignity, which – as noted by Albert Jędrzej Szulczyński (2021, p. 298) – is the basis for the formation of proper relationships in education.

It is the sharing of your experience, as well as setting out your visions – “What kind of school would I like to go to?” – that is the basis for finding optimal solutions in education and providing support to people with autism. As I mentioned earlier (Bleszynski, 2021), the next generations of people with autism can, but also should, share their insights, comments, and ideas

(regarding education, the care provided therapy and support provided) to improve the educational system. It is a quest to understand no longer the Other (as this would require distinction and separation), but a co-creator (not just an observer, but actively participating and thus taking responsibility for the changes taking place).

2.3. Changing perspectives in autism research – research based on the netnography of people with autism

For many years, there have been attempts to survey spaces that seemed inaccessible. In the case of the social sciences, these include in particular problems of hitherto excluded, marginalized people. A special place for these disputes is special pedagogy, which has already by definition dealt with the problems of people with special educational needs, which to this day are referred to as special needs special educational needs, which are still referred to today in negative terms words with negative connotations. The social changes that have taken place have shown Otherness – I am more inclined to point to otherness showing diversity – as not only a serious challenge but also something that requires a creative approach. An example of this is the studies and texts of Zoya Sękowska or Władysław Dykcik, significantly broadening the approach to activities undertaken in special pedagogy, e.g. towards the exceptionally gifted.

The inclusion of people in the study who were considered to be grouped with no or severe limitations in making contact (with autism, more profound intellectual disabilities – e.g. Błeszyński, 2017; Orłowska, Błeszyński, 2014), gave me the impetus to conduct further research. As a result, resulted in my first compact publication, in which I presented the positions of people with autism as an example of both the possibility and necessity of undertaking in-depth and focused research. Asking people with autism what autism is in their understanding and perception makes it possible to change the perspective from which autism is viewed, which until now has been analyzed by non-autistic people. It is an example of giving a voice to the most concerned, who not only want to find themselves in society but also are subject to social pressures (Foucault, 1990; Bourdieu, Passeron, 2006).

2.4. Research assumptions

After presenting the reexperiences of people with autism about autism as a disorder, as well as showing their description of perception (and its determinants), the next step was to broaden the scope of information. As an educator, I encounter many conditions in shaping educational-therapeutic interventions for this group of people. It was important for me to broaden my social knowledge by researching the education system directed to students with autism, and to present their feelings and visions, drawing attention to the distinctiveness that characterizes them. An additional direction was to research the impact of the pandemic period on their functioning (Bleszynski et al., 2021). As I have indicated in earlier papers, the possibility of reaching out to people with autism, to conduct research (in a way that is friendly to them), and then to draw conclusions and attempt to better understand their different functioning, as well as to seek ways of understanding and support (rather than 'editing' autism), have become the essence not of reforming, but of broadening insight into otherness and acceptance of creative otherness – an acceptance-based not only on finding further ways of inclusion but above all on the interaction.

This book will present the statements of people with autism that I developed using the nanogram method.

2.4.1. Object and purpose of the study

The subject of my research is the experiences and opinions of people with autism concerning the education, care, and therapy system, as well as their expectations regarding changes in this system, which should become increasingly better adapted to the challenges faced by modern societies. The search for solutions, as observed at the level of the European Union, shows above all, the search for solutions that we are observing at the European Union level reveals a widening of the scope of the inclusion measures taken, aiming at the empowerment of the learner in the process of providing support in their development. As the documents indicate, "Member States should: [...] intensify the promotion of the common values established in Article 2 of the Treaty on European Union, from the earliest years onwards, at all levels and in all types of education and training in a lifelong learning perspective to strengthen

social cohesion and a positive and inclusive shared sense of belonging at local, regional, national and EU level” (Council Recommendations EU of 22 May 2018).

The research presented here aims to explore the educational reality as described by those most concerned, i.e. people with a diagnosis of autism at different stages of their lives.

2.4.2. Research problems

After confirming the possibility of finding out the opinions of people with autism using the ethnographic method, I posed the following questions: 1) From the perspective of the experiences of people with autism, what is the picture of the education, care, and therapy system? 2) Does the system reflect their expectations and meet their educational needs? An important aim of the research was not only to obtain an answer to the question about the evaluation of the current or past state of the educational system, but also to induce author examination of the actions taken in education. Open-ended questions served this purpose – allowing both longer answers and proposing actions that should be preferred and those that should be eliminated / forbidden in the education system. The suggestion to complete the statement “If I were...” indicated decisiveness, the possibility to present one’s visions. The responses / assessments received relating to the emergence or intensification of the phenomenon in question additionally allowed the phenomenon to be outlined (e.g. describing the type and intensity of the therapies carried out), as well as indicating the deficiencies present.

2.4.3. Procedure and course of research

The respondents were people who belonged to closed online forums, verifying members for an autism diagnosis. I cooperated with the foundation’s Autism Team from Łódź, Prodeste from Opole, and Alpha from Lublin, which bring together adults with an autism diagnosis and supports their functioning in society. In my research, I used the ethnographic interview method based on the concept of Robert V. Kozinets (2012). I have also used this method in my previous research, from which I presented a report in publications on functioning and opinions on autism of people with

this disorder (Błaszynski, 2020, 2021). The presented findings, as well as reviews and public perception, indicated that the ethnographic research had fulfilled its purpose, allowing an indirect way to get to know the closed online community of people with autism by collecting information from its members, who agreed to accept the invitation to the study. It should be emphasized that the research has neither the ambition nor the stature of representativeness but can serve as a prelude and contribution to further ethnographic research of this community. Thanks to the cooperation with the foundations and the interest of the community in understanding the need for change in the perception of autism, it was possible to collect relevant material. The research was carried out using the genogram using an online questionnaire in Polish, which was placed on the Google Forms platform. The survey was distributed electronically and available at a URL distributed to selected groups of people with an autism diagnosis. persons with an autism diagnosis at the URL address.

After ascertaining the feasibility of conducting research on groups with autistic people, I prepared and delivered an interview on education and, in particular, the empathetic approach to the problem of organizing education and support for people with autism. Previous research has addressed the problem of organizing the system, implementing the recommendations of professionals, and sharing experiences, often of a practical nature. However, no one has so far tried to penetrate the problem of the perception of persons with an autism diagnosis. These limitations probably have several reasons:

- there has not yet been a large group of adults with a diagnosis of autism (therefore the focus was primarily on the developmental-educational period of the students);
- there were difficulties in establishing communication and encouraging to carry out distance testing using the ethnographic method, which is friendly to these individuals;
- the groups formed proved to be hermetic in response to being misunderstood and rejected by the social environment – as mentioned by Silberman has already mentioned;
- social resistance had to be overcome and the possibility to conduct research in direct contact with people with autism, treated not as described subjects, but as co-authors of the research and analysis.

The pilot study was conducted in November and December 2019 and was designed to determine the validity of the questions asked and the relevance of the answers given. Ten people took part at this stage; representatives of the foundations (Autism Team and Prodeste) were consulted. The main research was scheduled for 2020 and 2021 and was completed in March 2021. An important element influencing data acquisition undoubtedly had to do with the timing of the COVID-19 pandemic, which was characterized by a high rate of change. The highest number of responses was obtained in the first half of 2020. This may be related to the use of lockdown, as well as the dissemination in the forums of the request to participate in the study.

Participation in the research was voluntary; full anonymity was assured. The material was collected as part of individual research conducted at the Institute of Pedagogical Sciences of the Nicolaus Copernicus University and the Faculty of Pedagogical Sciences at Cardinal Stefan Wyszyński University.

2.5. Description of the study group

A total of 64 people from all over Poland took part in the research, with 62 correctly completing the interview questionnaires (two were incomplete). The study included 34 women, 26 men, and 2 people who identified their gender as other (it is possible that they were non-binary, not identifying with a particular gender). Respondents appeared to be aged between 14 and 47 years. The average age of the respondents was 28.3 (females: 33.9, males: 23.6, others: 13.8)

Table 1. Demographic characteristics of the study group on the autism spectrum [N=62]

Gender	
– female	34 (54.8%)
– man	26 (42.9%)
– other	2 (3.20%)
Age	
– spread	14–47
– mean	28.3
– standard deviation	9.85

Education	
Primary:	13
– primary general	9
– special basic	4
secondary:	14
– vocational	3
– technical	3
– general education	3
– other (not stated)	5
higher:	33
– humanities	8
– science	2
– arts	6
– other (not indicated)	17
other	2

Source: own elaboration.

It can be concluded that the respondents were most often of an age when they had already completed their education (at least at primary school). These were people who had completed their compulsory education at a mainstream school at a time when many initiatives to support people with an autism diagnosis were created. The main institutions involved in supporting their development were health centers (in particular mental health counseling centers, and psychiatric hospitals) and educational institutions (i.e. psychological-educational counseling centers, specialized counseling centers, mainstream schools, and public and non-public schools and specialized centers). There are also many enterprises for parents of children with autism, mainly foundations.

The majority of those surveyed had completed tertiary education (33 people – 53.23%); they were educated in a variety of subjects (the humanities were the most common). Some people had completed primary school (this includes nine people and four who were already in the final grades of primary school – 20.97%). Fourteen people had attended or graduated from school at the secondary level (22.58%). The remaining two people (3.22%) did not indicate education.

3. Participants Participants of the research about education of persons with autism and the role of the educator

This part will present ethnographic studies in which people with autism took part. They provided answers to questions regarding educational impacts. The aim of these studies was to enable people with autism to talk about their experiences resulting from the education system.

The respondents' answers show that people with autism most often encountered a dominant – directive way of imparting knowledge and acquiring skills. The differences concerned the forms of its impartation and the role of the teacher in this process. The education system is most often based on a guiding method of teaching. The teacher plays the subject role, determining the scope of knowledge imparted and desired skills (based on the program), organizing the impartment, and is also responsible for the verification and results of the activities carried out. This system is based mainly on the use of reinforcement in the form of rewards and penalties (e.g. assessments, established forms of reward), which play the role of elements that mobilize and direct the entire didactic process.

The education system in Poland is changing and is heading towards student empowerment thanks to openness and the possibility of using educational experiments (e.g. the Laboratory School in Toruń led by Aleksander Nalaskowski, humanistic pedagogy in Łódź represented by Bogusław Śliwerski or education based on individual programs led by Piotr Bogdanowicz in Gdańsk). Also in education for people with disabilities

with various disabilities (deviating from the norm), an alternative education movement was formed, focusing on moving away from the segregation system towards an integrated system, and currently inclusion. The implementation of various solutions from the European Union countries and the United States was possible thanks to the political and economic changes of the 1990s. In the case of people with autism, the main novelty in education was the techniques developed by Eric Schopler's team as part of the comprehensive TEACCH therapy program, based on directive education. It is worth adding that the Autistic Persons Assistance Association from Gdańsk (SPOA) organized numerous training courses and promoted various publications as part of the programs of Ole Ivar Lövaas (1993) and Schopler (1994, 1995).

Table 2. Methods used in educating respondents

Lp.	Methods	Gender			Total
		Women	Men	Other	
1	Directive	22	19	2	43
2	Non-directive	6	5	-	11
3	Mixed	8	10	1	19
4	Other	2	1	-	3
5	None	2	-	-	2
6	Total – responses	40	35	3	78

Source: own elaboration.

The above list of methods used in education of the respondents allows us to state that directive methods were most often chosen. They are commonly used in mass education. They require an active role of the teacher (as well as the therapist) in transferring knowledge and skills to the student. It is worth emphasizing that in this system, attention is paid to creating guiding paths, which are to indicate possibilities of solving problems, which are then modified, structured and transferred to other areas, primarily those related to acquiring skills. The main, guiding and modifying role is played here by the leading teacher / therapist. The secondary, tracer role is played by the student, who is appropriately stimulated (with rewards and/or punishments) during the acquisition and use of new skills. Various modifications of methods are commonly used in education, but in a systematic way and preceded by an analysis, especially in centres supporting children with

autism. The directive method began to give way to others over time. Among them, it is worth mentioning the method of influence in working with children with autism introduced by Magdalena Grodzka-Gużkowska (2010), as well as the suggestions for therapy by Hanna Olechnowicz (2006). Two people indicated that no specific influences were applied to them (women aged 28 and 40), two others (women aged 33 and 43) did not provide an answer, which can be explained by the lack of intensity of autistic disorders, and thus the lack of need to use specialist methods. The answers regarding non-directive and mixed methods were chosen by younger people (under 40 years of age for women and 25 for men and one person who did not indicate gender).

To sum up this thread, it should be said that the dominant method used in schools is the directive, informative method, which is evolving along with the ongoing social changes. For a long time, this method was not only common, but also recommended and considered the most effective approach to working with people diagnosed with autism. These practices resulted from the experiences of other countries, especially the USA (federal recommendations), as well as the lack of other methods available on the educational market.

Changes occur along with the evaluation of the effectiveness of the directive method, increasing social awareness, implementing new methods, often alternative, in the area of the behavioral system itself (e.g. promoted by the Polish Association of Behavioral Therapy), and thanks to access to the Internet and contacts with foreign centers.

3.1. Respondents' statements on education

3.1.1. Reflection on the condition of an educator, teacher –

“If I were a teacher...”

“If I were a teacher...” are words that lead to reflection, because they refer in many cases to our inner beliefs, resulting from our experiences at school. These are primarily our perceptions and wishes that stem from being a student or parent of a student. These experiences are embedded in time – depending

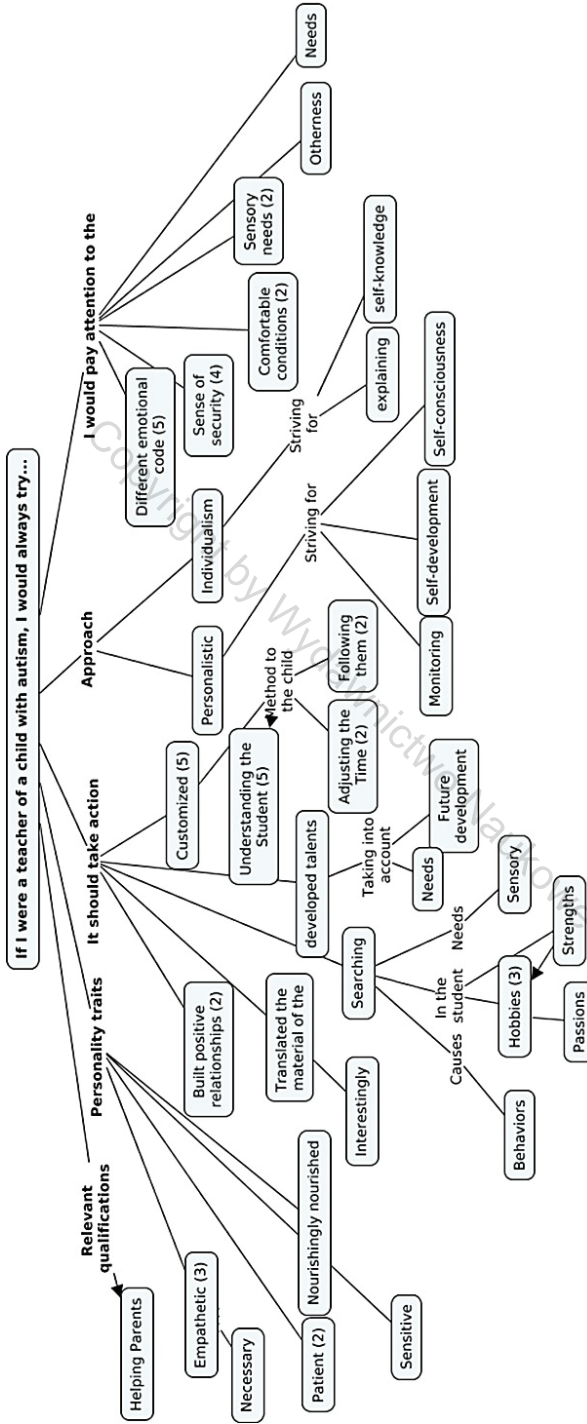
on historical and organizational circumstances, they can refer to segregated education or the introduction (in a not always consistent manner) of an integrative and inclusive system. Often, they are based on different concepts of integration systems, different in many European countries.

It is these experiences (whether realized or not) that make it possible to create a not entirely precise, sometimes wishful idea of a school, not always aimed at “the school of my dreams”, but often referring to a rational view of one that should be, by design, what one could aspire to.

The first question encouraged respondents to complete the sentence: “If I were a teacher of a child with autism, I would always try to...”. As I mentioned earlier, respondents, based on their experiences, gave suggestions for a student with autism, who in the education system is treated as a deviation from the norm, the rules of normal development, a disabled or dysfunctional person. Under this approach, the teacher should adjust and compensate for deficiencies, aiming to shape the desired educational and pedagogical outcomes

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Chart 1. Respondents' responses to the question "If I were a teacher of a child with autism, I would always try..." [N=64]



Resource: own elaboration.

Respondents' statements about teachers can be divided according to the activities they perform (the duties of being an educator), the personality traits they should have, as well as what they should pay more attention to in the case of children with autism.

The teacher is mainly required to have empathy – in the broad sense of the word. Primarily, empathy is:

- the ability to feel the mental states of others – whether of charges, alumni or parents caring for them;
- the ability to adopt other people's way of thinking, including looking at reality from their perspective;
- imagining a perspective of thought belonging to another person – de-centration.

This approach is linked to patience and has its basis in personalization and individualism. First of all, there is indicated a positive attitude linked to sensitivity, empathy. By definition, the important thing is not to cater to, reduce or understate requirements, but to mobilize self-education and self-determination. Respondents point to conscious guidance and building on motivation aimed at self-development through guiding, individual explanation. Examples of such statements include¹²:

understand the student (W 36);

listen to their needs, be patient (M 22);

I would be patient :) (M 39);

I would see the child as a human being and try to know the emotions and needs, without interpreting them (W 41);

I would look for strengths, follow their special interests, learn from this child to see the world through their eyes (W 36);

Understand them (their needs, feelings, desires, etc.), show that I am their ally, not their enemy (W 42);

Understand how they feel (M 24);

respond to the needs of the child, develop self-awareness (W 41);

Approach problems individually (M 24);

Look for teaching methods that meet the needs of the student. (W 45);

Find out what their sensory needs are so that the power to expose some and minimize others (W 35);

To trust in what they say (W 14).

¹² Respondents' statements are highlighted in italics. Explanation of the abbreviations: W – woman, M – man, O – other gender; the number indicates the age of the person surveyed.

The measures taken should be based primarily on adapting the system to the needs and capabilities of the student. This will be possible when there is an understanding of the student, their resources and limitations in order to optimize the activities implemented, based not on a traditional system (which aims to master as much material as possible), but a development-oriented system (which encourages the learning of skills, as well as the use of various sources). The idea is to seek knowledge with the student and build skills based on predispositions and aptitudes, which should be the determinant of his further development:

- I would try to build a positive relationship with them (W 39);*
- listen, support and do not interpret behaviour, give the maximum sense of security (W 42);*
- Be alert to their needs and follow them, try to create the most comfortable learning environment (W 19);*
- Find out how their previous night and day went to find out if there is a problem with something that day. Find out what their special interests are so they can use them while studying (W 35);*

When working with a student on the autism spectrum, it is necessary to take into account their different way of perception; it is important to pay attention to the perceptual systems (dependent on the channels of experience), as well as to “read” their condition:

- I would be sensitive to the needs of the student, take into account different emotional codes (W 35);*
- take into account the needs and future of the child (M 42);*
- Ensure that they feel safe (as part of well-being) and do not have to try to fake any behaviour or inhibit their natural comfort behaviours, e.g., mobility, sitting cross-legged if that is how they prefer instead of the “correct” position (O 21);*
- Follow the needs of the student, help develop passions, adapt the forms of material administration to the student's cognitive abilities (W 32);*
- follow their step, interests and ability to memorize (W 40);*

These remarks are a reminder of the need to properly understand the behaviour of students with autism and the need to change improperly formed approaches (which come from our attitudes and negative experiences). They are often the result of the different emotional code of people on the autism spectrum, as well as a different way of perceiving the environment, which, depending on the technical and functional condition, strongly affects their

sense of security, which comes from the specificity of sensations (it is worth adding here that thanks to people with autism, for example, quiet rooms were created for neurotypical students):

I would pay attention to their needs and otherness. (W 27);

adapt the teaching method to the child (any child, not just those with ASD) (W 43);

Recognize their passions (W 40);

In order for a teacher to be qualified to work with autistic children, they would support the parents and not the other way around and try everything to teach the child as much as possible and, above all, take care of his or her safety during classes. (O 16);

pay attention to the needs and emotions of the child, educate the class about autism and other disabilities, help with learning difficulties and further explain if the situation requires it (W 28);

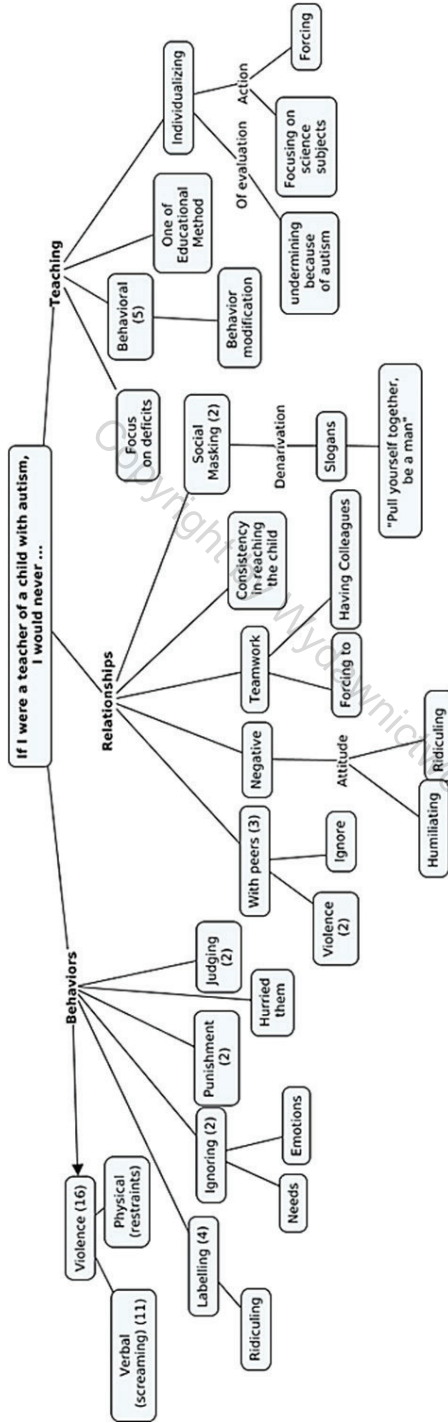
Better understand emotions, feelings and experiences (specifically the experiences of the senses, smell, hearing, etc.) in different situations. (M 28)

The experiences of the respondents did not create a picture of an ideal teacher at all, but one who focuses on the student, on his or her individual development, and integrates them into the social system. Respondents pointed out the need for adaptation, inducement rather than assimilation (as full inclusion) – these are primarily actions taken by the teacher in order for the student to become part of the (peer) group. The main goal is inclusion, understood here as being in the community and not transforming either party (student or system). It is furthermore important to create optimal conditions, adapted to needs and possibilities, to foster acceptance of difference, understanding / consideration and favourability.

3.1.2. What we should avoid, abandon in our pedagogical work – “If I were a teacher of a child with autism, I would never...”

Experiences from education also co-create a vision of what one would not want to experience again. Particularly vulnerable to negative experiences are students who “differ from the norm” – being “non-standard” individuals, which applies not only to the gifted but also to those with difficulties and disorders. In the case of those with autism, attention is drawn both to their abnormal social behaviour and the range and depth of their interests. In such situations, the educational system needs to be modified and, in a way, forces the search for non-standard, specialised interventions.

Chart 2. Respondents' answers to the question "If I were a teacher of a child with autism, I would never ..." [N=64]



Resource: own elaboration.

