



## DAILY LIFE OF A CHILD WITH AUTISM SPECTRUM DISORDER WHO EXPERIENCES ANIMAL-ASSISTED INTERVENTION

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### ABSTRACT

**Objective:** to understand the daily lives of children with autism spectrum disorder experiencing animal-assisted interventions. **Methods:** this is a holistic multiple case study, adopting a theoretical framework from Comprehensive Sociology and Everyday Life. Data production took place from September 2018 to January 2019. The setting was an interdisciplinary clinic in southern Brazil. The sources of evidence were open-ended interviews, field diaries and photographic analysis. Data analysis was based on thematic content analysis. **Results:** there is evidence of a daily life permeated by adjustments to family routine, the importance of sleep in maintaining children's balance, the use of pharmacological therapy and the significant presence of non-pharmacological therapies. **Final considerations:** there is a constant need to adapt the daily activities of the family of children with autism spectrum disorder in order to provide healthy living settings. Therapies are present in this daily routine, both medication and non-medication, especially animal-assisted interventions.

**Keywords:** Daily Activities. Child. Autism Spectrum Disorder. Family. Animal-Assisted Therapy.

### INTRODUCTION

To understand the daily life of a child with autism spectrum disorder (ASD) undergoing animal-assisted interventions (AAI), it is necessary to understand what this daily life is like and what it represents for their family. Daily life is understood as the way of living that is shown in everyday life, expressed by their interactions, beliefs, values, symbols, meanings, images and imagination that outline their process of living, punctuating their life cycle<sup>(1)</sup>.

Families, when faced with a child's disability, seek out professionals on a daily basis who can help them from diagnosis to multiple therapeutic possibilities, health technologies, education and social assistance that meet child care demands<sup>(2)</sup>.

Along this path, they come across complementary therapeutic possibilities that are being indicated and studied, in order to provide a better quality of life for children and their families; among them, we can mention AAI, with the inclusion of animals such as horses and dogs in complementary therapy sessions<sup>(3)</sup>.

When seeking to understand the perspective of parents of children with ASD who participated in an AAI program, they reported that dogs facilitate important therapeutic gains in their children's daily lives, such as improved communication, facilitating child engagement in therapy, increased confidence, motivation to carry out activities, in addition to emotional behavioral regulation, which remained after the activity was carried out<sup>(4)</sup>.

For all these actions to become possible and

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feasible, it is essential to understand family dynamics, ways of living and coexisting in everyday life and, in particular, the meaning of caring for a child with ASD in the family context. The act of understanding goes beyond knowing or being aware, because understanding is hearing or knowing how to hear, which is not necessarily audible to those affected by theoretical deafness<sup>(5)</sup>.

In this setting of a family's daily life with a child with ASD, the question is: what is the daily life of children with ASD experiencing AAI like? Thus, the aim was to understand the daily life of children with ASD experiencing AAI.

It is essential for nursing professionals to recognize these complex family settings. Understanding the daily life of families, which incorporates AAI into their daily routine, from the perspective of Comprehensive and Everyday Sociology, makes visible what is sometimes invisible to these professionals, either because they do not feel prepared to meet such demands or even because they do not demonstrate such a need.

## METHODOLOGY

This is a qualitative study, outlined by the holistic multiple case study, supported by Comprehensive and Everyday Sociology<sup>(5)</sup>. According to the framework, in order to understand reality, it is necessary to consider the affects and the emotional, as this allows the integration of the forces of the imaginary in the holistic understanding that can be had of being-together<sup>(5)</sup>. Understanding the daily life of children with ASD and their family, through the eyes of sensitive reason, combats with serenity and ease the conception of truth as certainty, in which only the quantifiable matters<sup>(5)</sup>.

This manuscript is part of a larger study entitled "*Intervenções Assistidas por Animais no cotidiano de cuidado à criança com Transtorno do Espectro Autista e sua família: contribuições para a promoção da saúde e a Enfermagem*". Its analysis culminated in five categories, and this manuscript will address the category of the daily care of families and children with ASD experiencing AAI.

