



The place of the psychomotrician in the management by applied behavior analysis (ABA) of a child with autism spectrum disorder ASD.

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Abstract:

This article aims to review psychomotor practice in the care of children with autism spectrum disorders. The techniques used are varied and can be used independently or in a complementary way. This study is devoted to the various rehabilitation techniques, namely the TEACCH program, the PECS system, sensory integration, and among these approaches to care, we are particularly interested in ABA, a behavioral science stemming from the work of Ivar Lovaas. The initial objective of this study is to describe the psychomotrician's position in relation to this approach, the techniques he or she uses on a daily basis and, among these, the place he or she gives to the science of ABA.

In a second step, the study also focuses on the parent-psychomotrician relationship: how does the parent appreciate and judge the care. The results obtained are encouraging since it seems that psychomotricians use a wide range of methods that they adapt to each child. Indeed, psychomotricians continue to inform and train themselves after the initial training, which allows them to be comfortable with the different methods of taking care of autism spectrum disorders and to have a good knowledge of this disorder, nevertheless, they lack training for other approaches, especially in ABA such that only 38% psychomotricians (ne) who are trained, which means that they feel insufficiently competent to use this science due to the lack of training in Morocco or to the very high costs of this type of training.

We also note that the majority of parents consider the care early enough but not intensive enough.

Keywords:

Autism spectrum disorder - psychomotrician - applied behavior analysis science. - behavioral - rehabilitation - parent/psychomotor relationship

SUMMARY:This article proposes to take stock of the psychomotor practice concerning the care of the child presenting an autism spectrum disorder. The techniques used are varied and can be used independently or in a complementary way. This study is devoted to the various rehabilitation techniques, namely the TEACCH program, the PECS system, sensory integration, and among these care approaches, we are more particularly interested in ABA, a behavioral science resulting from the work by Ivar Lovaas. The initial objective of this study is to report on how the psychomotrician is situated in relation to this care, what are the techniques that he (she) uses daily and among these, what place gives Does it to the science of ABA

Secondly, the study also looks at the parent-psychomotor link: how does the parent appreciate and judge the treatment. The results obtained are encouraging since it seems that the psychomotricians (not) use a wide spectrum of methods that they adapt to each child. Indeed, psychomotricians continue to learn and train after initial training, which allows them to be comfortable with the different methods of treating autism spectrum disorders and to have a good knowledge of this disorder, however, they lack training for other approaches, in particular in ABA such as only 38% psychomotor therapists who are trained,

We also note that the majority of parents consider the care to be sufficiently early but not intensive.

Key words :

Autism spectrum disorder – psychomotrician – science of applied behavior analysis. – behavioral – rehabilitation – parent/psychomotor relationship

1-Introduction

Autism Spectrum Disorder always struck me as an intriguing disorder until I took a closer look at it and the literature devoted to it, and discovered an extremely complex disorder with semiology and evolution more than diverse.

In the light of my profession, psychomotricity seems to me to have a major role in the management of autistic disorders. It was therefore obvious for me to find out more and to devote my doctoral research to the ASD.

The care of children with autism spectrum disorders is varied. Many activities are offered to them by different professionals. However, the most important thing in this care is not the learning in itself, but the conditioning so that the child can do this learning: it is essential to reduce or increase behaviors of all types (self-mutilation, self-stimulation, etc.).

However, I feel that I have not been trained enough to deal with this type of disorder with confidence. It is clear that for other more "classic" pathologies and disorders, clear objectives can be set from the start, but with regard to autistic disorders, the problem is quite different: re-educating psychomotor disorders, body image, motricity fine, the coordinations are not enough. You have to be able to adapt, enter into the child's universe, understand it, find a balance between its abilities and its needs in order to communicate.

The whole difficulty, for me, is to find the means to make these links, to be able to circumvent the

negative behaviors and to be able to give the child with an autism spectrum disorder a way to communicate with us in order to progress in the care.

In order to learn more, I was able to benefit from training in the National Qualification Program for Professionals in the care of people with Autism, RAAFIQ program, organized by the Ministry of Solidarity, 'Social Integration and the Family, and implemented by the International University of Rabat in Morocco.

This program aims to provide Morocco with national expertise in the training of trainers and professionals in the care of people with ASD. It works to build a pool of reference trainers trained in behavioral sciences (ABA) and able to support people with ASD and to increase training for local trainers, made up of practitioners and families.

This training allowed me to share my point of view with other professionals working with autistic children, and also to confirm my feeling about the lack of information around these disorders and the methods of care.

Few writings are accessible to Moroccans, which does not put ABA and behavioral approaches in general within the reach of any professional and more particularly to psychomotricians, who lack books and training in ABA in connection with psychomotricity.

Behavioral care requires a consensus between the child's entourage and the multiple care options offered to him.

This is why I propose to study the place of the psychomotrician in the management by ABA of a child with ASD.

2-Materials and methods

2.1 Population

2.1.1 Professionals

The study only concerns psychomotor professionals, the aim being to report on the current care of children with autism spectrum disorders at the psychomotor level.

2.1.2 The parents

The questionnaire was sent through the psychomotricians (not) contacted for the study, to parents of children followed in psychomotricity and having an autism spectrum disorder and also published in social networks (facebook, whatsapp) through the pages and groups of parents of children with ASD.

2.2 Methodological tools

Two questionnaires were developed:

- ✓ A questionnaire for psychomotor therapists concerning the care of children with ASD.
- ✓ -A questionnaire for parents of children with ASD concerning psychomotor monitoring.

Both questionnaires are anonymous questionnaires.