After analysing the collected material, I decided to divide it according to the activities carried out. Among the negative influences manifested in the behaviour of educators, verbal and physical violence was mentioned most frequently. Despite assurances, the creation of recommendations and regulations (e.g. Charter of Rights for Persons with Autism – The Hague 1992, http://soswndg.pl/karta_praw_osob_z_autyzmem.pdf, accessed 30 October 2022), violence still plays a role in the educational system. This was confirmed in the research conducted. In the statements of the respondents, there are very frequent statements about violent behaviours, which are generally considered to be incorrect, even forbidden, and certainly ineffective or counter effective. Although they are sometimes a manifestation of helplessness or professional burnout (Piętka, 2005), they should definitely not be accepted. Statements pointed to labelling (which aims to depreciate and depersonalise) and (less frequently) ignoring (both needs and emotions) creating a serious sense of irrelevance or even leading to exclusion. Behaviours aimed at judging (often involving comparison against another person) were also mentioned, as well as rushing and punishment.

Relationships built in the school environment have different levels. It is important to shape them appropriately, but not to force them, to create artificial relationships that inspire violence or to ignore students with autism. As a result of the aforementioned coercion, negative intra-group actions that undermine self-esteem and levels of well-being often occur. As the respondents point out, one of the problems is that teamwork is imposed – being often treated as a limitation of an autism trait – and that becomes, in effect, something that hinders or even prevents pro-social activities. The need for colleagues or friends in the case of students with autism is a highly individualised trait and often related to self-determination (there is sometimes a problem with intrusiveness for those on the autism spectrum).

Respondents point to particular difficulties in relation to the use of schematic approaches to them – indicative, for them, of a lack of understanding of their situation, but also of a shallowing of social problems:

I would not teach social masking (M 42);

I would not expect them to learn in one particular way, even if that form of learning was comfortable for me or works well with other students (W 32);

I would not allow a child to feel that they are different from their peers, nor would I allow a child to be bullied by being laughed at and belittled. (M 47);

I would not shout or rush (W 14);

I wouldn't raise my voice at them, I wouldn't impose being social, talking to peers. I would not instil that everyone can and must have a girlfriend or colleagues. I know from my own experience that mobilising in these things in a "Pull yourself together" way can make you depressed, discouraged or irritated. (M 24).

In the case of education, a negative approach is presented to behavioural influences – which lie at the heart of the general as well as special education system. Behavioural modification is mainly aimed at change, creating a different approach and is considered to be focused on deficits (both particular and global), with the assumption that it is aimed at achieving a predetermined change (aiming to achieve a specific goal set by the teacher – considered the best from the point of view of psychopedagogical knowledge):

I would not use violence (W 35);

I would not punish or chastise (W 41);

I would not judge, I would not label; I would not use violence;

I would never enforce with behavioural methods, shout, ignore his needs, messages, use violence (W 19);

This is a topic for a longer statement :) Certainly corporal punishment, raising your voice is out of the question, as is holding/restraining in any other way. Also unacceptable to me is ridicule and treating a child like a half-wit, because since he has a diagnosis of autism he probably understands less than his peers, so requires adjustments as for a child with intellectual disability/motivated learning difficulties per se, not just a comfortable environment at work. Forcing them to attend P.E. lessons is also a bad thing in my opinion, as the lights shining in their eyes or classes that were embarrassing for me (e.g. movement and dance classes) are the ones I remember most negatively, and in the latter I fortunately managed not to participate, despite the risk of getting an "F" for standing like a pillar of salt. (O 21);

I would not modify behaviour, I would not use behavioural reinforcement (W 41);

I would not shout at them except in extreme situations, nor leave them alone in their time of need (M 22);

I would not raise my voice, nor intimidate (which teachers regularly used against me <3) (M 28);

I would not ignore the child, his needs, I would believe when he speaks and listen when he speaks. (W 35);

I would not humiliate (W 16);

I wouldn't force (M 16).

In addition, there is the problem of unjustified, extreme individualisation, which makes it inherently impossible to adapt to the needs of the wider society. My earlier research has already made it possible to notice erroneously formulated generalisations in relation to students with autism – that they are primarily interested in science subjects, or that autism causes secondary intellectual disability or developmental delay. Such assumptions, as it were, force the content and tasks in the educational system to be adequately adapted to people with autism:

I wouldn't force them to do group work and make them do something he already knows how to do (W 27);

I wouldn't force teamwork (M 24);

I would not force the child into social contact, shout, ridicule nor allow peer violence (W 28).

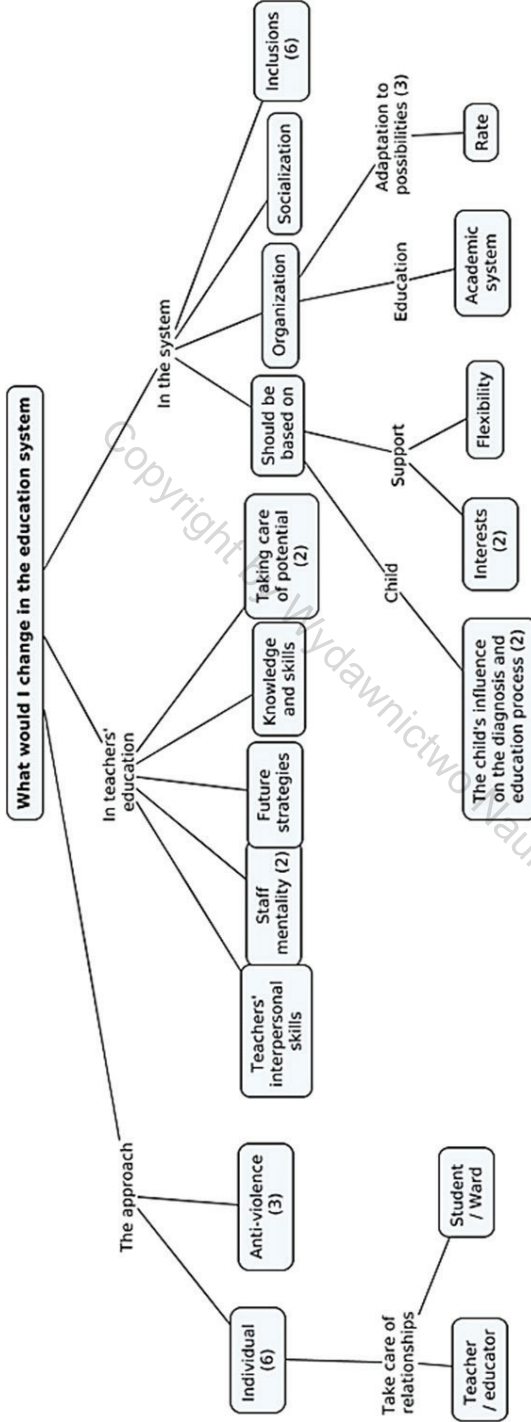
As I mentioned earlier, the education system is based on incentives and the use of punishment and rewards (in the form of, for example, marks). In the case of students on the autism spectrum, a method based on behavioural interactions was adopted as one of the most effective ones in the 1990s (Schopler and his team – Psychoeducational Profile; Educational Exercises for Autistic Children). In parallel, alternative forms of education and therapy for students with an autism diagnosis were emerging (e.g. Option Method, etc.). The respondents' statements presented here allow our visions of education to move away from differentiation or separation towards inclusive education, in which forms of coercion, imposition or punishment cannot be used. The school, according to the positive vision, should be oriented to the individual needs and abilities of the students, adapting optimally – which, however, does not mean abandoning, “letting go” of educational requirements. Good practice is all about enabling development and following the student with requirements. The statements of the respondents indicate that school cannot be understood as a place where a certain educational model is imposed and enforced. Rather, it becomes important to enable the student's co-participation in the implementation of this model. It should be noted that people on the autism spectrum often point out the downplaying, lenient approach and abandonment of interventions on account of autism, which they consider to be inappropriate, even derogatory actions. Especially from the

perspective of adulthood, they are critical of being ignored because of their diagnoses. Autism, in their view, is not a limitation, but a different perspective on knowledge and the surrounding reality, which is often not aligned with generally accepted norms. This results in frequent misunderstandings and negative attitudes towards people with autism, who are described as difficult to live with, having limited perceptual capacities (or even impairments), and not fitting into the assumptions of the educational system as well as the conventions accepted in society.

3.1.3. Vision for change – “I would change in the system – the management of the education of a child with autism...”

Statements based on previous experiences, revealing expectations and referring to an uncertain future, in this case change the understanding of education. What we would like to avoid, what we would like to change, what we would like to prevent in education reveals the critical nature of our thinking, aiming mainly at improvement, creating conditions not to avoid failure, but to gather positive experiences. The respondents' statements allow for the formation of a broader view, concerning not only the direct student-mentor interaction, but also what should be taken into account in the actions taken.

Chart 3. Respondents' responses to the question "I would change the system – managing the education of a child with autism...". [N=64]



Source: own elaboration.

The statements presented by the respondents show the essence of the transformations taking place in the whole socio-cultural system, which for many years has been oriented towards personalism, showing rights and opportunities related to self-realisation, personal well-being. Education also pays attention to socialisation, but oriented towards inclusion, pointing out the value of persons and their diversity.

What can be seen in the statements of the respondents is above all an approach associated with systemic change – one that is oriented towards inclusion as counteracting the creation of separations, even if this is motivated by the loftiest idea. It is about upbringing in a well-functioning society, which gives everyone the opportunity for optimal development through community action. Attention is drawn to the social character of the interaction, which is oriented towards the student as a subject (rather than curricular assumptions), and to what follows from this – the way the student functions and the individual characteristics that are shaped by their interests. In addition, it is important to adapt the educational system to the students' predispositions, which specifically conditions the possibilities of acquiring new knowledge and skills. This also speaks of self-determination, self-awareness and enhancing quality of life:

I would reduce the emphasis on the implementation of the core curriculum and the drive to homogenise all children in favour of a perception and acceptance of neurodiversity (W 35);

Instead of enforcing and assessing the level of learning, teachers should nurture the relationship – both between adults and children and between students. (W 35);

everything, but above all, I would like to see more inclusion schools, with good, wise teachers and tools to help a child develop knowledge, skills and provide strategies for the future. (W 41)

This approach makes it possible to state that attention should be paid to the individual predispositions of the student, which are an element in the formation of, among other things, interpersonal relationships. It is also a matter of counteracting the directive character of the actions taken, which often introduce elements of violence.

Attention is also given here to the selection of teaching staff. They should be people with, first and foremost, the right mentality and a good attitude towards the activities undertaken, in addition to caring for and supporting

the development of the students. Personal qualities, personal skills (also those related to the use of different strategies) were among the important elements.

3.2. The educational process

In the education system, educators and especially teachers are responsible for both educational and pedagogical interactions, which in the case of special educators have been extended by Władysław Dykcik to include care, therapy, education and upbringing¹⁴. Although these functions are interrelated, they are carried out in parallel. Each educator becomes responsible not only for the content conveyed, but also for shaping attitudes. As Wincenty Okoń notes, upbringing is “a consciously organised social activity, based on an educational relationship between the form master / mistress and the alumnus, the aim of which is to bring about intended changes in the personality of the alumnus” (Okoń, 2001, p. 445). Through appropriate preparation, the educator, in the course of interdisciplinary training (including ethical, psychological, legal issues, etc.), acquires skills in the methodology of dealing with care and upbringing institutions. This preparation is extremely important in the case of a student with a disability as well as autism. In addition to the transmission of knowledge in educational centres, activities involving the shaping / modifying of both social skills (including communication skills) and skills relating to the construction of one’s own image – self-awareness of possibilities, limitations and ways of overcoming difficulties encountered – are also an important element. In the case of those with autism spectrum disorders, and not only, there are activities aimed at shaping self-determination skills with simultaneous adaptation to social, cultural, economic, etc. conditions. The actions taken are intended to adapt these individuals to a changing situation (resulting from their development, maturation, as well as external conditions), which is the opposite of the practice of adapting the situation to the needs of the student (this is temporary and introduces schematisation of actions). It is the teacher’s task – stemming from the need to combine education and upbringing – to ensure the holistic development of the charge according to their needs and possibilities (resulting from the different stages and their course).

1. The statements presented by the respondents concerning the recommendations (perhaps more of a vision) that should be embraced by those undertaking educational interventions can be divided by ideas as well as activities. In these statements, we can find indications of the educational process (how it should take place and what we should avoid).

2. Dykcik (2003, p. 84), referring to special pedagogy, pointed to its interdisciplinary and comprehensive, holistic approach to the subject, which is the person “deviated from the norm”. Both in general pedagogy and in special pedagogy, not only didactics are important, but also the extension of practice to include educational as well as caring and therapeutic activities (Dykcik, 1997, p. 13). In the case of those with autism, this ‘multifunctionality’ of the educator, involving the care of a student (or students) with autism, takes the form of comprehensive, holistic support in the acquisition of knowledge and the formation of skills. Similar in this respect is the role of the coordinator in the school, mainly from the second stage of education onwards (after pre-school and early school), taking care of relations and exchange of experiences between teachers of individual subjects, as well as therapists, administrative staff and parents (legal guardians). The role of the educator becomes multifaceted, focusing on the support given to the student / students and creating opportunities for optimal (as complete as possible) integration into the class team, the school team and, moreover, into the wider environment in which the student with autism is placed.³ It seems advisable to present statements from students / ex-students regarding the recommended aptitude and pedagogical role in the school system.

3.2.1. Respondents’ statements regarding the educational process – “As a classroom form master / mistress with a child with autism, I would particularly pay attention to...”

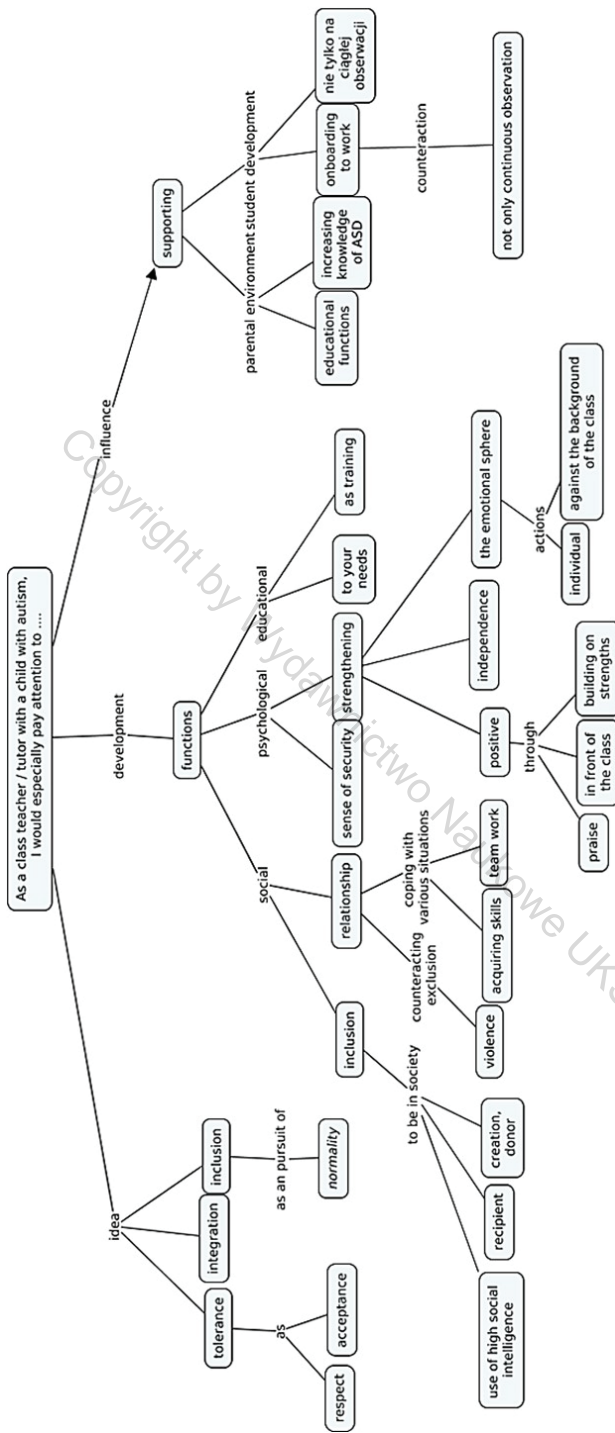
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Chart 4. Respondents' responses to the question as a teacher of a class with a child with autism, "I would pay particular attention to ..."
[N=64]



Source: own elaboration.

The presented question reflected on the role of the educator as well as the pedagogical process itself in the education system for people with autism. A predisposition related to values was identified as the most relevant issue that connects to upbringing. In general, they can be defined as respect and tolerance combined with acceptance. It is like a personality platform that guides the educator's attitude towards both the other person and oneself:

I would point out that not only those with autism, but also the very religious, the foreign, the poor, the top students, or the LGBT are equal to the "normal". (W 18);
the highest possible level of social integration (W 32);
understanding the emotional needs of all children (W 41);
as a counteraction – Ostracism, denouncing, stigmatisation in every aspect of every-day life. (W 43);
Individuality (W 47);
Tolerance and acceptance of others. (M 22);
Individual approach and to make them feel safe (M 23);
Tolerance and respect towards them (M 25);
As a secure rock (M 39);
Tolerance towards people with disorders. Not provoking stressful situations. To keep children's behaviour under control in the group. (O I 6).

Respondents of all ages and genders emphasised the importance of the social perception and positioning of the student in the school system by creating the right conditions (without imposing). A "soft" approach is important here, without coercion, directives or preconceived ideas. In addition, social conditioning is indicated here, resulting from the different behaviour and functioning of persons with autism, with a focus on the pursuit of normality – a term that is ambiguous and at the same time referring to differentiation.

Identifying the essential functions a teacher should perform can change the static, often bureaucratic understanding of their role. It seems important here to focus on the educational function, which is often burdened in education with activities bordering on social welfare, administrative, etc. Respondents point to those spheres (social, psychological and pedagogical) that they consider to be an important area of pedagogical influence.

Social:

I would ask questions myself if I could help with something, if the child with autism was doing well on a task. I would pay attention to the relationship between the children. And that there is peace and quiet in the classroom, especially when working in groups. (W 14);

Relationships with other children, relationships with teachers, relationships at home (W 35);

I would care about relationships within peers (W 39);

social abilities of the student (W 40b);

so that the child is part of the group and not beside or apart from it, so that they are understood by everyone around them, and so that they can also understand the people around them. (W 42);

the relationship between the child with autism and other children (M 20);

On their needs and relationships between students (M 22);

Due to the lack of peer contact, I would do everything to get the autistic person into closer relationships with peers (M 24).

Psychological:

I would pay special attention to the aspect of relationships and mutual understanding between students; I would take the time to develop relationships, showing the individual needs of each student; I would take care of my contact with students so that they know they can always come to me for support. (W 35b);

On the autistic child and how colleagues behave towards them (W 14).

Pedagogical:

Good atmosphere in classroom, mutual acceptance and making all children aware of their strengths (W 40);

Integration and group work (W 16);

Relationships of the child in question with other students (if they are a "scapegoat" or not) (W 42);

inclusion of the child in the structures and life of the class, but not at any cost, against the child (W 42b);

Their educational needs (M 18);

acceptance of the child by the rest of the class (M 22);

whether the child is being bullied by peers. I would take consequences for such bullying (write a note, lower the conduct grade, and if that doesn't work, report the matter to the police or ask the principal to expel the bully from school). (M 24);

their problems with attention span, concentration and problems communicating with people (M 24b);

Abilities to reinforce good attitudes in a child with ASD, social coaching, looking for strengths and skills. I would put emphasis on developing these areas. My brother is pushed in the direction of programming he is doing great. The teacher noticed it. I wasn't so lucky (M 28).

The activities presented can be described as sociopsychopedagogical. It is difficult to distinguish between them in specific situations because, as I mentioned earlier, they overlap and should be holistic. The pedagogical interventions focus on social functions that affect communication, social integration or attitude formation.

These actions should not only be directed at the student on the autism spectrum, but the wider environment, i.e. other students, teachers, parents. Changing attitudes towards students with autism is fundamental in treating the problem of autism – not only as a limitation, a disability, but also something that requires the search for positive characteristics, socially accepted, and in many cases desirable. The changes in social awareness of the attitude to the problem of autism, disability, and otherness are forced by cultural, economic, and political changes that are taking place on a global forum. Participation in European Union projects and scientific cooperation with other countries enable not only the exchange of experiences, but also transformations in social maturation, now focused on inclusion.

The impacts specific to the person in the pedagogical function can furthermore be divided into those relating to the environment and those relating to the students.

Environment:

*Increasing awareness and knowledge of autism among children and parents. (W 42)
I would try to make up for the lack of education caused by parents and the laziness of students (W 43);*

Interaction with peers, (positive) image of the child among other students, their parents and teachers (W 45);

Students:

The role played by a student with autism:

*If they are not hurting that child and whether the child is not hurting them (W 18);
Whether a student is being excluded, bullied by peers, whether parents are setting
their children against that student (W 18);*

I would educate the class that diversity is ok (W 41);

Praising them in front of the whole class and school. (M 24);

strengths and I would try to make the most of them and try to accept otherness.

*I would enforce the acceptance of the otherness of the person with autism by the group,
not the other way around (M 25).*

It not only draws attention to the family, teacher or peer environment, but also shows the problems caused by students with autism themselves. In doing so, it points out the potential for students with autism to abuse improperly introduced privileges (such as individualisation, excessive concern for homeostasis, etc.). Furthermore, students with autism are treated as responsible for shaping the care and pedagogical situation on the school premises. Here, the form master / mistress is a person who not only knows their students – their strengths and weaknesses, but also their functional potential. Thanks to the knowledge acquired at university in the fields of psychology, pedagogy and sociology, he is a competent person to shape the environment of the class as a team and as an element of the school. The observation of one respondent is not surprising: *I can't imagine going back to school as a teacher (W 35).*

Often experiences, but also awareness related to competences, influence our choices. An educator is seen in a special way. They should be characterised not only by comprehensive education, competence, but also by unique personality predispositions.

3.3. Summary

The views presented by the respondents are mainly based on wishful thinking – “I would like education to be...”. Based on their own experiences, they think about what they would wish for the next generation. Nevertheless, their insights are pertinent and can prove inspiring. It seems very important

to point out the global nature of changing attitudes towards other, different people (disabled, with autism, etc.). The views of the respondents can significantly influence not only the quality of education, but also change social attitudes, psychological concepts, etc. Above all, a humanistic, personalistic approach, striving for tolerance and inclusion, is evident in the statements presented above. This can inspire a search for understanding (not necessarily justification), pointing to personal and functional diversity as not only a social challenge, but also a gift of wonderful diversity.

The teacher is presented here first and foremost as someone who abandons the authoritarian style of education that has become a thing of the past in favour of empathy, empathy and decentralisation. He is a friend who is open to everyone, but not a 'buddy'. It is a person who, being trusted by the children, seeks to support, to optimise their development – which does not mean permissiveness. It is also someone who understands the problem of perceptual diversity (which depends on the channels of experience), which can also be described as the ability to 'read' this state. Many times, in works describing the quality of life of people with autism, attention is paid to the sense of security (Błaszynski, 2018; Błaszynski, Hamerlińska, 2021). The predisposition of the educator is of paramount importance here – which is undoubtedly linked to rapid exhaustion and professional burnout, which is little mentioned (Piętka, 2005). Above all, it seems necessary in this context to counteract aggression of any kind as a way of solving problems. This applies to both students and staff, and unfortunately also to teachers and therapists. This raises the important issue of providing support, as well as developing programmes for prevention and not just for the eradication of such behaviour. This also applies to the often abused educational and therapeutic programmes.

