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Challenging Behaviour of Students with Autism Spectrum Disorder in the Context of Sense of Security in Education, Upbringing and Therapy – a Narrative Review

Zachowania trudne uczniów ze spektrum autyzmu w kontekście poczucia bezpieczeństwa w edukacji, wychowaniu i terapii – przegląd narracyjny

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ABSTRACT

The changing reality of the modern world and the related new civilization threats create the need to analyse the effects of these changes and their impact in connection with other multidimensional factors on the functioning of young people in school conditions. The need for safety should therefore be one of the key aspects of educational, upbringing and therapeutic impact. In the era of inclusive education, challenging behaviour of young people with special educational needs becomes an important element from the point of view of the effectiveness of education and upbringing, with particular emphasis on the optimal functioning of individuals and the level of socialization. The purpose of this article is to review issues related to challenging behaviour of students with autism spectrum disorders in the context of sense of security in education, upbringing and therapy, with recommendations for practitioners. An in-depth literature review was conducted to substantiate the importance of challenging behaviour of students with autism spectrum disorders in maintaining a safe school environment. This enabled the identification of acceptable, optimal educational and therapeutic activities that took into account the requirements of both kids with autism spectrum disorder and their instructors and classmates.

Keywords: autism; challenging behaviour; sense of security; inclusive education

INTRODUCTION

With the development of humanity, civilizational threats and social threats have appeared, resulting from economic factors and interpersonal relations. When assessing modern risks in the context of security, it is important emphasizing that they only occur when there are no real threats perceived objectively and a sense of threats perceived subjectively (Rutkowski, 2018, p. 120).

The most common phenomena occurring on school premises include: verbal and physical aggression towards others, intolerance towards other people's behaviour, cyberbullying, petty theft, cigarette smoking, computer addiction, membership in hooligan groups, cases of depression, bulimia and anorexia, use of drugs, stimulants, medicines and alcohol (Przybyła, 2018, pp. 304–305). Therefore, ensuring broadly understood safety should be the primary goal of educational institutions, enabling optimal functioning of students in school conditions.

Safety is defined as a condition that provides a sense of assurance and a guarantee of its behaviour, as well as possibilities for development that inspire action while guaranteeing the entity's integrity, which are disclosed when present behaviours become ineffective. As a result, activities should be carried out in such a way that the entity (e.g. a person, state, object, or process) has a sense of safety (the individual has a subjective sense of safety, and the object and its derivatives have an objective sense of safety), as well as a guarantee of its behaviour and opportunities to improve and modify it so that it achieves a state of complete safety. That is why systemic efforts targeted at obtaining the desired condition of feeling free of threat are required (Kochańska, Kowalski, 2021).

The need for safety is one of the most important motives for the existence, activity and functioning of individual people, communities and societies. It is included in the basic historical, sociological and economic categories. Maslow (1943) places the need for safety at the second level, right after physiological needs. If the physiological needs are relatively well met, a new set of needs emerges, which can generally be described as safety needs (such as stability, dependency, care, freedom from fear, anxiety and chaos; the need for structure, order, law, restrictions or support from a caregiver). Safety needs may become almost the sole factors organizing behaviour, drawing all the body's skills into their service, which will allow us to describe the entire organism as a safety-seeking mechanism (Korzeniowski, 2012, p. 115).

A safe school environment is essential for ensuring the well-being and academic success of all students, including those on the autism spectrum. Studies indicate that creating physically, psychologically, and socially safe conditions can enhance learning effectiveness and reduce stress levels among both teachers and students (Bear et al., 2015; Zins et al., 2004). Adjusting instructional strategies,

classroom design, and behavioural interventions for students with autism spectrum disorder (ASD) significantly improves their integration and overall school experience (Koegel et al., 2012)

In this context, the necessity to establish safe circumstances for the operation of educational institutions, and consequently the protection of pupils at school and in their surroundings, is especially crucial. The importance of ensuring students' safe behaviour and creating a safe student environment is underlined (Urban, 2009, p. 86).

The concept of educating children and young people with exceptional developmental and educational needs in regular schools necessitates a tailored assessment of an individual with various requirements. We should consider individual factors such as the child's development, educational program implementation, and family cooperation. The current state of inclusive education emphasizes changing the perspective of its behaviour, which frequently necessitates teachers being trained and competent in the field of special education and the many techniques of responding to tough situations. Therefore, it appears vital to look at the student and pay attention to his or her specific needs, which are altered by dysfunctions (Woźniak, 2018).