The study setting was a clinic that provides interdisciplinary care to children with ASD and their families, located in the state of Rio Grande do Sul. Study participants were seven family

members of children with ASD who undergo AAI (identified with the letter F), two key informants (identified with the letters IC) and six professionals who provide or have provided care to children at the clinic (identified with the letter P), thus totaling 15 research participants.

Data collection was carried out through open-ended interviews with a semi-structured script about the daily lives of children and family, field diary and photo analysis. The interviews were conducted by one of the authors of this study, who has experience in qualitative data approaches. Prior to conducting the interviews, the researcher approached the team at the clinic, where professionals work and care for children with ASD.

With family members, the approach was about issues related to the care of children with ASD, children's interaction with animals, treatments that children undergo, children's daily life, children's acceptance of AAI, changes in children after AAI was performed, among other empathetic issues that emerged from family members' statements.

The professional participants of the clinic were asked about what the child was like before AAI was performed, what criteria they use to indicate AAI for a child with ASD, what changes were perceived, how professionals perceive that AAI can help in children's daily life, among other empathetic questions that emerged meanings during the interview. For the key informants cited/indicated by participants/family members of this study, the approach was about their relationship and interaction with children with ASD who undergo AAI, whether they noticed any changes in children after AAI was performed, and meanings that emerged about the object of study and needed to be clarified during the interview.

It is worth mentioning that all cases of children diagnosed with ASD and who undergo AAI at the aforementioned clinic are included in this study. The data production period was from September 2018 to January 2019.

The interviews were scheduled in advance according to participants' availability and audio-recorded after authorization. They were conducted in reserved spaces in the clinic itself and/or at the homes of some participants, according to their choice. The interviews lasted an average of 60 minutes and, immediately after completion, were transcribed in full. They were then sent via email to

participants so that they could validate the content. At that time, participants were informed that they could agree with the entire content, make additions or even request the removal of some parts. Notes in a field diary were made after each day of data collection, and the analysis of AAI photos was supervised by a professional from the clinic.

The interviews were conducted by the main researcher (nurse, doctoral student in nursing, with experience in collecting and analyzing qualitative data), who had no connection with the study participants.

The data were subjected to thematic content analysis, following the three proposed stages<sup>(6)</sup>. Pre-analysis occurred immediately after interviews were conducted, when the researcher immediately transcribed the interviews, simultaneously recording the notes in a field diary. The same occurred with the transcription of the photographic analyses.

Subsequently, the material exploration phase took place, at which point, after the researcher was immersed in the content produced, she searched for words that were more present, more evident expressions, speeches and other impressions recorded in a field diary that made it possible to understand the daily lives of children and their families with ASD who experience AAI. At this point, the recording units were listed and, grouped by affinity, gave rise to the categories.

Afterwards, treatment of results, inference and interpretation began, initially analyzed case by case and, then, between cases, based on the scientific literature with the support of Comprehensive and Everyday Sociology, as framework for understanding the phenomenon investigated.

In the study development, ethical precepts were ensured in accordance with Resolution 510 of April 7, 2016, which determines specific ethical guidelines for the human and social sciences, with a project approved under Opinion 2.815.017. All participants expressed their agreement to participate in the study signing the Informed Consent Form in two copies of equal content.

## RESULTS

When considering the data thematic content analysis, the daily life of the family and children with ASD experiencing AAI was expressed in the following recording units: routine of children with

ASD; impact on the family's daily life; care demands; quality of sleep; drug therapy; non-drug therapies; and benefits of AAI in the daily life of children with ASD.

For this study, five families of children diagnosed with ASD who received or are receiving AAI as a possible form of care were defined as cases. Of the five cases analyzed, two children were female and three were male, with ages ranging from 4 to 12 years. Among the family members participating in the research, five were mothers (case 1, case 2, case 3, case 4 and case 5) and two were fathers (case 1 and case 2), and they were between 30 and 40 years old (four) and 40 and 50 years old (three).

