



Play in autistic children in therapeutic wards – instrumental or autotelic?

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Play is a typical and natural activity in children, which introduces it to the real world. It plays an uncommonly important function, thanks to which the little person learns and gains information about their environment, the properties of objects, social relations or other rules. This area is different in children with autism. In most cases, play is accompanied by significant deficits, and the burden of focus of revalidation influences remains on the development of areas that are more disturbed, such as communication, disturbances in social interactions or behaviour hindering functioning. In course of therapeutic work, we sometimes forget the seemingly trivial activity that the playing of a child may be in view of adults. Considering this, it is worthwhile to take a look at the role ascribed to play by specialists over the years, and what it looks like in autistic children.

KEY WORDS: autism, child, children playing, play in children, development, types of play, social skills

The issue of autism as a social phenomenon

The child does not play because it is a child, but it plays to become an adult
Lev S. Vygotsky

Autism is a comprehensive disturbance of development, the fundamental basis of which is neurobiological. There are currently in the world two valid classifications serving a diagnosis. One is the DSM-5 classification of the American Psychiatric Association published in the year 2013 and the ICD-10 International Statistical Classification of Diseases and Related Health Problems valid since the year 1996 and still utilised in Poland, developed by the WHO (ICD-11 is now at an advanced stage of preparation by the WHO). Both of these tools include certain differences in diagnostic criteria and the naming of diseases. Quoting A. Rynkiewicz and M. Kulik, “the *DSM-5 classification unifies all diagnostic units in a single unit called the Autism Spectrum Disorder (ASD). (...) The “Spectrum” applies to differences in the presentation and intensity of symptoms within a group of patients with ASD and indicates a continuum between the general population and the persons diagnosed with it*¹. According to the ICD-10, the diagnosed units that are the subject of the process of assessment in order to gain aid in the education system due to the need of special education, are: autism, Asperger syndrome or atypical autism². In order to maintain consistency, this article will use the term ‘ASD’ with respect to all disturbances, fusing all the mentioned issues.

Over the last ten years, the topic of autism has been researched and analysed in multiple respects, beginning with constantly-improving research responding to many questions, through an ev-

¹ A. Rynkiewicz, M. Kulik (2013), *Wystandardyzowane, interaktywne narzędzia do diagnozy zaburzeń ze spektrum autyzmu a nowe kryteria diagnostyczne DSM-5*, *Psychiatria*. vol. 10, no. 2, <https://journals.viamedica.pl/psychiatria/article/view/35880/25969>

² In certification practice, atypical autism is also deemed to be autism; it does not fulfil all diagnostic criteria of child autism.

er-increasing number of publications, all the way to broadly propagated knowledge. Societal awareness is improving, and the numbers of children, youths and adults diagnosed with this disorder are rising. As indicated by the report published by United States-based organisations dealing with monitoring development threats in persons within the ASD³, the estimated percentage of diagnoses made is higher than in historic reports. Research conducted in eleven states in the United States had shown that in one of 59 children at the age of eight years, ASD was identified⁴. In Europe and in Poland, such detailed statistical data is not available, however it is assumed that ASD is diagnosed in one in 100 children⁵. The first studies that are supposed to estimate the prevalence of ASD in Europe are conducted in twelve countries by Autism Spectrum Disorders in the European Union since the year 2016, and the final result is yet to materialise⁶.

In order to take a closer look at the spectrum of issues of the prevalence of ASD in Poland, and to indicate the weight of this issue, statistical data was utilised that contain information on the number of pupils covered by support in education, meaning, those that hold certificates confirming the need for special education issued by public psychological and educational support facilities due to autism, Asperger Syndrome. The process of increase of the number of certificates issued is presented by fig. 1.

The data presented in the diagram applies to all types of education facilities that were obligated to file reports to the Polish Educa-

³ Funded by the Centers for Disease Control and Prevention (CDC), United States Department of Health and Human Services.

⁴ Community Report from the Autism and Developmental Disabilities Monitoring (ADDM) Network, <https://www.cdc.gov/ncbddd/autism/addm-community-report/documents/addm-community-report-2018-h.pdf> [access: 12.05.2018].

⁵ Certain epidemiological differences may stem from the sheer fact of referring to two various classifications: DSM in the United States and ICD in Europe, Poland as well.

