

The Challenge of Educating Children with Autism: A Case Study Documentation

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Abstract:

Autism is one of the most complex mental disorders affecting individuals. Despite its various symptoms, which differ from case to case, it is classified as a chronic condition with no definitive cure. However, support and intervention remain key methods in helping individuals with autism develop their skills, reduce symptoms, and attain a level of independence that facilitates their integration into society. This presentation will address these aspects.

Education is a critical process for social integration. While schooling is a typical stage in the lives of neurotypical children, it presents a challenging and complex experience for children with autism, even in developed countries. In Algeria, this stage remains particularly prolonged for children with such disabilities. This presentation will explore the challenges of educating children with autism in Algeria through a case study of a girl named Maria.

Keywords: Autism; Social; Integration; Education; Algeria.

1– Introduction

The introduction to the article should contain an appropriate introduction to the topic, then present the research problem and develop appropriate hypotheses, in addition to defining the research objectives and methodology, as well as the main axes of the topic.

The first description of autism syndrome and the identification of its early detectable symptoms were provided by the American psychiatrist Léo Kanner in 1943. He observed that this disorder is characterized by isolation, difficulty in establishing relationships with others, language development disorders, and repetitive and limited behaviors lacking spontaneity and creativity.

However, with the advancement of research in the field of psychopathology, autism has become a topic of significant debate among specialists regarding its causes, symptoms, and methods of care and treatment. Various explanatory theories have emerged, including psychological, social, and biological perspectives. Despite this progress, autistic children remained confined to psychiatric clinics for many years, with little attention paid to their right to education and schooling alongside their peers in mainstream schools.

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Education is a fundamental concern globally, as the advancement of nations is often measured by the absence of overcrowded prisons and the schooling of their children. Education serves as a gateway to securing other essential rights, such as the right to work and the acquisition of various social skills. Furthermore, education fosters openness and balance for both individuals and society.

In principle, the right to education is enshrined in numerous legal and legislative texts. However, its practical implementation faces obstacles, particularly for specific groups such as autistic children. This challenge is especially pronounced in certain countries, including Algeria.

Belgium, France, Canada, and the United States are among the pioneering countries in fostering social inclusion in the field of education for individuals with this complex disorder.

Taking France as a model, the French law recognized in 1975 the right of children with disabilities to education (Lelord & Sauvage, *Childhood Autism*, 1990, p. 119). However, the rights of autistic children were not formally acknowledged until 1996, when they were officially categorized as part of the group with special needs. This recognition was solidified through the implementation of the General Action Plan outlined on February 11, 2005, which emphasized equal rights and opportunities.

In the field of education, a significant milestone was achieved with the Ministerial Circular of March 8, 2005, which specifically addressed autism and related disorders.

Turning to Algeria, the situation is markedly different. Discussions about the integration and education of autistic children remain limited. Diagnosing autism is highly complex, and families often seek professional help only at advanced stages of the condition, when the child's situation has significantly deteriorated or the child has surpassed the legal school age. This delay is exacerbated by the lack of a comprehensive educational policy tailored to this group, despite the fact that Algerian law guarantees the right of every child to access educational programs that consider their psychological and physical needs (Law 08-4, 2008).

This situation reveals a legal gap. While the law implicitly covers all groups, its application is vague and unclear. As a result, school administrators often resort to personal judgments and decisions, either refusing admission to these children or expelling them once teachers notice their differences and atypical behaviors.

Therefore, in this presentation, we will aim to shed light on the reality of schooling for autistic children in Algeria, as part of an exploration of identity, essence, and meaning. We seek to answer the following questions:

- What defines the identity of an autistic child?
- What are their educational rights?

- How do aspects such as diagnosis, care, integration, and learning shape their identity?
- Does this process achieve the ultimate goals of identity formation?

This will be illustrated through the case study of a child named Maria.

2– What is Autism?

