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ORIGINAL ARTICLE

Evaluation of the social communication of children up to 12 years old with Autism Spectrum Disorder in a Psychosocial Care Center

Avaliação da comunicação social de crianças até 12 anos com Transtorno do Espectro Autista em Centro de Atendimento Psicossocial

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KEYWORDS
Autism spectrum disorder
Children
Social communication

ABSTRACT

Objective: To characterize social communication in children up to 12 years old diagnosed with Autistic Spectrum Disorder (ASD) treated at the Child Psychosocial Care Center (CAPSi) in Mossoró/RN.
Methods: Exploratory, descriptive, quantitative, cross-sectional study conducted at CAPSi in Mossoró/RN. The data collection was based on the application of questionnaires to parents/guardians to characterize their socioeconomic conditions and their perception of their children. The Language Development Assessment (LDA) instrument for children was used, developed to assess the acquisition and development of language content (semantics) and structure (morphology and syntax). The questionnaires were coded, and the data were tabulated for further statistical analysis.
Results: 33 children and 73 parents/guardians were studied. Most parents/guardians were female (95.9%), aged 30-39 years (mean age 37.6 years predominantly), with a partner (60%), with high school education (45%), and monthly income around one minimum wage (76.7%), having positive attitudes toward their children and noticing difficulties in their communication. In applying the questionnaire to the children, 63.7% presented results within the normal range, while 3% presented mild and 33.3% severe language alterations.
Conclusion: Children with ASD attending CAPSi have language disorders in the pragmatic sublevel, and more than half of the participants did not have morphosyntactic and semantic changes.

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PALAVRAS-CHAVE

Comunicação social
Crianças
Transtorno do espectro autista

RESUMO

Objetivo: Caracterizar a comunicação social em crianças até 12 anos diagnosticadas com Transtorno do Espectro Autista (TEA) atendidos no Centro de Atenção Psicossocial Infantil (CAPSi) da cidade de Mossoró/RN.
Métodos: Pesquisa exploratória, descritiva, quantitativa, transversal, realizada no CAPSi de Mossoró/RN. A coleta de dados baseou-se na aplicação de questionários aos pais/responsáveis, para caracterizar suas condições socioeconômicas e sua percepção sobre seus filhos. Foi utilizado o instrumento Avaliação do Desenvolvimento da Linguagem (ADL) para crianças, desenvolvido para avaliar a aquisição e desenvolvimento de conteúdo (semântica) e estrutura (morfologia e sintaxe) da linguagem. Os questionários foram codificados e os dados foram tabulados para posterior análise estatística.
Resultados: Foram estudadas 33 crianças e 73 pais/responsáveis. A maioria dos pais/responsáveis era do sexo feminino (95,9%), predominantemente na faixa etária de 30-39 anos (média de 37,6 anos), com cônjuge (60%), com ensino médio completo (45%) e renda mensal em torno de um salário-mínimo (76,7%), possuindo atitudes positivas em relação aos filhos e notando dificuldades na comunicação destes. Na aplicação do questionário com as crianças, 63,7% apresentaram resultados na faixa de normalidade, enquanto 3% apresentaram alteração leve e 33,3% alteração grave de linguagem.
Conclusão: Crianças com TEA frequentadoras do CAPSi apresentam alterações de linguagem no subnível pragmático e mais da metade dos participantes não apresenta alterações morfossintáticas e semânticas.

INTRODUCTION

Autism Spectrum Disorder (ASD) is a neuropsychiatric syndrome with early onset and a chronic, nondegenerative course. According to the American Psychiatric Association (APA) in its Diagnostic and Statistical Manual of Mental Disorders (DSM-5), ASD is characterized by behavioral manifestations accompanied by deficits in social interaction, significant changes in verbal and non-verbal communication, behavioral patterns, repetitive and limited stereotypes, difficulties adapting to changes in routine and a restricted repertoire of interests and activities[1], being classified into three levels of severity: Level 3 (requiring very substantial support), Level 2 (requiring substantial support) and Level 1 (requiring support)[1].