⁶ http://asdeu.eu/wp-content/uploads/2016/09/Poster-ASDEU-Prevalence_AE-Congress.pdf

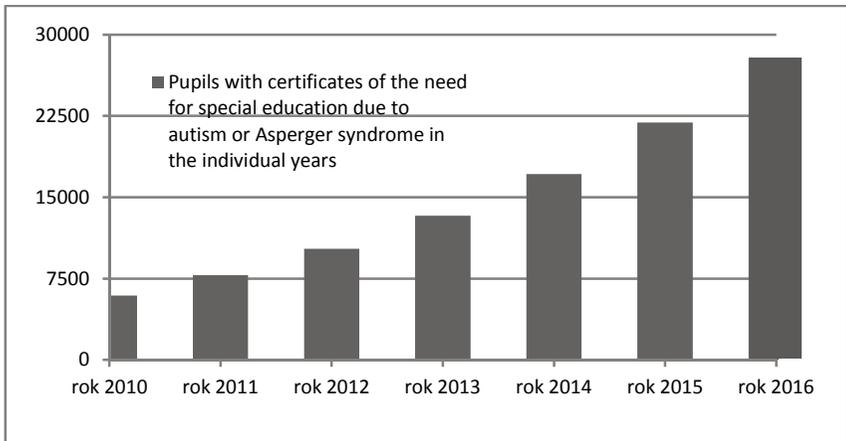


Fig. 1. Pupils with certificates of the need for special education, issued by public psychological and educational support facilities due to diagnoses of ASD in the years 2010–2016 (own work based on data of the Polish Education Information System)⁷

tion Information System on September 30th of each year. It must be stressed that these apply to the field of autism and Asperger syndrome, and do not contain information from the field that includes pupils with compounded disabilities, which may include pupils experiencing autism and intellectual disability. In the year 2016, data collected in the Polish Education Information System indicated that the number of children holding certificates on the need for special education due to autism or Asperger syndrome remaining in pre-school education facilities amounted to almost 10 000.⁸ As play is the fundamental activity of a child in the pre-school age, and within the autism spectrum its development is disturbed, the issue of play will be the focal point of the further part of this study.

⁷ SIO <https://cie.men.gov.pl/sio-strona-glowna/dane-statystyczne/niepelno-sprawnosci-dane-statystyczne/> [access: 16.05.2018].

⁸ SIO <https://cie.men.gov.pl/sio-strona-glowna/dane-statystyczne/niepelno-sprawnosci-dane-statystyczne/> [access: 16.05.2018].

The characteristics of play in an ASD child

The specifics of life of an ASD child, as well as the properties characterising it, differ in terms of the volume of prevalent behaviour patterns, their intensity and quality, as well as the cognitive and communication skills or intellectual capacity. Considering the breadth of the properties, the usage of the term “autism spectrum disorders” established by Doris Allen in the year 1988 seems to be justified⁹. Studies conducted by Lorna Wing in the 1980s “have shown a prevalence of autism at 4–5 cases per 10 000 people. At the same time, following the same study in terms of the autism continuum, this ratio increases to 21 per 10 000”¹⁰. The observation of such a group of children permitted the determination of three characteristic spheres, which, described in detail, were included in the diagnostic classifications described above. The spheres differentiated between by L. Wing, in which all the analysed children exhibited disturbances, are:

- Difficulties in participation in alternating social interactions;
- Difficulties in communication with the environment;
- A specific, limited pattern of imagination, which influences, among others, the rigidity of play¹¹.

Play has a significant role within a child’s development. It is a prime and uncommonly important activity of the child, which brings it closed to gaining knowledge about the world that surrounds it. Analysing the thoughts of psychologists on play, one can distinguish the following properties that characterise it:

- It is a social phenomenon, it emerges and develops under the influence of the environment and the child’s own activity.
- It is historic in character – it changes and develops depending on the conditions, in which a child develops. The content and topics of play may change.
- It is a reflection of the reality explored by the child¹².

⁹ E. Pisula (2005), *Małe dziecko z autyzmem. Diagnoza i terapia*, GWP, Gdańsk.

¹⁰ Ibidem.

¹¹ E. Pisula (2005), *Małe dziecko z autyzmem. Diagnoza i terapia*, GWP, Gdańsk.