Those involved themselves point to the problem of the antinomy of therapeutic interventions, expressed in the difference between (extreme) individualism and collectivism, which determines the nature of the methods used: from individualistic, through mixed (patchwork), to directive. It is often a matter of orienting the pedagogical and educational situations to adapt these individuals to a changing situation, rather than simply adapting the situation to their needs. The educational process, which is fused with education, determines predispositions related to values. Participation requires respect and tolerance from all parties, which is linked to acceptance. What is

needed now is a focus on action to transform existing concepts. The Recommendations of the EU Council of 22 May 2018 on the promotion of common values, inclusive education and the European dimension of education can help with this:

“Providing inclusive education [...]

4. promote inclusive education for all learners, in particular by:

a) inclusion of all learners in quality education from early childhood and throughout life [...];

b) providing all learners, including those who are socio-economically disadvantaged, those with a migrant background, those with special needs and the most talented learners with the necessary support according to their specific needs;

c) facilitating transitions between different educational pathways and levels and enabling the provision of appropriate educational and career guidance” (EU Council Recommendations of 22 May 2018, [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32018H0604\(01\)&from=en](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32018H0604(01)&from=en), accessed 13 February 2022).

This dimension of change is as consistent as possible with the statements made by respondents.

4. Research participants on therapy and support for people with autism

Nowadays, it is recognized that therapy is a targeted, intentional action aimed at supporting a person's functioning in different areas of their development. Depending on the field, specialization, we speak of the following therapies: medical, psychological, pedagogical, speech, sociological. We can divide therapies according to:

- the number of people participating in them – individual, group and individualized (aimed at individual development in a group);
- the scope of the activities – targeted (narrow) or general development (comprehensive);
- the use or not of additional elements, e.g. technical equipment, pharmacotherapy;
- participation of the environment – from none to full involvement;
- the aim of the interventions carried out – elimination, reduction, prevention;
- therapist's specialty (determined by competences) – homogenous or mixed ("patchwork").

Theodore Millon (cited in Grzesiuk, 2005, pp. 25-26), who included the functional sphere of the human being in his insights, distinguishes four types of concepts to which different types of therapy can be attributed:

- biophysical concepts, which see the etiology of disorders in anatomical, biochemical or physiological damage or dysfunction. These concepts stem from the medical approach, indicating the need for pharmacological interventions. Appropriate therapies include: the Kiphard operating system, various types of diets, the administration of supplements (such as probiotics, minerals, vitamins, enzymes) or chelation (ALA, DMSA, PDF TTFD);

- intrapsychic concepts, which primarily support the psychoanalytic approach, the search for conditions in the spheres of experience, the subconscious, their reworking and reevaluation. Among the therapeutic interventions undertaken we can include art therapy, music therapy, hypnosis, etc.;
- phenomenological concepts that link the emergence of disorders with acquired experiences. The aim is to demonstrate the possibilities of targeted therapy (family) as well as undertaking group interventions. I would associate this approach in the case of autism with the following therapies: options, Veronica Sherborne and Simon Baron-Cohen's theory of mind;
- behaviorist concepts – on the basis of these, interventions on the effect of improperly acquired social and educational skills are crucial. Their main focus is on both transforming and implementing appropriately programmed skills. The influence of these concepts can be seen in the following therapies and methods: holding, Eric Schopler (TEACCH), Ole Lövaas, Maurice Catherine, behavioural-cognitive.

The division presented above can be complemented by related activities, sometimes overlapping:

- therapies with animals – difficult to place dog therapy, hypnotherapy, with dolphins (generally – zootherapy);
- communication therapies – most similar to behavioral concepts: speech therapy, facilitated communication (FC), pictograms (PIC, PCS), photograms, Blissymbol;
- neurodynamic therapies – most closely related to biopsychic concepts: biofeedback, sensory integration, kinesiology, neuroeducation.

4.1. Respondents on types of therapy

The interventions described by the respondents are directed towards the functions carried out in the school and concern the overall acquisition of skills both in the areas of teaching or upbringing, as well as the pursuit of independence and socialisation. Such a wide range of tasks requires multidisciplinary, multilevel and combined activities aimed at achieving these goals set by the school in the social system. The types of therapies mentioned were conditioned by factors such as:

- the time over which the educational activities were implemented;
- the methods of therapeutic interventions, often innovative;

- the availability of specialists in the respective therapy field;
- individuality, often in combination with comorbidities and developmental disorders.

Therapies have been ordered according to the commonness of their use – most commonly given in the interview.

Table 3. Therapies used by respondents (multiple choice; N= 64)

Type of therapy	Choices			Total
	Women	Men	Others	
Psychological (total – 31)				
– behavioral-cognitive	11	2		13
– behavioral	3	7	1	11
– psychotherapy	3	11	1	6
– psychoanalysis		1		1
Medical (total – 23)				
– pharmacotherapy	5	11	2	18
– EEG – bio-feedback		2		2
– diet		1		1
– supplementation		1		1
– Warneckiego		1	1	1
Pedagogical (total – 19)				
– sensory integration	11	3		14
– general	1	2		3
– Denison	1			1
– sensoryczna		1		1
Sociotherapy (total – 11)				
– general	4	2		6
– social skills training	2	1		3
– support group		1	1	2
Speech (total – 7)				
– general	1	3		4
– Thomatisa	1	1		2
– Metoda Krakowska	1			1
Other therapies (total – 8)				
– BCT	1		1	2
– eclectic	1	1		2
– hippotherapy	1			1
– Vojta	1			1
– self-therapy			1	1
– physiotherapy		1		1
WYBORY TERAPII	48	53	8	99
No therapy used	17	1		18
I don't remember		3		3
Total (with therapy choices)	65	57	8	120

Source: own elaboration.

Some of the older respondents (over 40 years of age) did not provide information on the therapies used. It is possible that these people did not participate in them, which in the 1970s and 1980s was mainly due to a lack of sufficient knowledge about autism and studies on this subject, and therefore a lack of adequate diagnosis, as well as a lower severity of autism features. With the reform introduced at the turn of the 1980s and 1990s (an example being the curriculum developed by Tadeusz Galkowski's team), the search for and first adaptations of therapy to the needs and possibilities of the then school system began.

4.2. Therapy as perceived by respondents

An important aim of the conducted research was to draw attention to the individual experiences of people with autism, both positive and negative. The most significant element of the analyses was to obtain indications for people undertaking therapy aimed at developing the most effective forms of influence – both in terms of substance preferred conditions, as well as organization. Besides individualization, as well as targeted action, it is important to identify predispositions resulting from autism-related disorders. Social factors and sensory perception are co-occurring conditions and reveal the need for integrated actions, especially when it comes to intervention. Furthermore, it is important to take action to identify the possible occurrence and severity of disorders. They can be described as preventive, precautionary, aiming at the early recognition of symptoms (which, without appropriate therapeutic intervention, may intensify and thus pathologies / disrupt the child's harmonious development).

A number of publications present general concepts for the provision of therapy to children with autism. Among the most widespread are those related to their general functioning. An example is the guide *Therapies for children with autism spectrum disorder a review of the research for parents and caregivers*, where two main areas are identified:

- medical – pharmacotherapy, administration of: antipsychotics, such as Risperidone and Aripiprazole; antidepressants, e.g. selective serotonin reuptake inhibitors (SSRIs); Prozac, Sarafem, Celexa and Cipramil;

stimulants and other drugs for hyperactivity, such as Ritalin, Adderall and Tenex; drugs related to gastric problems, e.g. Secretin, or those used to remove heavy metals from the body (e.g. chelation); vitamins and supplements;

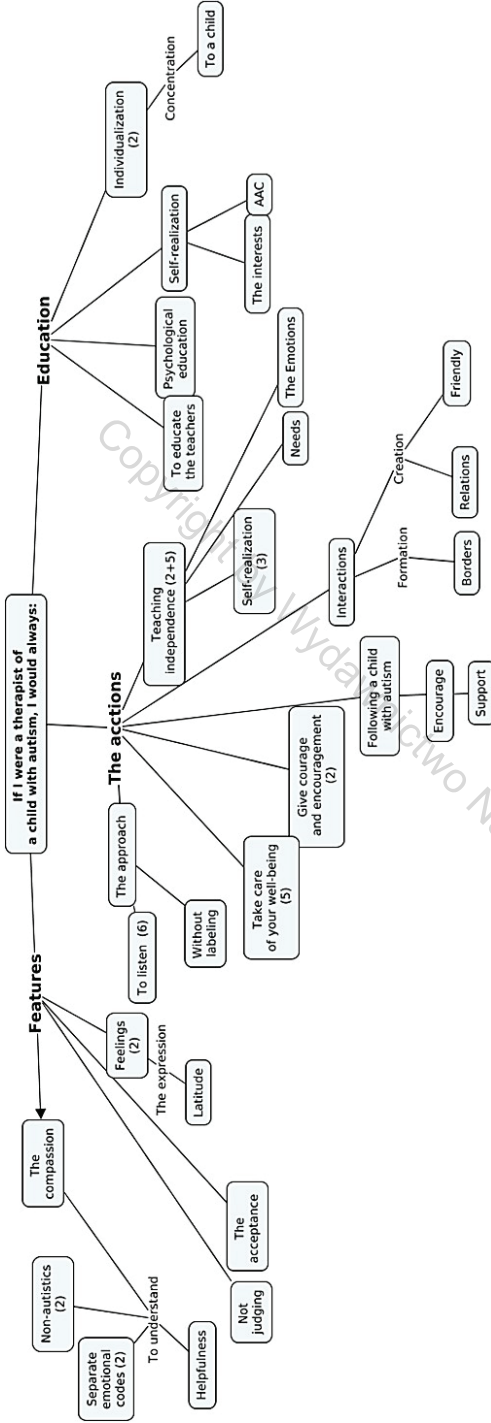
- general development, e.g. speech and language therapy – working with a speech therapist, as well as Augmentative and Alternative Communication systems (AAC); music therapy, occupational therapy, acupuncture, massage; flexible learning in a prelinguistic environment, neuro-feedback and, in addition, sleep education and training (Therapies..., 2014, pp. 8-10).

Currently, therapies in the education system are centered around Applied Behaviour Analysis (ABA), which uses rewards in therapy as positive behavioral reinforcement to teach new skills. Among preferred interventions are: Discrete Trial Training by Lovaas (DTT), which is based on breaking down the learned skills into the simplest elements – steps; Early Intensive Behavioural Intervention (EIBI), dedicated to the youngest children; Pivotal Response Treatment (PRT) as acquisition of elementary interaction skills; Verbal Behaviour Intervention (VBI, VBI) as improving the child's verbal skills. Various approaches, using speech therapy as an example, both in terms of purpose, organization and the positioning of the child in the overall therapy in the next chapter.

4.2.1. *“If I were a therapist for a child with autism, I would always...”*

Among respondents, empathy is considered the most important trait as a determinant for taking action. It is worth paying attention not only to pupils with autism, but also to attitudes towards pupils with peers with autism, as well as to broaden awareness of differences in functioning and the appropriateness of interventions used.

Chart 5. Responses to the statement "If I were a therapist of a child with autism, I would always ..." [N=64]



Source: own elaboration.

Important qualities of a therapist besides empathy should be emotions and a positive attitude towards a pupil with autism. Emotions and their expression should not be restricted, but directed towards understanding, attempts to empathize without arbitrary judgements and labels:

Be smiling and happy (W14);
Listen and not judge (W35);
be sensitive to the pupil's needs, take into account the different emotional codes (W35b);
follow the child, look for the cause of the behaviour (W36);
Support the recognition of their emotions (W39);
treat them normally, as a human being and not as a child (W43);
Be accepting (M16);
Try to understand (M18);
Support, understand, help (M22);
listen to them and do my best to make their learning relevant to their needs (M24);
Pay attention to whether I am helping the child to understand themselves, and not just helping the child to understand others in order to "function better in society".
I find it absurd that one can strive for good and "normal" interpersonal relationships of a person who after themselves doesn't even fully know when they are hungry!!! (O21).

The actions taken should be characterised by openness towards the pupil with autism. Moreover, it is important to move away from a desire to mould the learner according to specific patterns (both social and educational) in favour of supporting the need to improve the quality of life – the well-being of the pupil on the autism spectrum. It is about a personalistic attitude, aiming to ensure self-development taking into account social conditions. Furthermore, it is important to move away from directive therapy in favour of following the child – their interests, preferred patterns, needs, avoiding anarchisation of the therapeutic interaction and setting a clear framework of opportunities to support and provide social interaction. Below are selected statements from people with autism:

Listen (W16);
I would always teach overcoming fears and learning difficulties based on potential and passion. And an asset in some with hyperacusis is absolute pitch and can facilitate learning to play an instrument and singing (W18);
Listen to them (W19);
Ensure their comfort and allow them to express themselves freely (W27);

Work on their strengths, improve social skills, improve daily living skills, motivate, give feedback, do not train (W28);

be sensitive to the pupil's needs, take into account the different emotional codes (W35);

follow the child, look for the cause of the behaviour (W36);

encourage and help the child to understand themselves (W40);

pay attention to the child feeling well (rested, in a good mood, interested), I would work with the child psycho-educationally, also on assertiveness (W41);

Reinforce, support, treat as a partner, respect the child's needs and ask for opinion (M14);

Allow the child to direct the therapy in a direction that is important to them (M16);

Try to talk about topics related to their obsessive interests e.g. their chosen country. I would console them that civilisation is moving forward and, as a result, they will have to put up with people less and less in the future. More and more things can be done without leaving home (e.g. official matters via ePUAP) and this will continue to develop which will mean less real human communication (M24);

listen to them and do everything to ensure that their learning is relevant to their needs (M24b);

Share the calmness with them (M39);

inspire their personal development (M47).

Another issue concerning therapeutic interventions is their connection to the improvement and shaping of the therapist's function in the system responsible for supporting pupils with autism. It is about paying attention to the therapist's competences, but also taking into account the subjects – their needs, the possibilities inherent in them (not always positively perceived, such as alternative communication) – in the actions implemented. Let us give the floor to the respondents:

Encourage parents to work on themselves and their child's environment, explain to the child everyday situations that they may not understand, provide conditions in which they can relax from the tiring stimuli of the world, allow the Child to pursue their passions during classes (W19);

Work on their strengths, improve social skills, improve daily living skills, motivate, give feedback, do not train (W28);

pay attention to the child feeling well (rested, in a good mood, interested), I would work with the child psycho-educationally, also on assertiveness (W41);

I am a specialist working with children. I work with families teaching them how to raise their child wisely, developing their self-awareness, sensitivity, responsiveness and understanding of the world of non-autistic people (W41b);

nurture the relationship with the child, respect and emphasise their boundaries (W42);

Establish contact with the family environment, try to learn about the child's needs, analyse and evolve working methods with the supervisor (W42c);

Reinforce, support, treat as a partner, respect the child's needs and ask for opinion (M14);

Allow the child to direct the therapy in a direction that is important to them (M16);

Set tailored, closest goals, talk to Parents, (M21);

Be open and establish a relationship, sometimes even a closer one, try to help as much as I can (M21);

Find appropriate therapy methods (M23);

Try to find a solution to the problem that was very satisfying to them (M23);

Try to talk about topics related to their obsessive interests, e.g. about their chosen country. I would console him or her that civilisation is moving forward and, as a result, they will have to put up with people less and less in the future. More and more things can be done without leaving home (M24);

listen to them and do everything to ensure that their learning is relevant to their needs (M24b);

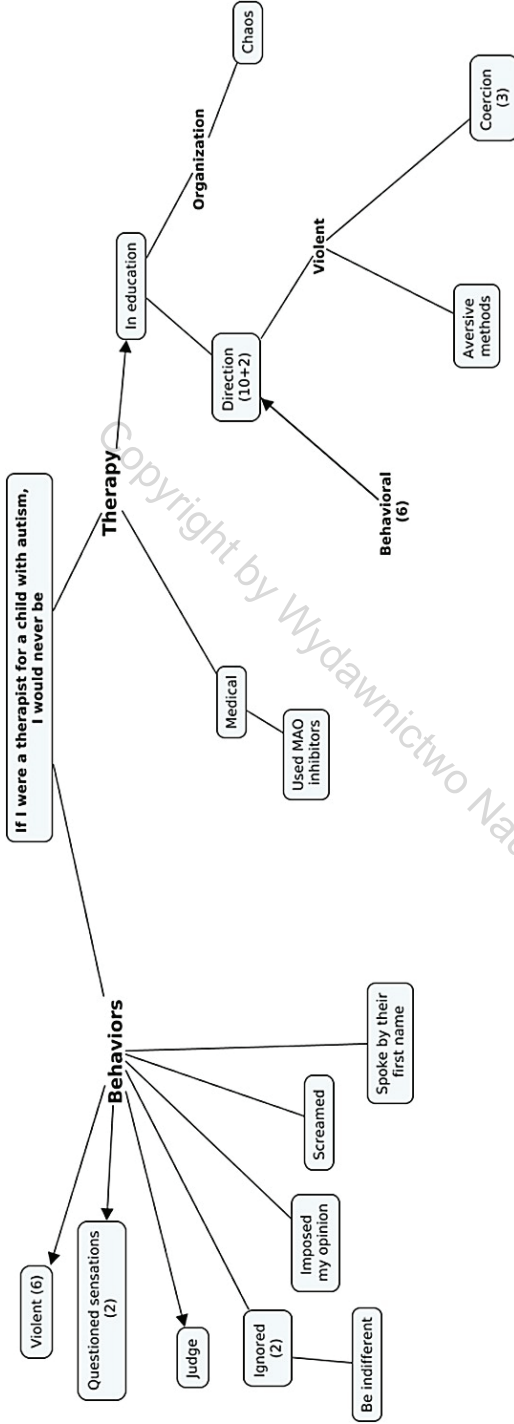
As often as possible educate teachers/parents (who often, despite the child's diagnosis, still have their opinions – that the child is naughty, that if you don't hit them with a belt.... and so on <3) (M28);

Pay attention to whether I am helping the child to understand themselves, and not just helping the child to understand others in order to "function better in society". I find it absurd that one can strive for good and "normal" interpersonal relationships of a person who after themselves doesn't even fully know when they are hungry!!! (O21);

4.2.2. "If I was a therapist for a child with autism, I would never..."

Interesting answers were obtained to questions that were in the form of unfinished sentences regarding unacceptable behavior in the education of pupils on autism spectrum disorder. Respondents were able to retrospectively analyze and evaluate the impacts they were subjected to, based on their preferences, character and personality. In this case, drawing on their negative experiences, respondents told us what is not worth promoting, what should be even avoided.

Chart 6. Responses to the statement "If I were a therapist of a child with autism, I would never ..." [N=64]



Source: own elaboration.

Respondents' statements can be analyzed in two dimensions. Referring to the behaviors presented by the therapists, they focus on negative experiences, primarily violent – both verbal and physical. Such behaviors undoubtedly include indifference. They furthermore draw attention to paternalistic attitudes, which in pedagogy have the character of interference in the activities carried out or the restriction of the rights and freedoms of another person in the belief that it is necessary to take actions in the name of protection, care, higher necessity. It is an approach resulting from an attitude of superiority, a lack of empathy with the needs and capabilities of the alumnus. Let us give the respondents the floor:

Impose my opinion (W18);
shout at the child, create an atmosphere of chaos (W35);
tell them to change (W40);
Question the reported experiences (W40c);
do anything against the child's will – a child has different needs at different days and times, may feel tired, discouraged by failures at school, may simply have a bad day (W42);
order to look in the eye and force table work and send on the carpet to someone else's SST group without preparation and notice. I would not use behavioral contracts which are stupid, wrong and criminal (M14);
Listen that I don't want to (M16);
Disregard any stimuli (M18);
Shout (M18b);
Impose difficult and unproven solutions to a given situation on a child (M20);
leave a child on their own (M20b);
be indifferent to them (M22);
Treat upfront, be an unkind, arrogant person (M22b);
Impose general advice and throw around pathetic slogans (M23);
force them to do things that go against their abilities and values, e.g. if I knew they didn't like someone I would force them to have closer relationships with them (M25);
Refuse to help a child with a disorders (O16).

In the case of therapy, attention was drawn to the directive nature of the interventions undertaken, characterized by making planned changes, often not based on the needs, interests and individual development of the client. This applies to both psycho-pedagogical and medical interventions – in this case pharmacological. Furthermore, attention was drawn to the lack of definition of clear objectives for the actions taken, which can be perceived as chaos,

and pointed out situations of directive implementation of actions that are not always understandable, perceived as sensible, due to the lack of explanation or reason given for the therapeutic intervention:

Use violence, behavioral, directive techniques, use coercion, ignore the child's opinions, passions and needs, force speech (W19);
shout at a child, create an atmosphere of chaos (W28);
modify behaviors, use behavioral reinforcement, use coercive speech, 'therapy' (bullying) with the Metoda Krakowska, etc., (W41);
Use 100% behavioural methods (W42);
use violence (W42b);
Impose working methods and forms on the child (W42c);
socialize, make them look in the eye, humiliate, instill fearful attitudes through intimidation, force them into my notions of human functioning (W43);
Make them do anything by force (W45);
Force (W47);
Say that therapy does not include conversations with parents (M21);
Prescribe MAO inhibitors to them (M24);
say that they need to go out to people, talk to them, have a girlfriend or start a family. I would not impose anything or persuade them to stray from their own paths in spite of the autistic person (M24b);
make therapy a 'flapping'. (M24c);
use violent methods (M42);
use behavioural therapy (M47);
Use direct coercion, use a system of punishments and rewards, measure "therapeutic progress" on any scale – emotions cannot be expressed in numbers (O21).

Summarizing the statements of the respondents, it must be emphasized that the indication of the violence used deserves special attention. Despite many restrictions, impact rules and conventions introduced, direct and indirect forms of targeted violence still occur. This can be, for example, the use of therapy as a discriminatory element, both in terms of formal (separation – segregation) and content (also described as unjustified, unnecessary).

Therapy, by definition, is an action undertaken in a purposeful and competent manner, tailored to the needs and abilities of the pupil undergoing it. It is therefore important to maintain the subjective, personalistic character of therapy, taking into account the individual needs, as well as to making the learner aware of the nature of the action being undertaken.

4.3. Support – “shadow teacher”

At the outset, it is necessary to introduce the problem of support – its terminological scope. According to the common understanding “ support ... 1. “To give material or moral help”, 2. “to enhance the action of something” (<https://sjp.pwn.pl/slowniki/wspomaganie.html>, 19.04.2021). In a narrower sense, Barbara Kaja aptly defines support as „an intentional process leading to enabling the assisted person to solve life tasks and problems independently. Its essence is a special kind of interpersonal interaction focused on the person acting in their life and seeking meaning in it, also by developing skills and abilities. It complements the naturally occurring processes of upbringing and socialization (Kaja, 2010, p. 323). Andrzej Michal de Tchorzewski (2014, p. 20) points out that in such a view we are dealing with support understood on the one hand as optimizing the process of achieving success and on the other hand contributing to minimizing educational failures. In my elaborations (e.g. Błeszyński, 2015b), I have drawn attention to the variety of ways in which support is understood.