2.2.1 Questionnaire for psychomotricians (ne)

The questionnaire was split into two main parts.

The first part is a broad assessment of psychomotor care, and also provides information about the professional:

- ✓ The year of the diploma will tell us about the seniority of the initial training that the therapist has followed in relation to the years of experience.
- ✓ The place of exercise suggests that a (not) psychomotrician (not) exercising in a structure will not necessarily have the choice of the orientation of the care, but will be more or less, forced to follow the orientation adopted. by the structure.
- ✓ Contact with children with ASD: this is a question which makes it possible to target the population of psychomotricians (not) sought and which will allow us to carry out the study.

- ✓ The proportion of patients represented by ASD children suggests that if the therapist is regularly confronted with this specific treatment, he will be all the more familiar with it. This also allows us to know whether the care is representative or not of the patient population.
- ✓ The techniques used will provide us with an indication of the diversity of methods used in psychomotor care, as well as their complementarity.
- ✓ Ease in the chosen method will allow us to collect the feeling of the psychomotor therapists in relation to their training in all the existing methods, whether through initial training or continuing education.
- ✓ The “results obtained” value following the treatment indicates whether the psychomotricians consider their method of treatment to be sufficiently efficient.
- ✓ Improving psychomotor management may require different changes. Here, the therapist is asked to identify what is missing in his care so that it is more effective and satisfying.

The 2nd part of the questionnaire relates more particularly to the science of ABA, indeed this science being still little used on our territory and in the psychomotor world, it seemed to us interesting to explore the knowledge of the psychomotor therapists on the subject of this science, as well as the possible use that is made of it.

- ✓ Training in ABA makes it possible to estimate the number of psychomotor therapists having responded and being trained in this science, but also to give an idea of the psychomotor therapists practicing ABA without being trained specifically in this science.
- ✓ The studies that have been done and where it is stipulated that this science is all the more effective as it is intensive, hence our interest in the frequency of use of this science.
- ✓ The use of a behavioral observation grid is usually recommended. The goal through this question is to know if it is feasible in the daily practice of psychomotor care.
- ✓ We are interested here in ABA because few international studies and no Moroccan studies have linked this science with the field of psychomotor care.
- ✓ The last four questions of this questionnaire relate to reinforcements:
 - The type of reinforcements used, in order to see the diversity of these,
 - The change of reinforcers: is there a change, how often, and is it done in agreement with the parents?

These questions can inform us about the psychomotor practice of this science.

2.2.2 Questionnaire for parents

The questionnaire for parents was designed so that it is not too intrusive and that it is faster compared to the questionnaire for psychomotor therapists.

- ✓ The date of birth of the child gives us an idea of the distance of the parents from the pathology of their child, and the care of it.
- ✓ The age of the detection of a communication disorder makes it possible to assess the time it took for the disorders to be identified (by the child's entourage), but also makes it possible to highlight the latency period between the first problems observed and the establishment of a diagnosis.
- ✓ The next three questions relate to the diagnosis in particular. What type of diagnosis was made, and at what age. The answers to these questions highlight the early or late diagnosis.
- ✓ The proposal of a psychomotor care allows to appreciate the reactivity of the entourage of the child in relation to the need for a psychomotor care in autistic disorders.
- ✓ The start of the psychomotor treatment makes it possible to assess the latency time between the diagnosis and the psychomotor treatment.
- ✓ Two questions are based on the frequency of psychomotor care and allow parents to judge the sufficiency of it.
- ✓ The contribution of psychomotor care in the evolution of the child in the broad sense, informs us about what has been beneficial to the child following this care (communication, behaviors, interests for others, coordination, fine and gross motor skills, socialization, learning).
- ✓ Two last questions concern the knowledge or not of the parents of the methods used by the psychomotor therapist and allows them to specify them.

2.3 Data processing mode

The data will be drawn from the analysis of the various questionnaires.

The analysis will be on the one hand quantitative due to a work of longitudinal analysis, on the other hand qualitative, but also in relation to one another (questionnaires Psychomotor therapists/parents).

2.4 Operational assumptions

The aim of the study is to observe the impact of our psychomotor care of the child with autism spectrum disorders, but also the reality of the relationship between the psychomotor therapist and the parents.

This is a prospective study for which two operational assumptions are made:

- On the one hand, psychomotor therapists (do) feel reluctance to take care of the ASD child:
 - ✓ Do they feel proficient enough with one method, or do they prefer to use several?
 - ✓ Among the different support techniques, do psychomotor therapists know about ABA and how do they use it in their practice?
 - ✓ On the other hand, when does the psychomotor therapist intervene in the multidisciplinary care of the ASD child in relation to the diagnosis?
 - ✓ How is this support assessed?
 - ✓ Is this care considered sufficiently intensive and early?

3. Results and discussion

Study of the questionnaire for psychomotor therapists:

What place does autism spectrum disorders occupy in psychomotor care?

3.1 Analysis of responses to questionnaires intended for psychomotor therapists

I received 50 responses from psychomotricians (ne). The information that was extracted is presented below.