In this case, it is critical to properly evaluate and comprehend students' difficulties and individual behaviours, as well as to execute suitable, multidimensional remedial processes. Challenging behaviour is seen in both special schools, inclusive schools, and the inclusion education system. Each of these systems faces unique challenges in keeping students and the environment safe. In inclusive schools, teaching techniques must be tailored to the various levels of pupil functioning, whereas inclusion education focuses on individualizing support and training instructors in special educational needs. Challenging behaviour jeopardizes not only the safety of the surroundings, but also the safety of the person exhibiting the behaviour, emphasizing the importance of effective recognition and intervention (Ainscow et al., 2006; Emerson, 1995; Mitchell, 2014).

Autism spectrum disorder is a neurodevelopmental disorder characterised by persistent deficits in social communication, restricted and repetitive behaviours, and specific perception and interpretation of sensory stimuli (APA, 2013). Symptoms vary in severity, making ASD a highly heterogeneous disorder (Lord et al., 2018). Therefore, the purpose of this article is to examine challenging behaviours of students on the autistic spectrum in the context of a safety culture in education, parenting, and therapy. The article focuses on identifying factors that influence the onset of challenging behaviours, their repercussions in the school setting, and practical recommendations for teachers, parents, and therapists. Special emphasis is placed on developing a sense of physical, psychological, and social safety for students with ASD as well as other educational participants.

CHALLENGING BEHAVIOUR OF STUDENTS WITH AUTISM SPECTRUM DISORDER IN TERMS OF INDIVIDUAL AND SOCIAL SAFETY

Challenging behaviours appear in the scientific literature under several different names: challenging, aberrant, maladaptive, disturbed, excessive and problem behaviours. These terms are used interchangeably, but the term “challenging behaviour” is the most frequently used (Emerson, 1995; Zarkowska, Clements, 1994). As a result, we can classify them as abnormal activities whose intensity or frequency, as well as duration, may endanger both the person participating and spectators. These behaviours have an impact on daily functioning; they might impede the person’s ability to study and acquire knowledge, as well as the people around him. The crucial point is that they are not incidental activities, but rather consistent patterns of behaviour. Challenging behaviours are not only displayed by people with developmental disorders, but in the population of people with dysfunctions, they are up to three times more frequent (Suchowierska et al., 2012, pp. 172–173; Woźniak, 2018).

This article uses the term “challenging behaviours”, which Emerson (1995) defines as behaviours of a certain severity, frequency, or length that represent a physical threat to the person exhibiting these behaviours or those around them. Such habits may also impede the individual’s learning chances and daily functioning.

This term refers to behaviours that may be damaging to the individual or others, cause issues for those who deal with them, or be stigmatized by social norms. Because of the broad range of behaviours contained in the category, challenging behaviours are not defined by underlying cause or geography, but rather by their impact on the individual and his relatives (Matheis et al., 2018). By conducting an in-depth functional analysis of these behaviours, Ozonoff et al. (2002) identified five main functions of challenging behaviours:

- to indicate confusion and a need for help,
- to indicate confusion and need for assistance
- to satisfy various needs or to express various emotional states;
- to escape from a certain task;
- to indicate the need for predictability or violation of routine;
- to receive something or to demand social involvement;
- to receive or avoid multiple sensory inputs.

Zarkowska and Clemens (1994) present indicators helpful in diagnosing challenging behaviours. In their opinion, challenging behaviour is one that:

- is inappropriate in its form or intensity to the age and level of development;
- is dangerous for the person who displays it or for other people around her;
- constitutes a significant obstacle that disrupts the learning process, new skills or excluding a given person from the education process;

- causes significant stress in the lives of people around them, significantly worsening their life satisfaction;
- remains in opposition to applicable social norms.

Challenging behaviours have a negative impact on social and educational functioning, limiting full engagement in everyday life. They interfere with communication, social connections, and the acquisition of new skills. Challenging behaviour is always a sign of loss and disruption of the body's homeostasis (Olechnowicz, 1999; Wiśniewska, 2017, 2018).

Emotional and behavioural problems occur more frequently in children with autism spectrum disorders than in other children. They occur mostly because individuals need to understand what is going on around them. Challenging behaviours are related with difficulty expressing oneself, analysing the surroundings, or comprehending other people's communication. Even if this is the case, sensory issues may contribute to challenging behaviours in students with autism spectrum disorder. Research reveals that the main risk factors for problematic behaviours include ASD severity, levels of cognitive and language impairment, and medical comorbidities (Rattaz et al., 2018, Nyakundi, Wairungu, 2021, p. 501).