¹² M. Przetacznikowa, H. Spiónek (1982), *Zabawa jako typowa forma działalności małego dziecka*, [in:] M. Żebrowska, ed., *Psychologia rozwojowa dzieci i młodzieży*, Warszawa, PWN.

Play constitutes the foundation of social interactions that are shaped in actuality from a very early period in life. The child, engaged in play, learns life skills that are necessary for functioning in the adult world. In course of development, the child goes through various stages of play ascribed to various age groups. In the first months of life, it mostly engages in play using its own body and in the manipulation of objects, it then moves to constructional, topical play to achieve at the age of six years the skill to understand verbalised rules of social play¹³. Thanks to play, symbolic thinking develops in children, imagination is started up, toys may represent real objects. The child learns to act/ work with an object, it checks, how it can be used and the properties it has. Through topical play, it tries out various scenarios that it implements, it learns relevant modes of behaviour and interpersonal relations¹⁴. In view of Lev Vygotsky, all imagination-related play are the highest form of play that leads to the development of imagination as well as abstract thinking¹⁵. A child developing properly does not ponder on the meaning/ significance of its play. It feels the instinctive need of interacting with the world, with people, the need to create, act out, experience the reality that surrounds it. Observing a child, which e. g. struggles again and again endlessly to construct a pyramid of building blocks that keeps collapsing or a four-year-old girl, who is cooking spaghetti of water, paint and pieces of crêpe paper for her dolls – it is clearly visible, what foundations for future development are formed at that time.

Playing skills are different in children with autism spectrum disorders. “*An autistic child is not interested in their environment at all or is interested in it to a very limited extent; it does not study or explore it.*”

¹³ J. Cieszyńska, M. Korendo (2014), *Wczesna interwencja terapeutyczna. Stymulacja rozwoju dziecka. Od noworodka do 6 roku życia*, Wydawnictwo Edukacyjne Kraków.

¹⁴ J. Moor (2006), *Śmiech, zabawa i nauka z dziećmi o profilu autystycznym*, Łódź-Warszawa, Wydawnictwo Mała Litera, Wydawnictwo Cyklady.

¹⁵ E. Filipiak (2015), *Nauczanie rozwijające we wczesnej edukacji według Lwa S. Wygotskiego. Od teorii do zmiany w praktyce*, Akademia Centrum kreatywności, Bydgoszcz.

*It does not play with toys in the typical manner, as they are intended to be played with*¹⁶. Play in this group is most frequently „weird”, meaning, its form and/ or course is surprising, atypical. The child may play using entirely different objects or utilise objects in an atypical way. Instead of a teddy bear, the child does not let go of pliers, a spoon is used to knock on furniture, the child may tear up and throw around paper tissues, split a newspaper into bands, spend time in the bathroom watching the laundry spin around in the washing machine, make objects rotate, stare at shadows on the wall for many hours, etc. Toys are used schematically, e. g. a jigsaw puzzle is arranged the other way around, with the image facing to the floor, images from an Old Maid card game are arranged in vertical, precisely even stacks, and toy cars are arranged one behind another to form an uncommonly long line. Frequently, any change introduced to the arrangement by a parent, teacher or therapist results in anger, aggression or self-aggression¹⁷. Among children with ASD, characteristic is the lack of play utilising imitation, the lack of the need to cooperate with peers during play. The level of intensity of difficulties will depend on diverse factors, which are listed, among others, by J. Moor. These include, among others:

- Difficulties in speaking and communication, characterised by delays in the development of speech, flaws, lack of speech comprehension, etc.;
- Difficulties in reading and interpreting non-verbal messages, such as facial expressions, body position, the tone of voice, etc.;
- Errors in interpersonal contacts, the dislike for and inability to share space, sharing own experiences;
- Problems activating imagination, reading thought-up situations, which could result in the obsessive repetition of a single activity¹⁸.

¹⁶ A. Bryńska, G., Jagielska J. Komender (2009), *Autyzm i zespół Aspergera*, Wydawnictwo Lekarskie PZWL, Warszawa.

¹⁷ The examples quoted in the article stem from own therapeutic practice.

¹⁸ J. Moor (2006), *Śmiech, zabawa i nauka z dziećmi o profilu autystycznym*. Łódź-Warszawa, Wydawnictwo Mała Litera, Wydawnictwo Cyklady.