1^{time} part :

Presentation of the professional

1. In what year did you graduate?

	Number of qualified psychomotor therapists	Number of psychomotor therapists using ABA	Percentage of psychomotor therapists using ABA
2005 to 2014	27	9	33%
2015 to 2021	23	10	44%
TOTAL	50	19	38%

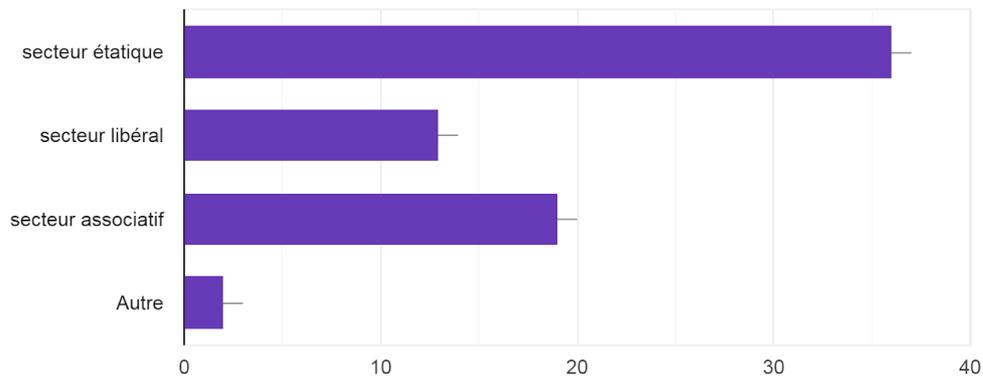
This question, which was cross-checked with the second part of the questionnaire, makes it possible to draw up an inventory of psychomotor therapists practicing ABA according to their year of diploma. It appears that recently graduated psychomotor therapists are mainly trained in ABA. In general, the answers tell us that only 38% of psychomotricians who are trained.

Where do you practice?

- ✓ State
- ✓ Liberal
- ✓ Associative
- ✓ Other

2. Où exercez-vous ?

50 réponses



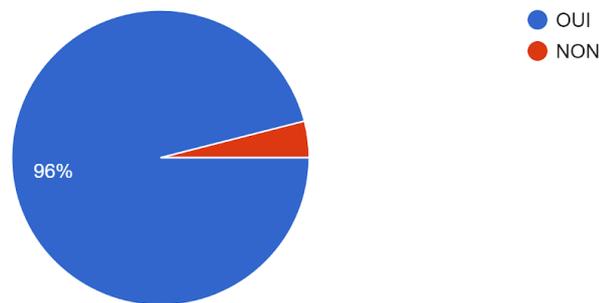
With these data, we can see that psychomotor care of children with autism spectrum disorders is mainly done in the state sector (72%) and associations (38%).

3. Are you in contact with children with autism spectrum disorders ASD? No Yes

The vast majority of psychomotricians (not) who answered the questionnaires take care of autistic children, while 2% who do not take care of them.

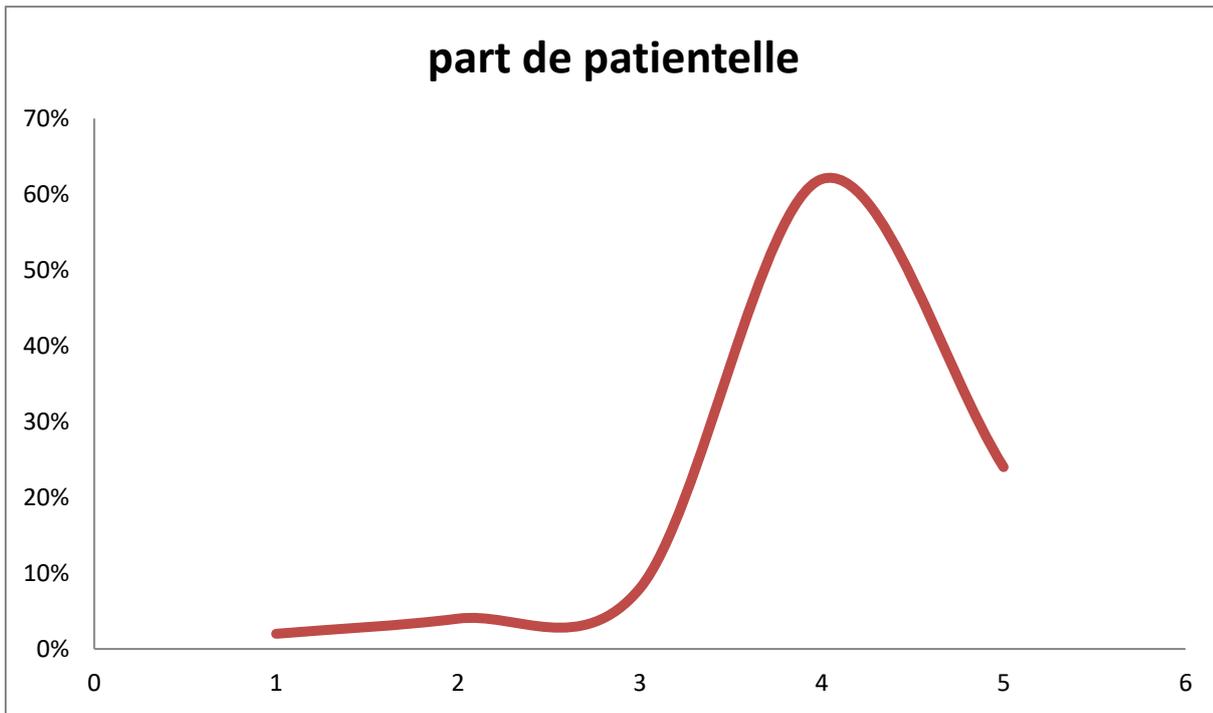
3. Etes-vous en contact avec des enfants présentant des troubles du spectre autistique TSA?