The most common challenging behaviours among students with developmental disabilities such as autism spectrum disorder include:

1. Aggression directed towards other individuals and aggressive behaviour aimed at objects. Examples of property destruction include breaking, throwing, and hitting objects. Aggressive behaviour directed towards people can take the form of physical aggression like hitting, pushing, scratching, kicking and biting or verbal aggression like yelling, threatening someone and cursing (Matheis et al., 2018). Aggression is usually associated with communication deficits and poor theory of mind (Nyakundi, Wairungu, 2021).

2. Self-injury – these are unacceptable forms of direct self-aggression and/or stimulation in which a person seeks to cause immediate harm to himself or to provide himself with additional experiences. Self-harm is considered a behaviour directed against oneself that produces or could produce tissue damage. Common self-injury behaviours among individuals with ASD include head banging against objects, hand-to-head banging, biting body parts, hair pulling, eye poking, squeezing eyeballs, head hitting, hitting body parts or objects with hands, inserting various objects into the nose, screaming, beating oneself, biting and scratching the mouth, scratching the skin, including wounds on the skin, slamming fingers in doors, hitting oneself in the face (Baghdadli et al., 2003; Wiśniewska, 2018).

3. Stereotypical behaviour understood as repetitive motor behaviours that are atypical, demonstrated across long durations of time, and are not the result of a substance or medical condition (Bodfish et al., 2000). Some of the most common types of stereotypical behaviour among individuals with ASD are body rocking,

repetitive hand movements such as hand flapping, spinning, and mouthing objects (Bodfish et al., 2000).

Rocking, hopping, jumping from one leg to another, wrapping hands or feet in stretchy materials, waving/fluttering hands in front of one's eyes, adopting unique body positions, bending the body, and spinning are common examples of challenging self-stimulation behaviours (Wiśniewska, 2017, p. 73). Although stereotypic behaviour is common in this community, it should only be deemed difficult if it interferes with learning and daily life or dominates the individual's behavioural repertoire. Stereotypic behaviour, when repeated or for an extended period of time, might impede skill acquisition or an individual's ability to adapt. The social shame associated with these behaviours can also result in community participation (Matheis et al., 2018).

4. Pica involves the ingestion of inedible or non-nutritive objects or substances, eating non-food items, including soap, buttons and papers (Matson et al., 2013, Mitteer et al., 2015). Individuals who engage in pica search for edible objects in their environment, then ingest the object by immediately swallowing it. This behaviour can occur with food products, such as rotten or frozen foods, as well as non-food items, such as hair, paint, and feces. It is worth keeping in mind that while some people engage in pica with a variety of objects, others ingest only one specific type (Matheis et al., 2018).

5. Withdrawal, often also called sensory shutdown.

This type of disorder may occur when a child is unable to cope with information that reaches its senses, e.g. when overstimulated. This leads to the "closure" of one or several sensory channels (most often manifesting itself in the form of no response to the stimulus or disorientation), avoidance of the stimulus or intensive involvement in routine behaviour – this helps to reduce the information reaching the senses and better cope with them (Lawson, 2007; Wójcik, 2014).

According to Rattaz et al. (2018), a significant proportion of students with ASD exhibit challenging behaviours of varying severity, which often become more prominent in adolescence. Additionally, more recent studies show a high correlation between challenging behaviour and sensory issues as well as emotional regulation challenges (Edelson, 2022). Children with autism spectrum disorder are far more likely than typically developing children to experience problematic emotional reactions, such as tantrums or angry outbursts (Samson et al., 2015).

It results from interaction between personal and environmental factors. The prevalence of challenging behaviours increases with age during childhood. It peaks during adolescence and early adulthood, but eventually declines in late adulthood (Nyakundi, Wairungi, 2021; Rattaz et al., 2018).

Problematic emotional reactions, such as tantrums and outbursts of anger, are surprisingly common in people with ASD. Such dysfunctional emotional responses are not part of the formal definition or core characteristics of ASD,

include deficits in social communication and interaction, as well as restricted and repetitive behaviours (Samson et al., 2015).