Looking at the way ASD children play, noticeable is the fact that the decisive majority of activities are self-stimulation, patterns, the lack of planned activity or the complete lack of usage of toys as they were intended to be used. An autistic child more eagerly chooses activity with an object than with another person, or perhaps with the necessity to respect any sorts of social contracts, rules or conventions. It gains much more pleasure from rolling a vehicle back and forth, looking at the wheels turning, than from parking the toy at a toy parking lot, loading building blocks on to a friend's truck or racing along a track¹⁹. A girl is playing with a stuffed owl toy, but she flaps its wings in her field of vision or moves them over her lips. A boy is arranging a puzzle, but the pieces are arranged vertically and horizontally according to colours or sizes, and not e. g. according to categories or in suitable openings; he is playing with a toy plane, but only rotates its rotor and does not pretend to be flying the machine, etc. Examples of such activities may be listed ad infinitum.

Children with ASD decidedly more frequently lack play that uses imitation, topical play or play using imagination. It is difficult for children with autism to imagine that a block may be a plane, that a bean bag may be a fish, that a ball may be an orange. "*In studies of Baron-Cohen, only 20% of autistic children were able to play using imitation (playing through imitating). These skills were displayed by 80% of children with Down syndrome*"²⁰. Play in children with ASD can be functional play, which means that they can play with toys as they are intended to be used, or that it may frequently be sensomotory play. The child is interested in the sensory properties of a toy: it smells it, licks it, it puts it in its mouth, watches it from various angles. However, children with autism also exhibit other types of play. In this group of children, functional, constructional play may also emerge, as can imitation play or symbolic play²¹. The skills of

¹⁹ E. Pisula (2013), *Konteksty Pedagogiczne*. 1/2013. http://kontekstypedagogiczne.pl/wpcontent/uploads/konteksty_pedagogiczne_1.pdf#page=17 [access: 10.05.2018].

²⁰ Ibidem.

²¹ E. Pisula (2005), *Mała dziecko z autyzmem. Diagnoza i terapia*, GWP, Gdańsk.

a child will largely depend on its communication skills, intellectual capacities or the developed theory of mind²².

Watching children with autism in a group of peers, one can clearly notice that they do not enter into interactions with other boys or girls in the group. Frequently, the interests of children with autism are completely different from the interests of their peers without disturbances. A large group of children exhibits from very early years an interest or even fascination with letters and numbers. They memorise them quickly, recognise them at every stage, they can arrange them in a specific order, they can be uniquely tied to a selected number (e. g. 4, 5 or 8 may be uniquely fascinating for a specific child). The child recognises a specific digit from a very early age, carries it along as if like a talisman, loves puzzles or toys with numbers, clocks, calendars, buses or trams marked with a specific number. It reads a book, but only a specific page that has a specific number. The situation is similar to an obsession with letters. A small child exhibits from a very early age an uncommon fascination with e. g. television shows (the symbol with the logo and name of a channel, e. g. TVN or POLSAT). It watches inscriptions, recognises them, finds them in the TV guide, at an early stage it attempts to copy the letters, fuse them into a whole. It could also observe and recognise the names-labels of stores, chain restaurants or stores. The child reads names, arranges them from blocks or letters. Characteristic are also the tendencies towards arranging, recreating or repeating the alphabet. Particularly frequently may be observed interest for foreign language (e. g. English) songs for children, where the alphabet is pronounced in full. As they age, these interests need not change, but this may not necessarily translate into functional skills, e. g. the child does not utilise these fascinations to learn to read. Frequently, the superordinate objective is not getting to know letters or numbers, but the act of arranging and fitting them together itself. At times, however, letters let the child arrange words, names that are uniquely important to them. The child

²² Ibidem.

arranges titles of films, names of mobile phones, words from the remote control, like: play, stop, names of dinosaurs, much less frequently their own name or names of others from the family. In addition, the categories of interests follow a pattern, repetition and foreseeability, a world, which is safe and satisfying for children with ASD²³.

