v. 4, n. 31, 2024

International Journal of Human Sciences Research

UNDERSTANDING AUTISM SPECTRUM DISORDER IN PRESCHOOLERS: CHALLENGES AND OPPORTUNITIES FOR EARLY EDUCATIONAL INTERVENTION

Acceptance date: 18/10/2024

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Abstract: This study focuses on the development of an activity guide for 4-year-old children with Autism Spectrum Disorder (ASD), with the aim of improving their development and social participation. The research was carried out using a non-experimental, participatory action research approach, where the importance lies in the product made, i.e., the activity guide. The method consists of designing worksheets that specify objectives, materials, times, recommended locations, activity development, areas of development, and reasonable adjustments for each activity. These activities are aligned with international screening criteria for ASD, such as those presented in the ICD-11 and DSM-V, and seek to stimulate the development of preschool children. Expected outcomes include improving children's ability to participate in society and strengthening family interaction by enabling parents to understand and participate in their children's activities. In addition, the guide is expected to free teachers from the need to improvise by providing a structured and accessible resource for the classroom. In conclusion, the activity guide not only seeks to improve the skills of children with ASD, but also to facilitate the integration of these children into their educational and family environment, advocating an inclusive and sympathetic approach to human diversity. This project could serve as a basis for future research on the effectiveness of story guides on child development.
Keywords: autism spectrum disorder, developmental stimulation in ASD, reasonable accommodation.

INTRODUCTION

According to the Centro de Estudios Superiores de Tapachula (CEST) studies about the human being from the developmental psychology approach, provide information to identify the characteristics of people in their different stages of life. It also benefits in the promotion of human development, predicting behavior, helps to improve therapeutic intervention in the social and educational area, being this possible through the analysis of the functioning and processes of the human mind, from before birth and until old age (CEST, 2021).

In the case of Autism Spectrum Disorder (ASD) its history has a formal and recognized origin in the studies conducted by Leo Kanner and Hans Asperger, in the years prior to the beginning of World War II. These doctors studied characteristics in children of what today is called ASD, a disorder that began with the name "autism" but before this happened was confused with schizophrenia and thanks to the studies of these doctors is that now they can be identified separately (Lasa, 2021).

It was not until 1980 that the Diagnostic and Statistical Manual (DSM-III) incorporated autism as a specific diagnostic category, contemplating it as a single entity called "infantile autism" (Artigas & Paula, 2012). From then on, in each version of the DSM, updates were made to name this disorder. Thus, since 2014 and still in force, in the DSM-V it has been classified within the Neurodevelopmental Disorders as Autism Spectrum Disorder by the American Psychological Association (APA, 2014).

On the other hand, according to the Confederación Autismo España (AE, 2023), the International Classification of Diseases in its eleventh revision (ICD 11) presents the diagnostic criteria for autism in the same way as the DSM-V establishes. Both documents include in the term "Autism Spectrum Disor-

der" the categories of Autism, Asperger Syndrome, Childhood Disintegrative Disorder and Other Pervasive Developmental Disorders, not specified. The Confederación Autismo España (2023), highlights the differences between these documents and what the World Health Organization (WHO) proposes with respect to intellectual disability, which may or may not exist, while the DSM-V(2014) mentions that it may occur simultaneously and the ICD-11 in this item does not comment on childhood play, as this will depend on the culture or country.

For what has already been clarified in the previous paragraph regarding the diagnostic criteria established in the ICD-11 and the DSM-V, the diagnostic criteria for ASD as described in the DSM-V are presentedbelow, which are the reference for the development of this research.

AUTISM SPECTRUM DISORDER 299.00 (F84.0)

A. Persistent deficits in social communication and social interaction in various contexts, manifested by the following, currently or by history (examples are illustrative, but not exhaustive):

1. Deficits in social-emotional reciprocity range, for example, from abnormal social approach and failure of normal two-way conversation, to decline in shared interests, emotions, or affections, to failure to initiate or respond to social interactions.

2. Differences in nonverbal communicative behaviors used in social interaction range, for example, from poorly integrated verbal and nonverbal communication, through abnormalities of eye contact and body language or deficits in understanding and use of gestures, to a complete lack of facial expression and nonverbal communication.

3. Impairments in developing, maintaining, and understanding relationships range, for example, from difficulties adjusting behavior in various social contexts, to difficulties adjusting behavior in various social contexts, to difficulties sharing imaginative play or making friends, to lack of interest in other people.

