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Autism And Its Treatment In Malaysia
Holistic Care for Autistic Children
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I. INTRODUCTION

Three different ministries in Malaysia provide services for autistic children in specific and children with special needs in general. They are the Ministry of Education; Ministry of Health; and Ministry of Women, Family and Community Development particularly Social Welfare Department. In addition to these, Non-Government Agencies (NGOs) also play an important role in providing services for these children.

The Ministry of Health has the task of early identification, screening, and of special children. Early intervention program and educational services for children/persons with autism are mainly provided by the Ministry of Education, Social Welfare Department (Ministry of Women, Family and Community Development), as well as NGOs. The Ministry of Education has the task of catering for the educational needs of children with hearing impairment; visual impairment; and learning disabilities. Categories of students with learning disabilities include Down Syndrome; Autism (mild); Attention Deficit Hyperactivity Disorder (ADHD); Mild and Moderate Mental Disabilities; and Specific Learning Difficulties (such as Dyslexia). The Social Welfare Department has the task of providing services for the children with moderate to severe autism and/or mental retardation.

Three departments responsible for providing educational services for students with autism under the Ministry of Education include Special Education Department, State Education Department, and Technical Education Department. Special Education Department is responsible for coordinating all special education programs within its ministry and administrating all Special Education Schools. Although the Ministry of Education provides educational services for children with mild autism, there are children with moderate to severe autism who are in the formal education system or main stream education under the Ministry of Education. Legislatively, these children should be under the responsibly of the Ministry of Health and Ministry of Women, Family and Community Development. (Siti Zahara, 2004).

Table 1 describes the types of school/program available for autistic children in Malaysia.

Table 1: Types Of School/Program For Autistic Children In Malaysia

Levels	Basic Categories of Children with Autism	Types of School/Program Under the Ministry of Education	Other Agencies Involved in the Educational Services for Moderate to Severe Autism
Preschool	Learning Disabilities (Autism)	- Integrated Program - Inclusive Settings	- NGOs - Social Welfare Department
Primary School	Learning Disabilities (Autism)	- Integrated Program - Inclusive Settings	- NGOs - Social Welfare Department
Secondary	Learning Disabilities (Autism)	- Integrated Program - Inclusive Settings	- NGOs

The medical professionals are usually reluctant to place a label on a child with autism because this label could jeopardize the child's opportunity to enter the main stream education. In Malaysia, there is a lack of a proper system of screening and diagnosis. Multi-disciplinary assessment is still not a government requirement but it is being practiced by some professionals in the private hospitals.

II. CATEGORIES OF DISABILITY

According to the Department of Social Welfare (2003), Malaysia has 132,655 people with disabilities registered with the Department. They are categorised into four groups as follow:

- 1) **Visually Impaired** – There are 14,154 (from partial sight-unable to see clearly like normal people even when wearing spectacles or using contact lenses to total blindness) visually impaired persons registered ;
- 2) **Hearing Impaired** – There are 22,728 (deafness to deaf/mute) hearing impaired persons registered;
- 3) **Mental Retardation** – There are 49,340 (mental intelligence that does not develop with age such as down syndrome and slow learning disability) mentally retarded persons registered;
- 4) **Physically Impaired** – There are 45,356 (loss of any limb or handicap at any part of the body and this include those suffering from polio, amputation, paralysis and spastic) physically impaired persons registered;
- 5) **Others** – There are 1,077 persons under this group and they are normally those with dual disabilities or multiple disabilities.

Autistic children are often placed under the mental retardation and hearing disability categories until 2003. Now they are placed under the learning disability category which was recently created.

III. A MODEL OF THE MULTIDISCIPLINARY TEAM ASSESSMENT

Below is a model of multidisciplinary team assessment that is proposed to the Ministry Of Education for consideration.

Stage 1: The referral process generally begins when a teacher or parent notices that a child is having trouble in the classroom. The first step for the teacher is to gather specific data regarding the child's behavior and academic problems. The teacher must meet with the parents to gather more information. Through observation of behavior and analysis of the child's performance (attention, work completion, tests, class work, homework, etc.) with the additional information from the parents, the teacher can make the referral and present a report. This is the screening stage. This stage is basically to ascertain the nature and characteristics of the child's problem.

