QUESTIONING VYGOTSKY’S MORE COMPETENT PEER IN THE SCAFFOLDING RELATIONS

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Abstract

The present communication is the fourth of a series of reflexive reports about a work in progress that aims to measure the transformative impact of a child with Autism Spectrum Disorder (ASD) within his/her intervention nucleus in a bidirectional logic of learning and personal and social development, thinking about education as a multilateral process in a learning community.

An interactionist practice is studied in which the systemic evolution arises from the capacity of individual transformation, in a dynamic of mutual influence, in a continuum in which each and every one will be subject and object of transformation and learning.

The intervention method is described, focusing on the community construct, the refinement of their internal process of learning and monitoring, in a collaborative performance of sharing knowledge, skills and objectives, capable of promoting effective learning and transforming the course of personal and collective development.

Vygotsky and Bruner’s social constructivism and Brufenbrenner’s ecological vision are resumed, defending knowledge as a social construction.

Some theories were revisited, discussing the construct of more competent peer, in the sense of trying to broaden it, contributing to understand the importance of the decentralization of the child of the learning process, also guiding it towards the educator and his/her ability to question and change, constructing and deconstructing the concept of scaffolder.

Learning is studied as a democratic practice in which progress is made as a result of transfers of competences, promoted by the child's development potential and by the availability of each educator to regulate and make internal changes, resulting from socializing with that child, letting oneself focus with and by him/her, on a parallel path of self-knowledge and transformation.

It is intended to assess the importance of each educator's position in the whole learning process and within this community, trying to confront the weight of scientific and technical competence with the importance of a reflective and integrative attitude. The possible fragility of a methodology centered essentially on the child and on his/her needs is discussed because it may legitimize a practice of power in which Vygotskyian “more competent peer” is able to adapt his/her intervention to the particularities of the child, capable of adjusting to external changes, capable of questioning his/her training, even capable of learning, but unable to translate that learning into change and transformation.

Autism is assumed as a sociorelational dysfunction and the intervention plan was outlined based on the principles of The Son-Rise Program. A qualitative methodology was used, contextualizing the field work, describing and responding to the intervenients’ particularities, beliefs and perceptions. We resorted to semi-structured interviews and focus groups, trying to understand how the creation of a learning community allowed us to make an entire intervention plan, centered on the relation and exchange among all the members of this Learning Community.

Keywords: Autism Spectrum Disorder, The Son-Rise Program, Learning Communities, Social Constructivism, Scaffolding, More Competent Peer, Inclusive Learning.

1 INTRODUCTION

1.1 Autism Spectrum Disorder

The scientific community has taken a very dynamic attitude regarding the neurodevelopment disorders and all the underlying assumptions, having significant changes in the diagnostic classification of some of the most prevalent disorders in the world population. As a result of the clinical advances promoted
by research and consequent and systematic reviews of diagnostic criteria, the American Psychiatric Association presents autism as a complex neurodevelopment disorder that manifests itself with great variability in the intensity and in the form of symptomatology, adopting, therefore, the name Autism Spectrum Disorder (ASD). [1, 2, 3]

This spectrum is portrayed as a behavioral and relational dysfunction that concomitantly presents persistent impairment in social communication and restricted, repetitive and stereotyped patterns of behavior, interests or activities. Based on the perceptions of the studied family in this communication and the method of intervention adopted by them, it is assumed, however, that autism, although having behavioral manifestations, is, in fact, a sociorelational disorder [1, 2, 3].

Etiology, even though not completely described and confirmed in more than 80% of the cases, is assumed to be multifactorial, involving genetic, neurological and environmental causes, allowing the appearance of various models/programs of intervention, ranging from the most behavioral and structured approaches (Applied Behavior Analysis – ABA and Treatment and Education of Autistic and Communication Handicapped Children - TEACCH) to the most naturalistic or interactionist ones (Floortime and The Son-Rise Program – The SRP). In this communication, The SRP method is essentially approached, since it was the one that was chosen by the studied family, which best corresponded to their beliefs and expectations of the intervention [4].