SPECIFY THE CURRENT SEVERITY:

SEVERITY IS BASED ON IMPAIRMENTS IN SOCIAL COMMUNICATION AND RESTRICTED AND REPETITIVE BEHAVIOR PATTERNS (SEE TABLE 2)

B. Restrictive and repetitive patterns of behavior, interests, or activities, manifested by two or more of the following, currently or by history (examples are illustrative but not exhaustive):

1. Stereotyped or repetitive movements, use of objects or speech (e.g., simple motor stereotypies, alignment of toys or change of location of objects, echolalia, idiosyncratic phrases).

Insistence on monotony, excessive inflexibility of routines or ritualized patterns of verbal or nonverbal behavior (e.g., great distress at small changes, difficulty with transitions, rigid thought patterns, greeting rituals, need to take the same path or eat the same foods every day).

3. Very restricted and fixed interests that are abnormal in intensity or focus of interest (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).

4. Hyper- or hyporereactivity to sensory stimuli or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive sniffing or palpation of objects, visual fascination with lights or movement).

SPECIFY THE CURRENT SEVERITY

THE SEVERITY IS BASED ON IMPAIRMENTS IN SOCIAL COMMUNICATION AND IN RESTRICTED AND REPETITIVE PATTERNS OF BEHAVIOR (SEE TABLE

C. Symptoms must be present early in the developmental period (but may not fully manifest until social demands exceed limited capacities, or may be masked by strategies learned later in life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of usual functioning.

E. These alterations are not best explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder often overlap; to make comorbidity diagnoses of an autism spectrum disorder and intellectual disability, social communication has to be below that expected for the general level of development. (APA, 2014, p.28-29)

It should be added that the DSM-V incorporates a table to define severity in three levels, either in Social Communication or in Restricted and Repetitive Behaviors. Where grade 1 means the person needs help; grade 2 means the person needs noticeable help and grade 3 means needs very noticeable help.

On the other hand, neurosciences define autism as a brain disease with strong genetic bases, which derives in biological (biochemical, anatomical, physiological) and cognitive alterations, underlying several abnormal behaviors from which the diagnosis is made (Castañares, Bagatolli & Golguera, 2021). On the other hand, with the research of (Lasa,2021; Jodra ,2014; Castañares et al., 2021) a panorama of research about autism is presented, from different perspectives, however it is still currently a topic that does not contemplate the new lifestyles that are established in the family, the changes in the life of those who live close to these patients, the future consequences especially of the care and attention of those who do not develop autonomy and independence and will always be in charge of someone else.

The Pan American Health Organization (n/d) shares with respect to persons with disabilities that: persons with disabilities are those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others. ASD has been related to a type of disability, specifically psychosocial disability, which may also be accompanied by intellectual and/or mental disability. It is then highlighted that psychosocial disability is in which people present temporary or permanent dysfunctions in their mind to perform daily activities (Government of Mexico, 2016), as happens to people with ASD and whose concept has not been fully incorporated in society.

From the perspective of perception and sensoriality, talking about ASD implies identifying whether the person presents hypersensitivity or hyposensitivity, as this will depend on how they perceive and process the stimuli they receive through their senses (Pozo and García, 2023), which can cause discomfort

or fascination with these and in turn manifest themselves in uncommon or even socially unaccepted behaviors, when they should be understood as the way in which the person with ASD communicates; These behaviors can be understood as the reason why he/she isolates him/herself because he/she cannot process so many stimuli and so diverse at the same time, feeling an overload, or else, dedicating more time to the appreciation of the stimulus for which he/she feels attraction. Therefore, it is a priority to identify how each person with ASD perceives and processes stimuli, especially in the first years of life, to adapt spaces and objects as far as possible to avoid stressful situations that keep him/her in a constant state of anxiety or alert, without discarding that during the learning process of daily life it is also included to work on mental flexibility and adaptation to different contexts with tangible and intangible elements that make it up.

With what has been described above, it can be identified that in the case of ASD the disability is not only in the person but also in the environment in which he/she develops. Therefore, sometimes ASD can be complicated to diagnose and even more complex to treat, since it requires a whole set of elements that become costly for family members, because it is not only about medications, therapies and specialized education, but also about the care of people with ASD who, according to their characteristics, may require assistance and care all the time and for life (WHO, 2023). Thus, timely and adequate care in the first years of life of people diagnosed with ASD can make a difference in their development, learning, physical and mental health.