2.1– Historical Overview of the Disorder

Before the 19th century, there was little to no discussion about mental and psychological disorders affecting children. Researchers believed that all mental and psychological disorders impacting personality were attributed to intellectual deficiencies or developmental impairments in cognitive abilities. Later studies, however, confirmed the existence of psychoses and neuroses even in children.

The first person to discuss autism was Léo Kanner, based on his observations of eleven patients. He noted that their symptoms were distinct from those of individuals with schizophrenia, even though the two conditions had long been considered similar. Kanner labeled this group of symptoms as "autism" and published an article titled *Autistic Disturbances of Affective Contact* (Carole & Bruno, 2003, p. 08).

His colleague, Hans Asperger, also documented his observations of a group of cases, which he referred to as "autistic psychopathy." He found that these cases exhibited symptoms similar to those described by Kanner.

The term "autism" itself was first introduced to describe a condition affecting an individual's personality by Eugen Bleuler in 1911. He observed that among patients with schizophrenia, there was a subgroup that appeared to retreat into themselves, behaving as though they were detached from the external world, living in isolation but still capable of interacting with their surroundings (Ritvo & Laxer, 1983, p. 14).

The psychiatrist Bruno Bettelheim was one of the first to explore the etiology of autism, proposing that it arises from a dysfunction in the mother–child relational dynamic. He suggested that the nature of emotional and sensory interaction, whether quantitatively or qualitatively, plays a role in the development of autism. Bettelheim was thus the first specialist to place mothers under scrutiny, effectively holding them responsible for their child's condition.

This controversial stance created a critical situation, leading mothers to experience intense feelings of guilt, perceiving themselves as failures for their inability to provide emotional support to their children. He interpreted the behaviors exhibited by autistic children as manifestations of emotional deprivation, which hindered their ability to engage and connect with their primary relationship—the mother. This deprivation, according to Bettelheim, resulted in the child's inability to invest in both internal and

external environments, triggering a gradual withdrawal. Over time, the child would sever ties with the external world entirely.

To address this, specialized centers were established for this group, with the initial step after diagnosis being the isolation of autistic children from their families, deemed "pathogenic." The goal was to rebuild a healthy relationship, during which families underwent specialized training to understand their children and learn how to care for them (Sauvage, 1988, p. 129).

In Europe, notable contributions included those of Van Krevelen in the Netherlands and Louis Stern, who, in 1952, identified autism as a distinct syndrome, differentiating it from other mental and psychological disorders affecting children. By 1980, autism was officially recognized as a separate condition from childhood psychoses. It was reclassified under developmental disorders and incorporated into the diagnostic frameworks of mental and psychological health classifications, such as CIM-9 and DSM-III.

Currently, the term "autism" is used to refer to a developmental disorder that affects the processes of social interaction and communication. It manifests in children at a very early age, often within the first months of life.

With the growing body of research in this field, autism is now recognized as a complex, multifaceted condition with multiple causes, making it a subject of significant debate. This raises important questions: What is autism? What are its causes? What are the explanatory theories behind it? And how can it be diagnosed and managed?

2.2– Definition of Autism

The term "autism" was first introduced by Léo Kanner to describe a group of children who appeared healthy and normal physiologically but displayed significant differences psychologically and behaviorally compared to their peers. The word "autism" originates from the Greek word *autos*, meaning "self," referring to the individual's inward focus.

The signs of autism often appear very early, typically within the first few years of a child's life. Its symptoms can be summarized across four primary areas:

2.3– Autistic Isolation

This refers to what Kanner described as "aloneness," or a state of profound solitude. It is characterized by autistic withdrawal, where the child appears almost deaf, seemingly unaffected by noises, voices, or even the environment around them. To observers, the child may appear as though they neither hear nor react to external stimuli.

The autistic child appears to pay no attention to objects or people. However, closer observation reveals that they possess selective memory and perception. They may

be hypersensitive to certain types of sounds while ignoring others, regardless of the volume or nature of the sound. For instance, they might notice the faint sound of a coin but remain entirely indifferent to the loud noise of a jet plane, or vice versa.