The term autism was first defined by the Swiss psychiatrist Eugene Bleuler in 1911, describing this condition as an escape from reality and the inner withdrawal of patients suffering from schizophrenia. Later, the Austrian researcher and child psychiatrist Leo Kanner, through the analysis of a group of eleven children aged between two and eleven years old to whom he assisted, identified as a key characteristic of autism an inability of children to relate normally to their people and situations, providing a concept of illness distinct from schizophrenia, called autistic disorders of affective contact[2]. The children had language disorders and difficulty in social interaction in common, with tendencies toward isolation and indifference to people, objects and everyday situations[2], with such signs noticeable in the first three years of life[3].

The incidence of children diagnosed with ASD has been progressively increasing globally as a relevant type of pervasive developmental disorder (PDD), corresponding to approximately 1% of the world population[4]. According to Teixeira[5], there is an estimated one case of autism for every 42 births of boys, with one occurrence for every 189 girls. In the United States of America, according to data from the Centers for Disease Control and Prevention (CDC), the incidence of ASD corresponds to one case per 44 births, regardless of ethnic, racial, or socioeconomic group[6]. In a recent review, Zeidan et al.[7] indicated a median proportion between men and women diagnosed with ASD of 4.2, with a mean percentage of cases of autism with concomitant intellectual disability of 33%.

Although the etiology is not fully known, there is evidence of a genetic basis as the cause of ASD associated with the complex interaction of many genes that result in a broad spectrum of manifestations[8]. The recurrence rate in siblings of an autistic child varies between 2% and 8%, a higher value than that observed in the general population[9,10]. Furthermore, studies in twins have shown that monozygotic twins have a significantly higher incidence of ASD than dizygotic twins - 80% and 13.6%, respectively[11]. Islam et al.[12] in a study conducted in Bangladesh reported that 14% of the assessed children were linked by heredity, and 10% had siblings with the same problem. Ruzzo et al.[13] point to the association of 16 newly identified genes with ASD, involved with new potential mechanisms such as ionic transport and cytoskeletal structure.

Within ASD, there are nonverbal autistic people with language difficulties, cognitive impairment and stereotypies, and those without cognitive impairment and stereotypies. However, social difficulties are common to all and are even one aspect contributing to the diagnosis[14]. Social communication includes in its competencies various verbal and nonverbal behaviors used in social interaction between individuals[15]. Communication difficulties across all age groups and different levels of language skills in children with ASD are the development of content (semantics) and structure (morphology and syntax)[16].

Children within the autistic spectrum find it difficult to develop language and articulate ideas, which is why intervention with a professional speech therapist contributes significantly to improving the quality of communication of the autistic and, consequently, their

quality of life. The professional specialist in speech therapy has as a major objective the understanding of the diagnosis, qualification and rehabilitation of difficulties/alterations and/or language disorders, also being able to act in different aspects such as written and oral language, audiology, voice, mastication, breathing and the functions responsible for swallowing, however, always giving priority to a biologist and behavioral clinical perspective[17].

Given the above, it is crucial to recognize ASD as a syndrome that causes changes in the development of content (semantics), use (pragmatics), and structure (morphology and syntax) in the child so that the correct intervention is applied to maintain their language/social communication. In this sense, the present study seeks to evaluate social communication in children up to 12 years of age diagnosed with ASD in a Child Psychosocial Care Center (CAPSi) located in Mossoró, Rio Grande do Norte, in addition to characterizing the perception of parents/guardians regarding the children assisted in the CAPSi.

METHODS

Exploratory, descriptive, cross-sectional study with a quantitative approach based on applying questionnaires to parents/guardians and children with ASD registered at the Child Psychosocial Care Center (CAPSi) in Mossoró/RN, from 1 Jan to 30 May 2022. This convenience sampling was carried out during the morning shift (from 7 am to 11 am) and afternoon shift (from 1 pm to 5 pm). The CAPsi assists, on average, 200 children and adolescents monthly, aiming to provide mental health care and encourage patients to integrate into their family and social environment, seeking autonomy through medical and psychosocial treatment.