Seeing ASD from different perspectives helps to understand that interventions with children with this condition not only help them to develop their skills individually by interacting with their environment, although doing so in an egocentric way from two to four years of age (Aprendiendo Matemáticas, n/d), but it is also an opportunity for them to identify themselves as a member of a community that carries its own pace of development and learning. The child with ASD must not only learn what he himself represents for himself, but for his community, that is, he constructs his learning and his own social and cultural reality (Andrés Tripero, 2017). It is an individual who, without knowing it consciously in his childhood, must face many challenges at each stage of his life that, although at present human diversity is being accepted, it is in the middle stage of only making it visible and still has a long way to go to accept it, that is, without waiting to be like the majority or not requiring support for their daily lives.

In another order of ideas, it is important to mention that families who approach specialists to start a therapeutic process, comment at the time of the initial interview that their son or daughter does not pay attention, does not pay attention to indications, or does not look at mom or dad when given any indication, does not seem to be afraid of anything, does not recognize dangerous situations or does not seem to be aware of his or her actions; These are some of the warning signs to start with a diagnostic process that confirms or rules out ASD (Liga de intervención nutricional contra el autismo y la hiperactividad A.C.s/f). For children who already attend preschool, the teachers' comments are very similar to those made by parents in the previously mentioned consultations, in different contexts, but the behavior is the same, it is repeated and they coincide in not paying attention to indications, that their attention spans are very short or that when they are distracted it is very difficult for them to return to the activity they stopped doing or to change activities.

Children with ASD who begin their formal education at the preschool level are usually between 3 and 5 years old. Some of them have had the experience of having been in day care centers and/or nurseries since their first months of age due to the family dynamics that require the services provided by public or private organizations dedicated to the care of children in their first years of life. Therefore, it may be that these children have worked on their flexibility and adaptation to different contexts, but there may be children who, even with previous experiences in an institution dedicated to their care, still have difficulties adapting to the context and integrating into a new routine. It is also possible that these preschools are attended by children who have never been anywhere else but home and may manifest this maladaptation with unusual or sometimes even uncontrollable behaviors when the origin of the behavior is not known. Whatever the case may be, children diagnosed with ASD will also have constant difficulties in understanding and adapting to the dynamics of the institution.

In regular education preschools that receive children with ASD have the need and at the same time the option to work with a strategy to stimulate their development and thus have options available to work with children and help them in their cognition, language, fine and gross psychomotor skills. To begin educational intervention with a preschool child, it is necessary to gather information through an initial interview to collect data on their development and life up to the time they enter preschool. This will help determine which areas of development require the most support to improve their living conditions.

The previous references then become a motive to design a guide that offers reasonable adjustments according to the diverse characteristics that 4 year old children with this disorder may present in order to improve their current and future life condition. The activities presented in this project are intended for children with ASD to develop their abilities and participate in society in full exercise of their rights in the different areas of their lives. This guide allows the understanding and participation of the parents or guardians of the child regarding what should be done and how to do it in the activities to be carried out with their children; it provides continuity and reinforcement at home, which is a benefit for the children, since it not only improves their participation as students, but also strengthens family interaction.

For this guide, the international diagnostic criteria for ASD presented in the ICD-11 and DSMV were considered in order to design activities that contribute to the developmental stimulation of 4-year-old children attending preschool. Because sometimes it can be complicated because the material prepared by the teacher for the class in general may not be to the liking of the child with ASD, because he does not like it or perhaps because it is still a higher level for the scope that he has at that time. The fact of having activities with their reasonable adjustments, immediately the format of the activity can be changed, but not the objective; the options of activities classified in a guide will allow to have available the procedure of the activity, the suggested materials and the reasonable adjustments already described, being this a tool that frees the teacher from the need to improvise or to be absent from the classroom to get another type of material and, later, to resume the class.

METHOD

The qualitative approach was considered for the present research, because the general objective is aimed at solving a particular problem of a target group of children for whom a detailed final product is elaborated and the qualitative perspective of the research attempts to approach the social reality from the use of non-quantitative data (Alvarez-Gayou, n.d.).