Emotion regulation abilities are crucial for optimal functioning and long-term adaptive outcomes, they enable appropriate responses in social interactions and facilitate the ability to cope with difficult situations. new or changing stimuli (Gross, 1998, 2007; Samson et al., 2015). To better understand the behaviour of adolescents on the autism spectrum, every teacher, therapist and parent should have knowledge about possible predictors of the emergence of challenging behaviours. Research shows that there is a specific mechanism for the emergence of challenging behaviours. Basically, this model asserts that an antecedent causes a behaviour. Shortly thereafter, the behaviour is reinforced, positively or negatively, by one or more consequences. As a result, the behaviour will be more likely to occur in similar circumstances in the future and social attention based on challenging behaviours could reinforce and increase them (Carr, 1977, Moskowitz et al., 2016; Moskowitz, Edelson, 2021).

There is also a link between the internal condition of the individual and the behaviour of the student. These are referred to as “setting events”. Examples of internal or biological setting events include constipation, fatigue, menstrual pain, and *otitis media* (Edelson, 2022).

Disturbances in the proper perception of interoceptive stimuli may also significantly affect the behaviour of students on the autism spectrum. Studies indicate that disturbances in interoceptive processing, such as difficulties in recognizing internal bodily states (e.g. hunger, pain, emotional arousal), may contribute to heightened anxiety, emotional dysregulation, and challenging behaviours in students with ASD (Edelson, 2022; Fiene, Brownlow, 2015; Shah, 2016). Children with ASD may either have reduced awareness of internal signals (hypo-awareness) or experience them as overwhelmingly intense (hyper-awareness), which can trigger maladaptive responses such as aggression or self-injurious behaviours (Quattrocki, Friston, 2014).

Intense awareness of internal distress may increase the likelihood that discomfort or pain will become an event or antecedent to challenging behaviour; unless conscious, or even unconscious, of an illness or condition, thus, they may be less likely to feel pain or perceive that something is wrong inside, being unable to locate the area of discomfort or pain. The unpleasant feelings provoked by this awareness of distress combined with the inability to identify the source, can be a triggering event and provoke aggression towards oneself and others (Edelson, 2022).

Also, the learning environment may have a negative impact on the way children with autism behave. Examples of environmental/physical events include lighting, sound and temperature, classroom layout, and other decorative or learning objects, changes unpredictable school routine, lack of clear commands and structure for solving different tasks, too low or too high expectations from

parents or teachers or structuring of time and environment could be others favouring the manifestation of oppositional and provocative behaviour. However, the unacceptable social behaviours were predominantly observed to appear in the cases in which the children could not easily access efficient methods of expressing their needs and the people around them gave a whole new meaning to the way they behaved (Crişan, 2014; Edelson, 2022; Ozonoff et al., 2002;). That is why it is so important to rely on a multi-aspect diagnosis of the specific functioning of each student, especially since challenging behaviours may change and modify over time.

It is important that educators and caregivers learn how to identify the challenging behaviours and as well how to effectively intervene. Differential diagnosis determining the causes of challenging behaviour remains a difficult issue, especially since many of the above-mentioned symptoms may overlap with each other or may not be sufficiently clear (Hattier et al., 2011). Assessment most often takes the form of long-term observation of behaviour in terms of potential cause, frequency, circumstances preceding, occurring during and immediately after the behaviour, and the role of the environment in inducing the behaviour (Moskowitz, Edelson, 2021).

When assessing challenging behaviours, the broader context of a person's functioning should be taken into account. Many factors must be taken into account, such as her daily rhythm, the possibility of real rest, comorbidities and related medications. The level of satisfaction of basic psychological and physiological needs is also important. Overstimulation is also an important issue in the etiology of challenging behaviour. This applies especially to those who are subject to many therapeutic interventions and attend various classes, the frequency and intensity of which exceed their psychophysical capabilities. Moreover, the excess of tasks set before a person, especially those inadequate to their current development possibilities, does not contribute to successful development. On the contrary, tasks that are too difficult and which the student has to perform on their own, without having sensory-motor competences, may hinder development, cause excessive frustration, increase mental tension and stress (Olechnowicz, 2004; Wiśniewska, 2017).

That is why the previously mentioned assessment of the patient's condition is so important when working on challenging behaviours. Overstimulation, or overload, is a situation in which a person experiences excess stimulation. Overstimulation can be caused by excessive stimulation during courses, a large number of classes, the organization and colours of the room, the therapist herself, or the tone of her voice. In a child/person with concomitant conditions, such as epilepsy or heart problems, overload may occur significantly faster due to the co-occurrence of diseases or poorer effectiveness of the neurological system (Wiśniewska, 2018).