The awareness of the difficulties experienced by children with autism during play causes an increase in the interest by scientists in this form of activity, even though there seems to be disagreement between the need for structure of training of complex skills with the need for stimulation of spontaneous play behaviour. Literature includes topical suggestions that attempt to integrate these two diverging objectives: the *Floor Time* concept of Grennspar or the IPG (*Integrated Play Group*) Model of Wolfberg and Schuler²⁴, along with a few others, however, in this study, important is the perception of the play of a child not through the perspective of any sort of objective, hence, a therapeutic model, but as an autotelic activity: activity of play as an experience, which – as may be assumed – is very much missing from the structured life of an autistic child. This constitutes a deficit that needs to be dealt with primarily through education work, so that it would not need to be dealt with so intensely through therapy, which should rather be interventional in character. Within the therapeutic process, children with autism are most frequently offered modes of play that are educational: manipulation, didactic or movement-based play. In home situations, parents as well – guided by therapists – focus more strongly on the therapeutic process, stress the development of didactic skills within the area of play rather than the spontaneity of behaviour. It would be worthwhile to change this, and out of this was born the idea of a research

²³ Own observations. Conf. as well: Charbicka M. (2015), *Dziecko z Zespołem Aspergera*, Difin.

²⁴ J. Lantz (2001), *Play time: An examination of play intervention strategies for children with autism spectrum disorders*. The Reporter, 6(3), pp. 1–7, 24, [online] <https://www.iidc.indiana.edu/pages/Play-Time-An-Examination-Of-Play-Intervention-Strategies-for-Children-with-Autism-Spectrum-Disorders> [access: 11.01.2018].

projects expanding knowledge about the play in a child with ASD as an activity that is required in itself. However, this primarily requires an analysis of the specifics of play in these children.

Own research methodology

The observation of play in children with ASD, of their spontaneous behaviour patterns or interactions took place over the span of ten months during classes conducted on the premises of the therapeutic pre-school facility for children with autism in Łódź. The group of 12 children attending the preschool are aged 2–8 years. All the children were accepted into the preschool on the basis of certificates confirming the need for special education issued due to autism. Some of the pupils have certificates of compound disabilities: autism and intellectual disability. Observation only took place during spontaneous and unorganised activity of pupils, most commonly during so-called education and care classes, when the child has ‘free time’ for itself. During this time, the children had free access to toys, and adults did not impose any tasks on them. During observation, notes were made on the behaviour of children, what the children did, how did they behave, what activities they chose²⁵. The second column includes behaviour of children developing typically (children of the employees, siblings), who appeared during the classes at the preschool, where the research was conducted. The uncatagorised observations were described in methodological categories as event samples. It was natural and confidential, meaning, the children did not know they were being watched, but they were used to the constant presence of the therapist as a natural situation during their stay at the preschool.

The list of observed activities during play is presented in table 1.

²⁵ The observations were conducted at the Therapeutic Preschool for Children with Autism in Łódź, Poland.

Table 1. Summary of activities of children at the therapeutic preschool – examples of modes of play observed in children with autism and in children developing typically, observed during spontaneous activity (source: own research)

Child age	Number of children with ASD observed	Activities most frequently chosen by children with autism during free play	Activities most frequently chosen by children developing typically during free play
2-3 years	2	Plays with a musical and light toy, switching it on multiple times and repeating this activity, puts plastic fruit into a pot and mixes them for a long time, repeats this activity numerous times, when it cannot cope, it pulls the hand of an adult, not making eye contact, climbs a chair and a table, physically very active, frequently uses toys based on sound and light, obsessively turning them on, licks toys, puts them into the mouth;	Explores the space, is interested in all suggested activities, enters the tunnel following a ball, seeks support in the mother if it fails to do something, puts circles on a pyramid, handles it to an adult to put them on together, mixes bulk material in a container, distributes it into boxes, builds a tower, arranges a pyramid, puts in containers, from smallest to largest;
3-4 years	2	Walks around the hall without purpose, puts toys in the mouth, hums, murmurs, steps on toys that spilled out on the floor, places hands apart and looks up against the light, puts arms in the mouth, knocks a block on the floor, on the door;	Scribbles with crayons, listens to the books being read, watches pictures, eagerly paints, plays with the toy kitchen and pots, distributes onto plates, gives out to adults, constructs a track for wooden trains, makes balls and cylinders out of plasticine, names them (snake, fish, etc.);
5-6 years	6	Plays with plastic and fabric fruit, keenly watches its favourite cartoon, kneads plasticine, joins various elastic masses together, runs around the preschool room without purpose, jumps, jumps on a ball, arranges a simple jigsaw puzzle, sings songs from the cartoon, repeats entire phrases; Throws up objects and toys, makes them spin in the hand;	Plays with Lego blocks, builds structures: bases, castles, garages, makes dinosaurs out of plasticine, plays board and clue games, draws with crayons and colours according to topics that interest it, such as animals, dinosaurs, engages adults from the family to join in, does sword-fights, climbs furniture, hides and demands that he be sought;