This project is a participatory action research, not experimental, because the importance is in the product created; the use of this product can be evaluated in its effectiveness and could be the subject of another research project. In addition, this type of research seeks transformation and social change (UJAEN, n.d.).

The scope of the guide is limited by the age of the children and the characteristics of the disorder, since it is based on contributing to stimulate the development of 4-year-old children. There is a lot of non-scientific information that suggests how to stimulate the development of children, but does not give specific options for those diagnosed with ASD, so in the management of time for the realization of this project was focused more on the characteristics of ASD than on the activities offered for free on the Internet sites where they offer such activities.

On the other hand, scientific information about ASD allows the understanding of the behavior of children in the age of 3 to 4 years with this condition, whose developmental milestones could be out of phase, absent or manifest other behaviors that are considered as characteristics of the disorder.

Finally, an activity guide with worksheets was designed, specifying the objectives, materials, times, recommended places, development of the activity, developmental areas, contribution to the development of opportunity areas in ASD and reasonable adjustments corresponding to each activity. These will be useful for any teacher who needs to use them during their classes in which children of this age and with ASD are integrated. It is worth mentioning that from Vigotsky's approach, only children who have the support of a trained teacher can reach the maximum of their intellectual capacity, therefore, having access to this resource is useful for the teacher to attend not only to a child with ASD in his group, but to all the children in his group (Gebhard, 2022).

It was decided that the activities in the guides would be aimed at 4-year-old children, since at that age they have already begun their formal education and may also be receiving specialized therapeutic care (Government of Mexico, 2022; General Education Law, 2022).

In addition, as inclusion criteria, children aged 4 years old with a suspected diagnosis of autism were considered, since stimulation activities can be useful even for any child (Nemours Foundation. Kids Health, 2022). Children with ASD older than 4 years old, who have not had the opportunity to receive specialized care, could start with this type of activities to identify their maturity through the achievements they present in each activity.

As an exclusion criterion, it was considered that it cannot be for younger children unless other reasonable adjustments are made, because according to the level of development at which they are, the younger ones may not feel attracted to the activity or their psychomotor skills are not at the level of maturity required for the manipulation of the materials used or their movements and displacements demonstrate the immaturity of their body in terms of strength, agility and coordination. Another detail of exclusion is children older than 4 years who have already had therapeutic intervention, since with them we would be working on what is already consolidated and the child would only remain at a level without seeing progress, because it would not be leading to a zone of proximal development.

DESCRIPTION AND DESCRIPTION OF THE PROPOSAL

The following are a total of 5 activities to be carried out in 2nd grade preschool groups in which children with ASD are integrated. In each activity you will find the following information:

- Objectives.
- Materials: those regularly used in the school and/or family context.
- Estimated times.
- Recommended spaces and equipment.
- Development of the activity.
- Developmental areas: gross psychomotor skills, fine psychomotor skills, language, cognition.
- Contribution to the development of opportunity areas in ASD: social communication, social interaction, emotion recognition, body language, eye contact, facial expression, behavior according to context, imaginative play, mental flexibility, sensoriality, motor coordination, self-care.
- Reasonable adjustments corresponding to each activity.
- Additional recommendations.

The names of the activities are only to identify one from the other, the person performing the activity can change the name as he/she sees fit with the targetgroup. These activities will serve as an example of how to make reasonable accommodations for students with ASD.

ACTIVITY 1

In this activity the children have access to information about geometric figures, where they will gradually recognize the figures, identifying their differences and ordering them, then this activity will serve in the future to receive more than one indication to do something.

ACTIVITY 2

With this activity they can identify their body parts, recognize their classmates' movements and imitate. It does not require a lot of material and can even be used as active breaks in the classroom.

ACTIVITY 3

In this activity, not only language, cognition and psychomotor skills are worked on, but the material can also be used to work on the management of emotions. There are different stimuli for all the children who perform it, so it is necessary to control the delivery of material so that the process does not get out of control.

ACTIVITY 4

Frustration tolerance, sensoriality and auditory attention are some other skills that are worked spontaneously in this activity, although it is a simple activity, it has many other options to work on in the group.

ACTIVITY 5

Imagination is a very important tool for children when they are in the learning process. With this activity, imagination is essential to evoke memories that help them identify the characteristics of the objects presented in the boxes.