50 réponses



	Raw data	Percentage
Nobody	1	2%
Very weak	2	4%
Weak	4	8%
Important	31	62%
very important	12	24%
Total	50	100%

4. What proportion of your patient base represents patients with ASD?

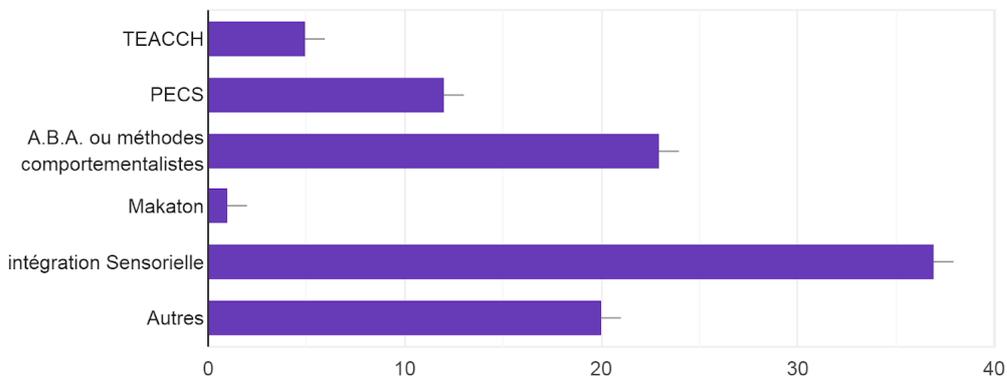


Following the answers obtained, we notice that the results form a Gaussian bell curve.

5. What technique(s) do you use with these ASD patients

5. Quelle(s) technique(s) utilisez-vous avec ces patients TSA ?

49 réponses



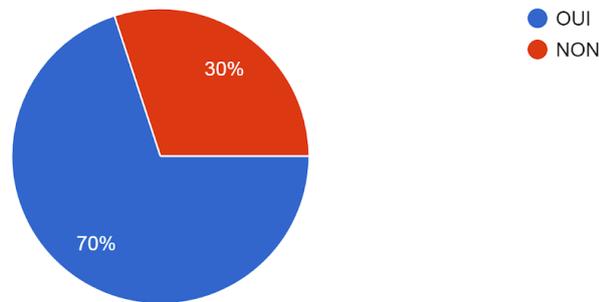
	Raw data	percentage
TEACH	5	5%
PECS	12	12%
ABA or behavioral methods	23	23%
MAKATON	1	1%
Sensory integration	37	38%
Others	20	20%
Cumulative total	98	100%

The psychomotor therapists ticked several answers. Thus the psychomotricians who responded to this study reveal that they use several methods concerning the management of ASD. At this stage of the questionnaire, several hypotheses can be made on these very diversified treatments. Either the psychomotor therapists may feel a little deprived in terms of in-depth training and will therefore use several techniques, or on the contrary, a mastery of several methods which will allow them to adapt to each child.

6. do you feel comfortable with the type(s) of support you use?

6. sentez-vous à l'aise avec le(s) type(s) de prise(s) en charge que vous utilisez ?

50 réponses

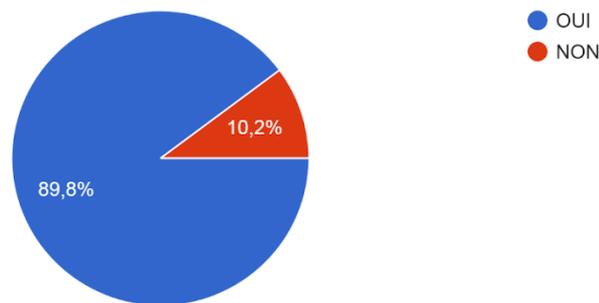


70% of the psychomotor therapists surveyed acknowledge being comfortable with the type(s) of support(s) they use. Psychomotor therapists therefore do not feel helpless in the face of this type of care, but on the contrary they take care of this disorder because they feel competent enough to do so.

7. If not, do you feel you lack information on other types of support?

7. Si non, estimez-vous manquer d'informations sur les autres types de prises en charge ?

49 réponses

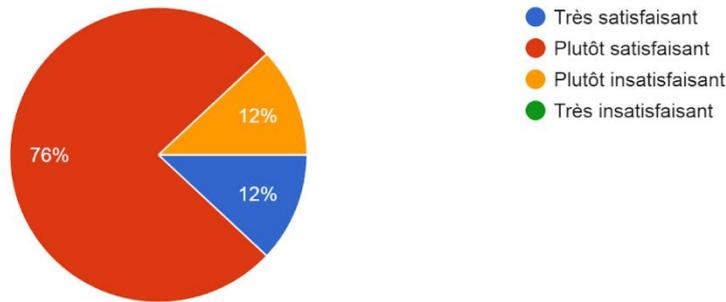


Of the psychomotricians who answered this question, 89.8% felt they lacked information and 10.2% did not experience any gaps.

We note that there is a lack of information on the other treatment techniques.

8. Comment jugez-vous les résultats obtenus ?

50 réponses

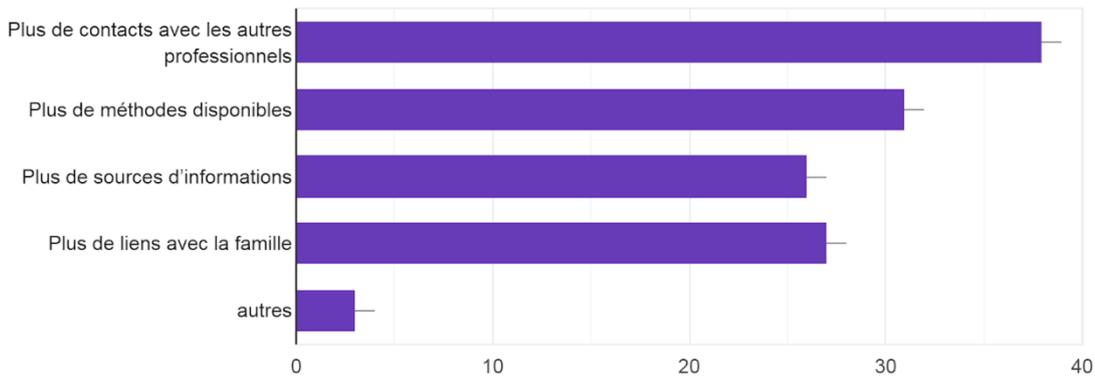


76% of psychomotor therapists say they are quite satisfied. They feel effective in the care of children with autism. Which correlates with the previous questions.