Assuming ASD as a sociorelational dysfunction, the family takes on a particular role as it represents one of the main socialization contexts, being the first mediator between the child and culture [5, 6]. A positive adaptation, permeated by optimism and acceptance, seems capable of promoting feelings of hope and control, fundamental to determine the quality of the parental relationship, the precocity of the intervention, as well as the family involvement in this process [5, 6, 7, 8]. Given the specificity of the challenges presented in ASD, an early, immediate and intensive intervention is essential because, no matter the scientific perspective and/or intervention program or adopted method, it is understood as one of the predictive success factors, being determinant to stimulate the children's developmental levels, enhancing their abilities and stimulating the necessary neuroplasticity to minimize the symptoms and acquire the skills [1, 2, 3, 4, 9, 10].

1.1.1 Characterization of the Autism Spectrum Disorder Child

The child under study is male, born prematurely from induced labor at 36 weeks and 3 days, with 1955g (4310lb) and 45 cm (17.7 inches) and will adopt the name G.

Since the 4th-5th months of age, changes in the neurological exams and in the developmental assessment were perceived, being G referred, at 6 months of age, to subspecialty appointments (Pediatric Neurology, Genetics, Ophthalmology, Otorhinolaryngology, Psychomotor Rehabilitation), as well as to perform complementary tests (imaging and genetics). He immediately began an early intervention program, benefiting from a set of complementary therapies, namely physiotherapy, speech therapy, occupational therapy, psychomotor rehabilitation and music therapy.

The first diagnosis was presented at 9 months of age, describing an overall developmental delay with impairment in all assessed areas, having a pediatrician presented her ASD suspicion, only later confirmed at 32 months of age, after multiple clinical assessments and after knowing the results of the various tests, including genetic ones, which confirmed a genetic change with chromosomal abnormalities (X1 deletion and duplication of 15), common to several children with ASD [11].

At the beginning of the implementation of the home intervention program (The SRP), which coincided with the validation of the diagnosis, G revealed a great compromise in verbal and non-verbal communication, not emitting any vocalization beyond crying, and in social interaction, with inconsistent eye contact, lack of interactive attention (without initiative or motivation to interact with objects or people), lack of facial expression and absence of symbolic play; he presented very restrictive interests, as well as repetitive and exclusive movements. He was methodical, showed little flexibility, a discomfort in unpredictability and excessive sensory input. He also presented generalized hypotonia (presenting very primitive movement patterns), an avoidant food intake disorder due to his oral hypersensitivity and irritable bowel syndrome.

With the decision to implement The Son-Rise Program as a home-based program, the parents chose to withdraw G from most of the therapies he was benefiting since the age of five months, considering them counterproductive. In the perception of the parents, there did not seem to be carried out concerted work with a multidisciplinary team, but rather the delineation and application of tight intervention programs for each therapy, without any articulation in the definition of the objectives and
methodologies, and without the understanding in the determination of the learning precedences. The perception was that the small gains were not internalized and mobilized, not translating into effective learning.

After two and a half years of home intervention, G makes consistent and intentional eye contact (spontaneous and requested); he presents an average interactive attention span of 7-9 minutes (rarely isolates himself, but when it happens it is for brief periods of time); he gets up alone; he started walking by himself (slowly and fast); he goes up and down the stairs with the support of one hand; he overcomes physical barriers; he has developed fine motor skills (tripod grip, palm grip, fingering, index finger isolation); he eats alone with the use of a spoon; he helps to get dressed (he pulls up his pants, wears the sleeves of his shirts, closes zippers, helps to put on shoes and tighten his shoes [with velcro fastener]); he has developed verbal and non-verbal communication (builds up sentences with association of 4 or 5 clearly pronounced words); he has acquired the sphincter control; he demonstrates greater flexibility in social interactions (he allows the alternation in leadership and minor changes in games); he solicits the attention of the adult and moves him/her to achieve what he wants; he demonstrates interest in people and their activities; he appreciates/seeks physical contact; he shows expressions of affection and care; he reveals curiosity for some facial expressions, reproducing them in context; he has improved sensory integration and he reveals a growing availability for activities that challenge his real capabilities.