Regarding professionals, two dog trainers participated, one of whom participated in the AAI sessions and the other provided support, a neurologist, a music therapist, a psychopedagogue and a speech therapist, all professionals linked to the clinic where the study was conducted. As key informants, a driver and an occupational therapist participated in this study, referred by the family participant in case 4. There was thus a total of seven family members, six professionals from the multidisciplinary team linked to the clinic and two key informant professionals.

In order to understand the context in which the cases were inserted, it is important to highlight some information regarding AAI. AAI sessions take place on the clinic premises, sometimes in the office, sometimes in an external courtyard and, sometimes, in the adjacent streets and businesses, depending on the objective listed in the session (photographic analysis). The sessions lasted approximately 45 minutes, with a predominantly weekly frequency. The time during which children were attending the sessions varied from five to 18 months. The animal used was a Labrador dog (photographic analysis), selected and trained by a training team specialized in the area (field diary).

The sessions were conducted by a multidisciplinary team, always including a professional responsible for the dog, in this case, the trainer, and another responsible for the child, a health or education professional. The sessions were planned according to health, education demands or meeting the needs that emerged from family members in their daily care (field diary).

The daily lives of families with children experiencing ASD showed that children with ASD

are characterized by a strong attachment to well-defined routines. This routine is sometimes constructed based on children's expressed desires, sometimes on care needs. This context affects the family's entire routine, which needs to adapt and remodel when something new comes into play.

The routines are very strict. My son has a hard time adapting to a routine, but once he has adapted, he follows the routines methodically. So, these routines are planned down to the last detail. (F1)

[...] he always goes with the same taxi driver. Five years we've been here; five years we've been with him. (F9)

When we decide to go out for dinner, for instance, we always choose the same restaurant, which is a quieter restaurant. We go early, because it's not very busy. (F14)

In order to encourage children with ASD in a variety of ways and develop their potential, families try to include their children in a variety of activities throughout the day. These activities are planned and followed daily.

In the morning, he has therapy, in the afternoon, school, and at night he stays with me [...] and on Thursday night, he also has (therapy) with the dog. (F2)

On Tuesday, she goes to (name of clinic) in (name of city) to do the activities [...] on Thursday, we go to (name of clinic) and, on Friday, it's freer. (F3)

On Monday, he wakes up early, has a speech therapist, and then he does music therapy. Then he comes home, has lunch, and goes to school. On Tuesday, it's normal. And on Wednesday, he goes with Jack and does dog therapy. (F6)

At certain times of the day when the routine was not or could not be maintained, children experience states of irritation, probably due to difficulty in dealing with a situation that was not part of their daily routine.

When (child's name) is contradicted, she has about 5 seconds where she wants to hit me. (P4)

If in the morning, I take him somewhere else or change the route, he gets quite angry. (P5)

Back then, they put a gate next to the clinic [...] he had to get out of the car and go into the building. He would stay there for two or three seconds, and then he would go into the clinic. If his mother tried to grab him and take him straight away, he would get angry. (P6)

He leaves the clinic, he has to look at a sign that is pointing up and hit the sign, and there is no one to put him in the car before doing this, it's incredible! (KI1)

The need for (re)adaptation, both in terms of routine and care methods, are activities that are thought out and adapted on a daily basis. The definition of who will carry out activities with the child outside the home as well as specific clothing demands need to be thought out and created in a way that meets the needs, in order to preserve the well-being of children and family.

It happened that my wife carried him alone for 5 minutes in front of the house, and the person judged my wife, insulted her on the street, because he rang a doorbell at a house on impulse [...] so, I am already apprehensive about always having to carry him, because I am afraid of what they might do to her. And he is big, he is strong. He throws himself on the ground in a crisis, there comes a time when only I have the strength to pick him up. (F1)

Now, at this point, the problem is that she takes her clothes off. She takes all her clothes off everywhere. So, today, my mother is begging a seamstress to make her jumpsuits that close in the back. (F7)

When meeting the basic demands for the well-being of children with ASD, sleep quality is a fundamental aspect for the good progress and quality of life of children and, consequently, of the family and other professionals who assist them.