9. In your opinion, what would improve this type of support?

9. Selon vous, qu'est-ce qui améliorerait ce type de prise en charge ?

50 réponses



It seems that, according to psychomotricians, more links with other professionals would improve their care, as well as the availability of methods.

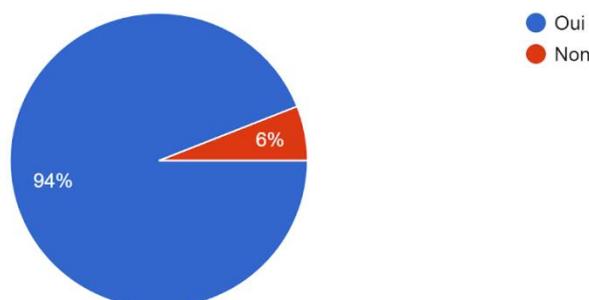
Part 2

ABA (applied behavior analysis)

10. Do you know ABA?

2ème partie L' ABA (analyse du comportement appliquée) 10. Connaissez-vous l'A.B.A. ?

50 réponses

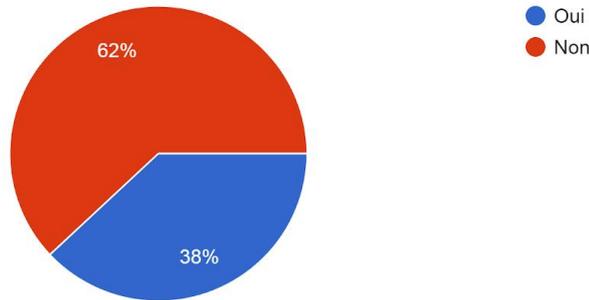


94% of the population surveyed are aware of ABA

1. Are you trained in ABA?

11. Vous êtes formé(e) en ABA ?

50 réponses

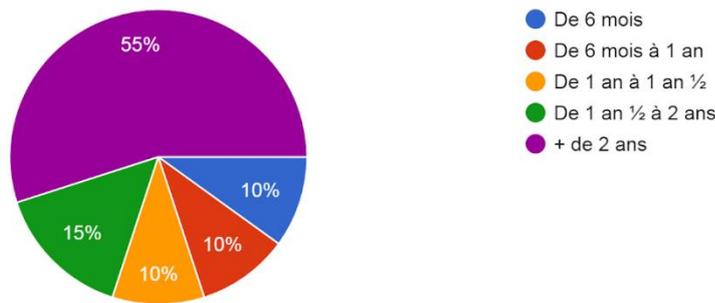


Of the 47 psychomotor therapists with knowledge of ABA, only 19 psychomotor therapists have been trained.

2. If yes, how long have you been using ABA?

12. Si oui, depuis combien de temps utilisez-vous l'ABA ?

20 réponses

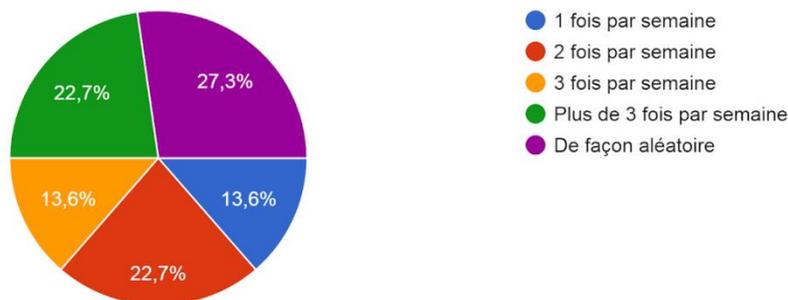


20 psychomotricians out of 49 continued to answer the questionnaire since they use ABA, among these, more than half have been practicing ABA for more than 2 years.

13. How often do you use it?

13. quelle fréquence l'utilisez-vous?

21 réponses

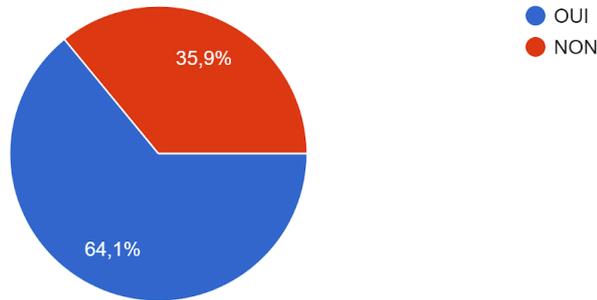


27.3% of the 21 psychomotor therapists use ABA randomly, 22.7% of the 21 psychomotor therapists use ABA more than 3 times a week or 2 times a week.

14. Do you use a behavioral observation grid?

14.Utilisez-vous une grille d'observation comportementale ?