During the months of collection, 33 children diagnosed with ASD based on the neuropediatric and psychiatric evaluation at the CAPSi who met the inclusion criteria (up to 12 years of age, of both genders and who were regularly attending the CAPSi at the time of data collection) were evaluated.

After reading and signing the informed consent form, the parents/guardians were invited to answer a socioeconomic questionnaire and a questionnaire on the child's communicative skills[18]. The first dealt with sociodemographic aspects (gender, age, color/race, marital status, and maximum schooling completed when filling out the questionnaire). The second, named questionnaire on communicative difficulties perceived by parents of children on the autism spectrum, developed and validated by Balestro and Fernandes[8], consists of 24 questions structured into four domains: the first refers to the impression of parents/caregivers about themselves about their children, focusing on their difficulties in communicating with the child, independent of the communicative context or cognitive-linguistic skills, presenting a greater number of questions, being broader because it focuses specifically on the issue of the parents' social relationships and the communicative profile from a personal perspective.

The other domains (parents' perception of others - people's acceptance of their children, parents' attitudes toward their children, and parents' impression of their children) were divided into two blocks of questions: two communicative and two social questions in each domain. The questions were distributed to balance the themes and their order of distribution interspersed a question from the first domain with a question from another[18], with the questionnaire containing four response options for each question: completely agree, agree, disagree and completely disagree[18]. Questions 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22 and 24 of the instrument correspond to domain 1, with questions 3, 9, 15 and 21 corresponding to domain 2, questions 1, 7, 13 and 19 corresponding to domain 3 and questions 5, 11, 17 and 23 corresponding to domain 4[18].

Concerning children, the instrument chosen was the Language Development Assessment (LDA) questionnaire, developed to assess the acquisition and development of content (semantics) and structure (morphology and syntax) of language[19]. The LDA proposes using different materials for each age group evaluated, with the proposed material being part of the kit that constitutes the test.

The manual containing colored illustrations related to the assessed language ability, concrete material (doll, plate, bell, tennis balls, among others), and the protocol for the application of the LDA containing the stimulus phrases were used to observe the expected behaviors for children six months younger than the assessed child's chronological age. For the classification of language levels, the score proposed by the test was adopted based on the standard score (SS) for each type of language: i) Receptive language: last correct task minus the total number of incorrect answers; ii) Expressive language: last correct task minus total incorrect answers; iii) Global language: sum of the standard scores of receptive and expressive languages, with the SS defined in value ranges between 85 and 115 (range of normality), 84 and 77 (mild language disorder) and equal to or less than 69 (severe language disorder)[19]. The interview and subsequent filling out of the questionnaires by the parents/guardians occurred in the waiting room of the CAPSi, while they were waiting to be seen at the medical consultation or while the children were being attended to the therapies, consisting of a quiet and comfortable environment and free from interference. The filling out of the LDA protocol by the children occurred in an air-conditioned room with the evaluator's presence to ensure a favorable environment with few distractions so the children could respond to the test calmly. The data obtained from the questionnaire application were tabulated using Prism statistical software, version 5.0 (GraphPad Software Inc., San Diego, CA, USA).

The present study received approval from the Ethics Committee and Research with Human Beings (CEP) of the University of the State of Rio Grande do Norte (UERN) (CAAE: 28817720.0.0000.5294, decision nr 3.932.500). The research complied with all ethical guidelines and regulations recommended by the National Research Ethics Committee (CONEP) under resolution 466/12, complemented by resolution 510/2016 of the National Health Council (CNS).

RESULTS

Thirty-three children aged between 2 and 12 years with ASD duly registered in the CAPSi were counted. The sample of guardians accompanying the children during the care corresponded to 73 individuals, predominantly in the 30-39 age group (42%) (Table 1).