Additionally, they exhibit a highly distinctive visual ability, often referred to as "peripheral gaze" or "fleeting gaze," where their eyes seem to simultaneously penetrate and avoid objects and people. This gaze is frequently fixed on the horizon, giving the impression of detachment and abstraction.

When it comes to people, whether children or adults, the autistic child shows no attention to them and behaves as if entirely alone. For them, others seem to have no existence. However, they may focus on a specific part of a person rather than the whole, perceiving them through a particular detail. For instance, they might notice moving lips, a small part of their clothing like a shirt button, or specific colors on their shoes.

If we attempt to force them to engage with us or acknowledge our presence, their response is often intensely negative. This can lead to a state of anxiety or agitation, sometimes accompanied by aggressive behaviors—either directed at themselves (self-aggression) or others (crisis of agitation).

Regarding their interactions and interests in objects, these are also highly selective and often unrelated to the context. For example, their attention might become compulsively fixated on a small part of an object, such as the wheel of a toy truck, which they might spin for hours without any apparent purpose. Unlike other children, their play lacks symbolic meaning or imaginative intent.

Their relationship with their own body is highly unusual. They may play with their fingers, sway their body, or spin in circles. They do not express emotions in a conventional way, laughing without apparent reason or remaining expressionless for no discernible cause. These emotional reactions lack any social or relational context.

2.3.1– The Need for Stability

This refers to the autistic child's intense need for constancy and sameness in their environment. It is a compelling requirement for everything around them to remain in its usual place, particularly in their physical surroundings. For instance, their bed, television, chair, wardrobe, and even specific colors must remain unchanged. This need for stability is crucial to their sense of comfort and security.

Their blankets, clothing, and other belongings are integral to their sense of stability. Families often face significant challenges in changing their clothes or bedding, even when such changes are urgently needed. The autistic child continuously seeks constancy in everything because this stability serves as a reference point for maintaining their calm and balance. They perceive the external world as an extension of their

psychological and physical being, which is why their behaviors are highly ritualistic and repetitive.

The physical environment around them plays a crucial role in defining their sense of self. For example, if a chair is moved from its usual place, the autistic child may perceive this as a brutal and disorienting act, akin to the removal of an essential part of their own body. The chair, in their perception, has become an inseparable part of their physical identity.

Similarly, they may feel an urgent need to complete sentences, words, or melodies they are accustomed to hearing. If this continuity is disrupted, it can trigger intense episodes of panic and anxiety that are exceedingly difficult to manage or control.

2.3.2– Repetitive Behaviors

Repetitive behaviors in autistic children can be categorized into two types:

A. Behavioral Stereotypes

This refers to the tendency to repeat specific movements and actions. Examples include hand or finger movements (e.g., flapping or tapping), repetitive arm movements resembling bird wings, spinning around, or rocking in various directions.

In some cases, these repetitive behaviors are highly complex and involve touching various parts of the body, engaging in certain self-stimulatory actions, interacting with clothing, food, or even activities related to bodily functions.

For the autistic child, these repetitive behaviors are essential. They represent a self-developed mechanism to perceive their existence and maintain a sense of continuity.

B. Verbal Stereotypes

Verbal stereotypes manifest in autistic children once they acquire language. However, due to linguistic disorders, both in terms of quantity and quality, many autistic individuals may never fully acquire language throughout their lives. Instead, their speech might remain limited to incomprehensible vocalizations, confined to pre-linguistic stages with no meaningful content or significance.

For those who do acquire language, the linguistic disorder is typically qualitative. Their speech lacks communicative intent or purpose, exhibiting an *absence of communicative value*. This often presents as:

- Echolalia: The repetition of words or even entire sentences.

Difficulty with pronoun use: Specifically, the inability to use the personal pronoun "I." Instead, they refer to themselves in the third person. For example, instead of saying "I want to eat," they would say, "He wants to eat."