1.2 The Son-Rise Program

The SRP is an intervention model that aggregates the biomedical and educational approaches in a symbiosis that is completed with the intervention of the families [12, 13]. It understands autism as a difficulty in connection and social interaction, in which the behavioral impairments are perceived as attempts by the child to preserve his/her sensory, motor and cognitive balance in a world that they do not yet understand. It is a method of intervention based on the unlimited potential of the individual, understanding that affectivity, acceptance and motivation are indispensable in a quality mediation. It is supported on the bond enhanced by the “joining” technique, intending to create a connection capable of rescuing the child from his/her world, giving him/her control and the possibility to manage his/her timings in a sensory controlled and predictable space [6].

The SRP is meant to empower parents to take charge of the intervention, enabling them to the delineation, development and monitoring of an intensive, domiciliary and individualized program that meets their child’s specific needs, regardless of his/her diagnosis, age or level skill. It is based on the nuclear principles of the belief in the unlimited potential of the child; the focus on creating bonds and spontaneous relationships; the importance of motivation instead of repetition; the appreciation of the repetitive and exclusive movements of the child; the perception that the child can evolve in an adequate environment and the precedence of the human interaction on the academic competences.

The first step is to train the parents in 5-day courses, called Start-Up, welcoming them, encouraging them to appreciate the difference of their child and to believe in their abilities. At the same time, these parents are taught to use the educational, attitudinal principles, techniques, and tools that make them the most effective educators of their children. They are also confronted with the need to create a “playroom” that promotes a great learning environment, great for the sensory processing and where inputs are controlled and diminished [1, 2, 3].

During this course, the program offers several treatment options, where the intensive home programs (40 to 56 hours per week) seem to present more expressive success rates, assessing a positive and significant correlation between the weekly duration of the program and the volume of results obtained [10]. Since The SRP is a 1:1 intervention, in sessions lasting no more than two hours, there is a need to co-opt a large number of volunteers who are guided by the same principles and work for clear and common goals. As such, the quality of the selection and training of these facilitators is decisive for the success of the intervention and should be judicious processes that allow finding an efficient and effective team [1, 2, 3].

The SRP offers effective educational techniques, strategies and principles to project, implement and maintain a stimulating, high-energy, home and child-centered program, allowing everyone involved to continually work on their attitudes and beliefs and update their skills. In addition to the various proposals for monitoring the home intervention plan, The SRP offers advanced training courses, consultations and dialogues with the teachers with the objective of working on attitude and beliefs, allowing The SRP techniques to be supported by the ideals of the Option Process. Ideally these
should be attended, at least, for six months after the conclusion of the *Start-Up*, letting the basics - principles and techniques - to be properly assimilated.

The advanced course *New Frontiers*, which empowers parents, capacitates them to be objective and clear in assessing their child's social development, enabling them to define their social curriculum based on a process of creating understandable, achievable and measurable goals, capable of optimizing resources and inciting the creative process. Objectivity, trust, leadership and efficiency are highly trained requirements, boosting the excellence of all intervenients and, therefore, of the home-based program.

The advanced course *Maximum Impact* provides refinement and optimization of knowledge and skills, enhancing beliefs and invigorating motivation, aiming to understand the philosophy of the program not only as a model of intervention, but also as a way of life.

The *Intensive Course* is an individualized five-day training program, which focuses on the parents, the professionals and the child. The intensive interaction and educational training 1:1; the direct contact with a qualified and trained team; the development of clear and useful communication skills; the distinctiveness in the definition of a program for the child taking into account his/her motivations and interests; the constant and intentional focus on development based on The Son-Rise Program's Developmental Model are some of the factors that determine the success of this advanced training. It is possible to confirm that in surveys involving more than 580 families who participated in this program in the last five years, there was a 92% increase in spontaneous and intentional eye contact in children; 90% in interactive attention time and 92% in language use [6].

### 1.2.1 The Son-Rise Program Developmental Model

The SRP sets its developmental model in the definition of a social curriculum highly focusing on four critical areas: Eye Contact and Non-Verbal Communication, Verbal Communication, Period of Interactive attention and Flexibility.

Eye contact is one of the most powerful ways to establish interpersonal relationships and to learn, being one of the greatest challenges for individuals with ASD. This method defends that, through the increase of spontaneous and consistent eye contact, it favors the imitation and development of the several social, historical and cultural competences of the individual, enhanced in the interaction with more competent peers [1, 17].