Most guardians were female (95.9%) (generally mothers, accompanied by grandparents, without a father figure) (Table 1). The age group presented an average of 37.6 years old, with the minimum age corresponding to 22 years and the maximum of 67 years old. Most guardians indicated having a partner, corresponding to 60.2%. Regarding the maximum level of schooling completed, most guardians had completed high school (45.2% of all respondents), with 6.85% indicating having higher education (Table 1). The average family income corresponded to BRL 1,357.21, with the minimum and maximum incomes being BRL 500.00 and BRL 4,000.00, respectively. Most guardians (72.7%) indicated having a monthly income less than or equal to one minimum wage (Table 1).

Table 2 represents the perception of parents/guardians concerning their children's communicative abilities considering the four possible answers (completely agree, agree, disagree, and completely disagree), with Chart 1 bringing the questions and their respective domains (extracted from Balaestro and Fernandes[18]).

Domain 1 showed a considerable average of responses for agreement and disagreement, varying

Table 1 — Sociodemographic aspects of the sample of parents/guardians (N = 73) from the Child Psychosocial Care Center (CAPSi) in Mossoró/RN, January to May 2022.

Characteristics	N	%
Gender		
Female	70	95.9
Male	3	4.1
Age range (years)		
20-29	16	22
30-39	31	42
40-49	21	29
50-59	3	4
60+	2	3
Marital status		
with spouse	44	60.2
no spouse	29	39.8
Education		
University education	5	6.85
High school	33	45.2
Complete primary education	17	23.3
Incomplete primary education	15	20.55
Illiterate	3	4.1
Family income (minimum wage)		
Less than or equal to 1 MW	56	72.7
Between 1 and 2 MW	13	16.9
Greater than 2 MW	4	5.2
Did not answer	4	5.2

Table 2 — Communicative skills of children with Autism Spectrum Disorder (ASD) assessed (n = 33) at the Child Psychosocial Care Center (CAPSi) in Mossoró/RN, from January to May 2022, based on the perception of parents/guardians. Values in n (%).

Question	Completely agree	Agree	Disagree	Completely disagree
1	32 (43.8)	28 (38.3)	7 (9.0)	2 (2.0)
2	15 (20.5)	20 (27.5)	9 (12.3)	29 (39.7)
3	48 (65.7)	13 (17.8)	7 (9.5)	4 (5.5)
4	10 (13.7)	4 (5.5)	7 (9.5)	52 (71.2)
5	22 (30.1)	25 (34.2)	8 (11)	18 (24.6)
6	32 (43.8)	16 (21.9)	4 (5.5)	21 (28.7)
7	46 (63.0)	14 (19.1)	3 (4.1)	10 (13.7)
8	20 (27.5)	9 (12.3)	11 (15.0)	33 (45.2)
9	46 (63.0)	13 (17.8)	2 (2.7)	12 (16.4)
10	18 (24.6)	19 (26)	7 (9.5)	29 (39.7)
11	35 (47.9)	14 (19.1)	11 (15.0)	13 (17.8)
12	37 (50.6)	13 (17.8)	3 (4.1)	20 (27.5)
13	67 (91.7)	3 (4.1)	3 (4.1)	0 (0.0)
14	39 (53.4)	16 (21.9)	5 (6.8)	13 (17.8)
15	46 (63.0)	16 (21.9)	4 (5.5)	7 (9.5)
16	48 (65.7)	15 (20.5)	4 (5.5)	6 (8.2)
17	40 (54.8)	14 (19.1)	3 (4.1)	16 (21.9)
18	73 (100)	0 (0)	0 (0)	0 (0)
19	29 (39.7)	18 (24.6)	10 (13.7)	17 (23.2)
20	45 (61.6)	5 (6.8)	8 (11.0)	15 (20)
21	52 (71.2)	11 (15.0)	4 (5.5)	6 (8.2)
22	49 (67.1)	12 (16.4)	2 (2.7)	10 (13.7)
23	60 (82.1)	6 (8.2)	2 (2.7)	5 (6.8)
24	66 (90.4)	3 (4.1)	1 (1.4)	3 (4.1)

Chart 1 — Questions and respective domains of the data collection instrument presented to parents/guardians of children with Autism Spectrum Disorder (ASD) assessed (n = 33) at the Children's Psychosocial Care Center (CAPSi) in Mossoró/RN, from January to May 2022. Extracted from Balestro and Fernandes[18].