This characteristic reflects a fundamental disruption in their ability to establish a functional and meaningful use of language for interaction and self-expression.

Regarding intelligence and cognitive abilities, an autistic child may not necessarily experience intellectual disability. However, the nature of the disorder and the domains it affects often create the impression that the child is intellectually impaired. Autism is primarily characterized by difficulties in social interaction and communication, which makes the learning process challenging and complex.

In some cases, autism is accompanied by other associated disorders, such as intellectual disability or hyperactivity (Mazet P., Hozell D., 1978, p. 72).

2.4– Diagnosis

The diagnosis of autism relies on a set of behavioral symptoms as well as the case history and its developmental trajectory. In the initial phase, the clinician gathers information through interviews with the family and direct observation of the child during examinations. Indirect observations, such as family-recorded videos showing the child in various situations (e.g., playing, eating), also play an essential role.

In addition, several diagnostic tools are available, including psychological assessment scales like C.A.R.S. (Childhood Autism Rating Scale) and DIR (Developmental, Individual-Differences, Relationship-Based Model). These tools act as diagnostic scales, aiding in identifying the severity of symptoms, pinpointing the child's areas of weakness, and assessing the diversity and intensity of symptoms, which vary significantly from one case to another (Chossy, 2003, p. 37).

2.5– Differential Diagnosis

Autism can currently be detected as early as 18 months of age. However, differential diagnosis is often necessary due to the similarity of its symptoms to those of other childhood disorders. Examples include:

- Atypical Autism
- Rett Syndrome
- Hyperactivity
- Intellectual Disability
- Asperger's Syndrome
- Pervasive Developmental Disorders (PDD)
- Childhood Disintegrative Disorder

Differentiating autism from these conditions is critical to ensure accurate diagnosis and appropriate intervention.

3– Managing Autism

Autism is a syndrome that affects various domains and dimensions of a child's personality. It is a chronic condition with no definitive cure to date. Regardless of the effectiveness and noticeable outcomes of intervention, an autistic child will continue to exhibit traits of autism throughout their life.

Management is, therefore, an effort to assist the child in understanding themselves and their environment, enabling them to communicate, achieve independence, and integrate socially. However, this process remains relative and varies significantly from one case to another, influenced by multiple factors such as the child's psychological and emotional predispositions, the type of therapy provided, and its timing during different stages of the child's development.

What characterizes this process is its multidisciplinary nature, encompassing several key fields: educational, pedagogical, and therapeutic domains. This approach is typically carried out by a specialized team that includes a psychiatrist, psychologist, speech therapist, sensory-motor therapist, specialized educators, and nurses. These professionals often work within specialized centers or facilities known as day hospitals dedicated to this type of care.

Families often seek diagnostic clinics when they notice that their child is experiencing delayed language development or auditory difficulties. The last resort for most families tends to be specialized psychiatric clinics.

4– The Autistic Child and the Therapeutic Plan

In Algeria, the therapeutic plan is divided into two parts:

- Institutional and Internal Approach This involves admitting children to specialized autism centers, which are scarce across the country. Such facilities are primarily located in major cities like Algiers, Oran, and Constantine. Other regions are limited to outpatient diagnostic and follow-up units.
- External Individual Approach This refers to the continuation of the therapeutic plan outside the institution, aimed at integrating the child into society. However, the most critical and challenging stage in the social integration process for an autistic child remains education and learning.

4.1– Types of Care

4.1.1– Educational Support

This type of care focuses on the child's educational needs and development.

Every child has the right to education, whether they are neurotypical or have a disability. A child who cannot engage in any form of interaction or learning risks

becoming socially isolated, losing the ability to understand themselves, develop language skills, spatial motor awareness, or maintain their cognitive abilities (Ritvo & Laxer, 1983, p. 90).

Education for autistic children requires specific considerations that address their unique needs and challenges. Unlike their peers, learning is neither a natural nor spontaneous process for them. Educational programs for autistic children are therefore specialized and incorporate a *psycho-educational* dimension.