Verbal communication, as a component of social relations and a challenge widely described in ASD, is largely worked in the developmental model of this intervention program. In this method, it is believed that all children are able to develop language, except when there are severe biophysiological obstacles clinically based and confirmed by the lack of response to intensive training through The SRP. To create the need to use words; to enclose the language with meaning, reinforcing an immediate connection between the use of words and the satisfaction of needs; to show high responsiveness to all vocalizations; to promote rigor and consistency in training and to practice clarity are, along with motivation, some of the basic premises to increase language and promote interpersonal, intentional and contextual verbal communication. Vygotsky shares this language valorization, considering it as the main mediator in the construction of the higher psychological functions, with particular emphasis on the communication and knowledge construction masteries [17].

One of the most obvious features of ASD is the evident ability of these individuals to be focused on an object, activity or behavior. The Son-Rise Program Developmental Model wants this competence to be channeled into time of shared and interactive attention. The period of interactive attention is a highly flexible ability, mainly dependent on the child's motivations and the bond established with him/her. The “joining” technique, one of the pillars of The entire SRP, is a priceless technique to increase the time of shared attention. It allows authentic mutual connections, bonds and relationships to be established through real acceptance and non-judgment of the child’s preferences, which will underlie all learning.

Finally, flexibility, which is fundamental for maintaining interpersonal relationships, is one of the reference competences of this developmental model because it influences areas such as language or the period of interactive attention. The SRP believes that working flexibility will allow the child to be able to socialize in a highly unpredictable and random world. Thus, anticipating actions, being predictable, reliable and giving control are understood as key principles to favor flexibility and consequently all critical areas.

The empowerment of parents, the belief that it is in social exchanges that learning resides, the use of natural contexts as intervention scenarios and the need to create a cohesive work team where all the
intervenients can be simultaneously learners and multipliers of knowledge, creating a network of sharing in which the whole overlaps the part in the pursuit of a common goal, have encouraged, in the studied family, the creation of the new idea of learning community – “The Son-Rise Family” [1, 2, 3].

1.3 The Son-Rise Family – The importance of the team

The SRP considers, like Vygotsky, learning as a social construct accessible to all, in which motivation and knowledge are cultivated in interaction [15, 16]. It is argued that the human condition is built along a historical-cultural process in which development depends on the learning opportunities and established interpersonal relationships, considering that all the cognitive functions of the individual begin in an interpersonal process that, as a result of a long series of developmental events, will become an intrapersonal process [3].

Thinking about learning as a product of meaningful and motivating interactions promoted in natural contexts conducive to growth, this method instils in parents the urgency to select and train a cohesive team to gravitate around the common goal of achieving the child's development potential, within a logic of transient support and progressive autonomy [3].

The formation of this team went through a very rigorous process, where the parents assumed that the assertiveness in the selection would be predictive of the quality of the exchanges and social experiences promoted and of the proficiency in motivating G to integrate a social and cultural context that promotes significant and internalizable learning [15, 16]. Given the daily duration of the intervention program and the proposed plurality of learning experiences, volunteers are expected to simultaneously fulfill the role reserved to the peers, as we know them in any inclusive kindergarten, and the role of more competent peer. Thus, these parents attempted to select individuals from various social sphere quadrants, with distinct personalities, but that shared a genuine admiration for G's individuality and the unflinching belief in his unlimited potential. Commitment, empathy, critical and reflective spirit and availability for self-questioning and for transformation were some of the characteristics that parents sought in volunteers. Age, academic qualifications or social and economic statuses were not considered as selection criteria. It is intended, therefore, to conceive this team as a window to the world, being the child challenged to look at it through the eyes of the volunteers [3].