NAME OF THE ACTIVITY: Form sequences		
Objective: To identify geometric figures.		
Material -Cards with geometric figures printed or drawn. One on each. -Cards with series of printed geometric figures. Up to 3 on each card. Others: pencil, crayon, marker, blackboard, sheets of white paper. Geometric figures in foamy or wood.	**Space and equipment** -Regular classroom. -Table-desk. -Chair.	**Duration** -10 to 15 minutes per occasion when application is required.
Development area Cognition	**Area of opportunity in TEA** Object alignment Mental inflexibility	
Development of the activity a) The teacher shows the student one of his cards with a geometric figure or a series of geometric figures. b) The student looks for the corresponding card or cards and arranges them as the student shows them to him/her.	**Reasonable adjustments** a) use cards with the geometric figure drawn, only the perimeter without filling only in black color. b) use cards with the geometric figure drawn with filler, only in black. Once the subject of geometric figures and their shape has been mastered: a) use cards with a series of three geometric figures drawn, only the perimeter without filling only in black color. b) use cards with a series of three geometric figures drawn with filler, only in black.	
Recommendations If the student does not accept the texture of the card or does not find it attractive and can use other materials or a tool such as pencil, crayon, marker, stick, the following can be applied: for pencil, crayon or marker: you can offer a sheet of paper where he can draw them; or a small blackboard where he can use the white marker pens. For a stick: you can use a tray with a little sand, dirt, rice or confetti and draw the geometric figure with the stick. Other materials: you can offer manipulable geometric figures made of foamy or wood, they can be flat figures.		

Table 1. Form sequences

Source: own elaboration based on data from APA (2014) and Healthy Children Organization (2023).

NAME OF THE ACTIVITY: The vowels		
Objective: To recognize vowel strokes**.**		
Material -Posters of each of the vowels. -Colored chalk. Other materials: pipe cleaners.	**Space and equipment** -School playground.	**Duration** -10 to 15 minutes per occasion when application is required.
Development area Fine psychomotor skills Gross psychomotor skills Language Cognition	**Input for improvement in ASD** Repetitive movements Mental inflexibility Body language Imaginative games	
Development of the activity The children are arranged in a semicircle or crescent in front of the teacher. The teacher shows one of the vowels and asks the students to write the letter in the air, with their finger, with their hand, with their nose, with their tongue. In the second part of the activity they will draw on the floor the letter of the poster using a colored chalk.	**Reasonable adjustments** If the student with ASD does not like the texture of the chalk, a sheet of paper with crayon can be used or a pipe cleaner can be used to form the letter he/she sees on the poster.	
Recommendations The student with ASD may have difficulty moving his body, so it is necessary to guide him and, if he allows it, help him to make the movements and positions needed for the activity.		

Table 2. The vowels

Source: prepared by the authors based on data from APA (2014) and CERIL, (2023).

NAME OF THE ACTIVITY: My favorite photos*.		
Objective: To distinguish the members of your nuclear family.		
Material -Photographs of the students where they appear alone and others with members of their nuclear family. -Clothespins to hold clothes -Clothesline cord -Blue and red paint -Other materials: paper clips or ribbon in red and blue.	**Space and equipment** -Classroom. -Chairs.	**Duration:** -40 minutes.
Development area Fine psychomotor skills Language Cognition		**Input for improvement in ASD** Emotion recognition Body language Facial expression Understanding of relationships and different contexts
Development of the activity *Previously, the teacher should paint the clothespins in red and blue and have them available for all the students. Also tie ribbons from chair to chair, preferably in the shape of a circle so that the children can do the activity on the outside and place it in the center so that when they have finished everyone can see the work of others.* a) The teacher instructs the students to separate the photos into two types, the photos where they are alone and the photos where they are with members of their nuclear family, with whom they live. b) then they are given a red clip for each photo they have alone and a blue clip for each photo they have with their family members. c) Then the students will hang the photos on the clothesline, using the red clothespin for photos where they are alone and the blue clothespin where they are with their family members. d) Finally, students can see their work and that of others.		**Reasonable adjustments** In case the child with ASD is not strong enough to squeeze a clothespin, you can use colored paper clips that when opened can be used as hooks, on one side they go through the photo and on the other side of the clip they can be used to hang it on the clothesline. Another option is to use red and blue ribbon to make the clip function and instead of hanging the photo, stick it on the cord.
Recommendations Children with ASD may feel overwhelmed by all the information that is circulating at that moment, so a space could be provided where the whole group is not in view so that they can have control of some of the stimuli they receive.		

