



Assent and Compassion in Inclusive Education: A Conceptual Proposal to Guide Teaching Practice

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Abstract

This article discusses conceptual guidelines for the school inclusion of students based on Behavior Analysis. It is a theoretical-conceptual study that articulates behavior-analytic and ethical principles applied to pedagogical practice, without direct empirical application. A distinction is drawn between consent, understood as legal authorization, and assent, defined as the student's continuous and revocable agreement, whose withdrawal is understood as legitimate functional communication. The use of observable indices of happiness (IOH) and unhappiness (IOU) is presented as behavioral indicators of the reinforcing or aversive properties of the contingencies in effect, individually validated through indirect assessment with family members and direct observation in the school context. The Happy, Relaxed and Engaged (HRE) model, proposed by Hanley et al. (2014), is presented as a reference for educational practices oriented toward well-being. Building on these frameworks, a table of guiding questions is proposed to support the definition of ethically sensitive and socially valid educational goals. The guidelines presented constitute guiding hypotheses that require empirical validation in the Brazilian school context.

Keywords:

Compassion; Assent; Inclusive Education; Behavior Analysis.

INTRODUCTION

School inclusion presents significant challenges when teaching conditions are not organized to meet students' specific needs. Among the different populations served by inclusive education are people with Autism Spectrum Disorder (ASD), defined by the DSM-5-TR (APA, 2022) by two core criteria: persistent deficits in social communication and social interaction (Criterion A) and restricted, repetitive patterns of behavior, interests, or activities, including hyper- or hyporeactivity to sensory stimuli (Criterion B).

In the school context, characteristics described in Criterion A may relate to unconventional communicative forms, a lower frequency of social-interaction initiatives, and difficulties in responding to instructions presented in a group. In turn, the sensory-processing alterations described in Criterion B may influence how some students respond to the demands of the school environment, affecting, among other aspects, their sustained participation during academic activities. Avoidance behaviors in situations involving errors, waiting, or academic demands are described in the behavior-analytic literature as responses maintained by negative reinforcement (Carr & Durand, 1985) and do not constitute direct manifestations of the DSM-5-TR diagnostic criteria.

When school contingencies are not adapted to the characteristics and needs of these repertoires, participation in activities tends to decrease, and behaviors frequently labeled as “tantrums” may emerge—interpretations that do not always correspond to the behavioral function of these responses.

Inclusion depends on organizing school environments capable of responding to students' individual needs, with professionals prepared to conduct functional behavior assessment, individualize teaching goals, and implement evidence-based strategies that foster learning and participation without producing unnecessary suffering.

Inclusive education is guided by frameworks that converge toward promoting the participation, autonomy, and dignity of people with disabilities. Disability Studies, the literature on self-determination, and human rights understand that school participation results from the interaction between the student's characteristics and the barriers present in the physical, social, and pedagogical environment (United Nations, 2006; Oliver, 1990; Wehmeyer, 2005). From this perspective, students should participate in the decisions that affect them, having their choices, preferences, and forms of communication considered in educational planning (Nirje, 1972; Wehmeyer, 2005).

Assent constitutes an expression of these principles in the school context by recognizing the student as an active participant in the teaching process. Respecting choices, preferences, forms of communication, and the possibility of refusal fosters self-determination and expands opportunities for meaningful participation (Wehmeyer, 2005). These responses constitute relevant information for adjusting teaching contingencies, bringing teaching practice closer to the principles of inclusive education, self-determination, human rights, and the promotion of quality of life (Tullis & Carnett, 2025; Penney et al., 2023).

The relevance of this discussion lies in the urgency of building ethical frameworks for school inclusion in the face of alarming scenarios. First, epidemiological data indicate a high prevalence of challenging behaviors in populations with ASD: Kristensen (2020) estimated that 42% exhibit self-injurious behavior; Matson and Rivet (2008), in a sample of 320 adults, identified aggression in 43.6%, self-injury in 29.5%, stereotypies in 66.7%, and disruptive behaviors in 62.2%; Simo-Pinatella et al. (2019) confirmed that between 60% and 80% of adults with ASD exhibit at least one of these behaviors.

The literature points to insufficient teacher training, a lack of resources, and the persistence of social attitudes as some of the main barriers to inclusion (Rabelo et al., 2024). Insufficient continuing professional development for teachers in the regular school system constitutes a significant structural barrier to the adoption of effective and adapted pedagogical strategies, because educators lack a consistent technical repertoire to identify the function of these behaviors and to adjust their pedagogical practices in a responsive and non-coercive manner.