This team is made up of a restricted base-group of 14 volunteers (8 females and 6 males) and the nuclear family (the parents and the child with ASD), with the ages between 4 and 40 years. All volunteers completed the 12th grade, six of them with a complete university degree. Only one has training in the area of autism and special educational needs and none has worked with this problem before. All the participants have 120-minute sessions, twice a week. These sessions are observed through a mirror glass and recorded, and, at the end, the feedback of the follow-up is presented. Here the techniques used are revised, as well as some suggestions for acting and overcoming. The team meets twice per month for monitoring, assessment and training, with the purpose of sharing ideas and experiences, analyzing the set objectives and their level of development and redefining goals, strategies and activities [3]. Vygotsky's learning theory seems to legitimize the asymmetry between these partners in the scaffolding process, assigning the role of more competent peer to the adult. However, this family considers, like Lordelo, that both adults and children are the pillars of the subject's construction, integrating in their extended team two children to interact with G in thirty-minute sessions [16, 18]. It should be noted that these peers, in spite of having received the initial base training, mastering the basic techniques of The SRP, do not participate in the team's monitoring and assessment sessions, since their mediation, though perceived as effective, is not understood as an intentional mediation with educational purposes [1, 2, 3].

2 METHODOLOGY

This communication integrates a systemic case study with a strong descriptive tendency intended to analyze the intervention nucleus of a child with ASD in their multiple dimensions, beliefs and perceptions.

A qualitative methodology was mostly adopted, based on the narrative of the facts. With this methodological option, it was possible to highlight the importance of the individuals involved, as well as their beliefs and perceptions, seeking to understand the transformation/learning opportunities created by and for a child with ASD. The qualitative perspective also allowed to value the interaction of the researcher with the field and to enhance the importance of her subjective interpretation as an explicit part of the production of knowledge. It should be mentioned that the researcher is an
The intervenient and a participant in this study, since she integrates the team of volunteers.

Taking into account the proposed objective, semi-structured interviews and the focus group technique were defined as instruments of data collection, both of which were directed to all the individuals involved in the study, except for the child with ASD and for both children that integrate the extended team. The interviews were conducted at the start and approximately two years after the beginning of the intervention program, and the focus group technique was used in some of the fortnightly monitoring and assessment meetings.

It is intended, in the discussion of the results, to triangulate with other studies or theories, trying to compare, validate, contrast and/or increase the point of view of the different perspectives and approaches under analysis.

2.1 General objective

The general objective of this communication is to problematize the construct of more competent peer, contributing to understand the importance of the decentralization of the child of the learning process, also guiding it towards the educator and his/her ability to question and change, constructing and deconstructing the concept of scaffold.

3 RESULTS – DISCUSSION OF INTERMEDIATE RESULTS

From the analysis of the contents of the minutes and reports produced as a result of the monitoring process, complemented with a set of interviews to all the intervenients, it seems to be possible to affirm that this team of volunteers, called The Son-Rise Family, imposes themselves as a self-sustaining ecosystem, being their survival and evolution facilitated by the individual capacity of their members to self-reflection, self-criticism, self-assessment and overcoming, as well as by the investment in the learning/training of collaborative work, by the permanent reinforcement of identity and by the phased and progressively achieved pursuit, of a common and unifying goal [3].

It should be noted that, after two and a half years of intervention, this team mostly maintains their initial structure, in exception to one of the intervenients that was temporarily replaced because she was on maternity leave, being opportunely reintegrated, and two other collaborators were dismissed. It is important to highlight that, although the diversity of volunteers is predictive of success [1], it is believed that modifiability and development occur as a result of high-quality mediation standards [16]. Thus, it was verified that, revealing a perfect mastery of the techniques recommended by The SRP and an expressive will and ability to learn, the two substituted volunteers evidenced difficulties in the basic principle of the whole program – the Attitude. They showed little emotional flexibility to work on their beliefs and attitudes, focusing their action exclusively on G, revealing an inability to claim for themselves the center of the teaching-learning process, not allowing themselves or not accepting to change to generate transformation. This resistance to self-questioning and to change conditioned the mediation in the playroom, verifying its ineffectiveness, leading to the aforementioned distance. Making an incursion through the literature, this is echoed in the conception of Escolano that, despite defending the central role of the educator/teacher as a mediator, he challenges him/her to accept his/her intermittent condition of mediator and mediated, evoking the precedence or simultaneity of his/her transformation as a factor of modifiability in his/her learning partner [18].