4.1.2– Psycho-Educational Programs

These programs are designed to integrate psychological and educational approaches, tailored to the individual needs of the autistic child.

The clinical specialist carefully identifies the psychological and relational abilities and challenges of the child using specific assessments. Based on these findings, a tailored psycho-educational program is developed and implemented collaboratively with the entire team responsible for the child's care.

The psycho-educational rehabilitation process involves both individual and group interventions, meaning the child receives one-on-one attention while also participating in group sessions with peers who share similar disabilities.

This process is not straightforward, as it focuses primarily on fostering communication, building relationships, and encouraging the child to interact, ultimately helping them break free from their isolated world.

4.1.3– Educational Interventions

Educational interventions follow specialized programs. Among the most prominent psycho-educational approaches to date are TEACCH, ABA, and PECS.

4.1.4– TEACCH Program

The TEACCH program (Treatment and Education of Autistic and Related Communication-Handicapped Children) is designed for autistic children across all age groups.

Since its development by Eric Schopler following the diagnosis of autism, the TEACCH program was officially adopted in 1972 in the United States. Today, it is a globally recognized program implemented in many countries for the education and rehabilitation of autistic children.

4.1.5– ABA Program

Applied Behavior Analysis (ABA) focuses primarily on behavioral training. Its primary goal is to teach autistic children behaviors that facilitate social adaptation while

reducing pathological symptoms and behaviors. This is achieved using the principles of learning theory. The main objectives of the program can be summarized as follows:

- Encouraging the development of new, appropriate behaviors.
- Reinforcing their occurrence.
- Ensuring their sustainability.
- Promoting their generalization across various contexts.

4.1.6– PECS Program

The PECS (Picture Exchange Communication System) program is another widely used approach.

The PECS (Picture Exchange Communication System) program utilizes pictograms to facilitate communication. It was introduced in the late 1980s by Dr. Andy Bondy, a behavioral therapist, in collaboration with Lori Frost, a speech therapist.

This method was theoretically developed to address the challenges autistic children face in perceiving and internalizing the external world, which often results in severe language impairments. As mentioned earlier, these impairments can extend to the inability to acquire language or use it effectively for communication.

PECS was specifically designed with the understanding that autistic children often have strong visual memories but struggle to reach symbolic and abstract levels of cognitive functioning.

They discovered that by representing the surrounding world through a series of images, autistic children could use these visuals to communicate. For example, if a child wants to eat, they can display an image representing the act of eating, and similarly for other social situations. This approach enables autistic children to use pictograms both at home and in other environments such as school or the street.

The PECS system complements other methods like TEACCH and ABA by:

- Encouraging and enhancing interaction between the child and their parents.

Reducing behaviors associated with internal and external conflicts and promoting the child's self-confidence and sense of self through activities that foster belonging and connection to their environment, especially through play.

In a study conducted in 1991, Zepella found that two out of ten children showed significant improvement after undergoing treatment using this method. Various therapeutic approaches based on psychoanalysis have since been derived from these findings, including:

- Institutional Therapies
- Cognitive Behavioral Therapy (CBT)
- Family Therapy

- Individual Psychotherapy
- Pedagogical Interventions

5– Therapeutic Care

5.1– Medication–Based Treatment

This type of treatment serves as a secondary, complementary approach rather than a primary intervention for autism. Its primary goal is to alleviate the severity of symptoms, particularly in cases of profound autism, where the child may experience severe insomnia, self-injurious behaviors, aggression toward others, anxiety, and agitation.

However, its use is approached with significant caution in most pediatric psychiatric clinics due to the adverse side effects associated with anxiolytics (anti-anxiety medications) and neuroleptics (antipsychotic medications). These medications can negatively impact brain development, especially in children. Such side effects are particularly concerning because they can interfere with the developmental processes critical for a typical child, let alone a child already facing psychological and cognitive challenges.