With the institutionalization of the Plano Educacional Individualizado (PEI) as a guiding instrument for defining educational goals (Parecer CNE/CEB nº 50/2023; Decreto nº 12.773/2025), it becomes critical to discuss “which” skills are selected as goals and “how” they are taught, ensuring that educational planning is guided by social validity, assent, and the promotion of well-being—not merely by meeting pedagogical targets or by promoting conformity to neurotypical standards.

This article aims to describe concepts based on Behavior Analysis, behavioral ethics, and inclusive education in order to propose conceptual guidelines that orient teaching practices grounded in assent, compassion, and social validity.

Specifically, it seeks to operationalize contemporary ethical principles—such as the proposal of compassion-based practice (Penney et al., 2023), assent as an ethical imperative (Tullis & Carnett, 2025), and the monitoring of observable indices of happiness and unhappiness (Arbogast & Fryling, 2015)—into practical strategies applicable to the Brazilian context of school inclusion.

To this end, concepts grounded in the behavior-analytic literature were selected and adapted to the educational context: (a) operationalized compassion; (b) assent as the student’s continuous and revocable agreement; (c) social validity in the selection of goals; (d) measurement of Observable Indices of Happiness (IOH) and Unhappiness (IOU). The integration of these concepts aims to shift the instructional focus from behavioral conformity toward the functional analysis of the student’s current repertoire and the gradual adjustment of demands through successive approximations.

Methodology

This is a bibliographic review study of a theoretical-conceptual nature. According to Gil (2008), bibliographic research is developed on the basis of material already produced, consisting mainly of books and scientific articles. The study was guided by the following research question: which concepts described in the literature are relevant to assent and may contribute to grounding ethical teaching practices in inclusive education? Based on this question, independent searches were conducted on the main thematic axes related to the problem under investigation, including assent, compassion, social validity, happiness, well-being, trauma-informed intervention, and inclusive education, without temporal delimitation of the publications. The articulation among these frameworks sought to meet the criteria for theoretical contribution proposed by Whetten (1989), specifying which concepts are considered relevant to explain the phenomenon in question (What), how these concepts relate to one another (How), and why these relationships justify proposing conceptual guidelines for teaching practice (Why).

Contextualizing Brazilian legislation and the challenges of inclusion

Brazil has a legal framework aimed at inclusion, including the Lei Brasileira de Inclusão (LBI, Lei nº 13.146/2015), the Parecer CNE/CEB nº 50/2023, which establishes guidelines for developing the

Plano Educacional Individualizado (PEI) for autistic students, and the Decreto nº 12.773/2025, which establishes the Política Nacional de Educação Especial Inclusiva and the Rede Nacional de Educação Especial Inclusiva. The decree regulates the Specialized Educational Service (Atendimento Educacional Especializado – AEE), the Plano de Atendimento Educacional Especializado (PAEE), and the Plano Educacional Individualizado (PEI), and also addresses the training of the AEE teacher and of the specialized aide.

Studies on teacher attitudes toward inclusion reveal that the characteristics of students who are the target population of Special Education (público-alvo da Educação Especial – PAEE) and the degree of impairment associated with disabilities exert a significant influence on teacher acceptance. Conditions related to mild learning difficulties tend to be more readily accepted, whereas Autism Spectrum Disorder (ASD), deafness, severe intellectual disabilities, multiple disabilities, and emotional/behavioral disorders are associated with less favorable attitudes (Saloviita, 2020).

From a behavior-analytic perspective, this context of vulnerability is aggravated by educators' insufficient training in functional behavior analysis. The absence of adequate training may lead the teacher to misinterpret challenging behaviors as “willful” or “resistant,” resulting in coercive responses that, paradoxically, evoke or accelerate the intensity of crises.

By increasing demands or responding punitively to a behavior that is, functionally, a form of communication or escape from aversive stimulation, the professional not only fails pedagogically but also contributes to the escalation of suffering and the production of trauma (Carr & Durand, 1985), reinforcing the importance of adopting practices based on functional analysis and preventive behavior management.

The Decreto nº 12.773/2025 – Política Nacional de Educação Especial Inclusiva and the Rede Nacional de Educação Especial Inclusiva, which amends the Decreto nº 12.686/2025, describes the PEI and the PAEE as follows:

Art. 12. It is mandatory to produce an individualized document of a pedagogical nature, with continuous updating, such as the PAEE and the PEI, deriving from the case study.

