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IMPACTS OF SOCIAL ISOLATION ON THE INCREASE OF CHILDREN WITH AUTISTIC SPECTRUM DISORDER IN CER-II

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Abstract: Introduction: The emergence of the virus that causes COVID-19 culminated in a pandemic experienced globally, with direct impacts on several areas of human existence. In this scenario, many people found themselves forced to adhere to social isolation, in a process of distancing themselves from affective bonds, which were previously common. Furthermore, the prognosis of people who have Autism Spectrum Disorder has become limited at different levels of attention, health care and rehabilitation for this population who participate in activities that foster their autonomy and favor their development. From this perspective, the diagnostic construction of Autism Spectrum Disorder in children also suffered obstacles, which may have contributed to a process of high demand for specialized rehabilitation devices, after the mitigation of health safety restrictions implemented during the pandemic. **Goal:** Reflect on the impacts of social isolation and the reduction of social stimuli with the increase in diagnoses of Autism Spectrum Disorder based on the internship experience at a Specialized Rehabilitation Center II (CER II) located in the interior of northeastern Brazil. **Methodology:** This is an experience report, linked to a mandatory curricular internship carried out by undergraduate Psychology students, through open interviews with workers at a CER-II, in the city of Santa Cruz, RN. **Results and Discussion:** Themes recurrently present in the content of interviews with service workers are related to the increase in the number of children hypothesized and diagnosed with Autism Spectrum Disorder after the pandemic, when they encountered difficulties in dealing with the demand. As it is a public service, there is dependence on the government to expand specialized functions, with a reduction in investment during the pandemic, when few cases with Autism Spectrum Disorder sought the service.

Mention was made of the difficulty of younger children adapting, initially, to the dynamics of the CER, in relation to aspects inherent to the space, such as the movement of many people and noise, aspects presented as triggers for frustration in children, such as intense crying. **Conclusion:** Through interviews with CER workers, it was found that the decrease in interactions can be pointed out as a hypothesis for the presence of an increase in the number of children with Autism Spectrum Disorder referred for assistance at CER-II. Many of the children monitored in this device were born in the pandemic context, when the promotion of socio-environmental stimuli, fundamental for child development, were limited in several situations. This hypothesis is pointed out as contributing to the appearance of signs of the disorder. In this sense, the work developed at CER with children has sought to insert symbolic elements and socially shared meanings through strategies such as playing, interaction with different people and environments, respecting the particular development process of each child and resources available on the device.

Keywords: AUTISTIC SPECTRUM DISORDER; Pandemic; Social isolation.

INTRODUCTION

The emergence of the virus that causes COVID-19 culminated in a pandemic experienced globally, with direct impacts on several areas of human existence (AQUINO et. al, 2020).

In this scenario, many people found themselves forced to adhere to social isolation, in a process of distancing themselves from emotional ties, which were previously typical and frequent in their daily lives. There were several strategies and measures adopted in each location, in an attempt to meet the needs of each population and maintain adequate levels of health care in light of the impacts

generated by the pandemic. In this sense, the pandemic and the personal and collective actions adopted brought different implications, depending on the biopsychosocial needs of specific people and groups (AQUINO, 2020).

During the pandemic scenario, children of all ages had contact with socialization environments such as school, relatives' homes and places where they play, made difficult by social isolation policies.

According to Aydogdu (2020), cited by Almeida and Júnior (2021), "confinement interferes with children's potential, causing difficulties in acquiring new skills and capabilities, in addition to harming young people's interactions and interpersonal relationships, which are important in the of childhood and adolescence". As a result of this context, a deficit appears in the stimuli of child development. For example, social isolation prevents skills such as communication from being exercised through play.

After two years of the pandemic, primary care and health services such as the CER gradually resumed their activities in full. During this post-pandemic period, there was a notable increase in the number of families who sought out the rehabilitation center for demands related to AUTISM SPECTRUM DISORDER, overloading the service infrastructure. Given this increase perceived by professionals working at CER, the hypothesis was formed of a relationship between the pandemic period and the increase in the number of users who sought the service with the demand for AUTISM SPECTRUM DISORDER.

It is known that historically, in Brazil, there have been many changes and implementations in public health policies that culminated in the construction of a care network for people with disabilities, and in health policies that aimed to ensure rights and offer health services. specialized care for people with disabilities in the country (ROCHA et al 2019).