39 réponses

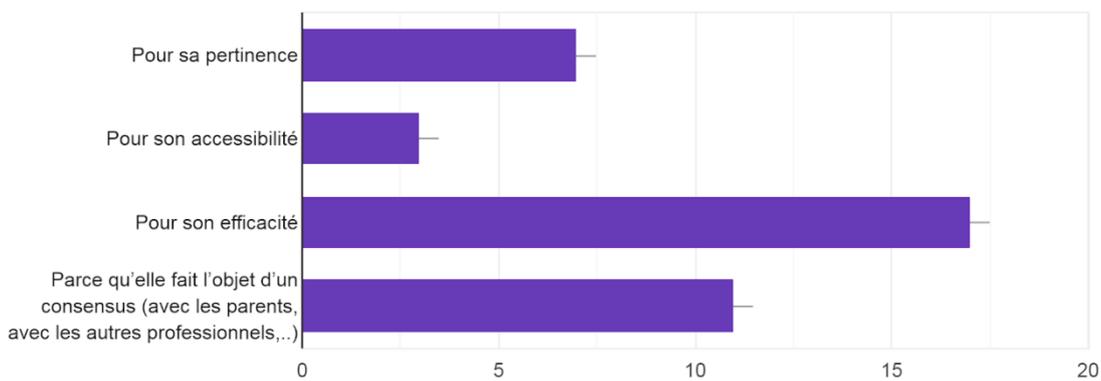


More than half of the people who responded use a behavioral observation grid.

15. Why do you use this science?

15.Pour quelle raison utilisez-vous cette science ?

28 réponses

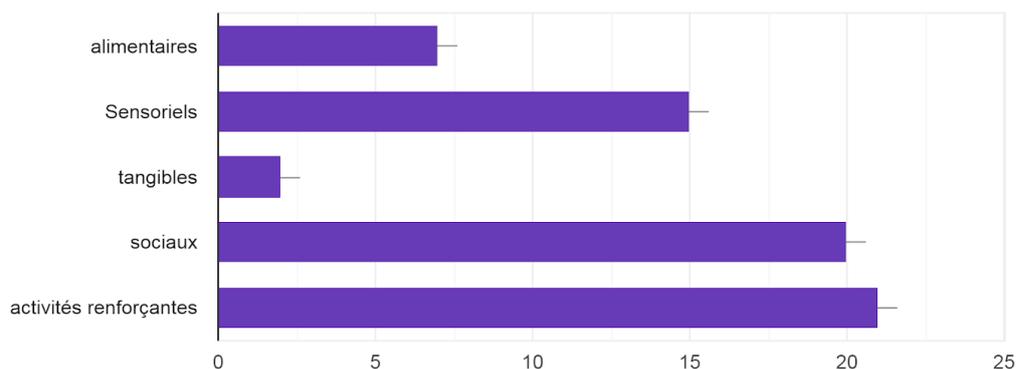


Few psychomotricians use the science of ABA, for its accessibility, but because it is the subject of a consensus (with parents, with other professionals, etc.) and its effectiveness. This suggests that despite the fact that this science is not easy to access, psychomotor therapists (do) make the effort to train either by an organism or by themselves in order to be able to use it and appreciate its benefits.

What types of reinforcers do you prefer?

16. Quels types de renforçateurs privilégiez-vous ?

36 réponses

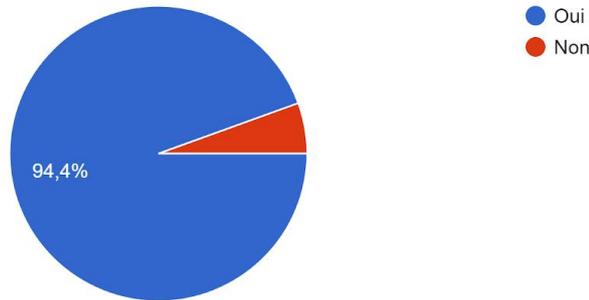


All types of reinforcers are used. Psychomotricians (not) are not confined to a single reinforcer but adapt to the needs and desires of each child so that this science is as effective as possible.

17. Do you change reinforcers?

17. Changez-vous de renforçateur ?

36 réponses

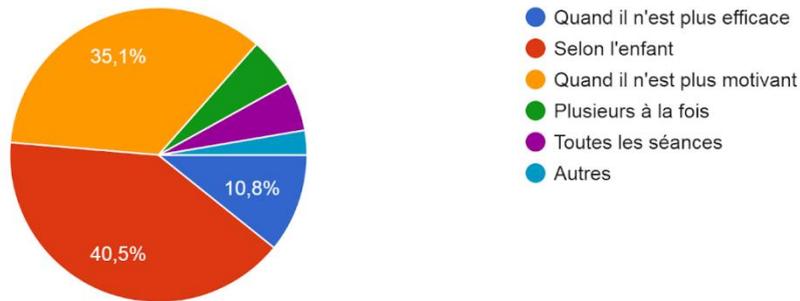


94% of psychomotor therapists change reinforcers, as recommended by the ABA.

18. How often on average do you change reinforcers?

18. A quelle fréquence en moyenne effectuez-vous un changement de renforçateur ?

36 réponses

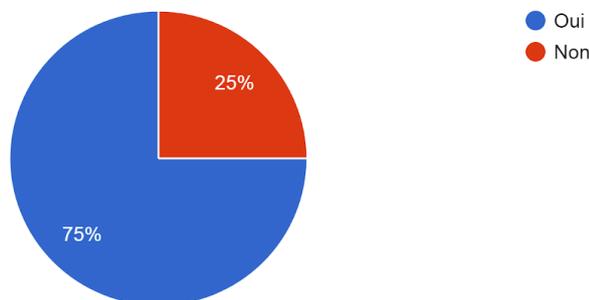


The answers to this question show the good adaptability of the psychomotor therapists to the needs of the children in care.