§ 1º The institutionalization of the PAEE and the PEI is part of the political-pedagogical project of the educational establishment. § 2º The PAEE and the PEI have the purpose of guiding: I - the work to be carried out in the regular classroom; II - the work developed within the scope of the AEE; III - collaborative activities within the educational establishment; and IV - intersectoral coordination actions. (Brasil, 2025)

The regulation of the PEI and the PAEE represents a significant advance, but it does not describe which ethics-based practices should ground the selection of goals and teaching methods. Developing these instruments requires an accurate assessment of the student's current repertoire, identifying what the student is able to do independently, in order to then establish goals based on successive approximations of that repertoire.

When teachers lack tools to assess the student's level of competence and to adjust goals—relying instead on implicit expectations of neurotypical normality, rigid curricular standards, or comparisons with the performance of the class—demands are produced that are incompatible with the student's current

repertoire.

The literature indicates that this misalignment between environmental demands and available competencies tends to generate persistent suffering, an increase in escape or avoidance behaviors, and impaired school participation, configuring practices that are insensitive to individual needs (Wolfensberger, 1972; Rajaraman et al., 2021; Mathieu-Sher et al., 2024).

Wolf (1978), in his seminal discussion of social validity, explicitly asked: are the goals of behavior change important to the individual and their community? Are the procedures used acceptable? Are the effects produced socially significant? In the context of the PEI and the PAEE, these questions become critical: educational goals should be selected based on their relevance to the student's quality of life, and not merely on conformity to institutional or curricular expectations.

Baer, Wolf, and Risley (1968), in establishing the dimensions of Applied Behavior Analysis, emphasized that interventions must be “applied”—that is, focused on behaviors that are socially important for the individual in their natural environment, and not on arbitrary actions aimed at standardizing repertoires.

Carr and Durand (1985) proposed functional communication training so as not to suppress behaviors considered “inappropriate” without understanding their communicative function, which can generate suffering. Analogously, selecting educational goals without considering the function of these behaviors in the student's life—focusing exclusively on “eliminating” behaviors deemed atypical or on “normalizing” appearance and performance—may generate coercive contingencies disguised as teaching.

The behavior-analytic literature has historically emphasized that behavioral changes are ethically justifiable only when they produce clear functional benefits for the individual themselves, and not merely conformity to external standards (Baer et al., 1968; Wolf, 1978).

In light of this scenario, it is advisable that the development and implementation of the PEI and the PAEE be guided by ethical principles that ensure: (a) selection of goals based on individualized social validity (Wolf, 1978), prioritizing skills that are functionally relevant to autonomy, participation, and quality of life; (b) teaching through successive approximations compatible with the student's current repertoire, with continuous adjustment of demands (Cooper et al., 2020); (c) systematic monitoring of the student's well-being during the teaching process; (d) modification of contingencies when signs of persistent suffering are observed. The following sections present the ethical and procedural concepts that operationalize these principles in the context of inclusive teaching practice.

Compassion-oriented teaching actions in inclusive education

Penney et al. (2023), building on the proposal of Taylor, LeBlanc, and Nosik (2019), define compassion as the combination of empathy and action, operationalized as the behavior of acting with empathy to improve quality of life and to prevent or alleviate the individual's current or future suffering. Although this definition was originally proposed within Behavior Analysis—an applied science whose aim is to promote changes in the environment and, consequently, in individuals' behavior—it offers a field of ethical practice that can be extended to education, providing guidance for teaching, an area in which consolidated official guidelines do not yet exist. The application of compassion in educational practice can be understood in terms of three central aspects.

First, compassion is not a feeling or a personality trait, but an observable and measurable behavi-

or (Rodriguez, Tarbox & Tarbox, 2023), which implies that such behavioral repertoires can be taught—including the identification of signs of discomfort—without depending on the teacher’s “intuition” or “vocation.” These repertoires can be operationalized in actions such as informing in advance that certain activities will occur during quieter moments, providing predictability in routines and teacher–student interactions, and reducing conditions that increase anxiety, thereby promoting security.

Second, compassion is preventive: it does not wait for extreme suffering or crises to occur, but acts on the early identification of signs of discomfort (precursors) in order to modify demands or the environment before behavioral escalation.

Third, compassion is oriented toward quality of life: the main criterion for the success of educational practices is not merely the acquisition of academic skills or behavioral conformity to school rules, but the student’s well-being during and after the teaching process.

Mathieu-Sher et al. (2024) demonstrated that compassionate behaviors can be taught to professionals through Behavioral Skills Training (BST), a procedure that involves instruction, modeling, behavioral rehearsal, and feedback.