As a result of these policies, the Specialized Rehabilitation Centers (CER), which emerged through the National Plan for the Rights of People with Disabilities - Living without Limits, established by decree number 7,612, of November 17, 2011, are outpatient reference points that provide care, promoting diagnoses, treatment, maintenance of assistive technology for users, in addition to articulating with other health care networks. (BRAZIL, 2012).

In this sense, Specialized Rehabilitation Centers are organized based on rehabilitation demands, which are: physical, intellectual, auditory and visual. With CER II comprising two modalities, CER III comprising three of these modalities and CER IV comprising the four modalities mentioned above (BRASIL, 2012). Among the groups of individuals who are cared for in specialized rehabilitation centers are people with Autism Spectrum Disorder.

The discussions and construction of a diagnosis about Autism began in 1943 with the psychiatrist Leo Kanner, one of the pioneers both in studies related to autism, as well as in child psychiatric clinics. Kanner defined autism as an Autistic Disorder of Affective Contact, and his discoveries in this area became important, as it was from the notions he brought that other perspectives emerged (MAS, 2018).

In this sense, the history of how autism was perceived is marked by many definitions and transformations, which have been updated over the years with the advancement of research. As stated by MAS (2018), within psychiatry, one of the biggest changes, in addition to the diagnostic criteria, concerns the terms and nomenclature that were used to classify the disorder within a spectrum, becoming known as Autism Spectrum Disorder. In the DSM-V, AUTISTIC SPECTRUM DISORDER is found in what

has been described as Neurodevelopmental Disorders, which concern:

Neurodevelopmental disorders are a group of conditions beginning in the developmental period. The disorders typically, manifest early in development, usually before the child enters school, being characterized by deficits in development that cause harm to personal functioning, social, academic or professional. Developmental deficits range from very specific limitations in learning or control of executive functions until global impairments in skills social or intelligence. (APA, 2015, p. 31)

According to developmental psychology, a baby begins to develop language from the first months of life, so a delay in this development indicates that something is going out of line with expectations, evidencing some disorder (such as AUTISTIC SPECTRUM DISORDER) or specific language disorder. Communicative deficit is one of the main characteristics present in AUTISM SPECTRUM DISORDER, which ends up being an obstacle to social interaction and establishing bonds. Generally, autistic people have difficulty in effective/functional communication, as this requires a certain transmission, reception, assimilation and understanding of information, in addition to a response from the other.

The signs are manifested in the first years of a child's development, and can be noticed from six months of age to around three years of age, more precisely. When signs are recognized and early intervention occurs (before the age of two) there is a greater chance of providing the child with more effective communication and a greater chance of developing potential and skills, given that the plasticity of a child up to the age of two is larger than that of an older child. Therefore, parents are extremely important in this identification, being the first to interact with the child and the main ones involved in their daily care. Teachers are also extremely important in this process

of monitoring the child's development, their skills and socialization with other children at school, checking whether they are in accordance with their age group or not (MENESES, 2020).

In psychopathology, there are some classificatory criteria for a baby or child to be on what is considered an "autistic spectrum". Generally, autistic children act in a way that actively excludes others around them, even those involved in their care on a daily basis, this is usually preceded by low responsiveness to others. The child presents, posteriori, difficulties in language acquisition and also in symbolic production (playing pretend and participating in cultural customs). Due to the absence of these productions, stereotypes that privilege sensory self-stimulation take their place.

Language is an extremely important mechanism for the formation and consolidation of social relationships, because from it we can understand the world and relate to it. In individuals with AUTISM SPECTRUM DISORDER, it is common for there to be delays in the acquisition and development of this mechanism/skill, as there are changes in the socio-communicative dimension, reflecting difficulties in socio-emotional reciprocity, in both verbal and non-verbal communicative behaviors and in the establishment and maintenance of relationships.

Autistic people may present changes and deficits in language levels, the most evident of which is at the pragmatic level where communicative intention does not occur, with a lack of eye contact, does not initiate speech and even lacks the intention to speak/communicate. (EIGSTI et al., 2011).

GOALS

Reflect on the impacts of social isolation and the reduction of social stimuli with the increase in diagnoses of Autism Spectrum Disorder based on the internship experience at a Specialized Rehabilitation Center II (CER II) located in the interior of northeastern Brazil.