5.2– Psychotherapy

Psychotherapy for autism primarily relies on psychodynamic theory. In its early stages of understanding, autism was viewed as a result of disruptions in emotional and affective relationships between the child and their environment, particularly their initial relational bonds. This approach focuses on analyzing and addressing the quality of these relationships.

For many years, psychoanalysis regarded autism as a form of childhood psychosis. Scholars such as Tustin, Meltzer, Bettelheim, and Mahler explored autism extensively and applied psychodynamic therapy to autistic individuals. They theorized that an autistic child lacks a cohesive sense of self, having not yet reached the stage of ego development. Instead, the child is thought to possess what they termed "the almost self".

The objectives of this type of therapy include:

- Establishing emotional connection and communication.

6– The Autistic Child and Schooling

The schooling of autistic children is part of the broader effort to integrate children with disabilities into regular schools. It represents a continuation of an educational pathway tailored to the needs and requirements of each child who requires care and support. Ideally, these schools should be located near the child's residence, similar to the schooling arrangements for neurotypical children.

In this process, the psychologist plays a pivotal role as the primary evaluator capable of providing a precise assessment of the psychological and cognitive abilities of each autistic child. This evaluation is crucial in facilitating their enrollment or reintegration into a regular school.

The psychologist relies on their specialized training and expertise, employing various tools and techniques, such as projective and psychometric tests. These methods, as outlined by the ethical standards of the psychology profession, are critical to accurately evaluating the child's needs. Such professional practices are upheld not only in Algeria but globally, even in cases where psychologists lack a formal ethics council to oversee and regulate their practices.

We will examine the educational journey of an autistic child in Algeria and the psychologist's role in guiding and constructing this path by presenting the case of Maria, a child whose situation I handled during my practice as a psychologist at the specialized psychiatric center for children and adolescents in Constantine.

6.1– Maria, Myself, and a Life Journey

I first met Maria at the diagnostic unit during my daily work as a psychologist specializing in children and adolescents. This took place at the external consultation department, particularly for autistic children, as part of what is known as the day hospital. At that time, Maria was five years old and had been referred to me by her neighbor, who later became her teacher at school.

This same neighbor had sought my assistance previously for her own son, who was diagnosed with dyslexia. The condition was only identified after his repeated failures in the primary school completion examination, prompting her to bring him in for evaluation.

Maria was brought to me for the first time by her mother. What immediately struck me, momentarily shifting my focus from my professional responsibilities, was Maria's breathtaking beauty—a charm that captivated the entire team.

As the secretary entered the room carrying her file, she leaned in and whispered, "An angel has arrived to see you, a celestial being." Indeed, Maria seemed like an angel walking the earth. Her radiant presence, her striking blue eyes, and her fair complexion, the likes of which I had never seen before, left everyone mesmerized.

I found myself saying, 'How wonderful is God's will; how perfectly He has created.' The mother then added, 'An evil eye has struck my daughter.'

When I managed to catch my breath and regained my scientific objectivity, along with my professional ethics and all the experience I have accumulated in this field, I conducted an interview with the mother, ensuring that Maria remained within my line of

sight. My aim was to gather precise and detailed information about the case history through direct observation.

The mother explained that Maria was born naturally, just like her siblings, as she is the third of four children. She has an older brother in adolescence, a sister three years her senior, and a younger sister aged two. The mother's physical and psychological health during pregnancy was reportedly normal. At this point, I focused on my task of collecting data.

Regarding the parents' educational background, the mother holds a bachelor's degree in English and is a stay-at-home parent, while the father, an electronics engineer, is self-employed. According to the mother, all stages of Maria's sensory-motor development were normal. This includes head control (stability), sitting (with or without support), and standing, with no evidence of motor delays.

However, what stood out as atypical compared to her siblings was her emotional development. Maria exhibited limited emotional responsiveness toward her mother, who described her prolonged and constant calmness as deeply unsettling. Additionally, her interactive laughter emerged very late, and she failed to respond even to rich and explicit stimuli—indicating a deficiency in social interaction and communication.