con. tab. 1

Child age	Number of children with ASD observed	Activities most frequently chosen by children with autism during free play	Activities most frequently chosen by children developing typically during free play
7-8 years	2	Sits or lies on the floor, reads books sometimes, takes out and arranges a simple jigsaw puzzle for younger children, does not initiate play, expects adult suggestions, plays with numbers putting them in order; most eagerly lies there and rocks back and forth, cuts paper, newspapers into little pieces without purpose, puts plastic toys into a pot, often puts toys, objects in the mouth, does a 25-piece jigsaw puzzle.	Collects figures and objects from its favourite film, expressively discusses its favourite heroes, wants to play with an adult to recreate scenes from the film, thinks up and constructs a space ship using the objects that surround them; Draws scenes from favourite films and with favourite heroes, thinks up images.

An amendment to the observation study of children remaining at the preschool were information on the group of children with ASD, assessed using the ADOS-2 tools²⁶. These studies were conducted among children diagnosed with autism that took part in the Polish ADOS-2 adaptation and validation programme and in the control group of children developing typically. This tool is used throughout the world as the so-called „gold diagnostic standard” in

²⁶ Autism Diagnostic Observation Schedule-2, a tool for diagnosing and for evaluation of signs of autism. In the years 2013–2016, Poland saw the execution of a research project aimed at validating the tool and adapting it to Polish norms. The project was conducted under the leadership of prof. dr hab. Ewa Pisula and dr Izabela Chjnicka from the Faculty of Psychology of the University of Warsaw, as part of a research grant awarded by the Polish State Fund for the Rehabilitation of the Disabled, co-financed by resources of the University of Warsaw. The project included organisations working for persons with ASD. The author is one of the therapists included in the research. Descriptions of results for children covered by own therapy utilised with consent of the project leaders, according to the conditions of participation in it.

discerning disturbances in development of children²⁷. The ADOS-2 is a standardised and partially structured observation protocol useful in clinical diagnosis as well as utilised for the needs of scientific research. The tool is composed of four modules, the choice of which is conditioned upon the age and language competences of the person studied, as well as a toddler module used to study very young babies. The individual modules in the age groups are foreseen for smaller children focus on assessing such skills as:

- language and communication;
- mutuality of social interactions;
- play;
- stereotypical behaviour patterns and fixed behaviour and interest patterns;
- other behaviour diverging from the norm²⁸.

The diagnostic algorithm includes specific tasks that were assigned to two categories. For the purposes of the present article, utilised were studies performed using modules one and two. Module one is foreseen for children aged 31 months and older, the language development of which is in the pre-verbal stage or where a few single words are found. Module two is used to diagnose children using sentences, most frequently at the pre-school age. Both modules include tasks for part C of the protocol, applicable to play. Both studies evaluate "Functional play with toys as well as imagination/ creativity²⁹. These positions are evaluated during play using toys – miniatures representing real objects. The child plays spontaneously, symbolically, pretending. The evaluation is made at a score

²⁷ I. Chojnicka, E. Pisula (2017), *ADOS-2 Polska adaptacja*, Pracownia Testów Psychologicznych Warszawa.

²⁸ I. Chojnicka (2012), *Polska wersja narzędzia obserwacyjnego do diagnozowania autyzmu ADOS*, Psychiatria Polska 2012, vol. XLVI, no. 5. https://www.researchgate.net/profile/Izabela_Chojnicka/publication/235439532_Polish_version_of_the_ADOS_Autism_Diagnostic_Observation_Schedule-Generic/links/54895eac0cf268d28f0921b2.pdf [retrieved: 05.05.2018].

²⁹ E. Pisula, I. Chojnicka, *ADOS-2 Protokół do diagnozowania zaburzeń ze spektrum autyzmu*. Polish edition 2017. Hogrefe WPS USA.