Question
1. ‡ I don't know how to deal with some of my child's behaviors.
2.* I have difficulty communicating with my child.
3. † I feel that other people don't understand what my child wants to express.
4.* I find it difficult to communicate with my son when it's just the two of us.
5. § I have the impression that my child does not understand what I say.
6.* I have difficulty communicating with my child when there is another person in the same room.
7. ‡ I reach for objects my child points to.
8.* I find it difficult to play with my child.
9. † I realize that some people find it funny when my child tries to express something.
10.* I have difficulty understanding what my child wants.
11. § I notice that my child does not understand what other people say.
12.* I find it difficult to understand what my child feels.
13. ‡ I always talk to my child even if he doesn't talk to me.
14.* I don't know what to do when my child doesn't understand me or when I don't understand him.
15. † I have the impression that people avoid my child.
16.* I am not at ease when I am with my child in public places.
17. § I notice that my child says things that are not appropriate for the moment or context.
18.* I worry about my child's future.
19. ‡ I can't teach my child things.
20.* I feel sad when I notice that my child does not initiate communication.
21. † I realize that people think my child is weird.
22.* I am saddened by my child's apathy or agitation.
23. § I have the impression that my child has few friends.
24.* I would like more information on how to communicate with my child.

* Domain 1; † Domain 2; ‡ Domain 3; § Domain 4.

according to the parents' profiles and not due to ASD difficulties. Domain 2 presented answers predominantly 'I completely agree' and 'I agree', which allowed us to verify that parents perceive and live with difficulties in accepting others in the daily context.

Domain 3 indicated that most guardians see themselves predominantly as having a positive attitude toward their children. It is worth noting that these people attend CAPSi and have access to some information on how to encourage their children. Domain 4, conversely, had responses predominantly in agreement, which allowed us to note that the parents of the studied population demonstrate that they perceive their children's difficulty in understanding what they and others say, making friends, and expressing out-of-context statements.

Table 3 indicates the standard scores of the children evaluated in the application of the LDA questionnaire, with their respective ages, gender, and results of the evaluation. Most children were male (n = 27, 81.8%), with 29.6% (n = 8) presenting severe language impairment, 3.7% (n = 1) presenting mild language impairment, and 66.7% (n = 18) within the normal range. Among the female children (n = 6, 18.2%), 50% had a severe language disorder, with the other 50% presenting within the normal range.

In a global assessment of the children, 63.7% had results within the normal range. In comparison, 3% showed a mild disorder and 33.3% a severe language disorder (Figure 1), emphasizing that the range the test refers to is related to the semantic and morphosyntactic sublevels of the language evaluated by the protocol.

DISCUSSION

Language is a fundamental element in communication between individuals; therefore, the human ability to communicate through signs or symbols is the foundation that forms society as we know it. Thus, humans continually seek to develop or build new methods to improve language and communication. Eventually, however, communication may not be able to be established meaningfully, a situation observed, for example, in children with ASD[20].

This study revealed that most of those responsible for children diagnosed with ASD were female. Such findings corroborate previous descriptions in the

Table 3 — Language Development Assessment (LDA) of the sample of children (n = 33) from the Children's Psychosocial Care Center (CAPSi) in Mossoró/RN, from January to May 2022.