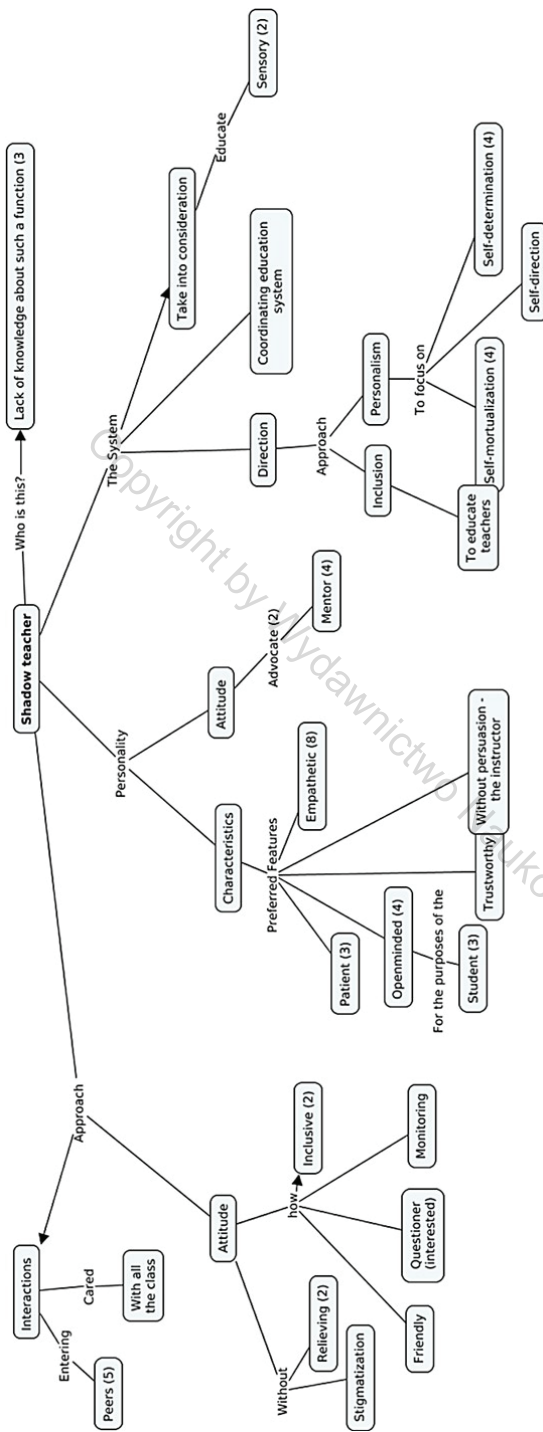
The description of the placement of the ‘shadow teacher’ in the education system can be found in the Regulation of the Minister of National Education of 24 July 2015 on the conditions for organizing education, upbringing and care for children and young people with disabilities, socially maladjustment and threatened with social maladjustment (Journal of Laws of 2015, item 1113). Therefore, there is an obligation to employ in pre-school and school establishments where education is provided to pupils with special educational needs statements, educators with qualifications in special education as specialists, assistants (see Article 7(1e) of the Education System Act). The aforementioned certificates concern pupils diagnosed with autism, including Asperger’s syndrome, or multiple disabilities.

In some publications (as mentioned, among others, by Jolanta Rafał-Łuniewska, n.d., p. 2) we can encounter synonyms for the term ‘shadow teacher’. These are: “shadow therapist”, “shadow assistant”, “personal child therapist”. However, regardless of the name, an important activity undertaken by the shadow teacher is to be an advocate for the pupil both in teaching (interactions with the teacher(s)) and interactions in the pupil’s immediate and distant environment. In practice, we most often encounter the function of the shadow teacher when working with people with autism, which is

based on experiences from Ole Ivar Løvaas' programmes and the TEACCH system. After many years of experience and analysing the tasks of the supporting (shadow) teacher, there needs to be a shift in the understanding of their role – moving away from individual support, re-education towards helping to achieve social independence, guidance and advocacy. This issue particularly resonates in the statements of the respondents arising from their experience.

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Chart 7. Responses to the statement “If I were / were the “shadow” of an autistic child, ...” [N=64]



Source: own elaboration.

Interviewees draw attention to the social aspect – the need to focus on shaping interactions with peers, rather than focusing only on the child with autism. Respondents talk about the role of the support person:

show warmth (W36);

Accompany and support (W40);

There has to be trust and a mutual arrangement (M 16);

be open and supportive (M24c);

They also draw attention to the need for an empathetic attitude:

Ask for the child's opinion (W41);

I would not take up space for independent thinking, I would relieve the burden in aspects that are less comfortable for an autistic person, I would listen carefully (W43);

try to understand the pupil and try to explain things to them (M20b),

Be a good friend to a pupil (M 24).

An echo of the personalist approach can be heard in their statements – they direct attention to the dignity and subjectivity of the pupils with autism:

try to act in partnership with the child (W42c);

friend especially of the social background, I would explain what the school is about and its rules. Help at breaks, in the canteen, during PE because their presence only in lessons is not enough (M14a).

Respondents also point to the need for care. Important to them, especially for younger ones, to be able to rely on a support person: *That the teacher would always be there and help me (M 14b).*

The respondents' statements also stem from reflection, life experience, and concern about the demands placed on teachers. Their thoughts relate to the necessity of shaping qualities enabling a focus on the pupil and changing the approach to the education and therapy of a pupil with autism. It is about abandoning the typical changing or radical socialization in favour of a determination to collaborate and a conscious therapeutic interaction:

Give a lot of heart from myself (M 25);

I would accept their differences and not try to mould them to the others. I have experienced this too. A teacher in primary school tried to change me at all costs so that I would fit in with the class. God rest her soul for she is no longer alive (M 25a);

*always remember the individual approach (M 47);
Educate myself in order to best understand children’s behavior and help them release their emotions and impulses (O16).*

Furthermore, attention was drawn to the need for actions that are non-discriminatory and empowering. It is about following and interacting with the child, but also respecting their differences and personality, who should not be singled out, substituted or excluded from social interactions (whether as a punishment or as part of separation therapy):

*Help but not do for me (W16);
I would encourage conversations with friends and I would want to fight autistic shyness (W18);
Care for the child’s sensory needs and that they don’t ridicule them in class (W27);
I would pay attention to whether the child understands instructions, whether they are able to focus on the lesson, I would help to explain what the child does not understand. (W28);
work with the child, try to support them in a way that does not widen the gap between them and the rest of the class (K35);
care about the pupil’s independence (W18);
strive for greater independence in the pupil’s learning (W40a);
Took into account their capabilities, appreciated their creativity and did not impose a way of doing the task (W42);
Help explain certain issues to a child with autism so that they can work better independently (M 18);
Strive to get a child with autism to do more tasks on their own (M23);
Give him a free hand, but I would be a mentor (M 39).*

These activities are system-dependent and, as part of the education system, should follow certain rules. It is important to answer the question why these activities are undertaken – to provide direction: *Support the child in everyday situations, I would show that learning can be interesting, be very attentive to the child’s needs (W19).*

An important element of the support action is the proper organisation of the of the support provided. In addition, it is worth remembering that the goals of the therapy should be clear and understandable and the actions leading to them responsible. It is important which theory is used to determine the goals. What matters here is not only the effect we want to achieve, but also how we want to achieve it:

take care to develop the pupil's self-awareness of their needs, body signals, opportunities for self-regulation, the most beneficial learning techniques; I would also ensure communication between the autistic pupil, their peers and the lead teacher; I would be an "advocate" for the autistic pupil, try to increase the understanding and awareness of the other teachers (K37);

I would support, explain social situations, ensure contact with peers (W39);

I would be a co-organizing teacher, not a supporting one (W40b);

respond to the child's needs and explain those needs to other teachers (W41b);

accompanied in such a way as not to stigmatize the child, rather I would be a consultant, a mediator (W42b);

Follow the child. Support the child, teachers and parents in mutual communication (W42d);

Adapt teaching as much as possible (M 22);

Monitor their pace of work. I would give notes I had made, presentations and during classes I would explain the content and check every now and then how they had absorbed it. At the end of the lesson I would repeat the material from the entire meeting.. (M 24b);

I would educate other teachers. I am sorry, but some people should not be in this profession at all. The situation is simply scandalous. We are in the 21st century and some educators do not see the problem. Especially in public schools. (M28).

Analyzing the statements made, we can focus on the words related to the actions taken: "would care", "would support", "would co-organize", "would accompany", "would follow...". They indicate cooperative, caring interactions and furthermore draw attention to activity and involvement. The common feature here is openness and focus on the subject – which is a person / pupil with autism. It is also about watching over the learning progress – 'monitored', 'educated' – being an important part of the structure of the activities carried out.

The final issue I would like to address here is the legitimacy of introducing a shadow teacher position into the structure of the organization. The creation of such positions is often related to following foreign systems or fashion. In the Polish system, despite several publications, we will not find confirmation of the existence of such a position (as I wrote earlier). It is rather a combination of interactions undertaken and changes in nomenclature.

Respondents rightly point out that such a position did not exist before, as well as question the legitimacy of its creation (e.g. due to the scope of duties assigned to other positions):

I wouldn't want to be a shadow, there should be coordinators in schools to allow independence and socialization of the child, without stigmatizing them (W 41);

this is the first time I have heard of such a teacher (W 43c);

I don't know what this position is, it didn't exist in the school, is it a pedagogue? (W43d);

It's hard for me to say, possibly I would try to help them so much that a given issue would be much easier for a given pupil than it was before (M 20);

I don't know because I haven't experienced it.. (M 24);

This is a difficult question for me to answer, in my educational days through lack of diagnosis the concept of shadow teacher or NW was completely alien to me. I suspect a priority for me would be not treating the child as unintelligent who requires pressure-inducing supervision, and paying attention to whether our NW-pupil relationship doesn't look to other children in the class like support for a 'special needs pupil', it should be more of a partnership (O21).

The discussion on the role of the shadow teacher continues. Nela Grzegorzyc-Dłuciak (2020), based on her many years of experience, draws attention to the necessity of placing the shadow teacher in the classroom system (their role in the educational process is so discreet that “they are not perceived by the pupils in the class as belonging to a particular pupil with a disability, but rather simply as an additional teacher in the class”) and increasing their impact on the whole team (“taking care of proactive changes in the environment is a very effective way to improve the behavior not only of the pupil with difficulties, but of the whole class’s) taking into account their stay at school (not just during lessons).

4.4. Summary

Particularly noteworthy is the indication of conditionality resulting from both the purpose and the forms of interventions. The importance of an appropriate approach in direct contact with the pupil was mentioned. Respecting and supporting the development of people with autism should become crucial. This seems natural but is often constrained by curriculum requirements. It is therefore important to emphasize the possibility or even necessity of the use of a personal learning environment (PLE). As Irena Pulak and Katarzyna Szewczuk point out, the essence of this activity is to directly engage the pupil

by creating “a multidimensional and flexible space that aims to support the individual learning process, taking into account personal educational goals” (Pulak, Szewczuk, 2017, p. 89). However, such an approach has its limitations, as pointed out by the aforementioned authors. The point is that the concept of ‘PLE refers more to informal education than to institutionalized activities’ (Pulak, Szewczuk, 2017, p. 89), which, in the context of the research findings presented above, is significant. Optimal individualization should not only consist in adapting the syllabus requirements to the pupil’s abilities but must also be based on the pupil’s individual predispositions and abilities, conditioned by personal and environmental factors. These statements significantly derive from the respondents’ experiences of both directive and alternative education systems. Currently, it seems important to move in the direction set by global trends: focusing on respecting diversity, difference, while showing the importance of this diversity for the development of society as a certain structure („Educational inclusion is set within a political and societal context. Inclusion cannot be considered in isolation as it sits within a political and societal context and relates to wider considerations of the purposes and priorities of education”, S. Ellis, J. Tod, L. Graham-Matheson, 2008, p. 17). This respect stems from the affirmation of biodiversity as an ecological approach to responsibility, not just for a single element (e.g. concerning a specific disorder in education), but a global responsibility, requiring the redistribution of ideas related to the creation of an open society. This requires a new view of subjectivity, a personalist view of the role of each person (sometimes referred to as an individual) in setting goals arising from respect for each person (such a revolution was introduced by Christianity, pointing to the ‘divine element’ present in everyone, which allows freedom from the power of a utopian, perfectly managed state).

5. Research participants on changes in systemic solutions in education of persons with autism

The way education is managed influences the changing structure of the organization of care and support provision for people with autism. In Poland, the first attempts to sort out these issues were related to the organization of the integration system and pointed to the need to reform the education system and, in the case of special education – to the weakness of the special education system, as described by Jan Pańczyk (2006, pp. 108-109). Political, economic and social changes have made it possible to make changes in the education system and, in particular, to seek solutions to support people with disabilities. One of the first non-system activities was the establishment of pre-school groups in Warsaw in 1989, and then in Konstancin in the same year and 1991 (Bogucka, 1996, p. 53). In the school year 1991/92, the first two integration classes were established at Primary School No. 161 at 25/33 Deotymy Street in Warsaw (Bogucka, 1994, p. 133). These were the first attempts made on the basis of experience in other countries. Aleksander Hulek, in his study, draws attention to the possibilities of cooperation and integration in selected classroom activities of pupils with and without disabilities (Hulek, 1988a, 1989b). Hulek pointed out the basics of integration and, furthermore, mentioned its forms and gradation, both in terms of organization, form and concerning the psycho-physical capacities of the pupil (Hulek, 1988, pp. 494-496). However, it was not until Poland ratified the Convention on the Rights of the Child on 7 September 1991 that a legal basis was created for the dissemination of innovative, as for those times, solutions concerning inclusive education (Walczak, 1998, p. 11). This year brought a breakthrough in the

introduction of education system reforms (Chrzanowska, 2015, p. 535). The consequences of the changes taking place were the regulations (Nos. 15, 18, 29) of the Ministry of National Education on the principles of providing psycho-pedagogical assistance to pupils. Moreover, in the Medical Centre for Psychological Assistance of the Ministry of Education, a position for integration was established (Lysek, 202, p. 20). This has led to a broader interest among parents of children with disabilities as well as innovative educators in the emergence of modern solutions in the educational system (Glejba, 2000, p. 16).

In the case of children with autism, education was initially organized collectively and then specialized centers were established to focus on working with them. Autism was identified with intellectual disabilities, and children with its symptoms were placed in educational centers or pre-school and school classes with pupils with varying degrees of intellectual disabilities. When the organizational measures for the integration system were taken, pupils “[...] suffering from autism disorders [...]” were also included. (Bogucka, 1994, s. 133). It should be mentioned that in the case of autism, the specificity of the disorders involved, activities were already undertaken in the 1980s. An example is the establishment of experimental classes for children with autism at the Special Primary School No. 243 in Warsaw in December 1981, which were conducted in an experimental form under the guidance of Tadeusz Gałkowski (Stawowy-Wojnarowska, 1987, p. 3). This resulted in the creation of the Special Primary School Programme for Autistic Children Grades I-III, which was approved by the Ministry of Education on 15 April 1987 (the full text can be found in the magazine “Autistic Child”, 1987). Subsequently, a number of educational initiatives were created, examples of which include the creation of original educational programmes (Wroniszewska, Szostak, 1997, pp. 18-22) and the establishment in 1990 of the Social Special Primary School “To Give a Chance” STO, which is part of the Community Special School Complex “To Give a Chance” STO in Warsaw (<http://www.sto.org.pl/szkola/122/>, accessed 16 November 2021). Simultaneously, individual learning was carried out, at home (Nowak, 1988, pp. 22-23). Innovative solutions in the field of therapeutic interventions are also emerging, such as the AAC (Augmentative and Alternative Communication) support initiatives or the Therapy and Rehabilitation Centre in Kwidzyn, founded in 1992¹³.

¹³ Based on a letter from the director of the Independent Public Health Care Institution in Kwidzyn, dated 26.05.99.

Foundations and associations for the therapies of people with autism were also established, such as: The Community of Hope Foundation (in 1998) (About the Foundation; Perzanowska, 2017, pp. 515-251), the SYNAPSIS Foundation established at the turn of 1998 and 1999 in Warsaw (Report..., p. 4) or the Society for the Assistance of Autistic People, which is a non-profit organization established in Gdańsk in 1991 (Who We Are). The organization unifying these initiatives was the National Autism Association (NAA), established in November 1990, which became a member of the International Autism Association – Europe in November 1992. The main statutory tasks of the NAA include: supporting social initiatives aimed at improving the quality of life (psychological well-being) of people with autism and their family members; creating standards for the treatment, therapy, rehabilitation and education of children, adolescents and adults with autism; organizing various forms of education in the field of autism and mental health; creating professional ethical principles and ensuring their compliance; cooperating in improving the treatment, education, rehabilitation and care of people with autism (NAA Statutes, para. 6).

Currently, we have quite a few initiatives in the framework of ongoing activities in the public education system, as well as non-institutional ones. Their richness is evident in the introduction of numerous new solutions for both educational and therapeutic interventions. Dorota Podgórska-Jachnik (2021a) writes extensively on this topic, pointing to solutions in the current educational system and referring to the basis of the changes being created.

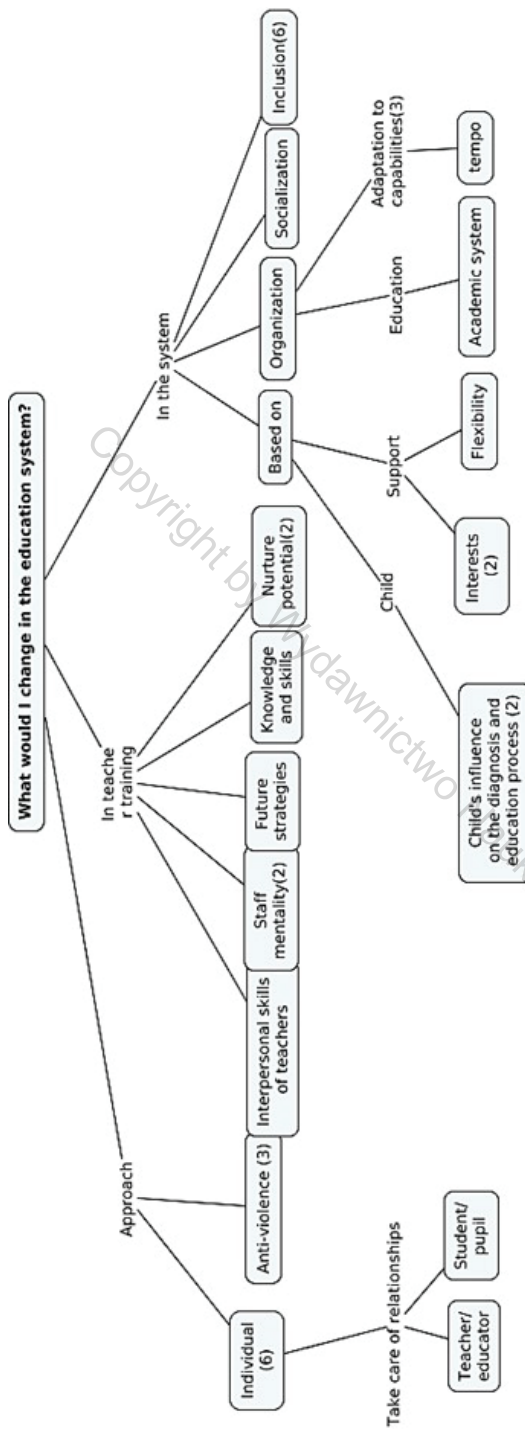
Among the reflections of respondents are those concerning the modification of the education system and the support provided. Based on their experiences, respondents not only had the opportunity to present negative experiences, but above all were directed to describe creative, positive ways to improve the education system. Having already experienced shaped by reforms and modifications of the school system, they were given the opportunity to present their visions. This was served by questions that, on the one hand, were very specific and, on the other hand, encouraged them to step into the role of teacher, minister, i.e. people who can make changes.

5.1. Respondents' proposals regarding changes in education

The respondents, as learners in different education systems – attending different types of schools and witnessing educational reforms – presented interesting proposals for change. The question concerned proposals that come from their own experience, as well as their vision of the school they would like to attend. This is a deliberate provocation that should have prompted the respondent to share their thoughts. Respondents considered it important to transform the education system into the most convenient, friendly, acceptable environment for people with autism. They demonstrated at the same time a high awareness of learning needs, as well as the requirements of adapting to social conditions (including the school regime), while ensuring self-development, which can be described sooner as accommodation than assimilation.

The question 'What would I change about the education system' was accepted by everyone, which provides significant feedback. Respondents want to influence the system by sharing their own experiences, which are very diverse, but allow for collaboration. Such an approach brings the hope of making changes to optimise the education system, while respecting the rights of the individual and implementing interactions of inclusion-co-maturation.

Chart 8. The question concerns suggestions for changes in the education system. "What would I change in the education system" [N=64]



Source: own elaboration.

Respondents primarily draw attention to the placement of the pupil in the education system – they point to the need for pupil / alumnus empowerment, with a particular emphasis on approaches that require individual interaction. The respondents further allude to the various factors that may influence the alumnus's behavior, which may result from hypersensitivity (to light, sound, smell, etc.), as well as the situation they are in (social, health, level of well-being, etc.). The alumnus plays many roles in the school system, which determines the diversity of situations, actions taken, interactions, which can be particularly difficult in the case of people with autism due to the impairment of the ability to read states of mind.

I would change the education system and class size (W18);

I would allow exemption from compulsory swimming and gymnastics classes (W 14);

Class sizes, individual approach, multi-sensory teaching, quiet rooms, emotion work for all pupils (W40);

I would adapt teaching methods to the pupils and forbid lessons to start before 1–2 p.m. I would replace PE with physiotherapy adapted individually to each child.

I would prohibit all violence, especially psychological violence. (W43);

approach of people from different spheres towards people with autism (M22);

teaching method, syllabus adapted to their needs (M24);

a number of things, including, above all, I would put the emphasis on individual teaching, as one could – the individual syllabus (M47).

Another important element appearing in the respondents' statements is the indication of the need to implement anti-violence measures. Unfortunately, in practice these are most often limited to declarations. The respondents' statements reveal the need to strive for real changes in the education system and, moreover, to understand the effects of violent actions, which have multiple effects, from withdrawal to depressive disorders.

Some of my behaviours (W18);

I would take anxiolytics (W27);

almost the entire school system, firstly to one in which respect, kindness and non-consent to any form of violence prevail (W35);

as a child with an autism diagnosis, I could not really do anything, I was an autistic child with experiences of violence from the whole environment: parents, teachers, peer group – the only thing I could do as a child was to escape into the world of fantasy, there I was able to survive (W41);

Forced socialisation at the freedom to decide on the mode of education (home, mass, etc.) according to an interview with the autistic person, not with the parent or the "therapist", psychologist (W43);

As a pupil, I would like to be in a safe place where the syllabus was clear, and the therapy was individually tailored to me. (M23);

spreading tolerance towards people with autism and related disorders (M23).

Referring to teachers, respondents point to the appropriate predispositions and education. When mentioning the profession of teacher, educator or, in general, pedagogue, they speak of a vocation (previously, education was dealt with in teacher's seminaries, emphasizing the requirement to have predispositions for this "state", today we say "profession"). Respondents draw attention not only to the requirements, but also to the need to create the appropriate circumstances for the development of educators. They emphasize at the same time that the preparation of pedagogical staff is insufficient – of course from the perspective of former pupils. Here, it is worth adding that the educators' actions are conditioned by system recommendations (which they receive from psycho-pedagogical, medical and other specialist counselling centers), which are indications or guidelines developed by ministries and governing bodies. The individual programme already implemented directly by the educator is based on these.

the warmth and care of teachers (W30);

the attitude of teachers and other professionals; it is harmful to persistently change autistic children to behave like neurotypicals; there is a lack of understanding and acceptance for the differences in development of autistic children (W35);

Personally, I was very lucky. My educational path could become an exemplary one.... due to the exceptional competence of the teachers, I met on my path (W40);

almost all the teachers, my school was a survival school, and I only miraculously survived it (W42);

I certainly wouldn't try, being in a teaching role, to pigeonhole such people (M25).