In the educational context, compassionate behaviors can be operationalized into observable categories that allow their practical application in the school setting, following adaptations by Mathieu-Sher et al. (2024), Becirevic et al. (2016), and Penney et al. (2023). One of these categories involves accessible communication, characterized by the use of simple, non-technical language so as to make the interaction understandable and inclusive for all students. Another dimension refers to sensitivity to non-verbal communication, recognizing requests and refusals expressed non-verbally—approaching the student when they show interest (for example, by pulling the adult by the hand, looking at materials, smiling, or relaxing their posture), or withdrawing when they show signs of refusal, such as turning the body away, moving away, tensing muscles, displaying facial expressions of discomfort, or increasing stereotypes.

In addition, responsiveness to individual needs involves continuous attention to the student’s demands, the advance communication of planned actions—such as informing that a given activity will take place during a quieter moment—providing predictability in routines and in teacher/student interactions, and reducing anxiety while promoting security. Finally, feedback validation consists of explicitly demonstrating that the student’s manifestations, whether verbal or non-verbal, will lead to adjustments in pedagogical practices, strengthening the relationship of trust and ensuring that the student perceives their agency and protagonism in the educational process.

A central principle of compassion is the recognition that the teacher’s behavior directly affects the student. This perspective shifts the traditional logic of teaching, establishing that, in the face of manifestations of unhappiness or refusal on the part of the student, the educator’s first ethical and practical question should be: “What in my teaching method or in the environment may be evoking this response?” Responsibility for change therefore falls on the teacher’s behavior and on the contingencies the teacher organizes, and not solely on the student’s behavior (Penney et al., 2023).

Rodriguez, Tarbox, and Tarbox (2023) proposed a Compassion-Focused Behavioral Assessment and Planning Protocol, originally developed for clinical contexts but whose domains may suggest teaching practices in the development of the PEI and the PAEE. The protocol is not rigid but constitutes a set of guiding questions structured in three domains that ensure interventions are developed from the student’s perspective, prioritizing assent, dignity, and emotional security.

In the first domain, “Creating a Context for Positive Reinforcement,” the teacher can observe and

identify behaviors that express the student's values and interests, as well as signs of acceptance and social engagement. Based on these observations, the teaching response consists of adjusting activities, teaching methods, and the organization of the environment, fostering contexts that favor the student's happiness, calm, and active engagement.

In the second domain, "Maintaining Personal Dignity and Preventing Escalation," the teacher is guided to monitor early and subtle signs of overload or stress, as well as different forms of communication that indicate the need for a break. The appropriate response involves modifying demands, offering opportunities for breaks, and intervening preventively before stress escalates into a crisis, safeguarding the student's dignity and well-being.

Finally, the third domain, "Demonstrating Compassion," requires the teacher to adopt strategies to help the student calm down and self-regulate, to organize the physical and social environment so as to reduce stimuli, increase predictability, and favor comfort, and to maintain interactions that reinforce a sense of emotional security. In this way, each domain not only guides observation but also defines concrete teacher actions, placing the student's well-being at the center of educational practice. The authors further recommend combining direct observation with reports from parents or caregivers, supporting compassion-centered behavioral planning (Rodriguez, Tarbox & Tarbox, 2023).

Consent versus Assent: decision-making in the face of assent withdrawal

Assent and consent are distinct concepts. Whereas consent refers to formal, legally valid authorization—generally provided by parents or guardians—assent is the voluntary and continuous agreement of the individual themselves, especially when they cannot legally consent. Respecting assent and its withdrawal is grounded in human rights, dignity, and the autonomy of people with disabilities, and is not restricted to compliance with legal requirements (Breux & Smith, 2023).

Tullis and Carnett (2025) characterize assent as a process of attention and action structured along four dimensions: (a) it is continuous—it does not constitute a single event but a process that must be honored moment to moment throughout the intervention; (b) it is revocable—the individual has the right to withdraw it at any moment (dissent), without this entailing negative consequences; (c) it can be expressed through multiple forms of communication—it may be expressed verbally ("yes," "I want to") or non-verbally (approaching, smiling, bodily relaxation, engagement with materials); (d) it is developmentally appropriate—it must be adapted to the individual's age, cognitive capacity, and communicative repertoire, taking into account expressive and receptive communication skills.

The cited authors propose assent-based interventions, in which both assent and the possibility of its withdrawal are defined for each student, since assent and dissent may manifest in different ways and must be continuously assessed and used to guide decisions about the intervention. In school, teachers can assess the student's assent responses during the routine, observe and record actions that indicate agreement or refusal, adjust demands and teaching methods based on these manifestations, and ensure that participation in educational activities occurs voluntarily and non-coercively.

For individuals with complex communication needs (CCN), including those with intellectual disability who use Augmentative and Alternative Communication (AAC) systems or who communicate primarily through non-verbal behaviors, Tullis and Carnett (2025) emphasize that operationalizing assent requires an individualized functional analysis. In this context, silence or the absence of resistance cannot be automatically interpreted as agreement.