METHODOLOGY

This work is an experience report, the result of a set of activities developed in a mandatory curricular internship, during the Psychology degree at a public university, located in the interior of northeastern Brazil. The composition of this work covers interventions carried out in a Specialized Rehabilitation Center II (CER II), discussions raised by the internship group, composed of undergraduate psychology students, and supervision with a mentor professor.

The activities proposed by the mandatory internship were characterized by three main axes: I) Immersion in the internship field: visits and interviews carried out, knowledge of the dynamics of the institution in its organizational aspects; II) Institutional characterization: Theoretical-practical articulation of experiences in the field, highlighting proposals for action; and III) Interventions with the community served by CER II. All activities described here were in accordance with the ethical procedures relevant to mandatory curricular internships at the aforementioned university.

RESULTS AND DISCUSSIONS

From the interviews carried out with the health professionals who worked in the CER service during our contact through the internship, we can see the concern of a team that is not qualified, in material and subjective terms, to take care of the vast and growing demand of users diagnosed with AUTISM SPECTRUM DISORDER. Among the

complaints, the difficulty in discharging older patients, and opening this space for those on the waiting list, is one of the central problems.

The service team points out that, for discharges to be possible, children's caregivers must take on the role of continuing the stimulating work, initiated by CER professionals. This maneuver has not happened the way it must, because while they are immersed in trying to meet patient demand, there is no space for educational work with these parents about the importance of continuing to offer stimuli in the family context to, for example, exercise their communication and the integration of a notion of collectivity in the child's symbolic world.

Given the difficulty of integrating parents in this task, the service exhausts everything it can offer to these users, but an outcome for these services is not established, the treatment becomes stagnant and perpetual. Given the impossibility of discharge, making a referral presents itself as a possible way out of this obstacle for the CER service, however the user, who commonly arrives at the center through referrals from other devices, finds himself thrown from one health sector to another, with no tangible prospect of an improvement in the child's prognosis.

The overcrowding of the service and the parents' resistance to determining an end to access to the center's service points to considerably broader systemic social problems. The important bond between family caregivers, who must be protagonists of attention and care for children with Autism spectrum disorder, is eclipsed by these family members' fear of finding themselves alone in the difficult process of caring for and developing these children. Services like CER represent more than just a prospect of improving the prognosis of autistic children, they are also a remnant of support for these caregivers, who are often overloaded, who do not access crucial education on how to care

for their children, and how they themselves can also must be welcomed.

During the pandemic, countless families from different settings have had to deal with the challenging task of parenting in a context of isolation. Social distancing practices have deprived children from early childhood of important socialization and stimulation environments, bringing consequences for their development.

Access to health and rehabilitation services such as CER became extremely limited during the pandemic years, leaving many families helpless, as they noticed problems in their children's development, without the professional support they needed.

During the post-pandemic period, devices such as rehabilitation centers try to deal with the impacts that social isolation had on an entire generation that grew up in this scenario. In this sense, the work developed at CER with children has sought to insert symbolic elements and socially shared meanings through strategies such as playing, interaction with different people and environments, respecting the particular development process of each child and resources available on the device.

In view of these explained difficulties, effective monitoring of people with Autism Spectrum Disorder is extremely important. Bringing this attention from the beginning of their lives, to have positive impacts throughout them. Not excluding the importance of continuing this support, but making the autonomy of the autistic person increasingly elaborate.

There is much debate about the diagnosis of Autism Spectrum Disorder and its possibilities for intervention. The treatment of autistic individuals seeks - or must - introduce new possibilities for exercising their autonomy in the world. Hence the importance of an early diagnosis, where autistic people can be stimulated from early childhood, thus

increasing their communication skills. It is also interesting to work with your surroundings, adapting the world to your existence, and not the other way around.

“Early intervention can occur shortly after birth or following diagnosis, including the period of early childhood. According to Pires (2011), the aim is to ensure that children with developmental disorders or delays have adequate care according to demand, possibly reducing the damage already caused and increasing the chances of a better prognosis, in addition to expanding the strengthening and support network for family members” (Caminha et al. 2016)

Some methods that contribute to this are quite effective and provide significantly positive results in the autistic person's quality of life. Thus, bringing to light the benefits of intervening early on in children, who are still developing and can make use of this from the first stages of their lives. Thus, improving the quality of life experienced at the moment and throughout your life.

About this, Gisele, D., & Cristiany de Castro. (2020), citing the Brazilian Society of Pediatrics (2019), claim that the best treatment for Autism Spectrum Disorder is early intervention, which needs to be done as soon as there is suspicion or as soon as the diagnosis is received, as it will complement the potential for social and communicative development, thus reducing damage, and improving quality of life, presenting skills for autonomy, also reducing expenses and anguish for the family and people around the child.