SAFETY AND SUPPORT OPTIONS IN EDUCATIONAL AND THERAPEUTIC SETTINGS

Therapeutic strategies utilized for students with ASD can be classified as:

1. Behavioural – specifically Applied Behaviour Analysis (ABA) is used in schools and individual therapy to analyse and reinforce positive behaviour patterns, resulting in gradual changes in students' behaviour (Moskowitz et al., 2017).

2. Sensory – specifically sensory integration treatment (SI) helps students with ASD interpret sensory stimuli better. These activities include, among other things, coordination exercises, proprioceptive stimulation (deep pressure, weight lifting), and the use of instruments like weighted vests, sensory balls, or light treatment. Studies indicate that appropriately selected sensory stimulation can reduce stress levels and improve student functioning (Bodison, Parham, 2018; Przyrowski, 2012).

3. Pharmacological treatment – utilized in appropriate circumstances, particularly when significant auto-aggressive or anxious behaviours occur. The most widely utilized pharmaceuticals are anti-anxiety and antipsychotic medications, which aid in therapeutic processes. However, due to potential side effects, medication should be used to supplement other therapeutic techniques (Buck et al. 2014; Edelson, 2022; Gotham et al., 2020).

4. Educational and therapeutic strategies – when students with ASD can benefit from individualized educational programs, such as special education, small group work, or support from a teaching assistant. The employment of alternative and augmentative communication techniques (AAC), such as the Picture Exchange Communication System (PECS) or voice support devices, is critical. This area also includes the training of social skills such as emotion recognition, contact establishment, and dealing with social circumstances. The goal of educational and therapeutic interventions is to help students develop their cognitive, linguistic, and social functions, allowing them to better adapt to their school and social environments (Koegel et al., 2012; Leaf et al., 2021). Most authors of publications on the therapy of people engaging in challenging behaviours point to the need for behavioural and cognitive activities (with an emphasis on behavioural ones) (Kreslins et al., 2015; Sukhodolsky et al., 2013; Ung et al., 2015). Maliszewski (2005) draws attention to the need to shape attitudes, competences and emotional skills in the education process that will ensure intrapersonal and interpersonal safety. Other researchers (Glick, Gibbs, 2011; Goldstein et al., 2004) stress the role of training programs in developing emotional and social competences.

In terms of ensuring intra- and interpersonal safety, it puts forward the following postulates for organizers of programs and the educational process:

1. Organizing courses to improve the competences and interpersonal skills of teachers at all levels of teaching, because they are role models for their students, and sometimes – unfortunately – models of aggressive behaviour.

This also involves the possibility of supplementing and expanding psychopedagogical and therapeutic knowledge enabling the creation of a safe educational space and the implementation of appropriate intervention strategies.

2. Making all teachers aware that school is not only a place where students acquire knowledge and skills that enable them to achieve subsequent levels of education, but also a place where they are present both in body and spirit.

This means creating appropriate space and conditions for learning, taking into account the individual regulatory needs and adaptive capabilities of each student.

The escalation of self-stimulation, self-aggression or other behaviours considered undesirable will be associated primarily with insufficient adaptation of activity and the immediate environment to the sensory needs of a person on the autism spectrum. That is why it is so important to recognize specific needs in the field of sensory stimulation and provide diverse sensory stimuli that will not only enrich the experience, but also protect a person with a disability against deprivation and overstimulation (Niemic, 2021).

3. During the education process, the main educational task should be the development of a high level of emotional competences and skills, because – as research shows – there is a negative correlation between the ability to empathize and aggression among young people. The use of programs developing emotional and social competences in therapeutic and educational work, such as Social Skills Training (Baker, 2022), Aggression Replacement Training (Goldstein et al., 2004; Glick, Gibbs, 2011), the Power of Emotions multimedia program (Góra et al., 2022), the Educational Package to Know and Understand Feelings (Fornalik et al., 2018), or the Program of classes developing emotional and social competences developed by Czechowska (2022), as well as others available programs and therapeutic aids, may therefore prove to be extremely helpful in eliminating challenging behaviours, allowing the development of communication skills, coping with stress, resolving conflicts and building positive relationships with others (Kucharczyk, Wójcik, 2024; Larson, Lochman, 2013).