Child	Age (years)	Gender	Standard expressive language score	Standard receptive language score	Default global language score	Result
1	2	Male	50	50	50	SLD
2	2	Male	50	50	50	SLD
3	11	Male	116	122	121	RN
4	6	Male	104	112	109	RN
5	8	Female	62	52	52	SLD
6	9	Male	116	122	121	RN
7	7	Male	104	112	109	RN
8	7	Male	104	112	109	RN
9	7	Male	116	122	121	RN
10	7	Male	116	112	116	RN
11	12	Female	50	50	50	SLD
12	11	Male	104	112	109	RN
13	10	Male	104	112	109	RN
14	12	Female	104	112	109	RN
15	5	Male	50	52	50	SLD
16	9	Male	50	50	50	SLD
17	6	Male	50	50	50	SLD
18	12	Male	50	50	50	SLD
19	7	Female	50	52	50	SLD
20	9	Male	112	116	116	RN
21	8	Male	112	116	116	RN
22	6	Male	104	112	109	RN
23	10	Female	116	122	121	RN
24	9	Male	116	122	121	RN
25	6	Male	52	50	50	SLD
26	8	Female	112	116	116	RN
27	11	Male	104	112	109	RN
28	9	Male	104	112	109	RN
29	9	Male	104	112	109	RN
30	9	Male	104	112	109	RN
31	6	Male	82	82	80	MD
32	6	Male	50	52	50	SLD
33	7	Male	104	112	109	RN

SLD: Severe language disorder; MD; Mild disorder; RN: Range of normality.

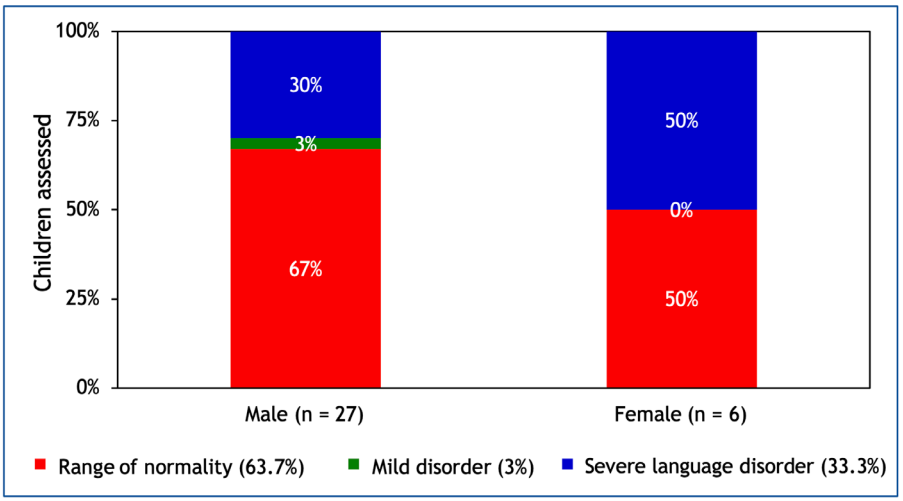

Figure 1 — Global assessment of children's language development based on the LDA questionnaire. 21 children (63.7% of the total) were within normal range, while 1 (3%) showed a mild disorder and 11 (33.3%) had a severe language disorder.

literature that point out that mothers are usually responsible for the closest care for children[21], including issues related to nutritional aspects[22].

The role of the family is preponderant in the diagnosis of ASD[23]. In the present study, 60.2% of the interviewees stated that they had a partner, indicating that they have support to assist in monitoring the development of the child with ASD, while the remaining 39.8% declared that they were not in a relationship at the time of the application of the questionnaire. Such findings indicate that for them, monitoring a child with ASD is a lonely journey, and these separations may be due to the difficulties of behaviors they deal with, the grieving process faced by parents with a diagnosis, and the routine, often exhausting treatment, with such a family condition interfering for treating children with ASD[21].

The development of language from the diagnosis of ASD can also be affected by the way parents or guardians treat children due to the affective nature of relationships, and it is common for parents, upon receiving confirmation of the child's condition, to become apprehensive with the situation, which can cause a change in their behavior[24]. Thus, the family members of children with ASD also deserve attention, care, and emotional and psychological support, which may be reflected in the acceptance of the new family condition[25].