We came to the conclusion, with the doctor and the school, that the night's sleep counts for the next day [...] he always has to be put to sleep between 8:30 and 9:00 p.m. so that he wakes up the next day at 6:00 a.m. and goes to therapy well, has a productive morning and manages to be well. (F1)

The daily routine of caring for a child with ASD can be seen as a path to be followed by family members. This path, permeated by difficulties, mistakes and successes, guides care and, at times, is an unavoidable condition for parents, who are faced with the need to make choices and sacrifices.

Sometimes, we get home from work tired and our work is at 100% peak, and then, sometimes, we can't take it. (F1)

All the time, I spend taking care of her and keeping an eye on her and making sure she can live things. (F3)

Because life is made of choices and both her mother

and I have already accepted and know that we will have to take care of her for the rest of her life. (F4)

I have no patience with other people, but I do have patience with him. All the affection goes to him, he gets the good part of everyone and we take it out on each other (laughs). (F5)

We put together all the programs based on her, everything she will like. (F7)

In this setting, pharmacological therapy is present and helps the family and child in their daily lives, in an attempt to overcome the daily difficulties imposed by the condition of ASD. Difficulty concentrating, inadequate sleep, irritability, agitation and the presence of stereotypies are some of the manifestations in which medication presents good results.

(Name of medication) was for school, the school monitor often changes, he needs it, because it gets disorganized, [...] now, he is using (name of medication), which helps him to be calmer and reduces his irritation levels. (F1)

She takes (name of medication). (F3)

He takes (name of medication). He takes ¼ (name of medication) in the morning and ¼ in the afternoon [...] it's just to control the stereotypies, so now it's reduced by 98%. (F5)

Take (name of medication) three times a day. Take (name of medication) because he is very agitated. (F6)

She uses (name of medication). (F7)

As part of the interventions, homeopathy is present in the daily lives of children with ASD, and has been incorporated into therapy with good results, following medical guidelines.

Melatonin to sleep, and then she uses homeopathic medications that help a little too. (F6)

He is taking homeopathy [...] the (name of supplement) that he is starting to take and a lot of homeopathy. (F7)

In addition to pharmacological therapy, non-pharmacological therapy is present in the daily lives of all cases analyzed. In particular, the most widely adopted non-pharmacological therapies are speech therapy, psychotherapy, occupational therapy, physiotherapy, AAI, music therapy, psychomotor therapy, psychopedagogy and psychology.

[...] canine therapy with the dog [...] he does speech

therapy, occupational therapy, psychomotricity and psychotherapy. And at school, he has Lego, robotics, physical education and music therapy. We see a child psychiatrist. (F1)

He does psychomotricity, occupational therapy, psychology, we go to the psychiatrist once a month, speech therapy and psychopedagogy and, this year, therapy with Tommy (dog). (F2)

She goes to the psychologist, occupational therapist, does psychomotor therapy, and, with the educational psychologist, she does therapy with the dog. (F4)

So, he has speech therapist and psychopedagogue appointments on Mondays and Thursdays. And there has to be music. He does assisted therapy with dogs. He does occupational therapy at the other clinic. He does hippotherapy and physiotherapy. (F6)

In this daily life, AAI represented a milestone in the lives of children with ASD and their families, given the significant changes that this therapy brought about in their daily lives.

He comes calm from the TAA sessions. [...] he doesn't have a crisis. He changes focus with the dog. (F2)

She started to have this obedience behavior after a while after she started the sessions with the dog. (F4)

Today, he has a much greater tolerance for frustration, the issue of language is much better, the issue of affection is a sensational improvement [...] the issue of touch is much better, the issue of hugs, the affection that he didn't seek. (P2)

His interaction with people improved, even in his relationship with his own family. (KI2)

The patient (child's name) has been improving more and more, his socio-affective skills have improved and, as a result, verbal communication has begun to develop. (P3)

Soon after, after two months of therapy, his first word was "dog," but it wasn't a perfect pronunciation. Soon after, he started saying "water," "dog," "mom," and "no". The most obvious thing is that they develop language much better, they develop literacy skills. (P5)

The daily lives of families and children with ASD are reconfigured once the diagnosis is made. Changes and adaptations to the routine are necessary to meet the demands of children's condition. It is clear that quality sleep is a key factor in maintaining children's balance and well-

being. In this regard, families seek pharmacological and non-pharmacological therapies to alleviate symptoms that can sometimes reduce children's quality of life and also to encourage children in a variety of ways.