It is recommended that the teacher observe facial expressions, gestures, approaches, or engagement with materials and activities, which may indicate agreement, as well as signs of refusal or discomfort. In situations involving apathy or neutral behavior, interpretation should take into account the student's individual context and history, so that teaching practice is guided by a detailed and contextualized understanding of what constitutes assent or dissent for that individual. This approach ensures that the student's participation is genuinely voluntary and respects their agency, avoiding mistaken assumptions based on apparently neutral responses.

The validation of these topographies, as proposed by Tullis and Carnett (2025), should combine direct observation of the individual in different contexts (clearly preferred vs. clearly aversive situations) and indirect assessment through reports from family members and other professionals who know the individual's communicative repertoire.

Transposing this proposal to teaching practice, teachers can validate assent topographies by observing the student during free-choice activities (assent indicators) and during known aversive demands (dissent indicators), identifying how the student communicates acceptance and refusal, and systematically recording these topographies for use in school planning.

It is worth recognizing that the absence of explicit protest is not equivalent to assent: students who remain passive, with a neutral expression, or who appear to simply comply, may be under the control of historical coercive contingencies or may lack the repertoire to express dissent effectively.

Tullis and Carnett (2025) propose that teaching the repertoire of decision-making, choices, and functional communication related to assent constitutes an essential component of ethical interventions. Applied to the educational context, this implies that developing choice and refusal skills becomes a priority goal in individualized educational planning.

Compassion constitutes an observable and measurable teacher behavior, guiding the teacher's decisions and actions in an ethical manner centered on the student's well-being (Penney et al., 2023; Rodriguez, Tarbox & Tarbox, 2023). Assent, in turn, is the student's manifestation indicating whether or not they accept participation in activities, expressing agreement, engagement, or refusal (Tullis & Carnett, 2025). In this way, the teacher, acting with compassion, uses these student responses to adjust their practice, respecting the withdrawal of assent, promoting safe interventions, and preventing future suffering, trauma, or avoidance behaviors. Thus, compassion and assent are articulated as an ethical cycle: the teacher's behavior guides the student's experience, and the student's responses guide the continuous modification of teaching practice.

Research on the assessment of observable indices of happiness and unhappiness

Researchers concerned with ethical and well-being issues and interested in clear, objective, and observable proposals examined the possibility of measuring happiness and unhappiness in people with neurodevelopmental disorders, considering that many of these individuals have difficulty verbally expressing their emotions or communicating refusal or discomfort, which makes them vulnerable to potentially aversive interventions when such interventions are conducted without adequate monitoring of their well-being.

Dillon and Carr (2007) proposed that states of well-being could be inferred from observable behaviors, especially in populations for whom self-report is limited or unfeasible, shifting the focus from technical efficacy to the experience lived by the individual themselves.

To operationalize this assessment, researchers developed observable behavioral indicators that reflect states of happiness or unhappiness. Observable Indices of Happiness (IOH) refer to the frequency of behaviors that indicate pleasure, positive engagement, and pleasant affective states, such as smiling, approaching activities or people, postural relaxation, and vocalizations of contentment.

In contrast, Observable Indices of Unhappiness (IOU) represent behaviors that reflect discomfort, frustration, or suffering, including tense facial expressions, withdrawal, an increase in stereotypies, and protest vocalizations. The systematic identification of these indicators allows educational and therapeutic interventions to be monitored and adjusted based on the individual's lived experience, ensuring that pedagogical actions are not limited to technical efficacy but also consider the student's quality of life (Dillon & Carr, 2007; Parsons et al., 2012; Arbogast & Fryling, 2015).

An empirical example of this approach was demonstrated by Green, Gardner, and Reid (1997), who applied the Fun Time program with three adults with profound multiple disabilities and limited communication, observing consistently low indices of happiness during baseline: Carl (12%), Ron (1%), and Fran (15%).

When activities were systematically selected based on individual preferences, IOH increased significantly (Carl 79%, Ron 57%, Fran 56%), whereas those chosen solely on the basis of staff opinion produced inconsistent results.

These findings demonstrate that rigorous assessment of individual preferences is essential to identify activities that promote well-being and support the use of IOH and IOU as auxiliary tools for ethical decisions and intervention adjustments, complementing other forms of assessment without replacing them (Parsons et al., 2012; Arbogast & Fryling, 2015).

Adapting the theoretical frameworks to the educational context

The school environment has characteristics that differ from clinical contexts: it is dynamic, unpredictable, and often overloaded with stimuli, requiring students to process multiple pieces of information simultaneously. Many students, especially those with complex communication needs or neurodevelopmental disorders, may experience sensory overload, frustration, and difficulties in following instructions that exceed their current level of competence.