The parents must decide whether they would like their child assessed. If parents choose to do so, they will need to sign a consent form which would describe the kinds of people involved in the process and the tests which will be carried out.

Stage 2: A multidisciplinary team of professionals must be available to diagnose and assess the child. The process must be clear and systematic so the parents know what to expect and thus reduce frustration and stress.

The multidisciplinary team of professionals includes:

- Pediatricians,
- Psychiatrists (child psychiatry),
- Psychologists (with training in special education),
- Speech and language pathologists,
- Special education teachers,
- Representative from the Department of Special Education,
- Social workers, and/or
- Others, depending on the special needs of the child.

Diagnosis is often done by the pediatrician, psychiatrist, psychologist (with training in special education) and special education teacher. They collaboratively confirm the type of disability.

Stage 3: The multidisciplinary team such as the psychologist (with training in special education), psychiatrist (child psychiatry), speech and language pathologist, special education teacher, representative from the Department of Special Education and others who may be needed depending on the diagnosis of the disability will assess the developmental and educational needs of the child.

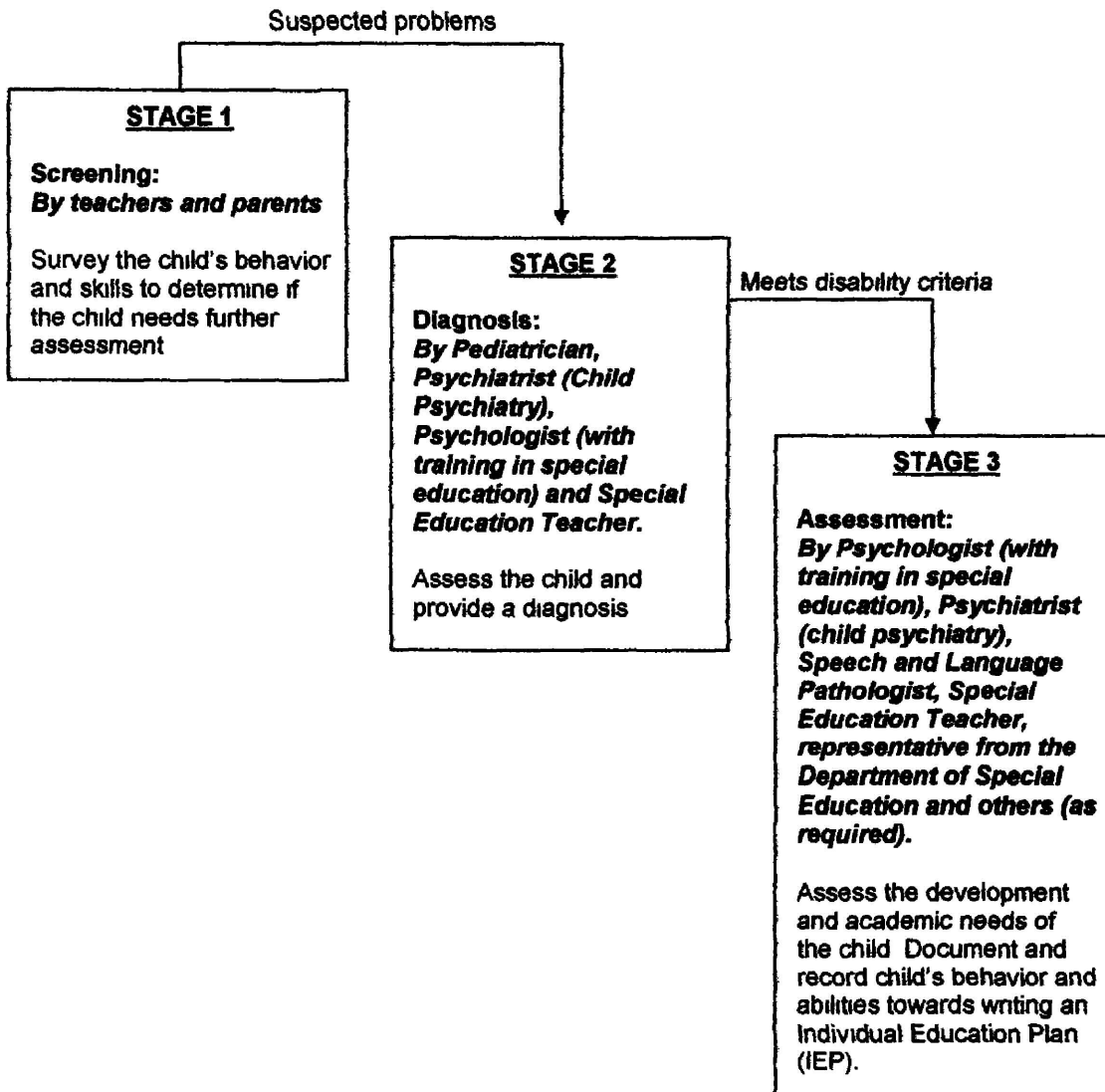
Once the team completes their individual assessments, they develop a comprehensive development and academic report which outlines the skills and needs of the child. A meeting with the parents is set up to review the report before