## DISCUSSION

The way of life, the way of being, thinking, positioning oneself and behaving in relation to others and nature defines the daily routine. The daily routine of a child with ASD expresses the family's way of life and how it adapts to outline a daily routine of care for the child based on their needs. In this setting, the demands of a child with ASD are not static or standardized.

The impact of an autism diagnosis on a child redefines the entire meaning of caring for a child, as previously understood by family members. It is necessary to reinvent oneself, reorganize family dynamics and, above all, reconfigure what is considered normal<sup>(7)</sup>.

When thinking about this daily care, it is necessary to understand it as a shifting terrain that requires adequate<sup>(8)</sup> and non-linear treatment, permeated by needs, often incomprehensible by the logic of society, but acceptable from the perspective of sensitive care.

The process of caring for a child with ASD is based on the fluidity of the rhythm of life, which is the daily dynamics of activities and rest<sup>(5)</sup>, on the routines, on the ways of caring, living and (co)existing of the family group, which adapts in order to guarantee the basic needs of the child, such as social interactions, food, sleep and drug or non-drug therapies. These peculiarities can culminate in changes to the family routine, renunciation of activities, overload of care, adaptation of activities with children with ASD and financial difficulties<sup>(9)</sup>.

Hence, in a study on the demands for care during hospitalization of children and adolescents with special health needs (CSHCN), nursing professionals highlighted the complexity of their conditions and the challenge of providing care that takes their singularities into account. They also pointed out that the family plays a fundamental role, because, in addition to providing comfort and attention<sup>(10)</sup>, it shares important aspects about the ways of caring that are used in daily life, demonstrating that technical-scientific competence

is not sufficient for the unique and comprehensive care that a CSHCN requires.

By understanding the daily life of a child with ASD experiencing AAI, it can be seen that children's routine, which is intertwined with the routine of the entire family, is, in short, circumscribed by their demands. The family's daily routine needs to be rethought and readjusted in order to meet children's needs, whether they arise from their behavior, full-time care or the performance of numerous therapeutic activities, implying adjustments in the social, emotional and professional life of caregivers<sup>(11)</sup>.

In their daily lives, the family identifies that certain behaviors on certain occasions are aggressive and unusual. When this happens, they observe, analyze and try to understand what may have triggered such behaviors so that they can prevent their recurrence<sup>(12)</sup>.

The need to maintain the same routine schedule, take the same route when leaving home, visit places with which children are already familiar in order to avoid stressful situations, and maintain previously planned activities in agreement with children represent some of the adaptive strategies that the family adopts in order to maintain children's well-being. Thus, the decline of individualism to meet the specific demands of one of the family members outlines the contours of the family of children with ASD, expressing the nuances of postmodern times.

The synergy between so-called opposing entities, in this case, the atypical behavior of a child with ASD and the typical behavior of other family members, and the situations they represent combine to produce a daily life. This synergy produces and expresses a complex society that requires a complex analysis<sup>(8)</sup>.

Family reorganization, in order to build a daily routine of care appropriate for children with ASD, has consequences for their primary caregiver, who is usually the mother. Some of these consequences are sometimes positive, such as the completion of tasks and support from family, friends and neighbors for demands beyond direct care of children, and sometimes negative, such as mental and physical health problems, financial problems and difficulty in reconciling with other demands of daily life<sup>(13)</sup>. The care needs of these children are incessant and exhausting, requiring a reorganization of the entire family structure in

order to develop strategies that enable effective care<sup>(2)</sup>.

When considering family daily life, sleep quality and duration were shown to be decisive for the quality of the daily life of children with ASD and their families. Sleep disorders are present in 68% of children with ASD, negatively impacting the quality of life of children and the well-being of their families<sup>(14)</sup>. Family members of children with ASD mentioned the main difficulties related to sleep during sleep and waking up. In their understanding, sleep problems negatively impacted children's communication and social interactions<sup>(14)</sup>.