One of these strategies that supports this objective is encouraging the child's own communication. As previously stated, sometimes children with AUTISTIC SPECTRUM DISORDER have difficulties communicating, which makes it difficult to understand the child's needs. Increasing the communicative repertoire, stimulating

speech, naming objects, giving meaning and meaning to games, are ways to get around this. It is necessary to make the child interested in expressing themselves and being understood, so that communication can actually be established.

Playfulness here then becomes a primary tool in this process, provoking interest both in playing and in communicating to play.

Silva et Al. (2019) states that, this way, games allow children to express themselves through objects. Even if a child with autism has difficulty relating and showing feelings, playing helps to expose these difficult-to-demonstrate expressions through play.

Furthermore, it is extremely important to monitor other professionals, depending on the child's needs. Multidisciplinary intervention is effective in helping children with AUTISTIC SPECTRUM DISORDER. Whether contributing to increasing the individual's own quality of life, or making the support network around them more capable. This occurs in the very communication with family members and caregivers of the person with Autism Spectrum Disorder. The work is not just for professionals, but together with everyone around the person. Some of the things that are worked on by professionals can be repeated or helped at home, also supporting the process. Furthermore, the very facets of Autism Spectrum Disorder are reasons for several doubts, which need to be resolved for the benefit of everyone. Reaffirming the reasoning, Silva et al. (2019) endorse that the difficulties parents have in raising a child with autism are evident, as they do not receive the answers they seek so much about the causes, the diagnosis and the uncertainties of including them in school, all These feelings cause overprotection, so it is necessary to monitor not only the child with autism, but also the parents.

In this context, the role of the family as the first and main space for socialization and education has become even more important.

Regarding the role of the family in child development, La Iglesia (2021) states, citing Palacios and Moreno (1994), "In the literature, the family, regardless of the culture in which it is inserted and the family arrangement, is identified as the first socializing context. Even though she is not the only one, she is nevertheless given formal responsibility for the care and education of children. It is up to the family to make extra-family realities understandable to children, satisfying their children's needs for affection, trust and security" (p.2).

It is recognized, however, that the notion of the family as a primary and crucial space for child development does not reach the popular imagination in a comprehensive way, and the domestic environment, full of new problems caused by the pandemic, commonly did not offer the conditions for this development. occurred.

Thus, the hypothesis is that the lack of stimuli caused at the time of the COVID-19 pandemic may have fueled the increase in individuals diagnosed with AUTISM SPECTRUM DISORDER.

CONCLUSION

Through this work, a reflection was proposed, through an internship experience, about the possibility of a relationship between social isolation, imposed by the pandemic, and the increase in hypotheses and diagnostic processes for Autism Spectrum Disorder. Based on interviews with workers at the Specialized Rehabilitation Center II (CER-II), carried out during the internship, the decrease in social interactions during the pandemic was highlighted as a hypothesis for the increase in the number of children in the process of being diagnosed with SPECTRUM DISORDER

AUTIST, forwarded to the device.

From this perspective, the promotion of socio-environmental stimuli, fundamental for child development, may have been limited in several situations for children born in a pandemic context and who are monitored by CER II, bringing implications for their interaction with other people. Therefore, this hypothesis may have acted as a contributing aspect in the characterization of signs of Autism Spectrum Disorder and an increase in children referred for monitoring in the services provided by CER II, such as psychology.

In this scenario, what is exposed in this work can be pointed out as a trigger for reflections on the problematization of the diagnostic process of Autism Spectrum Disorder in our society, through a section brought with the Specialized Center for Rehabilitation II (CER II). Furthermore, we sought to highlight the importance of professional performance and

the training of psychology professionals in public health devices.

From the professionals' statements, the importance of continued training for professionals working in these work spaces, who deal with sociocultural, political and economic transformations, as well as their implications in their daily work, became evident.

Based on the excerpts made during the development of the work that composed this report, other aspects surrounding the theme of Autism Spectrum Disorder and social isolation during the pandemic could not be covered in this experience. In this sense, understanding the relevance of these themes, there is a need for further investigation, especially regarding the possibilities of correlation between social isolation caused by the pandemic and an increase in hypotheses and diagnoses of Autism Spectrum Disorder in children.

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