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## PSYCHOMOTRICITY AND COGNITIVE REHABILITATION TO STIMULATE EXECUTIVE FUNCTIONS IN ACTING WITH AUTISM SPECTRUM DISORDER (ASD)

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**Keywords:** Basic activities of daily living (BADLs); Autistic Spectrum Disorder (ASD); Cognitive Rehabilitation; Psychomotricity; Learning; Executive Functions (FE)

## **CASE PRESENTATION**

Male child, two years and eight months old; communicating predominantly through gestures, using the other as an instrument to obtain what you want. Babbling and vocalizing, with communicative intent. Your eye contact is inconsistent and intermittent; features that suggest AUTISM SPECTRUM DISORDER (ASD). She is assisted at the clinic 02 (twice) a week, alternating with sessions in the area of Psychomotricity and in the area of Cognitive Rehabilitation.

## **DISCUSSION**

Right at the beginning of the interventions, cognitive perceptive deficiencies, involving reasoning and interpretation of information, mostly, the presence of visual and motor perceptive deficiencies, were presented without stimuli, with no link with the "pleasure and interest in learning". Psychomotricity intervention rescues lost values, works on autonomy, enabling the reorganization of the body system.

Proposals inserted in the sessions focused on Cognitive Rehabilitation, such as games and other materials instrumentalized for their needs, through metacognitive strategies to: observe, reflect, evaluate and adjust executive functions (EF) contribute to enabling fundamental skills, significantly altering their performance cognitive, offering an evolutionary process in its clinical condition, along with the stages of acquisition and improvement of sensory, motor and emotional skills, to stimulate the improvement of basic activities of daily living (ABVDs).

## **FINAL COMMENTS**

The child is discovering the functionality of some objects and demonstrating intentionality in some actions, contributing to the evolution of his balance, temporal domain and movement dissociation, encouraging him to perform grabbing movements, to throw, place and push, expanding his bodily experiences and his cognitive repertoire, more appropriately exploring the environment inside and outside the therapeutic setting. Stimulating moments of symbolic play, favoring motor and affective development, contributing to the formation of personality and social interaction, with adaptive and adequate responses in relation to one's own body in the environment. Providing interactivity to sensory stimulation, strategically, a positive impact on the patient's evolution.