Children with ASD are more likely to develop sleep disorders, such as difficulty falling asleep, delayed sleep onset, nighttime awakenings, or even poorer sleep quality. These factors appear to be related to changes in the amount of melatonin, and can cause behavioral changes and daytime social withdrawal<sup>(14-15)</sup>. In order to minimize difficulties and maintain sleep quality, the family of children with ASD uses allopathic medicinal strategies associated with homeopathy.

In addition to improving sleep quality, pharmacological therapies help reduce atypical behaviors in children with ASD. It is known that ASD causes children to exhibit certain behaviors inherent to the spectrum, such as agitation, irritability, hyperactivity, and stereotypies. In order to minimize the impact of these behaviors on their daily lives, supported by a multidisciplinary team, families rely on medications that have been shown to be effective in reducing these behaviors.

Although the effectiveness of these drugs is still limited, the use of risperidone for children with ASD is also a reality in developed countries, such as Canada and the United States. In addition to risperidone, aripiprazole has been approved by health authorities to reduce symptoms associated with ASD<sup>(16)</sup>. In order to reduce sleep disorders, behavioral interventions and melatonin are used as a pharmacological treatment<sup>(17)</sup>.

The role of nutrition has also been investigated regarding its benefits in the daily lives of children with autism; however, this practice needs to be supported by rigorous and controlled clinical studies. In a systematic review, the relationship between omega 3 and vitamin D supplementation and autism symptoms was assessed, and it was concluded that the results are still weak in terms of

reducing these symptoms, and therefore there is no indication for their use<sup>(18)</sup>.

Another ally, if not the most present in the daily care of children with ASD, are non-pharmacological therapies. This study highlights a wide range of them, such as AAI, speech therapy, music therapy, psychopedagogy, occupational therapy, psychomotor skills, psychotherapy, hippotherapy, homeopathy and herbal medicines.

Non-pharmacological therapies are important adjuvants in the reestablishment, even if partial, of the quality of life of children with ASD and their families. The use of non-pharmacological therapies in the care of children with ASD, found in this study, supports national and international studies<sup>(19-20)</sup>.

Studies show that music therapy is beneficial for the development of children with ASD. Through this, it is possible to see an improvement in children's social and communication skills, in addition to developing their attention and motor skills, encouraging interaction and, in some cases, reducing social isolation<sup>(21)</sup>. However, it is worth noting that studies assessing the benefits of this practice are still scarce, and there is no rigorous scientific evidence that such benefits are maintained over time<sup>(22)</sup>.

Behavioral therapies, stimulation of motor and cognitive skills development, and communication strategies directed by physiotherapists, speech therapists, occupational therapists and psychologists are also used. Integrative practices can be used to promote happiness in autistic children, highlighting their interest in music<sup>(12)</sup>.

AAI is the setting for this study and has been used with good results in the autistic population. In a study that aimed to investigate the perception of parents and therapists about the behavior of children with ASD after being subjected to one of the AAI modalities, an increase in positive gestures and facial expressions in children and greater interaction among peers were observed, a reduction in self-aggression and repetitive stereotyped movements as well as an improvement in voice communication and creativity<sup>(19)</sup>. According to Maffesoli, the human relationship with nature, as well as with animals, tends to consolidate the process of daily life. Therefore, intellectual analysis can no longer ignore it<sup>(8)</sup>, but incorporate it into the ways of caring.

In order to explore the potential of children

with ASD, promoting their care and autonomy, other complementary therapies are advancing in this area. Among them, we can highlight the mindfulness intervention in children and families with ASD<sup>(19)</sup>, supplementation of vitamins, minerals and gluten-free diets<sup>(21)</sup>, and, finally, the use of information technologies through robot-assisted therapy and interventions in computer games<sup>(21)</sup>.