Table 2. Results of observations of children assessed with the ADOS-2³⁰

Module type/ age range, age	Observation results for ASD children	Observation results for non-ASD children
ADOS-2 module T 18–30 months	Spins the wheels of a car, rubs its hand with a rough building block, observes the spinning wheels, not interested in the ball, the bubbles, quickly changes interest in the toys, no words;	Looks at various toys, shows them to the mother, engages mother to play, watches the purse, the items that match it, puts them in the purse, shows the book with the animals to the mother, pretends to talk on the phone, a few words, mum, doll, what? Hides behind the mother or seeks comfort in her
ADOS-2 module T 18–30 months	Arranges building blocks and cars in a row, puts toys in its mouth, spins the wheels on the car, interested in toys that play a short while, walks over the toys; No words	Watches the toys with interest, gives them to the mother, engages mother to play, climbs onto the mother in situations of fear, brings to the mother the doll and spoon with the plate, feeds the mother and the doll;
ADOS-2 module 1 3–4 years	Jumps on the coloured circles, lists colours, counts the bears in a cause-and-effect toy, walks around the room in a circle, names animals in a book, counts building blocks, speaks a few words;	Takes out pots, puts pieces of wool on them, distributes cutlery on plates, gives out to adults, puts in front of the doll, pretends to be eating, inspects whether all the adults are participating in the play, looks at all toys, hand cause-and-effect toys to the caregiver, engages the caregiver and diagnostic technician in the play. No verbal speech
ADOS-2 module 1 4–4, 8 years	Lies on the floor and cries most of the time, most interested in toys that play or make sounds, walks on the toys, short-term interest in each toy, puts the toys in the mouth, short-term play with cause-and-effect toys; No speech	Watches all items with interest, shows to mum from afar, puts building blocks on the truck, engages mother and diagnostic technician in the play, repairs the car, pretends to be making a call on the phone Asks questions about the toys that it shows to the mother
ADOS-2 module 2 5–7 years	Interested mainly in sound-based cause-and-effect toys, puts the phone in the mouth, arranges the vehicles in a row and spins the wheels on the car.	Watches the toys with interest, plays with the car, loads building blocks onto the car, transports them and uses them to build a tower, comments on what it's doing, repairs the car, engages the diagnostic technician to play along, asks questions about the toys, is interested in everything.

Source: own research.

³⁰ Mentioned earlier.

of zero to three, where zero indicates patterns of a specific activity. Evaluated is the flexible and creative use of toys, ideas to use them symbolically, topical play (e. g. birthday) and spontaneity³¹. A comparison of play activities in both groups studied by the ADOS-2 in the validation project is presented in table 2. The observation of event samples using the standard technique was also natural, confidential. Table 2 lists the studies of five children with a diagnosis of autism, referred to as ASD, and five children from the control group, referred to as non-ASD.

The information contained in the table includes the records from the observation sheets for children during the task that is present in all three of the presented modules. This attempt assumes the free play of a child, and in the first two modules is conducted in the beginning of the study, and in module two - halfway throughout the activities performed by the child. As the samples show, table 1 and 2 stresses differences in play between a typically-developing child and an ASD child. Visible are also certain characteristic traits of play in ASD, which are comparable across both studies. In this scarce sample, one can clearly see the divergences in the group of children with ASD.

Summary

One could devote a lot of space to play in children with ASD, because this is a broad and theoretically as well as practically promising area of research. Comparing it to play in their peers, beside the described atypicality, one may conclude on a fundamental aspect: play is a social act. Children play with other children and derive pleasure from this as well as learn to explore the world. Their play changes and evolves with age and with the acquisition of new skills.

A child with ASD plays most frequently in an atypical manner, does not interact with its peers, has no direct capability to gain the

³¹ Ibidem.

skills that are shaped during play in typical development. Hence, how can it function in a world of children if it has no plane of understanding with them? If play plays such an important role for children, and in case of ASD if it exhibits such a significant deficit of key competences, would it not be worthwhile to devote more time in the process of therapy to develop it? I stress again – this concerns play as an autotelic activity, not an instrumental one, hence frequently even pseudo-play.