What significantly alarmed the parents was the delayed onset of language. Maria did not utter her first words until she was three years old. After being followed for an entire year by a speech therapist, it was determined that she was experiencing a language disorder.

On a behavioral and emotional level, Maria demonstrated a marked intolerance to frustration, pronounced anxiety, and irritability. She struggled to understand instructions and rules, appeared to live in a world of her own, and frequently experienced insomnia and panic attacks. Furthermore, she was unable to engage in play with her peers.

6.2– Diagnosis

Based on the autism spectrum disorder (ASD) criteria and direct observation, Maria exhibited several significant challenges, including:

- Severe hyperactivity.
- An inability to focus and cooperate.
- Difficulty understanding and following instructions, along with a pronounced inability to manage frustration.
- Highly variable mood, often accompanied by episodes of agitation and unexplainable crying.

However, Maria demonstrated some degree of joint attention and was capable of emotional interaction, albeit for only short periods. Despite this, she was unable to

maintain consistent and sustained communication, quickly losing attention and focus on her surroundings. These factors contributed to a diagnosis of moderate autism.

6.3– Treatment and Care: Approaches to Intervention

The treatment and care strategy was centered on developing an individualized therapeutic plan, inspired by the Exchange and Development Therapy (T.E.D.) approach. The main objectives of this intervention included:

- Enhancing attention and achieving stability.
- Promoting appropriate and constructive engagement with objects.
- Stimulating and reinforcing independent initiatives.

Rebuilding her social relationships and improving both verbal and non-verbal communication by supporting her in developing self-awareness and understanding of the external world.

Over time, Maria began to enjoy coming to the sessions. Initially, she referred to me as "Mama," and her participation in activities gradually became noticeable and meaningful.

The treatment was a structured intervention aimed at fostering her self-image awareness. It incorporated music therapy and an educational approach focused on training her attention span.

After a year and a half of consistent follow-up and therapy for both Maria and her family, significant progress was made. The family initially experienced a severe emotional shock upon learning about Maria's condition, with her mother enduring a prolonged depressive state. They remained in a state of denial and grief, unable to move forward until my continuous, intensive support helped them to process their emotions.

This ongoing guidance enabled them to implement the recommended strategies at home. During this period, Maria was able to join a daycare center whose staff agreed to collaborate closely with me and the specialized care team. The social worker from the department acted as the liaison, ensuring effective communication and cooperation between all parties involved.

6.4– Maria's Schooling

Following intensive therapy, Maria was able to overcome some of her inappropriate behaviors. She became noticeably calmer and more receptive to the activities presented to her. Additionally, her fine motor skills improved significantly, enabling her to hold a pencil and draw simple shapes, animals, and even human figures.

Emotionally, she displayed reduced agitation and anxiety. However, she remained distinct in her behavior, struggling to perceive and engage with the external world. Her

ability to comprehend social values and meanings was limited, highlighting her ongoing challenges with social interaction and integration, consistent with characteristics of autism.

6.5– Negotiations for Maria's School Integration

We engaged in lengthy negotiations to secure Maria's integration into a regular school near her home after the school principal initially refused her admission. He assumed that Maria had an intellectual disability or another condition that would prevent her from studying alongside neurotypical children. His observations of her hyperactivity, difficulty in communication, and her inability to answer even basic questions promptly or spontaneously reinforced his reluctance.

Despite these challenges, we insisted on her enrollment, citing Algerian law, which mandates and guarantees every child the right to an educational seat. However, this milestone in Maria's life was far from easy. Her differences will persist throughout her life, and ensuring the continuity of her education requires sustained support—not only from me as her psychologist but also from a multidisciplinary team. This includes collaboration and coordination with various institutions and sectors.