If, at first, variables such as rigor in the implementation of the method and, above all, the significant progress demonstrated by G have been described by all intervenients as the most determinant for the longevity of this learning community; in a second moment, it is emphasized the unanimity in the perception that this method of intervention, because it is highly focused on the development of a child with special educational needs, does not allow its intervenients to be neglected, providing opportunities to develop the zone of proximal development (ZPD) of all those involved, in a flexible scaffolding practice, promoting an alternation between the role of scaffold and scaffoldee.

It is verified the refinement of this learning community, which seems to be guided by a broader view of Vygotsky's conceptions in defending that learning must take place in a collaborative dynamic, in a dialogic and reflective performance in which all the intervenients can be simultaneously learners and multipliers of knowledge. It is assumed learning as a product of constant exchanges, rescuing the child from his position of mere apprentice, assigning him a significant role in the constant movement of transformation of the whole team. From the results of the analysis, the volunteers are unanimous in perceiving that the more competent peer alternates in the relationships volunteer-child, volunteer-volunteer and/or parents-volunteer, a perception that, by amplifying the spectrum of Vygotsky's
construct, seems to promote a more equitable view of learning partners. Lordelo follows this philosophy by considering that the type of partner required to generate change must be correlated not only with his/her competences, but also with the nature of learning and with the proposed objectives, warning that the concept of ZPD does not end in the educational context, holding explanatory power for any quadrant of human development [18].

There are several studies that question the right of exclusivity of the adult as a more competent peer, understanding it as reductive, little democratic and biased in the assumption of educational responsibilities [16, 18, 19]. Analyzing the concept of ZPD, one can conclude that it does not appear to be linked to a specific type of partner, seeming the asymmetry of knowledge defended by Vygotsky to be an artifact to understand the development in school context. Thus, reflecting on Vygotsky's importance to game and play, there seems to be room for problematizing the hegemony of the adult as a more competent peer, allowing to explore the importance of complementing/alternating the effectiveness of a more intentional and planned (adult) mediation, with greater cooperation and socialization in learning, cemented by the perception of parity in the cognitive activity easily triggered by a partner of similar age, more or less experienced.

From the analysis of the minutes and reports, finding echo in the literature, one realizes that adults and children play distinct roles, but highly compatible, as development partners. Both, in the context of social interaction, function as a safety net, promoting and optimizing the ZPD of the intervenients [19].

It is important to mention that the adults who integrate this team of volunteers perceive themselves as more competent peers in the mastery of formal and intentional learning (well-defined and hierarchical), promoters of social and academic skills, considering that, when using appropriate scaffolding techniques, permeated by the quality of socio-cultural interaction, it is possible to intervene in the developmental path of the child with ASD. The whole believes exchanging roles with the child when he reciprocally contributes to the integral development of all intervenients, highlighting the individual contribution of the child to the development of the team, as well as the role of the collective in the construction of the individuality of each one [3]. It highlights, from the analysis of the content, the team's belief that G, as the more competent peer, naturally resorting to mediation tools and spontaneous scaffolding techniques and without educational intentionality, impacts the ZPD of all the intervenients, reinforcing their real development zone (RDZ), exercising their resilience, promoting self-knowledge and self-criticism, in a constant transition movement where learning evolves in the direction of transformation. Based on the belief in the unlimited development potential and in the scientific evidence in the field of neuroplasticity, the volunteers point out G's availability for modifiability and his ability to optimize the ZPD-RDZ-ZPD flux as inspirational, seeing, where some regret flaws, an opportunity for collective overcoming that can convert knowledge into development. They believe that, by mediating the development of a child with ASD, they would improve their own development as a consequence of the interactive exchanges with all of those involved, and also as a result of the self-reflexive and critical practices imposed both in the personal and social dimensions.

The rigor and comprehensiveness of the assessment are pointed out by all the members of the team as determinants in the longevity, overcoming and refinement of this learning community. The parity in the design and monitoring of the entire intervention strategy are unanimously understood as predictors of the effectiveness of joint and assertive assessment of the program, strategies, objectives and interventions, strengthening the community spirit and the belief that the transformation of G will depend on his potential, but also on the availability of each one to allow himself/herself to be transformed by that child, enhancing the child's transformative impact in his intervention nucleus, a profound claim to his efficiency as a more competent peer.