In this scenario, it becomes essential that educational interventions are not limited to technical efficacy but incorporate systematic measures to monitor the student's well-being, ensuring that teaching respects their dignity and minimizes suffering.

Based on the methodological proposals of Dillon and Carr (2007), Parsons et al. (2012), and Arbogast and Fryling (2015), the operationalization of Observable Indices of Happiness (IOH) and Unhappiness (IOU) in the educational context can be organized into four stages. First, the individualized identification of topographies is required, carried out through direct observation of the student in clearly preferred situations (free play, access to preferred items) and aversive ones (demands known to be difficult or stressful), combined with reports from family members and other professionals familiar with the student's communicative repertoire.

There is no universal set of behaviors indicative of happiness or unhappiness; typical examples include smiles, laughter, positive vocalizations, relaxed engagement, and bodily relaxation (IOH), or crying, withdrawal, bodily tension, and expressions of irritation (IOU), with each behavior needing to be validated in light of learning history, context, and function. Behaviors such as stereotypies may serve a self-regulatory function and should not automatically be interpreted as unhappiness.

The second stage involves systematic monitoring, recording IOH and IOU during educational activities through procedures such as time sampling or event recording, allowing tracking of how different demands, teaching strategies, and environmental conditions influence well-being over time. Next, data-based decision-making uses IOH and IOU as additional assessment variables; interventions that promote academic gains but increase IOU or reduce IOH should be reconsidered, whereas strategies that increase IOH and reduce IOU reflect alignment with the student's well-being.

Continuous environmental adjustability is fundamental. Arbogast and Fryling (2015) demonstrate that IOH levels are significantly higher when there is a good fit between demands and the student's level of competence (good environmental fit). The recurrence of IOU indicates a mismatch—tasks that are too difficult, monotonous, or long—signaling to the teacher the need to modify demands, methods, or context before proceeding. Thus, the use of IOH and IOU provides objective data that guide pedagogical adjustments, ensuring interventions that are simultaneously effective and ethically responsible.

Hanley et al. (2014), researchers in the area of challenging behaviors, proposed the Skill-Based Treatment (SBT), an intervention model grounded in the organization of teaching to keep the student predominantly happy, relaxed, and engaged—the Happy, Relaxed and Engaged (HRE) model. Subsequent studies have shown that this model can be applied in educational contexts, including school settings, with a significant reduction in challenging behaviors and an increase in instructional engagement, without the use of aversive procedures or systematic extinction (Hanley et al., 2014; Santiago et al., 2016; Ghaemmaghami et al., 2015).

These applications indicated that organizing contingencies aimed at maintaining well-being not only meets ethical criteria but also favors greater time of active participation in teaching activities—a central aspect for learning in collective contexts such as school.

Breaux and Smith (2023) discuss that, although assent is central, there are specific situations in which it may be temporarily overridden due to imminent safety risks. In contexts involving an immediate and serious threat to physical integrity, the ethical priority is the preservation of life. In such cases, interventions may be carried out without assent, provided that their sole objective is to prevent significant harm and that they are discontinued as soon as the risk ceases. Once the risk is eliminated, the focus must immediately return to respecting assent. When there is no imminent risk, honoring dissent is ethically a priority (Breaux & Smith, 2023).

An example frequently used to illustrate this dilemma involves teaching self-care skills, such as brushing one's teeth.

Brushing one's teeth may be distressing for a child today, whereas dental caries will be painful and debilitating in the future. If the focus is solely on eliminating short-term suffering, one might simply not ask the child to brush their teeth, which would result in long-term suffering due to tooth loss (Rodriguez, Tarbox, & Tarbox, 2023, p. 3)

For some children, brushing may be highly aversive at the moment, producing avoidance responses, crying, or refusal. If the ethical decision is based exclusively on eliminating immediate suffering, one might choose not to require brushing, which, in the long term, increases the likelihood of pain, cavities, infections, and tooth loss. On the other hand, if the focus is placed solely on preventing future consequences, there is a risk of employing excessively invasive or coercive procedures to ensure

the immediate completion of the task, generating intense suffering in the present.

During a group reading activity, a student begins to turn their body away, push the material aside, and increase vocalizations—behaviors that may indicate withdrawal of assent or a need for adjustments to the activity. Rather than insisting on continuing the task, the teacher recognizes these manifestations as a valid form of communication, demonstrates to the student that their response has been understood, and makes adaptations to the teaching contingencies, offering options such as a brief break, greater support during the activity, the use of additional visual resources, or different forms of participation. After these adjustments, the student demonstrates assent and remains engaged in the activity. This example illustrates how validating the student's communication, together with offering choices and adapting contingencies, can support the continuity of teaching without resorting to coercion or abandoning pedagogical goals.