From my perspective as a psychologist, my involvement was anything but simple. Working with Maria, as well as with other patients, presented significant challenges. What complicated matters was not solely the complexity of her psychological condition but also the numerous obstacles and constraints faced by psychologists in their professional practice.

Maria was on a journey of self-discovery, seeking to understand her essence and identity. My role was to assist her in this pursuit. At the same time, like many of my colleagues in the profession, I was also searching for my own sense of self and identity. This profession, conceived as a career project aimed at self-fulfillment, navigates between authentic identities focused on the self and institutional, virtual identities oriented toward others, as described by Claude Dubar in his book *Construction and Deconstruction of Identities*.

My profession was fraught with numerous challenges. When we were first assigned to the children's psychiatric clinic, we lacked adequate training in dealing with such disorders, as no specialized programs existed for these conditions. Moreover, we did not benefit from opportunities for continuous professional development. Institutionally, we were marginalized and overlooked.

Our professional identity was unclear, particularly within multidisciplinary teams where each member, having studied a single psychology module, believed themselves qualified to be a psychologist. This misconception had no basis in scientific truth, especially in the absence of a professional ethics council for psychologists to provide

guidance and regulation. Additionally, the lack of financial resources to adequately address these conditions further complicated matters. As a result, we relied on our personal efforts for training and research in this field, despite the low wages that failed to reflect the reality of such a noble and demanding profession.

What alleviated these challenges, however, was the recognition from patients. Witnessing Maria begin to understand herself, feel her sense of self, and reconnect with her emotions made it worthwhile. She even became capable of reestablishing communication with her family, at least to some degree.

Maria's family faced significant challenges at the outset. When the diagnosis was revealed, her mother fell into a deep depression, while her father entered a state of denial regarding his daughter's condition. Special care was required for the mother to overcome her depression and for the father to grasp the true extent of his daughter's condition. He needed to let go of his socially constructed misconceptions about autism, despite holding a university degree. His interpretations of psychological and mental disorders were simplistic and misguided, often attributing them to superstitions such as the "evil eye" or possession.

Nonetheless, the mother played a crucial role in her daughter's improvement. Through her remarkable cooperation with us, she was able to implement the entire care plan for Maria outside the medical facility.

Thus, the issue with an autistic child lies in the search for a lost sense of self and an incomplete, unclear identity. Similarly, the psychologist faces a professional identity crisis. Through my personal experience with these children, I not only helped them shape their identities and sense of self but also found them aiding me in affirming my own professional identity.

7– Recommendations

- The education of children with autism is a natural progression toward fostering their independence and social integration, recognizing their right to access tailored educational opportunities while considering their unique differences and specific needs.
- It is essential to ensure that children with autism are educated in mainstream schools located close to their homes.
- Develop and implement specific legislation for individuals with autism to safeguard their rights and responsibilities as active citizens in society.
- Establish an intensive awareness-raising policy aimed at assisting parents in understanding their children and promoting early detection of autism, as this significantly improves the developmental outcomes of these children and addresses their psychological and cognitive delays.

- Train specialized "accompanying teachers" who focus on supporting children with autism. Given their specific needs, these children require individualized assistance during the learning process, which regular teachers cannot provide on their own.
- Implement the concept of a personalized education plan to tailor educational strategies and resources to the individual needs of each child with autism.

The personalized education plan is an individualized educational program tailored to each child's specific needs. It is developed by the child's support team, taking into account all the child's unique needs and difficulties. The reference team conducts a thorough evaluation of the child's challenges and abilities. This includes assessing communication skills, language proficiency, motor skills, and cognitive abilities to prevent intellectual delays. This comprehensive assessment enables the creation of an educational plan that aligns with the specific circumstances of each child.

Additionally, coordination between the various institutions involved in the child's care and follow-up is essential. In many cases, the child may require support from multiple institutions to ensure their learning process is seamless. Efforts should be made to avoid fragmentation by fostering continuous collaboration and consultation among these institutions, thereby reducing the risk of disjointed care.

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