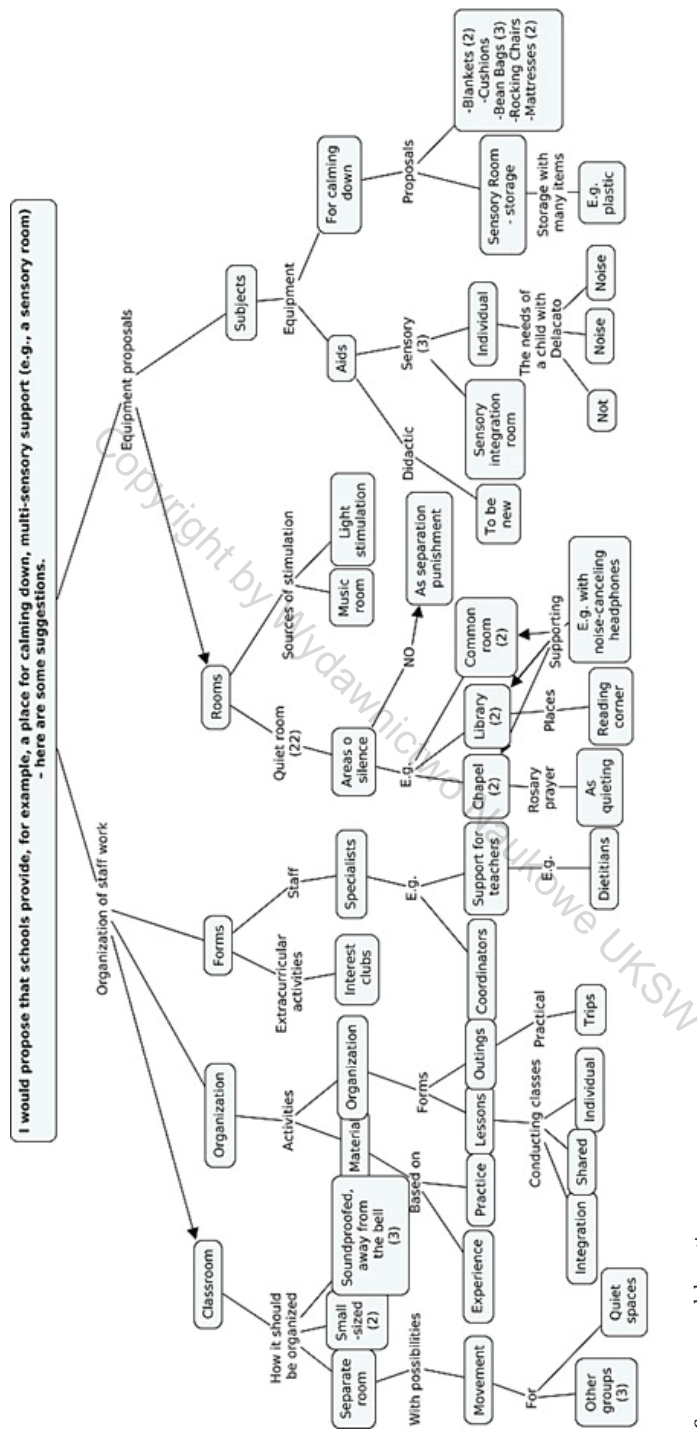
Summarizing the above statements, it is worth noting the subjective presentation of the implemented changes in education, which are primarily conditioned by the organizational system. However, education and upbringing are dealt with by the teacher / educator / therapist-educator. In taking action to change the approach to the pupil, they play the main role. It is the education, but also the maturity of the educators that is the source of any change in the system. Adequate preparation, but also care of the staff dealing with

pupils, especially in specialized centers, is a fundamental condition for consciously making changes to the education management system, as well as for developing the requirements for pupils. Arbitrary treatment of the needs of the environment (pupils, teachers and school staff) creates an administrative approach to the organization of education, aiming at a formal and thus declarative conduct of school interactions. Statement: *My educational pathway could become an exemplary one ... due to the exceptional competence of the teachers, it is confirmation of the need to change the way goals are set and the goals themselves in the education system. Allowing the educational environment to be shaped by appropriately prepared staff (moreover cared for; I would put the emphasis here on taking care of potential, counteracting e.g. professional burn-out, organization of the educational environment – both in terms of technical, equipment and psychological aspects) has a direct impact on the organization and effectiveness of the interventions carried out by these educators. Belief in the competence and expertise of educators becomes the basis for organizing education, while at the same time allowing for non-standard, creative measures – often adapting educational and upbringing initiatives to the pupil and consequently aiming to socialize them as much as possible.*

5.2. Organisation and equipment of educational centres – “I would suggest...”

Another important issue, besides personnel, seems to be the preparation of the educational facility to organise teaching activities. In addition to staff, location, parents and carers of children with autism take into account the provision of appropriate equipment, as well as the premises of the centre to which they entrust their child. In the case of students with autism spectrum disorders, it seems to be important to provide specific, resulting from their difficulties and conditions, equipment and a way of organising the teaching rooms, as well as the accompanying rooms. I have not found any studies on this issue in the literature, and it seems from the experience of therapists and comments made by the charges themselves that this is an important problem. Gajdzica (2011) and the previously mentioned Podgórska-Jachnik (2021a) wrote about the organisation of the classroom system in special education.

Chart 9. Respondents' statements regarding the equipment of educational centers [N=64]



Source: own elaboration.

The answers obtained from the respondents were divided into those concerning the organisation of the system and equipment – the material sphere. Referring to the organisation of the educational system, certain elements grouped around it can be distinguished. Attention was drawn to the form of the classes conducted. The need for a logical division into classroom activities, i.e. those provided for in the curriculum, and additional activities – aimed at developing individual interests and aptitudes – was pointed out. In both cases, emphasis was placed on the appropriate selection of specialists, as well as the provision of support for educators (through coordinators, other specialists, etc.). The teaching activities themselves should primarily provide experience-based and practical material.

*Above all, a wise and supportive staff (W 39);
and coordinators who will be able to help the child when the number of stimuli exceeds their capacity for tolerance (W 41);*

*Quiet room, small class sizes, modern equipment in classrooms, various interest groups, lessons for interests, outings with volunteers on trips outside the school (W 18);
nutrition according to the child's diet (if the preparation of food is difficult then catering can be subsidised) (M 20);*

quiet rooms and more experiments during classes to make lessons interesting for students in general (W 40);

The activities themselves should be diverse in terms of organisation, i.e. they can be integrative, individual, carried out with the whole team, but there should also be the possibility of field activities – helping to assimilate and consolidate the knowledge transferred.

Another organisational condition is the course of the educational process. Undoubtedly, class groups should be small – which allows the teacher to better organise the whole didactic process. There is also mentioned the possibility of organising classes usually implemented in alternative education, e.g. in Waldorf institutions (see Okoń, 1997, p. 211; Śliwerski, 2004, p. 293-306), where the student, on the basis of acquired knowledge or interests, can move according to individual developmental predispositions (e.g. the possibility for one student to follow the curriculum of subjects at different levels):

*Possibility to go out during lessons. Out-of-school activities with peers (M 24a);
A separate part of the building for people with autism and related disorders and a separate part for ordinary pupils. Those autistics, Aspergers etc. who had a need*

for contact with others would come to the part for normal students of their own free will. Some autistic people feel the need to make contact, some do not. It shouldn't be imposed on those who don't feel the need but those who want to try can go to the normal people's space. It would also be possible to make separate individual rooms where learning would take place by computer (online learning materials, open and/or closed tests but on a computer system. This would be a way to learn while satisfying the need for isolation) (M 24b).

Another problem is the organisation of the rooms themselves, whose layout and arrangement make it possible to adapt to the tasks to be carried out and the specific conditions:

Above all, the standard of any facility that accepts children with disorders should be a place of tranquillity (O 1);

1) Situated (in terms of entrance) close to e.g. a teachers' room or a multi-purpose room (secretariat, headmasters' room, etc.) to avoid creating an isolated place conducive to violence. + far from the bell. 2) Lining the walls with sound-dampening material. 3) Furnishings that allow people to sit as they wish on the floor, on a chair, on a bench with a backrest, without a backrest, in a couch, on a soft pouffe, etc. – this does not have to be expensive. 4) Some sort of covered space, like the one with a triangular cross-section what you do under the stairs. 5) More than one light source, in case the people using the room have conflicting lighting requests (O 21).

Another issue is the equipment and design of the premises. The main request from the respondents concerns the issue of hypersensitivity, as well as looking for opportunities for related re-education. In schools, the main problem encountered is noise. Therefore, the majority of respondents draw attention to the need to create places that would allow students to de-escalate, calm down or change their behaviour. What is noteworthy in this context is the ingenuity with which respondents sought to maintain a balance, a homeostasis. It seems important and even necessary to secure a quiet zone, which should, however, be supportive and not punitive: *too often such places are used as places of isolation (punishment) for children with ASD for me to suggest anything in this regard (W 41).*

It is therefore a question of preparing soundproof rooms:

Situated (in terms of entrance) close to e.g. a teachers' room or a multi-purpose room (secretary's office, headmasters' room, etc.) to avoid creating an isolated area conducive to violence. + far from the bell (W 16);

Quiet room (W 18);
a place for tranquillity (W 30);
A place for tranquillity (W 40);
A quiet room, a place where you can spend time alone at times. (M 22);
a place for tranquillity (M 24);
Quiet zone for those who do not like to be in a noisy environment (M 25);
The opportunity to 'escape' when I feel that the meltdown comes. If I went to such an asylum at the right time, I would quickly return to a "normal state" (M 28);

Appropriately equipped:

there could be board games, cards, chalkboards with markers, books, sofa, armchair, curtains (W 14);
The ideal situation would be if every classroom could be equipped with a variety of equipment such as sitting balls, swings, carpets or mats with different textures or sensory gadgets. In a non-ideal world, it would be good to have such a room for each year group. (W 19);
A corner where you can quiet down. A darkened room. Sensory gadgets. Noise-cancelling headphones. Possibility to go outside, away from people (W 35);

It is also important to pay attention to other factors: *soundproof room without intensive lighting* (M 47). In addition, it is about using the potential of other functions – including stimulation:

A corner where you can quiet down. A darkened room... (W 35);
the possibility of satisfying the needs (including sensory needs) for each student (W 35);
 1) *A place to quiet down* 2) *Something to let your emotions out* (W 42);
Quiet rooms, rooms for the release of negative energy (M 16);
 – *A place for temporary tranquillity (the so-called "secret corridor")*, – *A "basement" from which some students at a given time can repeat topics for selected classes and for a test/short quiz*, – *A library where individuals can complete any missing homework* (M 20);

Respondents also point to places where they have so far sought tranquillity:

All it takes is an open library and quiet bells (W 14);
a separate corner in the common room and/or in the library (W 28);
a reading corner in each classroom (W 36);
"Quiet Room" instead of a toilet or cloakroom. School bells at a humanitarian volume!(W 43);

Chapel for people with autism, where autistic people would pray the Rosary. (M 24)
I would create a special room in schools and universities where such a person could quiet down. The door would have no window, so that people in the corridor could not see what the person was doing. The room would be locked by the person from the inside. (M 25);

As well as stimulating the other senses:

Quiet Rooms, a real Sensory Integration Room, turning loud bells into traffic lights or common tunes, street simulation (M 14);
Access to stimuli such as peaceful music (M 16);

A further theme of the respondents' statements is the specific equipment that such rooms should contain. This relates to the infrastructure to ensure a sense of security as well as the possibility to release emotions or to calm them down.

there could be board games, cards, chalkboards with markers, books, sofa, armchair, curtains (W 14);

The ideal situation would be if every classroom could be equipped with a variety of equipment such as sitting balls, swings, carpets or mats with different textures or sensory gadgets. In a non-ideal world, it would be good to have such a room for each year group. (W 19);

A darkened room. Sensory gadgets. Noise-cancelling headphones. Possibility to go outside, away from people (W 35);

both, also in the quiet area, e.g. bean bag chair and blankets, or ordinary mattresses (W 42);

a room with relaxation equipment (M 22);

World experience room, sensory integration room (M 22a);

Playroom and integration with other students (M 23);

The suggestions made, as well as the ways of adapting to school conditions from their own experiences, are practical and do not differ from the organisational and financial possibilities of the centres. Similar problems were pointed out by the respondents I quoted in my previous book (Błeszynski, 2020) when talking about the phenomena that are perceived by their particular senses. Currently, shopping centres organise days and hours without music, as well as with lights dimmed – often referred to as ‘quiet hours’ (Quiet Hours). The words of one respondent answering a question about changes in the education

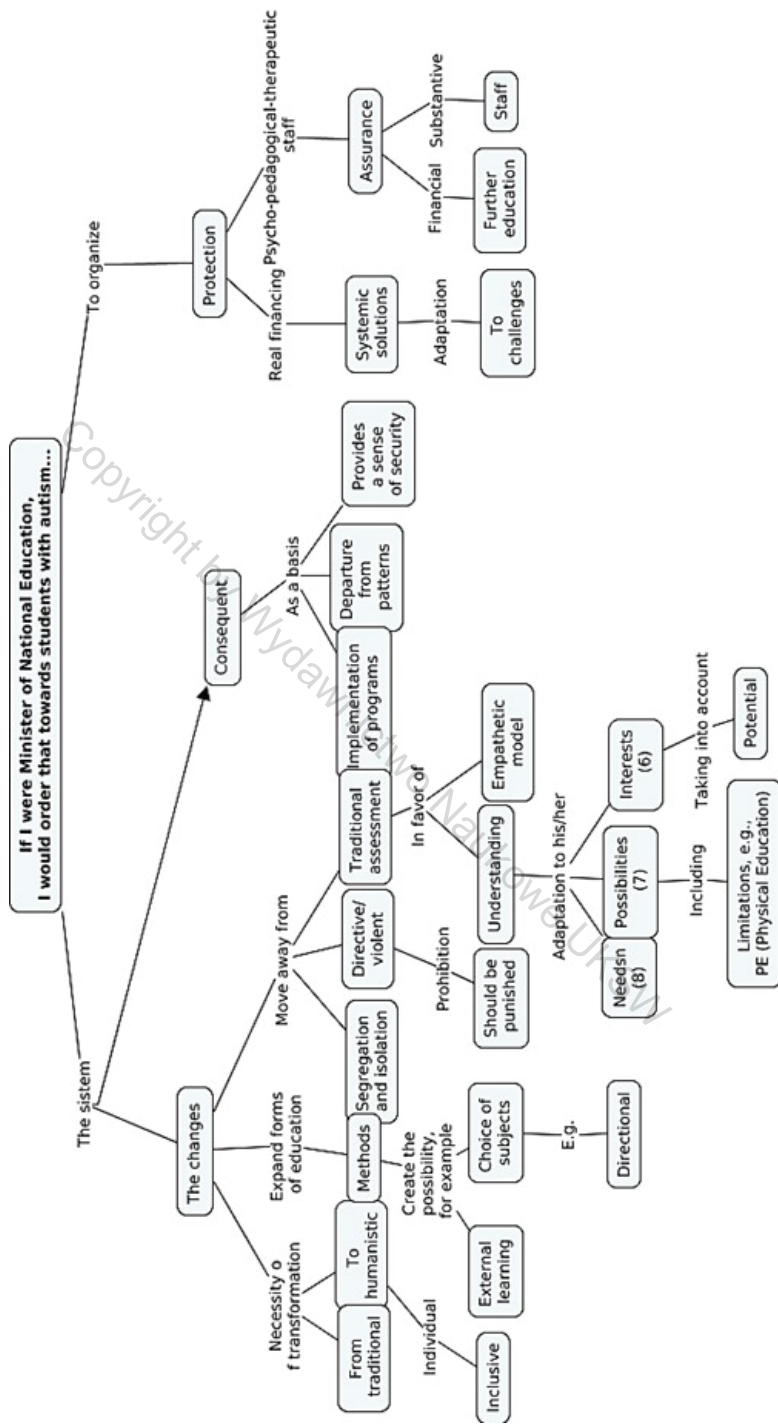
system may be an interesting summary of this thread: *I don't know, probably yes. The right place is secondary, the most important thing is understanding from the environment and teachers* (M 35).

5.3. Respondents' agency – presenting a vision of the education system based on their own experience

The way we think about the changes we can make in our immediate environment usually comes from our experiences. A different problem occurs when the actions taken are global – affecting the whole education system. People with autism experience the results of many systemic solutions: they are placed in centres for children with autism (segregated system), they attend mass schools as well as integrated classes as students. They are often participants in several educational systems that evolve with changes in the education system, the organisation of centres in the community, as well as a result of their maturity and adaptation to the possibilities of the curriculum (they are often diagnosed students).

Having varied experience, as well as an awareness of the difficulties arising from the symptoms of autistic disorders, respondents were able to answer a question that was abstract by design but related to the broad spectrum of possibilities for change. Being a creator, what changes would I consider to be a priority, requiring the involvement of decision-makers.

Chart 10. Respondents' statements regarding top-down changes in the education system – “As the Minister of National Education, I would order those changes be made to students with autism” [N=64]



Source: own elaboration.

The respondents' answers received during the research were divided into information concerning the system (as introducing changes and, consequently, causing the evolution of curricula) and the organisation (concerning personnel and economic security). With regard to the system as determining the way the institution functions and the placement of the student with a specific developmental disorder, such as the autism spectrum, providing visions for change and recommendations for solutions to be implemented consistently.

As far as the educational process itself is concerned, there was an emphasis on moving away from traditional education (based on an imposed and schematic allocation of material to be mastered at the various stages of education) to individualisation of the process, while at the same time pointing to inclusive education (one that will be adapted to the needs and capabilities of the student, as well as to the environment – both student and wider). Above all, a humanist-based pragmatism is marked in the statements of the respondents:

To change from the Prussian system to the kind of system that is, for example, in Finland. P.E. would be one that encourages healthy style and improved motor coordination rather than a race to be a professional while having dyspraxia. On music, the hypersensitivity would be that it could have the face of absolute hearing, that it would name sounds without a master sound and a camertone (W 18)

*it would not be allowed to use methods that are not used on other children (W 31)
present humanistic values (W 36)*

approach the child individually, following their needs and possibilities (W 40)

To ensure that each student is treated according to their needs and abilities and, above all, with due respect and in accordance with the rights of the human being, the child, etc. (W 41)

Introducing the possibility of individualising the curriculum (W 42)

Equal treatment would be applied both in comparison with teachers, therapists and the rest of the class (M 16)

Education with adaptation of requirements to the student's needs and elements of therapy would be introduced (M 23)

Individual learning system (M 24)

Change the approach, to be empathetic (M 39)

always develop an individual curriculum tailored to the student's aptitude (M 47).

From the statements presented by the respondents it is possible to draw important conclusions, which are not revelatory, but indicate the type and nature of the changes currently being made. Moving away from the traditional system of teaching, based mainly on the memory-based, giving type

of education, has been a priority of reforms introduced by successive governments in Poland for many years. It is about creative suggestions (abandoning patterns, pointing to the necessity of treating the student subjectively, etc.), focusing not on limitations, but on the possibilities inherent in the student, which are an incentive to individualise the teaching process, based, in the case of “non-normative students”, on a personalistic approach to organising the education system.

Abolish exams (W 14);

exempt them from compulsory gymnastics (W 14b);

They could choose the course of their education and they would have extra classes in the subjects that interest them (W 18);

In the case of all students, the option of taking an extramural examination exempting them from attending a particular subject (W 27);

to check first and foremost their cognitive abilities and preferences and adapt the teaching tools, pedagogical aids to this. And not to force them to, for example, not stimulating. As well as adapting the exams – the clarity of the formulated instructions, etc. (W 32);

Apply teaching adapted to needs and abilities (W 40);

No questioning at the blackboard (W 42);

Expand forms of education (W 47);

everyone would have material adapted to their abilities (M 14);

Draw attention to the problems caused by rejection and social maladjustment and help them to bring out their full potential (M 18);

To assess differently, to adapt the requirements, above all to enable students to take their exams and final exams by choosing subjects, e.g. resigning from Polish class, not taking subjects that are difficult or not interesting enough for their future or profession. (M 18a);

a different course of teaching would be approved than for neurotypical children (M 20);

there would be no possibility of strict grading in special cases (M 22);

Treatment would be better for the child to feel comfortable (M 22a);

the possibility of virtual learning and I would like to pursue the options mentioned above (M 24);

adapt all the needs mentioned above (M 24a);

A different method of teaching would be used than for students in the normal course (M 25);

I would create a system of education for people on the spectrum tailored to their abilities, which would ensure that they can find and take up gainful employment in the future. I would define the requirements for such people. Looking through the job offers,

I was shocked. For example, one job offer stated among the requirements for a security guard job that a university degree was preferred. Instead of spending money on training and apprenticeships, I would use it to create sheltered employment. (M 25a);

I think that both spectrum disorders and other disorders and also neurotypical children should be given the same high priority. Neurotypical children also have difficulties. (M 28).

We see here that the student on the autism spectrum is often in an educational situation that is incompatible with the assumptions of what we call the progressive trend, which is changing, not only adapting to the challenges of the current times (both social and technological), but also pointing to the role and importance of the individual in society.

It is therefore necessary to reorganise the education system itself, which is conditioned by a number of factors. In addition to focusing on ideas and goals, financial support for projects is becoming important. As the experience of other countries (e.g. Italy and Sweden) shows, educational change involves the need for financial security, which, despite declarations to the contrary, not all countries are able to meet. For this reason, hybrid, mixed solutions often emerge, which are implemented as economic, social, cultural and political opportunities arise – usually, however, only certain assumptions are made, but implementation alone does not achieve the goals set.

Respondents also draw attention to organisational aspects. A school consists not only of teaching and therapeutic staff, but also of appropriate educational organisation and financial security. The education of the teaching staff determines the approach to the student, in this case the ‘problem’ student as differentiated from others and requiring additional care and therapeutic / educational measures. Also in this context, reference is made to the role of the teacher, trying to adapt the school-wide requirements to the case of the student with autism, as well as the interactions undertaken against the background of the class – as a team.

Let’s now look at recommendations for teachers (what, as a decision-maker, I would recommend):

There would be necessary teacher trainings and student talks (W 16);

I don’t know if this is the minister’s role. It is worthwhile for teachers to educate themselves about how people on the autism spectrum function and to learn about the perspective of self-advocates. Similarly, school psychologists. Ideally, people with ASD should also be able to find a place in a mainstream school (W 28);

show understanding for their different developmental pattern, protect them and do not allow any form of violence; remove violent people from the teaching/therapeutic profession (W 35a);

train the staff (W 42a);

Only persons properly trained for this purpose after studies for children with autism would work there, and it would clearly and explicitly define the choice of the appropriate facility to be attended by the parents without the loophole that it has been using so far. (O 16);

To allow only (!) people with real substantive and personality qualifications to work. I would enforce a superintendence over their work. (W 35b).

It is important to note the very placement of students with an autism diagnosis being supported and the demand that they should not be differentiated:

the school is obliged to help students with autism (W 30);

Adjustments should be monitored (W 41);

behave with integrity as towards all students (W 43a);

The implementation of the recommendations of the Special Education Needs Assessment would be respected as well as Duty to Respond to Peer Violence. Banning the use of loud bells in schools. (M 14);

Do not differentiate, do not isolate (M 16);

In addition, preparation is needed to raise teachers' awareness of the interactions implemented, which have a significant impact on the personality formation of both the student and his peers – who are co-creators of social situations:

under no circumstances violence would be used, while the boundary between violence and support is clear in the case of those with an average developmental trajectory, it is not clear and obvious (and is often crossed) in the case of non-neurotypical children (W 42);

Prohibit the use of directive methods, so-called behavioural training (W 43);

do not use violence (this is really always enough) (W 43b);

Do not use directive and abusive methods (W 45);

the use of “therapeutic violence”, violence justified by “therapy”, ABA methods, SAZ – would be prohibited, prosecuted ex officio and threatened with very high penalties (M 42).

Educational and therapeutic activities, as I mentioned earlier, are very much determined by financial possibilities, by grants:

*All of the above plus to have more funds available for schools (W 35);
Create a system of real support for schools (subsidy today is spread on strange things
e.g. renovations), (W 39)*

The modifications to the organisation of the education system presented by the respondents are also interesting. How, from their perspective, can the already existing educational, but also care and education system be changed, improved:

*Expand the forms of education (W 35);
Extend lessons (at least to 58/63 minutes, with at least 23/26-minute breaks) (M 20);
More possibilities of teaching, therapy, support (M 23);
Create clubs for autistic people (M 24);
the possibility of virtual learning and I would like to pursue the options mentioned
above (M 24a);
I think that both spectrum disorders and other disorders and also neurotypical
children should be given the same high priority. Neurotypical children also have dif-
ficulties (M 25);
I would prioritise the comprehensiveness and openness of our education system.
Just as it is in Germany (M 28).*

5.4. Conclusion

So far, we have relied on reports and studies showing the education process from the teachers' side. These are important and highly informative studies, which offer new knowledge as well as the opportunity to share experiences gained through pedagogical work. They present programmes, attempts to adapt them to individual students' predispositions, as well as analyses of activities carried out, often indicating their evolution. In this section, I wanted to present pedagogical and especially didactic experiences from the student's side. These experiences enable us to learn about the problems people with an autism diagnosis have faced at school and continue to encounter.