Furthermore, it should be noted that, as part of a school's educational and preventive program, all teachers are required to shape students' social attitudes, respect social norms, and respect children's and human rights, and thus take into account its specific forms of functioning and the possibility of their correction to socially acceptable behaviour. A well-prepared educational program and prevention program aim to develop students' potential in coping with reality, shaping pro-social attitudes, preventing dysfunctional behaviour, and correcting unwanted behaviour patterns as soon as possible (Garstka, 2015).

4. The Polish school should become an open school, and not a strictly institutional entity – without the existence of an actual dialogue: teacher – student.

Effective communication requires a broad multi-area understanding of each student's functioning, the ability to carefully monitor his behaviour and degrees of arousal, and behavioural responsiveness in stressful situations. This is a challenging assignment in a diverse population, and it may necessitate a large expansion of the observation process or simply partial observations. As a result, collaboration with other specialists and parents, as well as an interview with the student, is essential.

5. All teachers should break the artificially created barrier of inaccessibility – both for the student and the parent.

Teachers can provide appropriate stimulation and environmental modifications in the classroom by understanding each context of situations with which a child interacts throughout the day and the associated specific child's behaviours that may impact social interaction and learning (Wójcik, 2023).

Teachers, who function as both instructors and educators, play a key role in ensuring a safe and inclusive school environment for students with ASD. Research suggests that professional development programs, including training in functional behavioural assessment and de-escalation strategies, can significantly improve teachers' ability to manage challenging behaviours (Koegel et al., 2012; Leaf et al., 2021). Teachers who receive specialized training report lower levels of stress and higher efficacy in working with students with ASD (Hastings et al., 2021). Implementing specialized training, such as seminars on functional behavioural analysis or aggression management strategies, can dramatically increase educational quality.

Peers play an equally significant role in creating a supportive environment. According to research, educational interventions aimed at increasing peer awareness of autism can reduce stigma and improve social interactions between students with and without ASD (Hastings et al., 2021). It is critical that peers learn how to support people with autism, such as recognising stress signals in ASD patients and developing effective collaboration tactics. Programs such as peer-mediated interventions have been shown to enhance the social participation of students with autism spectrum disorder in mainstream settings (Chan et al., 2009).

We must also bear in mind the bilateral interdependence in relations with the environment and other people. Specific challenging behaviours may significantly affect the student's safety resulting from self-aggressive and potentially dangerous behaviours. They may also pose a threat to peers and other people around the student with autism spectrum disorder and at the same time, most often due to misunderstanding, arouse aggression on the part of other students.

A secure and supportive school environment requires effective communication between teachers, parents, and specialists, including psychologists and therapists.

Regular interdisciplinary team meetings have been found to improve coordination of support services, leading to better academic and social outcomes for students with autism spectrum disorder (Guralnick, 2017; White et al., 2021).

In addition, there is a need to appropriately adapt the environment to the specific needs and sensory capabilities of students on the autism spectrum. The essence of this concept is not to create unnatural conditions for development, but to prepare a safe place where the student will trigger natural learning processes and increasingly organized adaptive reactions (Bodison, Parham, 2018; Wiśniewska, 2017).

The Sensory Diet, defined as a therapeutic strategy aimed at introducing the nervous system to the appropriate level of stimulation for a given person, enabling optimal functioning and social participation, is an important and helpful element, and is frequently required to be implemented in daily school functioning. A correctly selected sensory diet consists of activities that are specifically customized to the individual as well as sufficient environmental preparation. The planned activities are integrated into normal functioning and do not represent an additional load (Wiśniewska, 2017).

Techniques leading to calming down and calming the body will include deep pressure massage, also used in the form of self-massage, joint compression, the use of equipment providing proprioceptive sensations (heavy rehabilitation pouffe, weighted vest or blanket, ankle and knee weights, etc.), tight-fitting clothes, body, rhythmic linear movement, “white noise” or quiet music with a stable rhythm, isolation from intense light (Wiśniewska, 2018; Wójcik, 2023).