All team members consider that this follow-up process is essential for pursuing the ultimate goal since it encourages action in the limit of its potential in a dynamic to grow, allowing its growth. The whole team mentioned that feelings of self-efficacy, overcoming and belonging worked through monitorization are essential to nurture the critical and reflective competence and to foster high-impact collaborative performances in the playroom and in different aspects of their lives. Accepting difficulties, sharing them, asking for support, sharing achievements and fears, valuing cooperation and collaboration are stimulated attitudes at meetings and that reinforce the cohesion of this community and the gratitude for belonging to a versatile, consistent, focused and assertive nucleus that understands the generosity of exchange as determinant for the development and for life.

It is also the parents’ goal with these meetings to inspire the team’s union by promoting sharing and building bonds among the members of this new family, guiding them in maintaining a powerful focus: the belief in the unlimited potential of the human being.
After joint reflection and with the approval of approximately 80% of the volunteers, it was decided that the assessment/monitoring meetings should be held every fortnight. All those involved in this process consider that these moments of sharing, complementarity, acceptance, analysis, assessment and redefinition of objectives and strategies are decisive in the individual construction and in the collective sophistication of this new learning community.

This process of follow-up and monitorization also has an individualized training aspect, aiming to assist each volunteer to perceive possible personal constraints that condition his/her intervention. During the empowerment of the parents at the Autism Treatment Center of America, they were taught techniques to enhance the volunteers’ ZPD, working on their attitude, trying to arouse and guide a reflective introspection that allows them to identify and overcome the causes of some blockages that may represent an obstacle to the profitability of their potential. There is a great investment of the parents in these techniques of self-knowledge and overcoming of the volunteers, assuming that the evolution in the personal trajectory of each intervenient, simultaneously, is the engine and sustenance for the integral success of this learning community and, fundamentally, for the evolution of G [3].

It is possible to assess the perception of the volunteers that more than a method of intervention, this program, with all the underlying assumptions, recognizing the transformative potential of this child, has systematically impacted all involved, confronting them with a new way of problematizing life, in a belief that citizenship is necessarily shared, reflexive, egalitarian and democratic.

4 CONCLUSIONS

The success of this intervention seems to widen the socio-constructivist assumptions of learning, taking into account that the quality of the support system is essential to a sophisticated mediation in which all of the involved can be subject and object of learning in a continuum of transformation and development.

Valuing the difference as a promoter of opportunities and development is one of the paradigms of this community that understands learning as a product of constant exchanges permeated by the alternation of mediative roles.

Yes, focusing on the child! But why not let oneself focus by the child? Share with him/her the center of the teaching-learning process, be able to not only learn from him/her, but also be changed by him/her.

It is recurrent to hear from an educator how much he/she has learned from a child, but how many have been impacted by his/her existence?

Promoting an inner gaze capable of rescuing us from our absolute role as more competent peers and understanding that our learning may be affected by our willingness to let ourselves be taught by a child may be the key to a less authoritarian and directive teaching with less asymmetries and more cognitive affinity.

Would there be advantages if we thought about this community and their principles and adapted them to the school and to our pedagogical teams, allowing us to look at the student with humility and curiosity, as a being capable to revolutionize our beliefs and attitudes, to test our inner questioning and to challenge us in the limit of our potential? Would we benefit if we looked at the child without fear of exposure, without fear of vulnerabilities, looking at him/her as an opportunity for growth and for expanding our real knowledge? What would be the real impact if we promoted self-criticism and the ideology of shared learning, thinking of ourselves as an effectively competent peer, but not always as the more competent one?

Returning to the view of the role of the adult mediator, mentioned above, would there be a greater impact in education if the adult learner also saw the world - and himself/herself – in a different way through the students’ eyes?

It would be important to idealize teaching as a collaborative and dynamic process in which the different contributions were predictive of success and cohesion, promoting the strengthening of pedagogical teams, in a constant search of the sophistication of the collective as an engine for individual growth.

It is intended, in a next phase, to understand the teachers’ perceptions of inclusive kindergartens, regarding the importance of collaborative work, the importance of opening the doors of their classrooms, and also questioning their place in the pedagogical relationship and the relationship with their peers.
REFERENCES