It was not the intention, in an illusory way, to firmly grasp an object, to explain it and exhaust it. We tried to describe the understanding of the contours of this daily life, its movements, its hesitations, its successes and its various surprises<sup>(8)</sup>, in order to make visible the needs that the family group presents.

Limitations include the small number of families contextualized as cases in this study, inserted in an intentional sample when delimiting a clinic as the study setting. However, when considering multiple case studies as a method, the results evidenced by the experiences of these five families with a child with ASD may present

similar conditions in families living in the same context.

## FINAL CONSIDERATIONS

The daily lives of children with ASD and their families experiencing AAI contextualize an adaptation by family members to meet the needs of their children and provide daily care. Evidence indicates that they need to act, react, cope and build a new daily routine to care for children with ASD. Adaptations to the family routine involve providing comprehensive and attentive care, living with the (un)expected, in the face of small changes in children's life, devising strategies and seeking professional support and complementary forms of healthcare, a new understanding of care.

As a contribution of this study, the results indicate greater visibility of the daily life of children with ASD and their families, the benefits of non-pharmacological therapies associated with conventional therapies, especially therapies that involve animals in the daily life of these children.

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## QUOTIDIANO DE CRIANÇA COM TRANSTORNO DO ESPECTRO AUTISTA QUE VIVENCIA INTERVENÇÃO ASSISTIDA POR ANIMAIS

### RESUMO

**Objetivo:** compreender o cotidiano de crianças com transtorno do espectro autista em vivência de intervenções assistidas por animais. **Metodologia:** trata-se de estudo de casos múltiplos holístico, adotando referencial teórico da Sociologia Compreensiva e do Quotidiano. A produção de dados ocorreu de setembro de 2018 a janeiro de 2019. O cenário foi uma clínica interdisciplinar no sul do Brasil. As fontes de evidências foram entrevista aberta, diário de campo e análise fotográfica. A análise dos dados pautou-se na análise de conteúdo temática. **Resultados:** evidenciam-se um cotidiano permeado por adequações na rotina familiar, a importância do sono na manutenção do equilíbrio da criança, o uso de terapia farmacológica e a presença expressiva de terapias não farmacológicas. **Considerações finais:** torna-se constante a necessidade de adaptação das atividades cotidianas da família da criança com transtorno do espectro autista, a fim de propiciar cenários de vida saudáveis. As terapias estão presentes nesse cotidiano, tanto medicamentosas quanto não medicamentosas, em especial as intervenções assistidas por animais.

**Palavras-chave:** Atividades Cotidianas. Criança. Transtorno do Espectro Autista. Família. Terapia Assistida Por Animais.

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## COTIDIANIDAD DE NIÑO CON TRASTORNO DEL ESPECTRO AUTISTA QUE VIVE INTERVENCIÓN ASISTIDA CON ANIMALES

### RESUMEN

**Objetivo:** comprender la vida cotidiana de niños con trastorno del espectro autista en la experiencia de intervenciones asistidas con animales. **Metodología:** se trata de un estudio de casos múltiples holístico, adoptando el referencial teórico de la sociología comprensiva y del cotidiano. La producción de datos se llevó a cabo desde septiembre de 2018 hasta enero de 2019. El escenario fue una clínica interdisciplinaria en el sur de Brasil. Las fuentes de evidencia fueron entrevista abierta, diario de campo y análisis fotográfico. El análisis de los datos se basó en el análisis del contenido temático. **Resultados:** se evidencian un cotidiano envuelto por adecuaciones en la rutina familiar; la importancia del sueño en el mantenimiento del equilibrio del niño; el uso de terapia farmacológica y la presencia expresiva de terapias no farmacológicas. **Consideraciones finales:** se hace constante la necesidad de adaptación de las actividades cotidianas de la familia del niño con trastorno del



espectro autista, a fim de propiciar cenários de vida saudáveis. As terapias estão presentes em este cotidiano, tanto medicamentosas como não medicamentosas, em especial as intervenções assistidas com animais.

**Palabras clave:** Actividades Cotidianas. Niño. Trastorno del Espectro Autista. Familia; Terapia Asistida con Animales.

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