Table 3. My favorite photos

Source: own elaboration based on data from APA, (2014) and Lupón, Torrents and Quevedo, 2012).

NAME OF THE ACTIVITY: Crazy hats		
Objective: To trace the personal object (hat).		
Material -Each student wears a hat, a cap, a hood. -Music player. -Speakers. -Children's music	**Space and equipment** -Schoolyard.	**Duration** -30 minutes.
Development area Gross psychomotor skills Language		**Input for improvement in ASD** -Recognition of emotions -Visual contact -Mental inflexibility -Motor coordination -Sensory
Development of the activity a) A circle is made with the children in the playground. b) Children wear the hat they have been wearing. c) The song is taught for them to sing and dance to (a song that involves imitating movements of some actions that are easy to recognize). d) Then they are instructed that when the music is playing they must take off their hat and give it to the partner on the right and receive the hat from the partner on the left and so on until the music stops and put on the hat they have been given. And so on. e) At the end, they are asked to look for the partner who brings their hat and ask for it and also give the owner the hat they have kept.		**Reasonable adjustments** a) They can wear other garments such as a jacket, a Hawaiian type necklace, a headband with ears of a small animal. b) They can start with a single hat so that the child with ASD identifies the type of garment and does not get confused with so many hats. c) On one occasion it may be a hat, on another a cap, on another a cap to identify different vocabulary.

Table 4. Crazy hats

Source: own elaboration based on data from APA (2014), Early Technical Education (n/d) and Fundación Conectea (2020).

<table>
<tr><th colspan="3">NAME OF THE ACTIVITY:
What is it?</th></tr>
<tr><td colspan="3">Objective: To examine the physical characteristics of objects.</td></tr>
<tr><td>Material
-Cardboard boxes, one for each material/object
-plastic ball
-cuddly cuddly toy
-seashells
-stones
-pieces of paper
-bathing sponges
-a plant without thorns</td><td>Space and equipment
-Classroom
-Tables</td><td>Duration
-40 minutes</td></tr>
<tr><td colspan="2">Development area
Fine psychomotor skills
Language
Cognition</td><td>Input for improvement in ASD
Sensoriality
Motor coordination
Imaginative games
Mental inflexibility</td></tr>
<tr><td colspan="2">Development of the activity
a) The objects are hidden, one in each cardboard box. Each box should have two holes through which the children can put their hands to touch the object. The teacher must identify each box with a sign without the children being able to recognize it.
b) The children will go through each box touching what it is, each time a child passes, the objects must be changed of order.
c) At the end the children will discuss the objects they think they touched.
d) Once the teacher says that the children's proposals are correct, ask them how they imagine the objects, what color they are, what shape they have.
e) finally the objects are discovered to find out who gave correct ideas of the object.</td><td>Reasonable adjustments
They can be at the beginning and for the first time only use 3 objects that the child with ASD identifies or relates to the most.
This activity can be repeated and each time integrating more objects, for example objects from the classroom.</td></tr>
<tr><td colspan="3">Recommendations
Objects that the child with ASD uses the most or that are part of his daily life can be used to facilitate the activity and avoid crises.</td></tr>
</table>

Table 5. what is it?

Source: author's elaboration based on data from APA (2014) and National Library of Medicine (2023).

CONCLUSIONS

Working with a group of preschool children, mostly 4 years old, is not an easy task, because it is an age in which children begin to explore the environment around them and are willing to discover everything they can. So they are usually very active, so each activity that is offered to them must have several aspects that they must master, to make it attractive for them to participate in them, that are challenging because they want to know that they achieved something difficult.

For children with ASD at that age, activities may not be as appealing because of the challenges they face due to their condition. However, they have the right to face the challenges so that teachers who support their formal education can identify areas of opportunity that need to be worked on in order for them to achieve the developmental milestones expected at their age.

The success of each activity offered to children with or without ASD will depend a lot on the level at which they are presented to them, because if they are more than the children can do, they will give up on them and face a state of frustration that, instead of motivating them to keep insisting until they achieve it, could cause them the opposite.

There are no exclusive activities for children with ASD, but reasonable accommodations to make participation more accessible to them so that it really has an effect on their overall development.

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