This balance is particularly relevant in the educational context and should be planned together with the school team during the development of the PEI, considering which situations represent challenges or discomfort for the student, as well as identifying what can be avoided or modified and what cannot be changed, since certain demands or procedures are essential to the student's health, safety, and long-term development. Careful analysis of these factors makes it possible to adjust teaching strategies, balancing the promotion of immediate well-being with the acquisition of important functional skills, ensuring ethical and effective teaching.

It is important to emphasize that honoring assent does not mean ceasing to present demands or giving up on teaching skills. Breaux and Smith (2023) describe more than twenty possible accommodations in response to the withdrawal of assent, showing that the expected teacher response is not the elimination of the demand, but the adjustment of its form, pace, the support offered, or the moment of its presentation.

Similarly, Rajaraman et al. (2021), in proposing the Enhanced Choice Model, demonstrate that the systematic offering of choices during teaching makes it possible to reduce the escalation of dangerous behaviors without resorting to coercive procedures, keeping the focus on skill acquisition. The central difference therefore lies between adjusting teaching in response to the student's manifestations—offering choices and directing demands in a way that is sensitive to their responses—and insisting on the demand to the point of producing suffering, persistent avoidance, or trauma.

In this sense, observing the student's exercise of choice and signs of autonomy functions as an additional behavioral indicator that guides the teacher's practice (Rodriguez, Tarbox & Tarbox, 2023; Kelly & Shogren, 2014). Just as assent signals whether the student accepts or refuses demands (Tullis & Carnett, 2025; Breaux & Smith, 2023), the way in which they exercise choices—whether by selecting activities, adjusting their form of participation, or signaling breaks—provides concrete data about their engagement, comfort, and control over their own learning (Rajaraman et al., 2021).

Teachers who act with compassion can use this information to adjust teaching methods, demands, and the organization of the environment, ensuring that opportunities for choice are effectively respected and have a real impact on the student's experience (Rodriguez, Tarbox & Tarbox, 2023; Kelly & Shogren, 2014). In this way, the promotion of autonomy and self-determination not only prevents resistance and escape but also strengthens trust, well-being, and the development of self-regulation skills, consolidating an ethical, student-centered educational practice oriented toward quality of life (Rodriguez, Tarbox & Tarbox, 2023; Rajaraman et al., 2021).

Conceptual proposal of guiding questions for defining and adjusting PEI goals

Based on the discussions of compassion, assent, choice, and well-being during the educational process, the development of a set of guiding questions is proposed to help the teacher analyze their practice, the student's responses, and their own pedagogical decisions. The goal is to promote continuous adjustments that adapt the environment, demands, and resources to individual needs, maximizing the student's engagement, comfort, and happiness (Rodriguez, Tarbox & Tarbox, 2023; Tullis & Carnett, 2025; Breaux & Smith, 2023; Hanley et al., 2014; Arbogast & Fryling, 2015).

These questions can be considered during the development of the Plano Educacional Individualizado (PEI), guiding the definition of priority skills for the student, identifying potential sources of discomfort, and establishing strategies for adapting teaching, resources, and the environment. Although the Decreto nº 12.686/2025 and the Decreto nº 12.773/2025 consolidate the mandatory nature of the PEI and reinforce the consideration of the student's preferences as part of planning, these regulations do not explicitly detail ethical guidance on observing assent, promoting self-determination, or addressing challenging behaviors.

In this sense, the proposed questions seek to contribute by offering a guiding tool so that educators can make informed, ethical, and student-centered pedagogical decisions, ensuring that the teaching of essential skills is conducted with respect for dignity, autonomy, and well-being.

The questions presented constitute a theoretical-conceptual proposal intended to support the reflection of school teams in individualized educational planning.

Table 1

Ethical and Pedagogical Dimension:	Guiding Questions for Decision-Making in the PEI
Assent and Self-Determination	Does the student demonstrate assent to participate in the proposed activities, considering identifiable verbal and non-verbal signs? When the student withdraws assent, which immediate adjustments will be made (demand, resource, pace, environment, or planned break)? Could not offering or postponing the teaching of this skill, out of respect for current assent, generate risks to health, safety, or greater suffering in the future? How can immediate suffering be reduced while balancing the need to teach functionally relevant skills in the long term?
Well-Being During Teaching	Do the proposed activities predominantly favor engagement, comfort, and participation, minimizing signs of persistent discomfort?
Compassionate Instructional Planning	Is there systematic monitoring of observable indicators of Are the demands adjusted to the student's current repertoire, with skills broken down into micro-steps and gradual progression?
Antecedents	Which antecedent strategies can be planned to prevent stress, discomfort, and overload during the teaching of essential skills?
Consequences	How will reinforcers be selected and applied to increase the student's engagement, assent, and future participation? How will the student's response be observed and recorded, ensuring that opportunities for choice and voluntary participation are respected?