The main conclusions include the existence of contradictions in the system of education and support for students with autism. Although the scope, organisation and base in which classes are conducted are changing, attention is drawn to the declarative nature of many changes in the education system. A serious problem we come across when analysing the material received is the repeatedly,

multithreaded and in many ways described violent behaviour experienced and suffered by the respondents during their education. The principles and values that should result from legal acts¹⁴, are not only not observed and respected, but are often modified and begin to function as psychological violence, including separation and disrespect. Undoubtedly, unsafe student behaviour should be corrected, but legal considerations are important here – this should only be done within the permitted forms and means. It seems that despite the signing of many conventions and taking numerous actions, educators are still characterised by low legal awareness (including with regard to criminal law), as well as a low level of training in counteracting difficult behaviour. And yet, this should be an important element in the training of teaching staff, especially subject teachers, who, apart from knowledge of their field (classes taught), often lack the skills to act in difficult situations in practice. The respondents themselves point to the limited possibilities in terms of the training undertaken (above all, attention should be paid here to the effectiveness and usefulness of training), which should be organised with a focus on meeting specific needs, rather than just formally completing courses and collecting certificates. It is also a question of financial security regarding equipment, as well as ensuring that adequate resources are available to organise the training system.

It is important to note that respondents repeatedly pointed to the significance of education in an integrative, inclusive system as preventing their exclusion and separation from society, including their peers. The directive measures mentioned by the respondents are the result of the specific design of the education system. In addition to the search for non-directive ways of teaching, as well as building on existing reports, it becomes important to discuss the scope and conditions of the use of behavioural techniques when working with a student with autism. It would allow to present the best

¹⁴ Convention on the Rights of the Child adopted by the UN in 1989, ratified by Poland in 1991; Family and Guardianship Code, Article 96 (1): ‘Persons exercising parental authority and exercising care or care for minors shall be prohibited from applying corporal punishment’. The basis for all legal and penal measures to protect the child is Article 72 of the Polish Constitution: ‘The Republic of Poland shall ensure protection of the rights of the child. Everyone shall have the right to demand of organs of public authority that they defend children against violence, cruelty, exploitation and actions which undermine their moral sense’. The Anti-Violence Act stipulates in Article 12.1 that persons who, in connection with the performance of their official or professional duties, become aware of a suspicion that a crime of domestic violence prosecuted ex officio has been committed shall immediately notify the police or the public prosecutor.

solutions for the targeting and profiling of educational interventions towards people with autism depending, for example, on cognitive abilities, co-occurrence with other diseases and disorders, environment, etc.

The suggestions presented in this chapter are worthy of attention and implementation. These are often ideas drawn from our own experiences as well as those observed in other centres. The main glue of these ideas seems to be safeguarding the well-being of people with autism as preventing and counter-acting factors that may be a disturbing element. Reading these statements, we often only become aware of the difficulties faced by students, most of which we are not only unaware of, but also unaware of their nuisance. Moreover, the aim is to draw attention to the whole range of difficulties, but also to point out the attempts made by those concerned to eliminate or reduce them. What seems to be emphasised here is the aspect of empathy and an interest in adapting, or perhaps more so accommodating, to the environment.

From the respondents' statements, a new picture emerges of people with autism, who were often portrayed as imposing their will, which was understood as an expression of non-acceptance of imposed forms. Such behaviour is presented by respondents as a defence mechanism, often determined by a lack of ability to cope with the situation. However, solutions, which often seem bizarre, are not only justified in this context, but also have a simple application – they can serve both students with autism and the wider student community (e.g. a quiet room, stimulating or calming toys, etc.).

Particularly important in the respondents' statements is the attribution of a key role to the staff as the most important determinant of the education of students with autism. With their education, experience and opportunities for continuous improvement, teachers become the main organisational 'element'. A teaching staff that acquires a diverse education provides the organisational basis for forms of education adapted to the needs and abilities of its students. This optimisation of procedures seems to be the key solution that the educational system should serve. Reforms that are proposed (or imposed) top-down are most often not tailored either to regional conditions or to the specific characteristics of the students. With a high degree of autonomy, educators are in fact the guardians of the student. With an informed, well-educated staff, not only equipped with technical skills, but also interested in the basics of philosophy, history and teleology, the ethos of the teacher can be restored and the enormous creative potential (which is often developed during trips to other countries) can be released.

Summary

The research results presented should not surprise us. Situated in the mainstream of the changes taking place in education, as well as being the result of evolving social values, they force reflection, among other things, on the condition of the system, regardless of the nature of some of the detailed changes.

Affirmation of neurodiversity

In the first place, the problem of how to approach autism / autism spectrum disorders seems to reveal itself. How to situate a pupil with this spectrum in the current school situation? Undoubtedly, the solution is to move away from the recognition of neurodiversity as an attempt to merge the problem, pointing to acceptable diversity, dissimilarity – which is a human trait. Classification is an activity designed to help systematise and synthesise certain issues. Attempts to know reality have their origin in objectivization. According to Antoni Kepinski, “it is the recognition of the state of affairs and the conditions of a complex case based on its symptoms and their critical elaboration according to the general regularities of a given field [...] It is, in other words, the detection of the cause of deviations from the norm, the determination of their scope and the possibility of interventions aimed at their correction (i.e. weakening, levelling out)”. (Kepinski, 1973, pp. 16-17). In his conception of humanistic cognition, this author draws attention to the multifaceted nature, as well as the necessity of empowering the person being cognised and cognising. It is about relying on the personal perspectives of the researcher (subjective world) in relation to the social environment (objective world). It is

important that information from the subjective world is decisive for drawing conclusions and interpretations about the mechanisms of their behaviour. The activity of the diagnoser also concerns the creative correlation of differentiated contents (analysis of individual surfaces), which makes it possible to indicate developmental mechanisms and disorders characteristic of a specific situation. Irena Obuchowska (1997, pp. 12-14) drew attention to the need to move away from an evaluative perspective of getting to know the other person and to the necessity of confronting positive and negative diagnoses. Such an approach favours intervention directed towards stimulation and modification. A similar vision is also present by Roman Ossowski, who claims that “development is a continuous process of defining one’s own identity” (Ossowski, 2020, p. 183).

Moving from a branding to an individual and yet positive perception of the diversity of human being allows us to create a differentiating but non-judgmental approach. Such an approach was presented by Cierzniewska and Podgorska-Jachnik, showing that:

Autonomy of the person is therefore the category within which we wanted to look for other, further categories that would enable us to open to the search for effective strategies for working with neurodiverse students. Potentially, there are many of these categories. [...] Each of them describes the person slightly differently, “pulses” differently, promising change [...] and hinting at the essence of the teaching process in the university in terms of 1. The authorship of one’s own life – which can suggest directions for further explorations and goals for pedagogical actions in the university. [...] 2. Self-determination – as a category that channels our pedagogical thinking on the developmental needs of young adults, the central one being the need for autonomy in conjunction with the need for a sense of competence and attachment. [...] 3. Emancipation – as a category showing the attainment of new fields of freedom through subjective activity in the face of the experienced oppressiveness of the system, but also visionary transformation of the system for a better future – of neurodiverse individuals in society, but also of society by exploiting the potential of these individuals (Cierzniewska, Podgorska-Jachnik, 2021b, pp. 37-38).

The education of people on the autism spectrum undoubtedly has to be included in the system of special intervention, but not in the sense of segregation (on the basis of the antinomy: norm – no norm), but of broadening the model of intervention. It is a question of going beyond existing standards

in order to identify the capabilities inherent in the student's potential. Such an approach can be found in the Maria Montessori movement (Poussin, 2018), where, through the discovery of child development, the implementation of, for example, polysensory cognition not only activates the development of children with disorders, but also becomes a source of support and formation at a higher level of cognitive skills.

The issue of standardisation

An important element of the change in attitudes towards the Others, which is undoubtedly taking place on the grounds of emancipation, is the search for the rights of excluded people – here defined as disabled. The reorientation of the paradigm from a normative to an interpretivist one has, for example, allowed Beata Borowska-Beszta (2013) to give an anthropological and ethnographic focus to research on the environment of these people. It is about the pursuit of 'normalisation' mentioned by Wolf Wolfensberger, recognising that the particular social perception of the Others – disabled people who deviate from the norm – leads to them being mostly in relationships of dependency, lacking independence of functioning. The normalisation trend initiated by Wolfensberger expressed disagreement with the dependency of people with disabilities, and their removal from mainstream social life (per Glodkowska, 2014, p. 101). Social division becomes a conditioning that results from the demand that comes from the very existence of different streams in society. The principle of dependence, here showing itself in interdependence (understood as being needed and having needs), is based on interactivity. The process of normalisation is rooted in norms, expectations and structures that have to change, as Amadeusz Krause (2010, p. 197) points out, in order for all people, including people with disabilities, to have an equal chance to have a good life.

Joanna Glodkowska argues that 'After half a century of making the idea of normalisation a reality, this ideological tool also increasingly strengthens the manifestations of subjectivity in the rehabilitation and social relationships of a person with disability. It makes the difference between people being read as a value, a valuable attribute and a significant asset for the realisation of the idea of unity despite differences' (Glodkowska, 2014, p. 102).

Inclusion as a complement to integration

The transformations taking place in everyday reality point in directions that we find in the theory of Pierre Teilhard de Chardin, who points to the inevitability of change. The research presented by Beata Cytowska (2016, pp. 210-211) revealed that studies on inclusion can be shown in the function performed by the teacher (who is the *perpetuum mobile* of inclusion): their solitude (as there is no systemic support and specialised counselling), their competence (related to the necessity of verifying study programmes), their background (organisation of the school space, its equipment) and their formal-legal preparation (i.e. concerning educational policy). This points to the multidimensionality of the approach to the problem of moving from inclusion to coexistence, cooperation. Education is a social activity, which means that it works for society. “A child with special needs coming to school does not go into a ‘social void’, but into an environment where individuals have needs, expectations, opportunities and limitations. It is only when we look at the school as a system of interrelated and interacting elements that the actions undertaken towards the child / children with special educational needs have a chance to be coherent and effective” (Lesniewska, Puchala, 2011, p. 7).

Both integrative and inclusive education are oriented towards the actions that are undertaken by the teacher, the therapist-educator, whose “task is to be in the relationship and at the same time above it, i.e. to constantly observe what is happening between them and the child, so that it is possible to monitor the child’s well-being and progress, as well as to identify the needs that arise at any given moment and to respond adequately to them” (Golaska, 2016, p. 74).

Attempts to negate such an approach, even though they also appear in educational management bodies, have neither material nor substantive justification. The concept presented here is not an ideology or a theoretical current, but results from a rational, humanistic approach to the development of every human being, especially those experienced by disability.

An important challenge that I have pointed out in this book is not only the possibility but also the necessity to listen to the voice of people on the autism spectrum. Today, thanks to the possibilities of contact offered by technical means, as well as the support and use of alternative communication, we can rely on the primordial knowledge coming from those most interested.

I would like to thank the Individuals who took part in the research for making their reflections on autism available to me. In this book, of which these Individuals are co-editors, I can present their vision of education. This book can become a manifesto and at the same time a further step on the way to an open society, in which more than declarations count; a society that is aware of the essence of well-being – as a factor resulting from its common perception.

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Resources

- Aguirre Velázquez C. G., Ríos M. P., Guzmán J. S., Anaya A. E. G., Gutiérrez L. I. G., González A. M., Villalobos H. M., (2019). Sensitivity and specificity of a 3-item direct observation test for the early detection of infantile autism. *International Journal of Neurology Sciences*. 1 (1): 176-194.
- Alexander R., (2012). *International evidence, national policy and classroom practice; questions of judgment, vision and trust*. Closing Session Keynote given at From Regulation to Trust. Third Van Leer International Conference on Education, Jerusalem, 24 May 2012.
- Allan J., (2008). Rethinking inclusive education: The philosophers of difference in practice. Series: Inclusive Education: Cross Cultural Perspectives, Vol. 5, Berlin: Springer.
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders: Fifth edition (DSM-5). Washington, DC.
- ASHA, (2005). Roles and responsibilities of speechlanguage pathologists with respect to augmentative and alternative communication (Position Statement). Retrieved from www.asha.org/policy.
- Asperger H., (1944). Die „Autistischen Psychopathen“ im Kindesalter. *Archiv für Psychiatrie und Nervenkrankheiten*. 117: 73-136.
- Autism Navigator®, (2017). Autism Navigator® for early intervention providers. Retrieved June 9, 2017, <http://www.autismnavigator.com/courses-tools/>.
- Bambara L. M., Cole C. L., Kunsch C., Tsai S., Ayad E. (2016). A peer-mediated intervention to improve the conversational skills of high school students with autism spectrum disorder. *Research in Autism Spectrum Disorders*, 27: 29-43. <https://doi.org/10.1016/j.rasd.2016.03.003>.
- Baron-Cohen S., (2000). Is Asperger syndrome/high-functioning autism necessarily a disability? *Development and Psychopathology*, 12: 489-500.
- Blume H., (1997). "Autism & The Internet" or "It's The Wiring, Stupid". Retrieved May 4, 2009, from <http://web.mit.edu/comm-forum/papers/blume.html>.
- Błęszyński J., (1997). Mowa i język osób z autyzmem, wybrane zagadnienia. WSP, Słupsk.
- Błęszyński J., (2001). System kształcenia specjalnego na przełomie wieków, [w:] red. n. Cz. Kosakowski, Nauczanie i wychowanie osób lekko upośledzonych umysłowo, Akapit, Toruń.
- Błęszyński J. J., (2021). Self – Regard of Individuals with Autism – How People from the Autism Spectrum Perceive Autism. A Netnographic Research. *Integrative Psychological and Behavioral Science*. Pub Date : 2021-02-26. <https://doi.org/10.1007/s12124-021-09601-3>.

- Błęszyński J. J., (2015). Alternatywne i wspomagające metody komunikacji, [w:] red. n. N. Morgulec-Adamowicz, A. Kosmol, B. Molik, *Adaptowana aktywność fizyczna dla fizjoterapeutów*. Wydawnictwo Lekarskie PZWL. Warszawa.
- Błęszyński J. J., (2015). *Wczesna interwencja – różne podejścia, ujęcia, definicje. Różne nie znaczy sprzeczne*, [w:] red. n. J. J. Błęszyński, D. Baczała, *Wczesna interwencja w logopedii*. Harmonia, Gdańsk: 31-56.
- Błęszyński J. J., (2017). Jakość życia – determinant pracy terapeutycznej z osobami niepełnosprawnymi intelektualnie na tle przypadku. *Rocznik Komisji Nauk Pedagogicznych*. LXX: 56-66.
- Błęszyński J. J., (2018). Między inkluzją a segregacją: badania nad jakością życia uczniów z zaburzeniem spektrum autyzmu. *Edukacja*. 3(146): 75-84.
- Błęszyński J. J., (2020). Co osoby z autyzmem mówią nam o sobie. Raport z badań. Wydawnictwo UMK, Toruń.
- Błęszyński J. J., (2020a). Komunikacja wspomagająca i alternatywna w pracy z chorymi onkologicznie, [w:] red. n. A. Hamerlińska, B. Mikuła *Oknologopedia. Podejście interdyscyplinarne*. Alfamedica press, Bielsko-Biała.
- Błęszyński J. J., (2015). *Wczesna interwencja – różne podejścia, ujęcia, definicje. Różne nie znaczy sprzeczne*.
- Błęszyński J. J., Hamrelińska A. (2021). Jakość życia osób ze spektrum autyzmu przed pandemią i w trakcie jej trwania. Raport z badań własnych, [w:] red. n. M. Dycht, E. Śmiechowska-Petrovskij, *Edukacja w sytuacji (post)pandemii – możliwości, wyzwania, perspektyw*. UKSW, Warszawa.
- Błęszyński J. J., Hamerlińska A., Kielar-Turska R., Rumińska A., (2021). *Perceived stress and coping strategies in people with ASDs during the Covid-19 pandemic: A study report*. *Review Journal of Autism and Developmental Disorders*. 51(2): 571-587. DOI: <https://doi.org/10.13166/jms/168977>.
- Błęszyński J. J., Hamerlińska A., Kielar-Turska R., Rumińska A., Warszawa A., (2021). *Experience of the COVID-19 pandemic by people with ASDs: Social aspects*. *Plos One*. <https://doi.org/10.1371/journal.pone.0267123>.
- Bogdanowicz M., (2011). Ryzyko dysleksji dysortografii i dysgrafii. *Skala Ryzyka Dysleksji wraz z normami dla klas I i II*. Gdańsk: Harmonia Universalis.
- Bogdanowicz, M., Adryjanek, A., Rożyńska, M. (2014). *Uczeń z dysleksją w domu*. Gdynia: OPERON.
- Bogucka J., (1996). Nauczanie integracyjne w Polsce, [w:] red. n. J. Bogucka, M. Kościelska *Wychowanie i nauczanie integracyjne. Nowe doświadczenia*. STO, Warszawa.
- Bogucka J., Brzozowska A., (1994). *Dwie klasy integracyjne w Warszawie* [w:] red. n. J. Bogucka, M. Kościelska *Wychowanie i nauczanie integracyjne. Nowe doświadczenia*. STO, Warszawa.
- Bogucka J., Kościelska M., red. n. (1994, 1996). *Wychowanie i nauczanie integracyjne. Nowe doświadczenia*. STO, Warszawa.
- Borowska A. (w druku). Conditions of the process of individualization of student education with autism spectrum disorder in general-access school. *Multidisciplinary Journal of School Education*.
- Borowska-Beszta, B., (2013). *Etnografia stylu życia kultury dorosłych torunian z zaburzeniami rozwoju*. UMK, Toruń.

- Bourdieu P., Passeron J., (2006). *Reprodukcja. Elementy teorii systemu nauczania*. Warszawa: PWN.
- Brauner A., Brauner F., (1988). *Dziecko zagubione w rzeczywistości: historia autyzmu od czasów baśni o wróżkach, fikcja literacka i rzeczywistość kliniczna tł. [z fr.] Tadeusz Galkowski*. Wydawnictwa Szkolne i Pedagogiczne, Warszawa.
- Bruinsma Y., McNERNEY E., (2012). Pivotal response treatment. In P. A. Prelock & R. J. McCauley (Eds.), *Treatment of autism spectrum disorders: Evidencebased intervention strategies for communication and social interactions*. Baltimore, MD: Paul H. Brookes.
- Buggey T., (2014). Video modeling applications for persons with autism. In P. A. Prelock & R. J. McCauley (Eds.), *Treatment of autism spectrum disorders: Evidence-based intervention strategies for communication and social interactions*. Baltimore, MD: Paul H. Brookes.
- Cardon T., (2013). Video modeling imitation training to support gestural imitation acquisition in young children with autism spectrum disorder. *Speech, Language and Hearing*, 16(4): 227-238. <https://doi.org/10.1179/2050572813Y.0000000018>.
- Cardon T. A., (2012). Teaching caregivers to implement video modeling imitation training via iPad for their children with autism *Research in Autism Spectrum Disorders*, 6(4): 1389-1400.
- Carter E. W., Sisco L. G., & Chung, Y. (2012). Peermediated support interventions. In P. A. Prelock & R. J. McCauley (Eds.), *Treatment of autism spectrum disorders: Evidence-based intervention strategies for communication and social interactions*. Baltimore, MD: Paul H. Brookes.
- Causton-Theoharis J., Theoharis G., (2008). Creating inclusive schools for all students: an education for children with disabilities that, as one principal puts it, offers “nothing eparate, no special places, no special teachers. *The School Administrator*. 8(65): 24-30.
- Chan J. M., Lang R., Rispoli M., O'Reilly M., Sigafoos J., Cole H. (2009). Use of peer-mediated interventions in the treatment of autism spectrum disorders: A systematic review. *Research in Autism Spectrum Disorders*, 3(4): 876–889. <https://doi.org/10.1016/j.rasd.2009.04.003>.
- Chang Y. C., Locke J., (2016). A systematic review of peer-mediated interventions for children with autism spectrum disorder. *Research in Autism Spectrum Disorders*, 27: 1-10. <https://doi.org/10.1016/j.rasd.2016.03.010>.
- Chapman C., Ainscow M., Miles S., West M., (2011). *Leadership that promotes the achievement of students with special educational needs and disabilities: full report*. Nottingham: National College for School Leadership.
- Chrościńska-Krawczyk M., Jasiński M., (2010). Autyzm dziecięcy – współczesne spojrzenie. *Neurologia Dziecięca* 19/20(38): 74-78.
- Chrzanowska I., (2015). *Pedagogika specjalna. Od tradycji do współczesności*. Impuls, Kraków.
- Chrzanowska I., Szumski G. red. n., (2020). *Edukacja włączająca w przedszkolu i szkole*. Fundacja Rozwoju Systemu Edukacji, Warszawa.
- Ciche godziny (25.11.21). <https://infoludek.pl/szczecin/ciche-godziny-w-szczecinskich-sklepach-dla-osob-z-autyzmem/>.
- Cierniewska R., Podgórska-Jachnik D., (2021). Neurodiversity and (Semantic) Space for the Academic Inclusion of People on the Autism Spectrum. *Multidisciplinary Journal of School Education* 10(2.20): 71-88.
- Ciżniewska R., Podgórska-Jachnik D., (2021). Kategorie otwierające na neuroróżnorodność studentów. *Pedagogiczne studium kontekstów edukacyjnych*, *Studia Pedagogica Ignatiana*. 14, s. 15-42.

- Cytowska B., (2016). Przegląd badań empirycznych nad inkluzją w edukacji [w:]. red. n. Z. Gajdzicy, M. Bełzy Inkluzja edukacyjna Idee, teorie, koncepcje, modele edukacji włączającej a wybrane aspekty praktyki edukacyjnej. Wydawnictwo Uniwersytetu Śląskiego, Katowice.
- Dimitrova N., Ozcaliskan S., & Adamson L. B., (2016). Parents' translations of child gesture facilitate word learning in children with autism, Down syndrome and typical development. *Journal of Autism and Developmental Disorders*, 46(1): 221-231. <https://doi.org/10.1007/s10803-015-2566-7>.
- DiStefano C., Kasari C., (2016). The window to language is still open: Distinguishing between preverbal and minimally verbal children with ASD. *Perspectives of the ASHA Special Interest Groups*, 1(1): 4-11.
- Dykciak W., (1997). Wprowadzenie w przedmiot pedagogiki specjalnej jako nauki, [w:] red. n. W. Dykciak, *Pedagogika specjalna*, Wydawnictwo UAM.
- Dykciak W. red. n., (2006). *Pedagogika specjalna*. UAM, Poznań.
- Dykciak Wł., (2003). Pedagogika specjalna wobec aktualnych sytuacji i problemów życiowych osób niepełnosprawnych. *Chowanna* 2: 83-94.
- Eigsti I. M., De Marchena A., Schuh J. M., Kelley E., (2011). Language acquisition in autism spectrum disorders: A developmental review. *Research in Autism Spectrum Disorders*, 5(2): 681-691. <https://doi.org/10.1016/j.rasd.2010.09.001>.
- Elks M. A., (1994). Valuing the person or valuing the role? Critique of social role valorization theory *Ment Retard* 32(4): 265-71.
- Ellis S., Tod J., Graham-Matheson L., (2008). SPECIAL EDUCATIONAL NEEDS AND INCLUSION: Reflection and Renewal. NASUWT Hillscourt Education Centre Rose Hill Rednal, Birmingham (<https://g3ict.org/publication/special-education-needs-and-inclusion-reflection-and-renewal>).
- English K., Goldstein H., Shafer K., Kaczmarek L., (1997). Promoting interactions among preschoolers with and without disabilities: Effects of a buddy skillstraining program. *Exceptional Children*, 63(2): 229-243. <https://doi.org/10.1177/001440299706300206>.
- ESDM <http://www.ucdmc.ucdavis.edu/mindinstitute/research/esdm/>.
- European Commission, (2007). INCLUD-ED Strategies for inclusion and social cohesion in Europe from education. Thematic Project Priority 7. Citizens and Governance in a knowledge-based society. 6th Framework Programme, European Commission.
- Fein D., Barto M., Dumont-Mathieu T., (2017). Optimizing outcome in autism spectrum disorders. *Policy Insights From the Behavioral and Brain Sciences*, 4(1): 71-78. <https://doi.org/10.1177/2372732216685098>.
- Fischer A. J., Lehman E., Jansen N., Davis H. S., (2019). School psychology and education professionals [in:] red. R. D. Rieske, *Handbook of Interdisciplinary Treatments for Autism Spectrum Disorder*, SAGE, Los Angeles, London, New Delhi, Washington DC, Melbourne.
- Flick U., (2010). Projektowanie badania jakościowego, tłum. P. Tomanek/. PWN, Warszawa.
- Foucault M., (1990). *Narodziny kliniki*, przeł. Paweł Pieniążek, Wydawnictwo KR, Warszawa.
- Frost L. A., Bondy A. S., (2002). *The picture exchange communication system training manual* (2nd ed.). Cherry Hill, NJ: Pyramid Educational Consultants.
- Gajdzica Z., (2011). *Uczeń z niepełnosprawnością w szkole ogólnodostępnej*. Wyższa Szkoła Humanitas, Sosnowiec.