Analysing the process of therapeutic influences aimed at the child during early intervention, both therapists, specialists, educators, teachers as well as parents pay much attention to therapy. They frequently focus on therapy as on structured educational influences, and ascribe great – perhaps excess? – importance to the development of such specific skills as, for instance, the recognition of shapes, letters, colours, numbers, etc. A little child with ASD fits together identical images, recognises differences, emotions, develops its graphomotor skills, learns to read, count, be good... this is supposed to replace play. Does it not expand the deficit in spontaneity? These questions naturally require further, broader research, but the collected observations substantiate this distress.

Play is therapeutic in nature for autistic children, hence, it is eagerly used in therapy the ability to play, however, recedes to the background, as play will continue to be associated with therapy. As a result, an ASD child masters much educational content that it might never use in life. Similarly later, when it goes to school, it turns out that it cannot interact with a peer because children at this age still play: they chase each other, play tag, hide-and-seek, nudge peers – sometimes joking, sometimes they argue, but in a moment they again exchange the cards they have, boast of new Lego figures or stickers with characters from a popular film. These activities are based on spontaneous social exchange. At the same time, a child with autism is frustrated at a break, because it is unable to achieve a presence within its group of peers. It does not know how to interpret the behaviour of others and what to do in its free time, because from its earliest age it was “supported by adults”,

who accompany it at every step, with ready activity algorithms. Out of helplessness and in tension, hence, it jumps in a corner or runs around without purpose, flapping its arms.

Analysing the gains brought about by “true”, spontaneous play in children, perhaps they should also be introduced into therapeutic schemes for little children diagnosed with autism spectrum disorders, also for the purpose of establishment of specific play skills. *“Children learn to play, and this is what learning should look like within the framework of early intervention programmes”*³². It needs to be remembered, however, that in autism the area of social competences develops wrongly. Hence, object literature stresses the role of influences in concert with the child – even if this concerns the organisation of the space of activity... on the floor. Therapeutic experience shows that it is not always easy to “bring” the parent to floor level, which is fantastically reflected in the intent of the already-mentioned Floor Time method. The floor, but also the garden, a lawn, can be a symbolic space of opening of the environment of/ for play³³. J. Ball stresses that *“(...) what a child experiences, and what is supposed to teach, should focus around play. (...) The environment of play should be the first and most important environment of the child”*³⁴.

During the process of therapy of a child with autism, the therapeutic session should be conducted in such a way so as to reduce the level of fear and maintain a high level of motivation of the child. Only then it may learn, fully using this process. Therapists should ensure that *“therapy is as nice and natural as possible. (...) It should be fun and friendly, and at the same time it should let the child learn”*³⁵.

There are many areas of deficits in autism. In each child, they will take on different forms and different levels of intensity of prop-

³² J. Ball (2016), *Autyzm a wczesna interwencja. Rzeczowe pytania, życiowe odpowiedzi*, Gdańsk, Wydawnictwo Harmonia Universalis.

³³ M. Charbicka (2017), *Integracja sensoryczna przez cały rok*, Difin, Warszawa.

³⁴ Ibidem.

³⁵ J. Knapp, C. Turnbull (2017), *Kompletny program terapii SAZ dla osób z zaburzeniami ze spektrum autyzmu w wieku rozwojowym od 1 roku do 4 lat. Podręcznik terapeuty...*, Gdańsk, Wydawnictwo Harmonia Universalis.

erties. In light of contemporary research on the key issue of social skills and the theory of mind of children with autism, the developmental significance of play seems a very plausible hypothesis³⁶, even though it still requires further research. However, the issue should be considered, at what stage should spontaneous play be introduced into the therapeutic process. I believe that it is worthwhile to convince primarily the parents to try out this idea, because it is frequently they that have it difficult to understand that a small child learns its life through play, not just sitting at a table. The need to shape specific play skills frequently applies to the parent as well, who, burdened by the role of co-therapist, changes its modes of behaviour with respect to the child – not even realising it. Parents included in work with an autistic child in just such a role are burdened by responsibility for measurable development effects, in light of which they are frequently unable to develop or lose the ability to spontaneously play with children. Perhaps they should be helped along to find it again...

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³⁶ K.H. Armstrong et al., *Evidence-Based Interventions...*, as quoted; Begeer S., Gevers C., Clifford P. and oth., (2011), *Theory of Mind Training in Children with Autism: A Randomized Controlled Trial*, *Journal of Autism Developmental Disorders*, 2011 Aug; 41(8).

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