To avoid sensory overload, which can lead to inappropriate behavioural reactions, it is critical to understand the child’s or person’s reactivity, tailor the number and type of activities to the needs of the individual, teach self-regulation strategies, and provide opportunities for real rest and sleep. When I talk about actual rest, I also mean so-called free time, which is time that a kid or person can dedicate only to pursuits that they enjoy. It makes no difference whether these duties make logic or are good from an environmental standpoint. It is critical that they provide the child/person with serenity, relaxation, and tranquility while also allowing him/her to establish a comfort zone. Teachers also need to be aware that interactions with people generate a lot of potentially disruptive sensory input for the child in the form of voice, odours, eye contact, and touch (Wójcik, 2023). That is why parents, teachers and therapists need to know which natural daily routine activities provide the child’s sensory stimuli that positively impact the state of arousal, emotions, the concentration of attention, coordination, perception and behaviour (Przyrowski, 2012, p. 186).

CONCLUSIONS

Effective implementation of safety education in schools requires, in addition to high qualifications of the staff, openness to changes, adapting methods and

forms of education and upbringing to the needs and capabilities of recipients, striving to counteract threats combined with strengthening factors that can protect people against them, and, above all, shaping attitudes, as well as the belief that responsibility for security education does not rest only with schools and teachers, but applies to every person in child's environment (Włodarczyk et al., 2018, p. 74). When it comes to navigating the challenges that a student with ASD can present, it is essential to infuse judgmental responses and encourage awareness into all clinical interactions (Beck et al., 2020).

Regarding specific therapeutic targeting of emotion regulation, some youth with autism spectrum disorder may need training and counselling on how to gradually move from ruminative thinking to beyond interests in order to increase awareness of emotional experiences. Agencies may also consider contacting clinicians in the ASD field to provide brief as well as ongoing consultation (White et al., 2021).

There is a need for schools to assess and review the specific needs of this group at a more individualized level, in addition to a holistic approach, to take into account differences in presentation by age, gender, level of ASD and level of functioning, and to tailor interventions accordingly, with particular emphasis on coping deal with peers' emotions, behaviour and problems (Hastings et al., 2021). Providing teachers and other students with knowledge about the specific functioning of people on the autism spectrum, as well as teaching them appropriate behavioural mechanisms, is an equally key factor on the way to understanding and proper functioning together in the school and social environment.

To summarize, developing a culture of safety in education necessitates a diverse strategy that considers individual student needs, multiple forms of therapeutic assistance, and the involvement of the entire school community. It should be noted that maintaining the safety of kids on the autism spectrum entails not just eliminating problematic behaviour, but also creating an environment that promotes their development, learning, and integration.

The article highlights the need for comprehensive solutions, including:

- training for teachers and school personnel to interact with students with autism spectrum disorder;
- implementation of educational programs aimed at peers to increase awareness and empathy;
- adapting the teaching environment to pupils' individual needs, such as using sensory methods and arranging activities.

Finally, all educational participants – teachers, parents, students, and support institutions – should share responsibility for fostering a safe atmosphere. This is the only way to establish an inclusive environment that promotes both academic and social development.

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ABSTRAKT

Zmieniająca się rzeczywistość współczesnego świata i związane z tym nowe zagrożenia cywilizacyjne stwarzają potrzebę analiz skutków tych zmian oraz ich wpływu w powiązaniu z innymi wielowymiarowymi czynnikami na funkcjonowanie młodzieży w warunkach szkoły. Potrzeba bezpieczeństwa powinna być zatem jednym z kluczowych aspektów oddziaływania edukacyjno-wychowawczego i terapeutycznego. W dobie edukacji inkluzyjnej trudne zachowania młodzieży ze specjalnymi potrzebami edukacyjnymi stają się elementem istotnym z punktu widzenia efektywności edukacji i wychowania, ze szczególnym uwzględnieniem optymalnego funkcjonowania jednostek i poziomu społeczeństwa. Celem tego artykułu jest przegląd wyzwań związanych z trudnymi zachowaniami uczniów z zaburzeniami ze spektrum autyzmu w kontekście poczucia

bezpieczeństwa w edukacji, wychowaniu i terapii, wraz z zaleceniami dla praktyków. Aby uzasadnić znaczenie zachowań trudnych uczniów ze spektrum autyzmu w utrzymaniu bezpiecznego środowiska szkolnego, przeprowadzono dogłębny przegląd literatury. Pozwoliło to tym samym wskazać kierunki odpowiednich, optymalnych działań, zarówno edukacyjno-wychowawczych, jak i terapeutycznych, uwzględniających nie tylko potrzeby uczniów ze spektrum autyzmu, ale też ich nauczycieli i rówieśników.

Słowa kluczowe: autyzm; zachowania trudne; poczucie bezpieczeństwa; edukacja włączająca