- Gajdzica Z., (2012). Dystans społeczny wobec osób z upośledzeniem umysłowym jako czynnik determinujący ich marginalizację. *Chowanna*, 38(1): 83-92.
- Galkowski T., (1984). Dziecko autystyczne i jego rodzice. PTWK, Warszawa.
- Ganz J. B., (2015). AAC interventions for individuals with autism spectrum disorders: State of the science and future research directions. *Augmentative and Alternative Communication*, 31(3): 203-214. <https://doi.org/10.3109/07434618.2015.1047532>.
- Ganz J. B., Earles-Vollrath T. L., Cook K. E. (2011). Video Modeling. A Visually Based Intervention for Children With Autism, *Teaching Exceptional Children*, 6(43): 8-19. doi: 10.1177/004005991104300601.
- Gernsbacher M. A., Sauer E. A., Geye H. M., Schweigert E. K., Hill Goldsmith H., (2008). Infant and toddler oral- and manual-motor skills predict later speech fluency in autism. *Journal of Child Psychology and Psychiatry*, 49(1): 43–50. <https://doi.org/10.1111/j.1469-7610.2007.01820.x>.
- Gevarter C., Horan K., Sigafoos J., (2020). Teaching Preschoolers With Autism to Use Different Speech-Generating Device Display Formats During Play: Intervention and Secondary Factors Language, Speech, and Hearing Services in Schools. 51(3): 821-838 https://doi.org/10.1044/2020_LSHSS-19-00092.
- Ghaziuddin M., (2005). Mental health aspects of autism and Asperger syndrome. Jessica Kingsley Publishers.
- Gibb K., Tunbridge D., Chua A., Frederickson N., (2007). Pathways to Inclusion: Moving from special school to mainstream' *Educational Psychology in Practice*, 23(2): 109-127.
- Glejba M., (2000). Modele nauczania integracyjnego na świecie i w Polsce. „Grupa i Zabawa”, nr 3.
- Głodkowska J., (2014). *Podmiotowość a doświadczanie zależności przez osoby z niepełnosprawnościami – normalizacja jako narzędzie ideowe rehabilitacji podmiotowej*. *Człowiek – Niepełnosprawność – Społeczeństwo*, 3(25): 87-106. DOI: 10.5604/17345537.1133277.
- Głodkowska J., (2018). Aksjologiczne filary współczesnej pedagogiki specjalnej. Nie pytamy tylko o to, dokąd idziemy – pytamy, jak wartościom nadać kształt rzeczywisty? [w:] pod redakcją J. Głodkowskiej, K. Sipowicza, I. Patejuk-Mazurek, *Tradycja i współczesność pedagogiki specjalnej w tworzeniu społeczeństwa dla wszystkich*. W 95-lecie Akademii Pedagogiki Specjalnej im. Marii Grzegorzewskiej. APS, Warszawa.
- Goldstein H., (2002). Communication intervention for children with autism: A review of treatment efficacy. *Journal of Autism and Developmental Disorders*, 32(5): 373-396. <https://doi.org/10.1023/a:1020589821992>.
- Goldstein H., English K., Shafer K., Kaczmarek L., (1997). Interaction among preschoolers with and without disabilities: Effects of across-the-day peer intervention. *Journal of Speech, Language, and Hearing Research*, 40(1): 33-48.
- Goldstein H., Thiemann-Bourque K., (2012). Come play with me. *The ASHA Leader*, 17(1): 10-13.
- Gołaska P., (2016). Autyzm relacyjnie, czyli praca na i nad kontaktem z dziećmi z zaburzeniami ze spektrum autyzmu [w:] *Interdyscyplinarne Konteksty Pedagogiki Specjalnej* nr. 15: 65-78.
- Gordon K., Pasco G., McElduff F., Wade A., Howlin P., Charman T., (2011). A communication-based intervention for nonverbal children with autism: What changes? Who benefits? *Journal of Consulting and Clinical Psychology*, 79(4): 447-457. <https://doi.org/10.1037/a0024379>
- Grabias S., (1997). Mowa i jej zaburzenia. *Audiofonologia*, Tom X: 9-36.
- Grodzka-Gużkowska M., (2010). Dziecko autystyczne: dziennik terapeuty. PWN, Warszawa.

- Grzegorzczuk-Dłuciak N., (30.08.2021). Cieniem być... Analiza procesu terapeutycznego, 9 grudnia 2020, NR 16 (Grudzień 2020). <https://terapiaspecjalna.pl/artykul/cieniem-byc>
- Grzebiak L. red. n., (2005), *Psychoterapia. Teoria*. Eneteia, Warszawa.
- Grzebiak L., Jakubowska U., (2005). *Wprowadzenie. Klasyfikacja nurtów psychoterapii*, [w:] L. Grzebiak red. n., *Psychoterapia. Teoria*. Eneteia, Warszawa.
- Gulsrud A. C., Helleman G. S., Freeman S. F., Kasari C., (2014). Two to ten years: Developmental trajectories of joint attention in children with ASD who received targeted social communication interventions. *Autism Research*, 7(2): 207-215. <https://doi.org/10.1002/aur.1360>.
- Hampton L., Kaiser A. P., (2016). Intervention effects on spoken-language outcomes for children with autism: A systematic review and meta-analysis. *Journal of Intellectual Disability Research*, 60(5): 444-463. <https://doi.org/10.1111/jir.12283>.
- Hancock T. B., Kaiser A. P., (2012). Implementing enhanced milieu teaching with children who have autism spectrum disorders. In P. A. Prelock & R. J. McCauley (Eds.), *Treatment of autism spectrum disorders: Evidence-based intervention strategies for communication and social interactions*. Baltimore, MD: Paul H. Brookes.
- Head G., Pirrie A., (2007). *The place of special schools in a policy climate of inclusion*. *Journal of Research in Special Educational Needs*, 7(2): 90-96.
- Hemsley B., (2016). Evidence does not support the use of Rapid Prompting Method (RPM) as an intervention for students with autism spectrum disorder and further primary research is not justified. *Evidence-Based Communication and Intervention*, 10(3-4): 122-130.
- Hochman J. M., Carter E. W., Bottema-Beutel K., Harvey M. N., Gustafson J. R., (2015). Efficacy of peer networks to increase social connections among high school students with and without autism spectrum disorder. *Exceptional Children*, 82(1): 96-116. <https://doi.org/10.1177/0014402915585482>.
- Hoffman E. J., (2009). Objawy kliniczne i rozpoznawanie autyzmu i innych całościowych zaburzeń rozwojowych. *Psychiatria po Dyplomie*, 6(3): 45-55. <https://autyzmsoft.pl/> 02.02.2021.
- <https://www.pecs-poland.com/pecs.php>, 26.01.2021.
- <https://www.pomocautyzm.org/tus-narzedzie-wideo>, 02.02.2021.
- Hulek A., (1988). *Integracyjny system kształcenia i wychowania*, [w:] red. A. Hulek, *Pedagogika rewalidacyjna*, Warszawa.
- Hulek A., (1987). *Człowiek niepełnosprawny a system integracyjny (współczesne tendencje)*, [w:] red. n. A. Hulek, *Integracja społeczna ludzi niepełnosprawnych – zadania pedagoga* (s. 9-27). Ossolineum, Wrocław.
- Iacono T., Trembath D., Erickson S., (2016). The role of augmentative and alternative communication for children with autism: Current status and future trends. *Neuropsychiatric Disease and Treatment*, 12: 2349-2361. <https://doi.org/10.2147/ndt.s95967>.
- Ingersoll B. R., & Dvortcsak A., (2010a). *Teaching social communication to children with autism: A manual for parents*. New York, NY: The Guilford Press.
- Ingersoll B. R., & Dvortcsak A., (2010b). *Teaching social communication to children with autism: A practitioner's guide to parent training*. New York, NY: The Guilford Press.
- Joint Attention Symbolic Play Engagement and Regulation – JASPER <http://www.kasariilab.org/treatments>.

- Jordan R., (2019). Educational structures: an international perspective [in:] by R. Jordan, J. M. Roberts, K. Hume. The SAGE Handbook of Autism and Education First Edition SAGE Publications Ltd.
- Kaczmarek B. B., (2013). System porozumiewania się Makaton w edukacji i terapii. Kraków, Impuls.
- Kaczmarek B. B. red. n., (2014). Makaton w rozwoju osób ze złożonymi potrzebami komunikacyjnymi. Impuls, Kraków.
- Kaja B., (2010), *Psychologia wspomaganie rozwoju*. Gdańskie Wydawnictwo Psychologiczne, Sopot.
- Kane J., Head G., Cogan N., (2004). 'Towards inclusion? Models of behaviour support in secondary schools in one education authority in Scotland' *British Journal of Special Education*, 31(2): 68-74.
- Kanner L., (1943). Autistic disturbances of affective contact. *The Nervous Child*. 2(4): 217-50.
- Kasari C., Freeman S., Paparella T., (2006). Joint attention and symbolic play in young children with autism: A randomized controlled intervention study. *Journal of Child Psychology and Psychiatry*, 47(6): 611-620. <https://doi.org/10.1111/j.1469-7610.2005.01567.x>.
- Kasari C., Kaiser A. P., Goods K., Nietfeld J., Mathy P., Landa R., Almirall D., (2014). Communication interventions for minimally verbal children with autism: A sequential multiple assignment randomized trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, 53(6): 635-646. <https://doi.org/10.1016/j.jaac.2014.01.019>.
- Kasari C., Freeman S., Paparella T., Wong C., Kwon S., & Gulsrud A. C., (2005). Early intervention on core deficits in autism. *Clinical Neuropsychiatry*, 2(6): 380-388.
- Kendall L., O'Donnell L., Golden S., Ridley K., Machin S., Rutt S., (2005). Excellence in Cities: The national evaluation of a policy to raise standards in urban schools 2000–2003. Research Report 675B. London: Department for Education and Skills.
- Kępiński A., (1973). *Problemy dobrej diagnozy*, PWN, Warszawa.
- Kijak R., (2016). *Dorośli z głębszą niepełnosprawnością intelektualną jako partnerzy, małżonkowie i rodzice*. Kraków, UP.
- Kim jesteście (16.11.21). <https://www.spoa.org.pl/about-us/>.
- Koegel L. K., Ashbaugh K., Koegel R. L., (2016). Pivotal response treatment. In R. Lang, T. B. Hancock, & N. N. Singh (Eds.), *Early intervention for young children with autism spectrum disorder*. Basel, Switzerland: Springer.
- Koegel R. L., Koegel L. K., (2006). *Pivotal response treatments for autism: Communication, social, and academic development*. Baltimore, MD: Paul H. Brookes.
- Koegel R. L., Koegel L. K., (2012). *The PRT pocket guide: Pivotal response treatment for autism spectrum disorders*. Baltimore, MD: Paul H. Brookes.
- Kozinets R. V., (2012), *Netnografia Badania etnograficzne online*. Wydawnictwo Naukowe PWN, Warszawa.
- Krause A., (2010), *Współczesne paradygmaty pedagogiki specjalnej*, Oficyna Wydawnicza Impuls, Kraków.
- Kryteria diagnostyczne według DSM-IV-TR* (2008). Redakcja wydania polskiego Jacek Wciórka. Elsevier Urban & Partner Wydawnictwo, Wrocław.
- Kwok E. Y. L., Brown H. M., Smyth R. E., Oram Cardy J., (2015). Meta-analysis of receptive and expressive language skills in autism spectrum disorder. *Research in Autism Spectrum Disorders*, 9: 202-222. <https://doi.org/10.1016/j.rasd.2014.10.008>.

- Ledford J. R., Osborne K., Chazin K. T., (2016). Stay, play, talk procedures. In Evidence-based instructional practices for young children with autism and other disabilities. Retrieved June 19, 2017, from <http://vkc.mc.vanderbilt.edu/ebip/stay-play-talk-procedures>.
- Leppert R., (2002). *Pedagogiczne peregrynacje: studia i szkice o pedagogice ogólnej i kształceniu pedagogów*. AB, Bydgoszcz.
- Leśniewska K., Puchała E., (2011). Organizacja procesu wspierania uczniów ze specjalnymi potrzebami edukacyjnymi. Ośrodek Rozwoju Edukacji, Warszawa.
- Logan K., Iacono T., Trembath D., (2017). A systematic review of research into aided AAC to increase social-communication functions in children with autism spectrum disorder. *Augmentative and Alternative Communication*, 33(1): 51-64. <https://doi.org/10.1080/07434618.2016.1267795>.
- Lorah E. R., Parnell A., Whitby P. S., Hantula D., (2015). A systematic review of tablet computers and portable media players as speech generating devices for individuals with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 45(12): 3792-3804. <https://doi.org/10.1007/s10803-014-2314-4>.
- Lotter V., (1966). Epidemiology of autistic conditions in young children. *Social psychiatry*. 1:124-135.
- Lövaas O. I., (1993). *Nauczanie dzieci niepełnosprawnych umysłowo: mój elementarz /; tł. Ola Kubińska, Marta Bogdanowicz, Małgorzata Ciszewicz*. WSiP, Warszawa.
- Łukasiewicz R., (2020). *Wrocławska Szkoła Przyszłości PLUS, czyli lepsze jest możliwe. Działania praktyczne, wizje i projekcje nowego-innego-twórczego*. Fundacja Wolne Inicjatywy Edukacyjne, Wrocław.
- Łysiek J., (2002). Kształcenie integracyjne w Polsce i w krajach Unii Europejskiej. *Nauczyciel i Szkoła*. Nr 1-2 (14-15): 9-15.
- Mandell D. S., Novak M. M., Zubritsky C. D., (2005). Factors associated with age of diagnosis among children with autism spectrum disorders. *Pediatrics*, 116(6): 1480-1486. <https://doi.org/10.1542/peds.2005-0185>.
- Manwaring S. S., Barber A. B., (2019). Speech-Language Pathology. In R. D. Rieske (Eds.), *Handbook of Interdisciplinary Treatments for Autism Spectrum Disorder, Autism and Child Psychopathology Series*, https://doi.org/10.1007/978-3-030-13027-5_13.
- Manwaring S. S., Stevens A. L., (2017). Does teaching joint attention improve language in children with autism spectrum disorder. *Perspectives of the ASHA Special Interest Groups*, 2(1): 11-26.
- Mason R. A., Rispoli M., Ganz J. B., Boles M. B., Orr K., (2012). Effects of video modeling on communicative social skills of college students with Asperger. *Developmental Neurorehabilitation syndrome*. 15(6): 425-34. doi: 10.3109/17518423.2012.704530.
- Mason R. A., Ganz J. B., Parker R., Burke M. D., Camargo S. P., (2012a). Moderating factors of videomodeling with other as model: A meta-analysis of single-case studies. *Research in Developmental Disabilities*, 33(4): 1076-1086. <https://doi.org/10.1016/j.ridd.2012.01.016>.
- Mason R. A., Rispoli M., Ganz J. B., Boles M. B., Orr K., (2012b). Effects of video modeling on communicative social skills of college students with Asperger syndrome. *Developmental Neurorehabilitation*, 15(6): 425-434. <https://doi.org/10.3109/17518423.2012.704530>.
- McCoy K., Hermansen E., (2007). *Video Modeling for Individuals with Autism: A Review of Model Types and Effects*. *Education and Treatment of Children* 30(4): 183-213. DOI: 10.1353/etc.2007.0029.

- Meijer P. C., (2010). The teacher education knowledge base: Experienced teachers' craft knowledge. In E. Baker, P. Peterson, & B. McGaw (Eds.), *International Encyclopedia of Education*, 3rd Edition (vol. 7: 642-649). Oxford: Elsevier.
- Międzynarodowa Statystyczna Klasyfikacja Chorób i Problemów Zdrowotnych – X Rewizja, Tom I, (2012). Tytuł oryginału: *International Statistical Classification of Diseases and Related Health Problems, ICD-10*, Centrum Systemów Informacyjnych Ochrony Zdrowia, Warszawa.
- Mikołajewska E., Mikołajewski D., (2011). *Neurorehabilitacja XXI wieku. Techniki teleinformatyczne*, Impuls, Kraków.
- Miś L., (2019). Wideotrening Komunikacji ćwierć wieku później. Rozwój Video Home Training/ Video Interaction Guidance w pracy socjalnej, psychologii, pedagogice i medycynie. *Zeszyty Pracy Socjalnej*. 24(4): 283-296. DOI 10.4467/24496138ZPS.19.024.12008.
- Mitchell S., Brian J., Zwaigenbaum L., Roberts W., Szatmari P., Smith I., Bryson S., (2006). Early language and communication development of infants later diagnosed with autism spectrum disorder. *Journal of Developmental and Behavioral Pediatrics*, 27: 69-78.
- Mittler P., (2000). *Working towards Inclusive Education. Social Contexts*. London: David Fulton.
- Murray S., Nolan B., (2013). *Video modeling form young children with autism spectrum disorders. A practice guide for parents and professionals*. Jessica Kingsley Publication. London.
- National Research Council. (2001). *Educating children with autism*. In Committee on Educational Interventions for Children with Autism, C. Lord, & J. P. McGee (Eds.), Division of behavioral and social sciences and education. Washington, DC: National Academy Press.
- Norwich B., (2008). What future for special schools and inclusions? Conceptual and professional perspectives. *British Journal of Special Education*, 35(3): 136-143.
- Nowak S., (1988). Nauczanie dziecka autystycznego w warunkach domowych (studium przypadku). *Dziecko Autystyczne*, III(1-4): 22-27.
- O Fundacji (16.11.21). Fundacja Wspólnota Nadziei powstała w 1998.
- O'Neil M., O'Neil G., (2016). *Making freedom real: exploring the use of makaton by adults. A Discussion*. Paper from the Centre for Welfare Reform. (<https://www.centreforwelfarereform.org/uploads/attachment/486/making-freedom-real.pdf>).
- Obuchowska I., (1997). Diagnoza psychologiczna w poradniach psychologiczno-pedagogicznych. *Problemy Poradnictwa Psychologiczno-Pedagogicznego*. 2: 52-54.
- Odom S. L., Collet-Klingenberg L., Rogers S. J., Hatton D. D., (2010). Evidence-based practices in interventions for children and youth with autism spectrum disorders. *Preventing School Failure: Alternative Education for Children and Youth*, 54(4): 275-282. <https://doi.org/10.1080/10459881003785506>.
- Okoń W., (1997). *Dziesięć szkół alternatywnych*. Wydawnictwa Szkolne i Pedagogiczne, Warszawa.
- Okoń W., (2001). *Słownik Pedagogiczny*, Warszawa, wyd. Akademickie Żak, s. 445.
- Olechnowicz H., (2006). *Dziecko własnym terapeutą: jak wspomagać strategie autoterapeutyczne dzieci z dysfunkcjami więzi osobistych*. Wydawnictwo Naukowe PWN, Warszawa.
- Organisation of provision to support inclusive education. Literature Review* (2013), European Agency for Development in Special Needs Education, Brussels, Belgium.
- Orłowska M., Bleszyński J. J. (2014). Jakość życia dzieci autystycznych. *Pedagogika Rodziny* 4/3: 133-147.
- Osburn J., (2006). An overview of Social Role Valorization theory. *The SRV Journal*, 1(1): 4-13.

- Ossowski R., (2020). Psychologia rehabilitacyjna, UKSW, Bydgoszcz.
- Ozcaliskan S., Dimitrova N., (2013). How gesture input provides a helping hand to language development. *Seminars in Speech and Language*, 34(4): 227-236. <https://doi.org/10.1055/s-0033-1353447>.
- Pańczyk J., (2006). *Pedagogika specjalna w Polsce u progu XXI wieku*, [w:] red. n. W. Dykcik, Pedagogika specjalna. UAM, Poznań.
- Papuda-Dolińska B., (2019). *Edukacja włączająca – scenariusze zysków i strat w perspektywie teorii waloryzacji roli społeczne*. Niepełnosprawność – zagadnienia, problemy, rozwiązania. IV/2019, 33: 95-111.
- Patyk K., Panasiuk M. red. n. (2017). *Wsparcie młodzieży i dorosłych z zaburzeniami ze spektrum autyzmu*, GWP, Sopot.
- Paul R., (2008). Interventions to improve communication in autism. *Child and Adolescent Psychiatric Clinics of North America*, 17(4): 835-856. <https://doi.org/10.1016/j.chc.2008.06.011>.
- Paul R., Campbell D., Gilbert K., Tsiouri I., (2013). Comparing spoken language treatments for minimally verbal preschoolers with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, 43(2): 418-431. <https://doi.org/10.1007/s10803-012-1583-z>.
- Paul R., Campbell D., Gilbert K., Tsiouri I., (2013). Comparing spoken language treatments for minimally verbal preschoolers with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, 43(2): 418-431. <https://doi.org/10.1007/s10803-012-1583-z>.
- PECS Poland (<https://www.pecs-poland.com/> 26.01.2021).
- Perzanowska A., (2017). *Farma Życia szansą na godne życie dorosłych osób z autystycznym spektrum zaburzeń*, [w:] red. n. K. Patyk, M. Panasiuk, *Wsparcie młodzieży i dorosłych z zaburzeniami ze spektrum autyzmu*, GWP, Sopot.
- Phillips W., Baron-Cohen S., Rutter M., (1998). Understanding intention in normal development and in autism. *British Journal of Developmental Psychology*, 16(3): 337-348. <https://doi.org/10.1111/j.2044-835X.1998.tb00756.x>.
- Piętka M., (2005). Wypalenie zawodowe u terapeutów zajęciowych pracujących z osobami z autyzmem. *Człowiek, Niepełnosprawność, Społeczeństwo*, 1: 139-151.
- Pivotal Response Treatment* <http://www.autismprthelp.com>.
- Plichta P., (2017). *Socjalizacja i wychowanie dzieci i młodzieży z niepełnosprawnością intelektualną w erze cyfrowej*. Toruń; A. Marszałek.
- Podgórska-Jachnik D., (2021). *Autyzm w świetle prawa oświatowego*, [w:] red. n. T. Pietras, D. Podgórska-Jachnik, K. Sipowicz, A. Witusik. *Spektrum autyzmu – od diagnozy i terapii do integracji i inkluzji*. Wydawnictwo Continuo, Wrocław, s. 396-432.
- Podgórska-Jachnik D., (2021). *Neuroróżnorodność a bariery w porozumiewaniu się – budowanie kultury komunikacyjnej w edukacji włączającej*. *Niepełnosprawność i Rehabilitacja*. 4.
- Poussin C., (2018). *Metoda Montessori do 3 roku życia*, RM, Warszawa.
- Prizant B. M., Wetherby A. M., Rubin E., Laurent A. C., & Rydell P. J., (2006). *The SCERTS model: A comprehensive educational approach for children with autism spectrum disorders*. Baltimore, MD: Paul H. Brookes.
- Program Szkoły Podstawowej Specjalnej dla Dzieci Autystycznych Kl. I-III (1987). *Dziecko Autystyczne*, 1(II):4-50.
- Prokopiak A., (2020). *Autonomia osób ze spektrum autyzmu. Predyktory psychospołeczne*. UMCS, Lublin.