The average participant income was approximately one minimum wage per family, meaning that most participants had a low *per capita income*, which strongly impacts the treatment of ASD[26]. Studies demonstrate a direct association between language delay in children and the state of family poverty[27,28], a condition that can reflect negatively on children with ASD. A study evaluating the sociolinguistic and dietary profile of children from public and private institutions in the city of Fortaleza/CE found a statistically significant difference in pragmatic skills and the acquisition of semantic skills, with a significantly better performance of children from the private institution, evidencing the impact of socioeconomic and cultural conditions in the development of their communication[29]. Thus, it is possible to perceive that low income and access to few stimuli aggravate the language development of children diagnosed with ASD.

Another critical factor to be considered in our study is the educational level of those responsible. Most indicated having completed high school, with few having completed higher education, demonstrating that most parents have the sufficient instructional level to seek therapies and treatments but a certain qualitative lack to which these individuals are being exposed. Even though autism is currently more studied and the understanding of the subject has progressed significantly[30-32], there is still much to be done to improve the understanding of the importance of carrying out appropriate therapies and follow-ups, with the pressing need to implement campaigns by government agencies.

Although the causal factors of ASD remain to be determined, evidence points to genetic factors involved[10], especially those associated with male gender[33]. The present study corroborates this concept, pointing to a more significant predominance of ASD in male children, similar to previous descriptions in the literature[5,7].

The normality range to which the LDA test refers is relative to the semantic and morphosyntactic sublevels of language evaluated by the collection instrument, evaluating children up to 6 years and 11 months old because, in structural terms, it is up to this range where language develops. From then on, only vocabulary is acquired, which varies according to each individual suffering cultural and socioeconomic influences[19]. Based on the findings of the present study, it is possible to see that most children presented pertinent results for their age in these sublevels. It is believed that the high frequency of normality rate existed due to the refusal of some children to perform the tests, inferring that these children who refused have more severe behavioral and language disorders. However, as already mentioned, 33.3% had a low response to language and 3% had mild disorders, demonstrating that a significant portion of the sample had a considerable impairment in their communication.

In ASD, there are language alterations, at least in a pragmatic sublevel, related to understanding metalanguage in different contexts, such as language expressions, acquisition of linguistic symbols, and communicative skills[34]. Our findings indicate that children with ASD attending CAPSi who participated in the research have language impairments at the pragmatic sublevel, with more than half of the participants not showing morphosyntactic and semantic impairments.

One of the study limitations was the sanitary restrictions imposed by the COVID-19 pandemic, which limited the data collection time. Another important factor to consider concerning the findings is the refusal of some children to undergo the tests. Such children who refused have more severe behavioral and language disorders, as the CAPSi work team identified, which may interfere with the percentage of children with severe language disorders evaluated. In addition, the indicated treatment time for children with ASD is significantly longer than the CAPSi offers, with the center facing high demand for the service. Thus, it is necessary to promote solutions based on public policies that address these children more comprehensively and approach what is recommended.

Despite the wide range of information in recent years, it is still not possible to determine the causes for the emergence of ASD and pervasive developmental disorders, being associated with genetics and environmental factors[35], with studies linking traumatic brain injuries during the critical period of child development as an essential risk factor[36,37] due to harmful mechanisms underlying the trauma[38]. It is hoped that the progression of studies will allow a more precise determination of the causes that result in its emergence, considering that early diagnosis offers substantially better results in its remediation, especially in the first months of children's lives[39]. In this sense, implementing publicity campaigns about ASD by government agencies is essential, which would help in the initial diagnosis of this condition, with a consequent positive impact on treatment.

CONCLUSION

This study identified that parents or guardians of children diagnosed with ASD at the CAPSi in Mossoró/RN had low income and average education, perceived and lived with difficulties in accepting others in the daily context, with most of them having an attitude positive about the children, indicating that it is difficult for children to understand what they and others say, to make friends and to express contextualized speeches. Children attending the CAPSi presented language alterations in the pragmatic sublevel, and more than half of the participants did not present morphosyntactic and semantic alterations.

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