19. Are the changes of reinforcers made in agreement with the child's family?

19. Les changements de renforçateurs se font-ils en accord avec la famille de l'enfant ?

36 réponses



The responses are unevenly distributed. It seems that the answers depend on the role of the family in the care. It is assumed that if the family is not very present and receptive to the treatment, the psychomotrician will not feel the need to come to an agreement with them for the change of reinforcer.

2. Interpretation of the results concerning the questionnaire intended for Psychomotricians (ne)

All references to questions refer to the results presented in the previous section.

1.1 Presentation of the population

50 psychomotor therapists answered the questionnaire, which is not representative of the profession, however the answers are sufficient to demonstrate a certain orientation on the part of psychomotor therapists.

The questionnaire was sent in a completely random way, so the psychomotricians who answered are likely to work in the state, associative, and liberal sector.

This allows us to observe that there is no difference in the rehabilitation activity according to the place of exercise, there is no specificity that stands out when reading the answers to the questionnaires, it is why the data is analyzed globally and not separately.

The length of professional practice varies from less than one year to 16 years (see question 1). The distribution does not evoke any tangible particularity and again the data are treated regardless of the year of the diploma.

All the professionals who returned the completed questionnaire take care of children with autism spectrum disorders except two (cf. question 3). The distribution of this population in the form of a Gaussian curve confirms on the one hand that there is an adequacy between the distribution in the general population and the level of care, on the other hand that the more the professional practices, the more the amount of this type of support is increasing. This reality statistics is valid for all pathologies.

2.2 Use of several methods in the care of the autistic child

The psychomotor therapists have stipulated the use of several methods when caring for the child with autism spectrum disorder (see question 5) and in 70% of cases, they feel comfortable with these types of covered (see question 6). It appears that the most used are sensory integration, ABA, Others and PECS more or less are methods drawn from behaviorist currents.

We also note that there is a perceived lack of training (cf. question 7), the psychomotricians give themselves the means to be able to take charge of this type of pathology.

This mode of operation suits them perfectly, the results obtained are judged to be satisfactory (cf. question 8).

2.3 Knowledge of ABA

94% of psychomotor therapists know ABA but only 38% who have received training (see questions 10 and 11). However, among the psychomotor therapists who have not been trained, some use it (8 psychomotor therapists). This is in line with what was stated previously, namely that psychomotricians inform themselves when they feel the need. More than half of the psychomotor therapists have been using this science for more than 2 years, randomly and at a relatively high frequency (see questions 12 and 13). Among these psychomotor therapists, more than half use a behavioral observation grid (see question 14) and therefore refer to the proper use of ABA

This first quiz makes it possible to answer the first hypothesis that we posed. Indeed, we can see that psychomotricians do not experience any reluctance to take care of children with autism spectrum disorders.

They adopt several rehabilitation methods for which they feel comfortable and competent, as well as ABA which turn out to be known but less mastered by a large number of psychomotor therapists (62%).

Study of the questionnaire for parents: What vision of psychomotricity in the care of their child?

1. Analysis of parent questionnaires

13 questions were counted, I received 46 responses for the questionnaire in Arabic and 9 for the one in French from the parents of children with ASD.

The information extracted from it is presented below:

1. *How old is your child?*

The ages of the children vary between 4 and 9 years old.

2. *At what age did you notice communication problems?*

ages	Raw data	Percentage
Between 1 year and 2 years	23	42%
Between 2 years and 3 years	23	42%
At 3 years old	5	9%
Beyond 3 years	4	7%
Total	55	100%

It is around the age of 2 years (at the sensorimotor stage and also the period when language explodes) that communication disorders are really noticed.

3. Has a diagnosis been made?

Nope Yes

	Raw data	percentages
NOPE	5	9%
YES	48	91%
TOTAL	53	100%

These results may suggest that diagnosis has become more efficient.

4. If yes, how old was your child?

	Raw data	Percentage
Before 2 years	4	9%
At 2 years old	4	9%
At 2 years and 6 months	8	18%
At 3 years old	2	5%
At 3 years and 6 months	12	27%
At 4 years old	14	32%
Beyond 4 years	1	2%
Total	44	100%

More than half of diagnoses are made between 3 years 6 months and 4 years.

5. The time between the first consultation and the diagnosis announcement

	Raw data	Percentages
Before 6 months	12	26%
6 months	10	21%
a year	11	23%
One year and 6 months	5	11%
2 years	3	6%
Beyond 2 years	6	13%
Total	47	100%

This table makes it possible to highlight the latency time between the communication disorders observed and the diagnosis being made. This is available before 6 months to 1 year and it can be beyond 2 years.

6. What type of diagnosis was made?

	Raw data	percentages
Autism Spectrum Disorder Level 1	11	23%
Autism spectrum disorder level 2	22	46%
Autism Spectrum Disorder Level 3	3	6%
Disorders of intellectual development (IDD).	0	0%
Communication disorder	9	19%
others	3	6%
Total	48	100%

75% are diagnoses of ASD, while 25% are classified as "communication disorder" and "other".

7. Who offered you psychomotor treatment?

	Raw data	percentages
Multidisciplinary team	2	4%
Pediatrician	5	9%

child psychiatrist	35	66%
General practitioner	1	2%
School	2	4%
Yourself	7	13
Close environment	1	2%
Total	53	100%

There is an agreement between the age of the diagnosis and the proposal for treatment. It is assumed that the diagnoses are made late because of an inefficient and poorly orienting family and school environment.