- Prokopiak A., (2021). Autism in Extreme Models of Understanding Disability. *Constructivist Foundations (CF)*17(1): 58-60.
- Pulak I., Szewczuk K., (2017). *Możliwości budowania spersonalizowanej przestrzeni edukacyjnej dla wspierania rozwoju dzieci w wieku wczesnoszkolnym*. *Studia Paedagogica Ignatiana*. 20/3: 85-99.
- Radanowicz E., (2020). *W szkole wcale nie chodzi o szkołę*. Sensor, Głogów.
- Rafał-Łuniewska J., (publikacja niedatowana). *Na czym polega wspomaganie dziecka z autyzmem przez nauczyciela-cienia?* ORE, Warszawa.
- Reber A., (2002). Dewaluacja, [w:] *Słownik psychologii, pod redakcją naukową prof. dr hab. Idy Kurcz i prof. dr hab. Krystyny Skarżyńskiej*. Wyd. I. Warszawa: Wydawnictwo Scholar Sp. z o.o.
- Regionalny Program Zdrowotny Samorządu Województwa Mazowieckiego Warszawa 2016 r. <https://www.funduszedlamazowska.eu/wp-content/uploads/2017/12/zalacznik-nr-11-regionalny-program-zdrowotny-1.pdf> 02.02.2021).
- Reichenberg A., Gross R., Weiser M., Bresnahan M., Silverman J., Harlap S., Rabinowitz J., Shulman C., Malaspina D., Lubin G., Knobler H.Y., Davidson M., Susser E., (2006). Advancing paternal age and autism. „Archives of General Psychiatry”, 63: 1026-1032.
- Reichow B., Volkmar F. R., (2010). Social skills interventions for individuals with autism: Evaluation for evidence-based practices within a best evidence synthesis framework. *Journal of Autism and S. S. Manwaring and A. B. Barber* 255 *Developmental Disorders*, 40(2): 149-166. <https://doi.org/10.1007/s10803-009-0842-0>.
- Richards J., (2012). Teacher Stress and Coping Strategies: A National Snapshot. *The Educational Forum*. 76(3): 299-316. <https://doi.org/10.1080/00131725.2012.682837>.
- Rogers S. J., Dawson G., (2009). *Early start denver model for young children with autism: Promoting language, learning, and engagement*. New York, NY: The Guilford Press.
- Rogers S. J., Dawson G., Vismara L. A., (2012). *An early start for your child with autism: Using everyday activities to help kids connect, communicate, and learn*. New York, NY: The Guildford Press.
- Romski M., Sevcik R. A., Barton-Hulsey A., Whitmore A. S., (2015). Early intervention and AAC: What a difference 30 years makes. *Augmentative and Alternative Communication*, 31(3): 181-202. <https://doi.org/10.3109/07434618.2015.1064163>.
- Rubacha K., (2004). *Paradygmaty nauk społecznych, a budowanie teorii pedagogicznych*, [w:] red. n. Z. Kwieciński, B. Śliwerski. *Pedagogika*, PWN, Warszawa.
- Ryan J. B., Hughes E. M., Katsiyannis A., McDaniel M., Sprinkle C., (2011). Research-based educational practices for students with autism spectrum disorders. *Teaching Exceptional Children*, 43(3): 56-64.
- Sacks O., (2021). *Wszystko na swoim miejscu. Pierwsze miłości i ostatnie opowieści*. Tłum. Jerzy Łoziński. ZYSK i S-Ka, Poznań.
- Sasson N. J., Pinkham A. E., Ziermans T. B. (2021). Neurobiology and Cognition Across the Autism-Psychosis Spectrum. *Frontiers in Psychiatry*, 10 February 2021. <https://doi.org/10.3389/fpsy.2021.654246>.
- SCERTS. https://scerts.com/wp-content/uploads/SCERTS_2pg_3_16.pdf (05.02.2012).

- Schlosser R. W., Balandin S., Hemsley B., Iacono T., Probst P., von Tetzchner S., (2014). Facilitated communication and authorship: A systematic review. *Augmentative and Alternative Communication*, 20(4): 359-368.
- Schopler E., Lansing M., Waters L., Davis J. H., (1994). Ćwiczenia edukacyjne dla dzieci autystycznych / oprac. przez specjalistów i rodziców związanych z programem TEACCH, [tł. Sławomir Mil]. WSiP i SPOA, Gdańskie.
- Schopler E., (1995). Techniki nauczania : dla rodziców i profesjonalistów / Eric Schopler, Robert Jay Reichler, Margaret Lansing; [tł. Marta Bogdanowicz et al.]. SPOA, Gdańsk.
- Schreibman L., Dawson G., Stahmer A. C., Landa R., Rogers S. J., McGee, G. G., Halladay A., (2015). Naturalistic developmental behavioral interventions: Empirically validated treatments for autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 45(8): 2411-2428. <https://doi.org/10.1007/s10803-015-2407-8>.
- Schreibman L., Stahmer A. C., (2014). A randomized trial comparison of the effects of verbal and pictorial naturalistic communication strategies on spoken language for young children with autism. *Journal of Autism and Developmental Disorders*, 44(5): 1244-1251. <https://doi.org/10.1007/s10803-013-1972-y>.
- Sekułowicz M., (2009). Zrozumieć genialnych autystów – od Mozarta do Wahola. [w:] red. n. B. Winczura, Autyzm. Na granicy zrozumienia. Impuls. Kraków.
- Sheehy K., Duffy H. E., (2009). *Attitudes to Makaton in the ages on integration and inclusion*. *International Journal of Special Education* 24(2): 91-201. file:///C:/Users/jacek/Downloads/SheehyDuffy_Makaton_112009_No_2.pdf.
- Sherer M. R., Schreibman L., (2005). Individual behavioral profiles and predictors of treatment effectiveness for children with autism. *Journal of Consulting and Clinical Psychology*, 73(3): 525-538. <https://doi.org/10.1037/0022-006x.73.3.525>.
- Shire S. Y, Shih W., Bracaglia S., Kodjoe M., Kasari C., (2020). Peer engagement in toddlers with autism: Community implementation of dyadic and individual Joint Attention, Symbolic Play, Engagement, and Regulation intervention. *Autism*, 24(8): 2142-2152. <https://doi.org/10.1177/136236132093568>.
- Shire S. Y., Chang Y. C., Shih W., Bracaglia S., Kodjoe M., Kasari C., (2017). Hybrid implementation model of community-partnered early intervention for toddlers with autism: A randomized trial. *Journal of Child Psychology and Psychiatry*, 58(5): 612-622. <https://doi.org/10.1111/jcpp.12672>.
- Shriberg L. D., Paul R., Black L. M., van Santen J. P., (2011). The hypothesis of apraxia of speech in children with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 41(4): 405-426. <https://doi.org/10.1007/s10803-010-1117>.
- Sigafoos J., O'Reilly M., de la Cruz B., (2007). How to use video modeling and video prompting. Austin, Texas: PRO-ED Inc.
- Silberman S., (2017). Neuroplemiona dziedzictwo autyzmu i przyszłość neuro różnorodności. Vivante, Białystok.
- Silberman S., (2021). Autyzm. Historia geniuszu natury i różnorodności neurologicznej. Tłum. Bartłomiej Kotarski. Wydawnictwo Kobiece, Białystok.
- Simpson R. L., Ganz J. B. (2012). Picture exchange communication system (PECS). In P. A. Prelock & R. J. McCauley (Eds.), *Treatment of autism spectrum disorders: Evidence-based intervention strategies for communication and social interactions*. Baltimore, MD: Paul H. Brookes.

- Sokołowska A., (2017). *Video modeling jako innowacyjna technika pracy terapeutycznoedukacyjnej z dziećmi z zaburzeniami ze spektrum autyzmu*. Prace Naukowe Wyższej Szkoły Zarządzania i Przedsiębiorczości z siedzibą w Wałbrzychu. 44(5): 115-138.
- Sparapani N., Reinhardt V. P., Hooker J. L., Morgan L., Schatschneider C., (2021). Evaluating Teacher Language Within General and Special Education Classrooms Serving Elementary Students with Autism. *Journal of Autism and Developmental Disorders*, doi.org/10.1007/s10803-021-05115-4.
- Spoleczna Specjalna Szkoła Podstawowa „Dać szansę” STO (26.11.2021). <http://www.sto.org.pl/szkola/122/spoleczna-specjalna-szkola-podstawowa-dac-szansę-sto>.
- Sprawozdanie z działalności (16.11.21). <https://nowa.synapsis.org.pl/wp-content/uploads/2019/08/sprawozdanie-merytoryczne-2008.pdf>.
- Stahmer A. C., (2007). The basic structure of community early intervention programs for children with autism: Provider descriptions. *Journal of Autism and Developmental Disorders*, 37(7): 1344-1354. <https://doi.org/10.1007/s10803-006-0284-x>.
- Statut Krajowego Towarzystwa Autyzmu (16.11.21). http://www.autyzm-kielce.pl/download/statut_ka.pdf.
- Stewart M. E., Barnard L., Pearson J., Hasan R., O'Brien G., (2006). Presentation of depression in autism and Asperger syndrome: a review. *Autism*. 10(1): 103-16. doi: 10.1177/1362361306062013.
- Strang J. F, Kenworthy L., Daniolos P., Case L., Wills M. C., Martin A., Wallace G. L., (2012). Depression and Anxiety Symptoms in Children and Adolescents with Autism Spectrum Disorders without Intellectual Disability. *Res Autism Spectr Disord*. 6(1): 406-412. doi: 10.1016/j.rasd.2011.06.015.
- Szczupał B., Giryński A., Szumski G. red. n. (2015). *W poszukiwaniu indywidualnych dróg wspierających wszechstronny rozwój osób z niepełnosprawnością*. Wydawnictwo Akademii Pedagogiki Specjalnej, Warszawa.
- Szułczyński A. J., (2021). Wartość godności człowieka jako czynnik integrujący podmioty edukacji, [w:] red. n. A. Karpińska, K. Borawska-Kalbarczyk, A. Szwarc, *Edukacja w przestrzeni społecznej – paradygmaty zmiany*. Uniwersytet w Białymstoku, Białystok, s. 289-301.
- Śliwerska W., Śliwreski B., (2008). *Edukacja w wolności*, Impuls, Kraków.
- Śliwerski A., (2016). Trzy generacje terapii poznawczo-behawioralnych– rozwój i założenia teoretyczne. *Acta Universitatis Lodzianensis Psychologica*. 20:5-30.
- Śliwerski B., (2004). *Pedagogika waldorfska*, [w:] red. nauk. Z. Kwieciński, B. Śliwerski. *Pedagogika: podręcznik akademicki*. 1 Wydawnictwo Naukowe PWN, Warszawa.
- Śliwerski B., (2007). *Edukacja pod prąd*, PWN, Warszawa.
- Śliwerski B., (2008a). *Wyspy oporu edukacyjnego*, Impuls, Kraków.
- Śliwerski B., (2008b). *Edukacja autorska*, Impuls, Kraków.
- Śliwerski B., (2008c). *Klinika szkolnej demokracji*. Impuls, Kraków.
- Śliwerski B., (2010). *Teoretyczne i empiryczne podstawy samowychowania*. Impuls, Kraków.
- Śliwerski B., (2013). *Diagnoza uspołecznienia publicznego szkolnictwa III RP w gorsecie centralizmu*. Impuls, Kraków.
- Śliwerski B., (2017). *Meblowanie szkolnej demokracji*. Wolters Kluwer, Bydgoszcz.
- Śliwerski B., Razmus A., (2018). *Alternatywy w edukacji*. Impuls, Kraków.

- Tager-Flusberg H., Kasari C., (2013). Minimally verbal school-aged children with autism spectrum disorder: The neglected end of the spectrum. *Autism Research*, 6(6): 468-478. <https://doi.org/10.1002/aur.1329>.
- Talbott M. R., Estes A., Zierhut C., Dawson G., Rogers S., (2016). Early start Denver model. In R. Lang, T. B. Hancock, & N. N. Singh (Eds.), *Early intervention for young children with autism spectrum disorder*. Basel, Switzerland: Springer.
- Tchorzewski A. M. de, (2014). *Sukces i porażka w wychowaniu*. Edukacja Elementarna w Teorii i Praktyce 34(4): 9-25.
- The Right of Children with Disabilities to Education: A Rights-Based Approach to Inclusive Education in the CEECIS Region*, (2011). UNICEF Regional Office for CEECIS Education Section Palais de Nations, Geneva.
- Therapies for children with autism spectrum disorder a review of the research for parents and caregivers*, (2014). Agency for Healthcare Research and Quality (AHRQ), https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/autism-update_consumer.pdf.
- Thomas G., Vaughan M., (2004). *Inclusive education: readings and reflections*. Maidenhead: Open University Press.
- Thomson P., (2010). *Whole school change: a literature review*. (2nd edition). Newcastle: Creativity, Culture and Education.
- Tomal M. red. n., (2000). Jak modlą się ŻYDZI. Antologia modlitw. Wyboru dokonał, wstępami i przypisami opatrzył Maciej Tomala. WERBINUM Ważniactwo Księży Werbistów, Warszawa.
- Travers J. C., Tincani M. J., Lang R., (2015). Facilitated Communication Denies People With Disabilities Their Voice. *Research and Practice for Persons with Severe Disabilities (RPSD)*. 39(3): 95-202. <https://doi.org/10.1177/1540796914556778>.
- UC Davis MIND Institute. (2017). ESDM training program. Retrieved June 14, 2017, from <http://www.ucdmc.ucdavis.edu/mindinstitute/research/esdm/>.
- van Steensel F.J., Bögels S.M., Perrin S., (2011). Anxiety disorders in children and adolescents with autistic spectrum disorders: a meta-analysis. *Clin Child Fam Psychol Rev*. 14(3): 302-17. doi: 10.1007/s10567-011-0097-0.
- Vanroy K., Vermeulen P., (2019) Setting and evaluating goals in education. [in:] R. Jordan, J. M. Roberts, K. Hume, *The SAGE Handbook of Autism and Education*, SAGE referece, Los Aggele, London, New Dheli, Washington DG, Malbourne.
- von Tetzchner S., (1997). Historical issues in intervention research: hidden knowledge and facilitating techniques in Denmark. *European Journal of Disorders of Communication*. 32(1): 1-18. doi:10.3109/13682829709021453. PMID 9135710.
- Walczak G., (1998). Rozważania o integracji, „Szkoła Specjalna”, 1: 10-16.
- Ware J., Balfe T., Butler C., Day T., Dupont M., Harten C., Farrell A. M., McDauid R., O’Riordan M., Prunty A., Travers J., (2009). *Research Report on the Role of Special Schools and Classes in Ireland*. NCSE Research Report no. 4. Trim, Co. Meath: National.
- Ware J., Butler C., Robertson C., O’Donnell M., Gould M., (2011). *Access to the curriculum for pupils with a variety of special educational needs in mainstream classes. An exploration of the experiences of young pupils in primary school*. National Council for Special Education Research Report no. 8. Trim, Co. Meath: National Council for Special Education.

- Watkins L., O'Reilly M., Kuhn M., Gevarter C., Lancioni G. E., Sigafoos J., Lang R., (2015). A review of peermediated social interaction interventions for students with autism in inclusive settings. *Journal of Autism and Developmental Disorders*, 45(4): 1070-1083. <https://doi.org/10.1007/s10803-014-2264-x>.
- Watson L. R., Crais E. R., Baranek G. T., Dykstra J. R., Wilson K. P., (2013). Communicative gesture use in infants with and without autism: A retrospective home video study. *American Journal of SpeechLanguage Pathology*, 22(1): 25-39. [https://doi.org/10.1044/1058-0360\(2012/11-0145](https://doi.org/10.1044/1058-0360(2012/11-0145).
- Wetherby A. M., Guthrie W., Woods J. J., Schatschneider C., Holland R. D., Morgan L., Lord C., (2014). Parent-implemented social intervention for toddlers with autism: An RCT. *Pediatrics*, 134(6): 1084–1093. <https://doi.org/10.1542/peds.2014-0757>.
- Wetherby A. M., Woods J. J., (2006). Early social interaction project for children with autism spectrum disorders beginning in the second year of life: A preliminary study. *Topics in Early Childhood Special Education*, 26(2): 67-82. <https://doi.org/10.1177/02711214060260020201>.
- Winczura B. red. n., (2009). *Autyzm. Na granicy zrozumienia*. Impuls. Kraków.
- Winter E., O'Raw P., (2010). *Literature Review of the Principles and Practices relating to Inclusive Education for Children with Special Educational Needs*. Trim, Co. Meath: National Council for Special Education.
- Wolfensberg W., (2006). *The RVS training package*, niepublikowany manuskrypt 1995 roku, cytat za I. Osburn *An overview of social role valorization theory*, *The RSV Journal*, 2006, 11: 4-13.
- Wong C., Odom S. L., Hume K. A., Cox A. W., Fetting A., Kucharczyk S., Schultz T. R., (2014). *Evidence-based practices for children, youth, and young adults with autism spectrum disorder*. Chapel Hill, NC: The University of North Carolina/Frank Porter Graham Child Development Institute/Autism Evidence-Based Practice Review Group. Retrieved from <http://autismpdc.fpg.unc.edu/sites/autismpdc.fpg.unc.edu/files/2014-EBP-Report.pdf>.
- Woods J. J., Wetherby A. M., Kashinath S., Holland R. D., (2012). Early social interaction project. In P. A. Prelock, R. J. McCauley (Eds.), *Treatment of autism spectrum disorders: Evidence-based intervention strategies for communication and social interactions*. Baltimore, MD: Paul H. Brookes.
- Woynarowska A., (2011). Pytania o sens – pedagoga specjalnego refleksji kilka Niepełnosprawność, 5: 116-126.
- Wroniszewska M., Szostak B., (1997). Potrzeby edukacyjne dzieci autystycznych – autorski program I Społecznej Szkoły Specjalnej w Warszawie, *Dziecko Autystyczne*. V(1): 18-22.
- Yoder P. J., Stone W. L., (2006). A randomized comparison of the effect of two prelinguistic communication interventions on the acquisition of spoken communication in preschoolers with ASD. *Journal of Speech, Language, and Hearing Research*. 49(4): 698-711. [https://doi.org/10.1044/1092-4388\(2006/051\)](https://doi.org/10.1044/1092-4388(2006/051)).
- ZALECENIA RADA ZALECENIE RADY z dnia 22 maja 2018 r. w sprawie promowania wspólnych wartości, edukacji włączającej i europejskiego wymiaru nauczania (2018/C 195/01) *Dziennik Urzędowy Unii Europejskiej*, [https://eur-lex.europa.eu/legal-content/PL/TXT/PDF/?uri=CELEX:32018H0607\(01\)&from=ET](https://eur-lex.europa.eu/legal-content/PL/TXT/PDF/?uri=CELEX:32018H0607(01)&from=ET) (15.02.22).
- Zhang J., Wheeler J. J., (2011). A meta-analysis of peer-mediated interventions for young children with autism spectrum disorders. *Education and Training in Autism and Developmental Disabilities*, 46(1): 62-77.

- Zielińska J., (2015). Metody obrazowania pracy mózgu w perspektywie pedagogiki specjalnej, Wybrane zagadnienia, UP, Kraków.
- Zielińska J., (2016). Wybrane techniki obrazowania sygnałów w perspektywie pedagogiki specjalnej. Przykłady zastosowania w praktyce diagnostyczno-terapeutycznej. UP, Kraków.
- Zielińska J., Piotrowska-Madej K., (2017). Komunikacja AAC w terapii osób z głębszą niepełnosprawnością intelektualną, [w:] red. n. J. J. Błęszyński, D. Baczała Społeczeństwo włączające a komunikacja. UMK, Toruń.
- Żółkowska T., (2011). Normalizacja – niedokończona teoria pedagogiki specjalnej, Niepełnosprawność. 5: 85-94.
- Żółkowska T., (2013). Społeczna(de)waloryzacja roli osoby niepełnosprawnej, [w:] red. n. Z. Gajdzica, Człowiek z niepełnosprawnością w rezerwacie przestrzeni publicznej, Impuls, Kraków s. 40-64.

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Appendix

Education in autism

Dear Sir or Madam,

I would like to ask you to answer the following questions, which are part of ongoing research aimed at normalising the participation of people with autism in society. Please fill out only those who have a diagnosis of autism spectrum disorder and want to be involved in making changes, searching for optimal solutions in care, therapeutic and educational work.

Following the very positive reception of my earlier research, in which I attempted to present the face of autism as outlined by those most concerned, it is now time to reflect on education and improving the outcomes for people with autism.

I would very much appreciate your honest answers to the following questions.

I assure you that the research conducted is anonymous and aims to improve the quality of life of people with autism in society. Let's help each other!

Prof. Jacek Błeszyński, Ph.D.

Nicolaus Copernicus University in Toruń

A few words about you

1. This is the so-called demographics, which will make it easier for me to summarize the information received from you..
2. Specify your gender *
 - female
 - male
 - other

3. How old are you?
4. How old were you when you were diagnosed with autism?
5. What school did you graduate from
 - public primary school
 - inclusive primary school
 - special primary school
 - secondary mass school
 - secondary special school
 - comprehensive school
 - technikum technical school
 - vocational school
 - college
 - humanities
 - science
 - art
 - other
6. My education
 - regardless of when autism was diagnosed
7. How would you rate your learning preferences
 - visual (I mostly remember by looking)
 - auditory (I remember best by listening)
 - polysensory (I remember best using multiple senses, e.g. sight and hearing and touch...)
 - other
8. What forms of teaching/therapy have been used during your studies
 - directive, behavioural (imposing on the pupil the form and scope of the learning material)
 - non-directive (following the pupil, listening to their needs)
 - mixed (using different approaches in therapy and teaching)
 - other (if you want to write)
9. What therapies were used, e.g. behavioral, MRR, MDS, IS, medications...
 - list:
 - The school I would like it to be
 - Based on your experiences, write about how you would change the support and education system
10. If I were a teacher of a child with autism, I would always try to:

11. If I were a teacher of a child with autism, I would never:
12. If I were a therapist for a child with autism, I would always:
13. If I were a therapist for a child with autism, I would never:
14. I would change in the system – managing the education of a child with autism:
15. As a shadow teacher/supporting teacher (in a pupil-teacher arrangement) when working with a child with autism I would:
16. As a class teacher with a child with autism, I would especially pay attention to:
17. As a caregiver, shadow teacher, I would remember that when working with a pupil with autism:
18. I would suggest that schools should provide, for example, spaces for tranquillity, multi-sensory support (e.g. world experience room) – give suggestions::
19. As the Minister of National Education, I would order that towards pupils with autism:
20. As a parent of a child with autism, I would pay attention to schools and therapy centres for:
21. Based on my own experience (a pupil with autism, also late diagnosed), I would change today:
22. How do I rate the support provided to people with autism
23. Make a rating on a 10 point scale – these are your feelings
24. Rate the current education system in Poland:
25. Evaluate the care system (provided outside of school):
26. Non-institutional support system (through associations, foundations, etc.):
27. Evaluate medical care (health service – particularly pediatric care, psychiatric care, etc.):

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