**Preferences and Teaching
Resources**

How will the student's preferences be incorporated into the materials, activities, and forms of participation?

**Organization of School
Environments**

Do the chosen resources increase the likelihood of voluntary
Is the school environment organized to ensure emotional and physical safety, predictability, and real opportunities for participation?

está organizado para garantir segurança emocional e física,

**Participation and
Generalization**

Will what the student learns expand, in the short or medium term, their participation in group activities and with multiple people?

**Social Validity and
Quality of Life**

Does this goal have clear potential to improve the student's quality of life in real and meaningful contexts?

**Measurement and Ethical
Evaluation**

Does the family recognize this goal as relevant and aligned
How will the defined goals be measured, simultaneously considering learning, acceptance, and well-being during teaching?

Will the collected data guide continuous revisions of goals

Note: Prepared by the author (2026). This table presents a set of guiding questions derived from the theoretical and empirical synthesis discussed throughout the article. The instrument is reflective rather than prescriptive in nature and should be used as support for defining and reviewing individualized educational goals, respecting the characteristics and contexts of each student.

Based on the guiding questions presented in the table, the systematic use of these reflections can serve as a continuous guide for adjustments to the PEI, ensuring that each pedagogical decision is grounded in observable student data, individual preferences, and ethical principles. This process not only promotes greater engagement, well-being, and functional learning, but also offers teachers a practical tool for continuously evaluating the effectiveness and acceptability of interventions, allowing for more sensitive, gradual, and responsive interventions attuned to the student's real needs.

Final considerations

Educational practices aimed at students with specific needs related to limited repertoires for following instructions and participating in group routines may benefit from a decision-making framework based on compassion, assent, choice, and the monitoring of well-being. The teacher's behavior directly influences the student's experience, affecting their engagement, comfort, safety, and learning, while the observation of assent and signs of autonomy provides functional information that guides immediate instructional adjustments, with the potential to reduce avoidance, challenging behaviors, and suffering.

Although there are theoretical and methodological advances, the Brazilian school context still presents structural challenges, such as high demands, large classes, socioeconomic diversity, and insufficient teacher training. Even so, gradual changes based on direct observation, simple records, and data-based decision-making can produce relevant impacts on educational practice.

The Decreto nº 12.686/2025 reinforces the centrality of the student's needs and preferences but does not make explicit operational ethical guidelines related to assent, well-being, and the monitoring of discomfort. This scenario indicates the need for greater development of applied research and of guidance documents that support more consistent and ethically grounded teaching practices in inclusive contexts.

Teacher training constitutes a central element for implementing these practices. The development of competencies related to the assessment of assent and the offering of functional choices can foster self-determination, engagement, and the quality of pedagogical interaction.

This study, of a theoretical-conceptual nature, highlights the importance of integrating ethical principles, well-being, and observable indices of happiness and unhappiness into educational practices. Future research may examine the feasibility, acceptability, and effectiveness of these strategies in school contexts, as well as contribute to validating the proposed instruments. The consolidation of this evidence may support the development of educational practices that are more responsive and aligned with human rights.

From this perspective, assent can be understood as a point of convergence among Behavior Analysis, inclusive education, self-determination, and the rights of people with disabilities.

The propositions presented are theoretical in nature and aim to broaden the debate and support empirical investigations into their application in the school context.

Study Limitations and Future Directions

This study has limitations arising from its theoretical-conceptual nature and the absence of empirical data, which restricts direct inferences about the effectiveness of the proposed guidelines. The table of guiding questions was not subjected to empirical validation nor developed on the basis of consul-

tation with teachers or specialists in inclusive education, which limits its use as a tool to support educational planning until such procedures are carried out.

In addition, although there is favorable evidence for the use of observable indices of happiness and unhappiness obtained through individualized assessment and adjustment of contingencies, such studies have been conducted predominantly in clinical, therapeutic, or residential contexts. Investigations examining the application of these strategies in the school environment are still scarce, especially in the processes of developing and monitoring the PEI.

It is suggested that future research investigate the feasibility, acceptability, and effectiveness of the guidelines presented in Brazilian schools, as well as validate the proposed table through the participation of teachers, specialists, and other stakeholders involved in inclusive educational planning.

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