8. How old was your child when he started psychomotor care?

	Raw data	percentages
Before 2 years	4	8%
2 years	4	8%
3 years	12	25%
3 years and 6 months	7	15%
4 years	13	27%
5 years	5	10%
Beyond 5 years	3	6%
Total	48	100%

The figures agree since a child diagnosed between 3 years 6 months and 4 years old is taken care of at 4 years old by a psychomotrician.

9. How often is your child followed?

	Raw data	percentages
Once a week	27	54%
twice a week	18	36%
Three times per week	5	10%
More than 3 times a week	0	0%
Total	50	100%

Children whose parents have been interviewed are followed up on average once or twice a week.

10. Does this rhythm seem sufficient to you?

	Raw data	percentages
YES	10	20%
NOPE	40	80%
Total	50	100%

It seems that the parents (80%) are not satisfied with the frequency of care for their child.

11. What does this support contribute to your child's development?

	Raw data	percentage
communication	25	23%
Adapted behaviors	25	23%
interest in others	15	14%
socialization	13	12%
Learning	21	21%
others	12	11%
Total	111	100%

Parents are receptive to the care of their child, they see several positive points in his development, socialization being a capacity that is still difficult to develop in children with autism spectrum disorders.

12. Do you have an idea of the methods used by the psychomotrician in the care of your child?

	Raw data	Percentages
YES	15	29%
NOPE	36	71%
Total	51	100%

13. If so why ?

There were just 9 parents who specified the approaches used by the psychomotrician, they cited: play, ABA, concentration exercises, fine motor skills, and gross.

2. Interpretation of results

All references to questions refer to the results presented in the previous section.

2.1 Presentation of the population

The age of patients with ASD whose parents were interviewed varies from 4 to 9 years old, however not all age groups are represented (see question 1). This distribution is not taken into account in the study, the data are not processed specifically in relation to the age of the child.

The study is only interested in people with autism spectrum disorders (see question 6), the questionnaires were only distributed to parents of children with ASD, this criterion is the only criterion for exclusion of The study does not take into account the socio-professional environment of the family, nor the geographical situation.

2.2 Diagnosis

In our study, the diagnosis is made in 59% after 3 years and 2% after the age of 4, thus more than half of autistic children are taken care of “early” (before the age of 4, see Question 8) (Haute Health Authority – 2018), i.e. during kindergarten. On the other hand, when the diagnosis is not made early, it takes place very late (beyond 4 years) for the remaining children (see question 8).

There is a latency period between the first findings of communication disorders and the diagnosis which can range from before 6 months up to 1 year and beyond 2 years in 13% of cases (see question 5), the deadline for carrying out the assessment should not exceed 3 months (FFP-HAS 2005).

The diagnosis is therefore made relatively early (Centres for Disease Control and Prevention, 2016) in relation to the age of the child, but we can estimate that there could be a fault in the system when the latency time between the first disorders and the diagnosis is too great, we can also suppose that certain parents do not are not necessarily ready to accept this type of diagnosis and that it could be delayed in order to gradually raise parents' awareness of this disorder. Finally, we also know that it is a complex disorder for which there is a great semiological variety, so the symptoms can go unnoticed before the arrival of language.

2.3 The start of psychomotor treatment

Psychomotor care begins, for 56% of children, before the age of 4 (cf. question 8), these figures agree with the diagnosis.

We note, however, that some children (9% of children whose parents were interviewed) are cared for before the diagnosis is made, which indicates concern on the part of those around them well before the definitive diagnosis is made.

2.4 Intensity of psychomotor care

If the psychomotor treatment intervenes early, we cannot affirm that it is practiced intensively. The children in this study are monitored once or twice a week (except 5 children who are monitored 3 times a week).

On the other hand, if we ask the parents about the intensity of the psychomotor care, we get mixed answers from them. Indeed, 80% of the parents who responded say they are dissatisfied with the pace of care.

The answers to the questionnaire intended for parents will allow us to answer the second hypothesis. The purpose of this was to question the diagnosis as well as the quality of the link between this diagnosis, the parents of the child and the psychomotor treatment. It is clear that the diagnosis is made early in the majority of cases (despite the latency time between the time between the first consultation and the announcement of the diagnosis), and that the psychomotor care, intervenes quickly, once this diagnosis posed, however, it does not seem intensive according to the answers of the parents having answered the questionnaire.

CONCLUSION

Through this study, we first sought to know the part of the patient represented by the management of autism spectrum disorders in the psychomotrician, as well as the rehabilitation methods that he (she) used.

Secondly, we were interested in the opinion of parents of children with ASD concerning this care. The goal was to establish an inventory of the feelings of each (professionals and parents).

The survey conducted among psychomotricians (not) and parents, thanks to the two questionnaires, made it possible to answer our questions.

After collecting and analyzing the data, several observations were made:

First of all, the psychomotricians (not) concerned by this disorder have a good knowledge of the care of the autistic child with autism spectrum disorders, however, they feel insufficiently trained not to experience any concern about applying this type of rehabilitation.

Then the results of the questionnaires intended for the parents made it possible to highlight the fact that an early diagnosis of ASD and associated disorders is mostly made. Psychomotor care comes systematically following this diagnosis. Parents seem to appreciate the diagnostic process. In addition, psychomotor care is considered insufficiently frequent, yet it generates satisfactory results.

The psychomotor therapists give themselves the means to be competent in the face of a disorder, which is still complex due to its etiology, which satisfies the family environment of the children.

We hope that this work will have made it possible to enhance the skills of the Psychomotricians profession in the management of children with autism spectrum disorders. It is obvious that the psychomotrician plays an essential role in the multidisciplinary rehabilitation of these children and we hope that the whole profession will feel concerned.

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