the Individual Education Plan (IEP) is developed. This multidisciplinary team's assessment is also used to address specific areas like behavioral problems or other transitional problems which might be hindering the child's progress in learning. This team will continue to meet 2-3 times a year to review the progress of the child.

The multidisciplinary team generally comprises of professionals from special education and health. They should be able to work in a coordinated and flexible way, and call on each other or other professional expertise as required. It is also important that the team is tightly structured, well managed and focused. As its key purpose is diagnosis and education, it should be chaired by an educationist with health professionals seconded into this team if needed. The teams main objectives should be :-

1. Diagnosis.
2. Assessment of developmental and educational needs of the child.
3. Consult and advise parents with regards to the best options for the education of the child.
4. Make decisions with parents and educators with regards to what kind of educational provision should be made.
5. Draw up of Individual Education Plan (IEP) to assist the teachers in the school to determine the scope of training.

Below is a flow chart to show the diagnosis and needs assessment process.



IV. ASSOCIATION OF RESOURCE AND EDUCATION FOR AUTISTIC CHILDREN

1. The Vision and Objectives

The Association of Resource and Education for Autistic Children (Lions REACH) was conceived in 1987 and its sole objective is to meet the special needs of autistic children and their families.

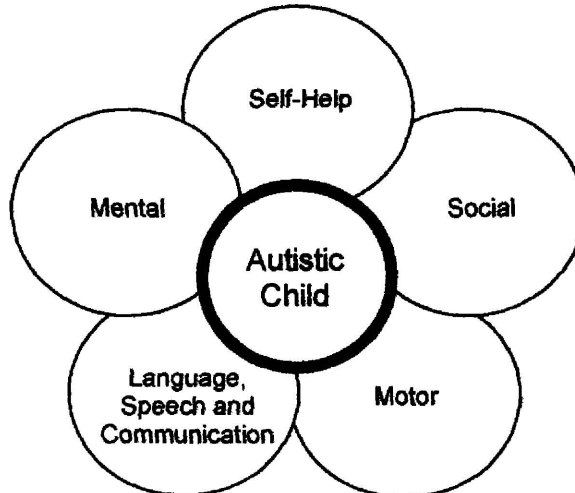
The REACH's vision is to provide FREE services to all autistic children and their families. To realize this, we embark on innovative programs that holistically focus on the needs of the autistic children, their families and caregivers.

Its main objectives are to (a) be a source of information and the training ground for autistic children and their parents; (b) help the autistic child to become an accepted member of the society; and (c) provide workshops and seminars to improve the skills of volunteers, parents and family members in dealing with the many facets of autism.

2. Rasonal of the Programs

The REACH's structured programs are developed to accommodate to each child's individual needs as no two autistic children are completely alike. These programs are meant to help the autistic child develop in the five areas of development, namely mental; language, speech and communication; motor; social; and self-help skills.

Flower Diagram



3. How Do We Do It?

The REACH's experience in the study and teaching of autistic children support the many literature which state that autistic children manage and learn better on a one-to-one basis. It seems a contradiction to use an autistic feature, which is of

sameness and routine, through a timetable that is constant and a personal teacher who remains the same, to modify other autistic features but it remains, for us, a very effective method to reach the child. It requires a high level of commitment and perseverance on the part of both teachers and parents to meet such a demanding schedule.

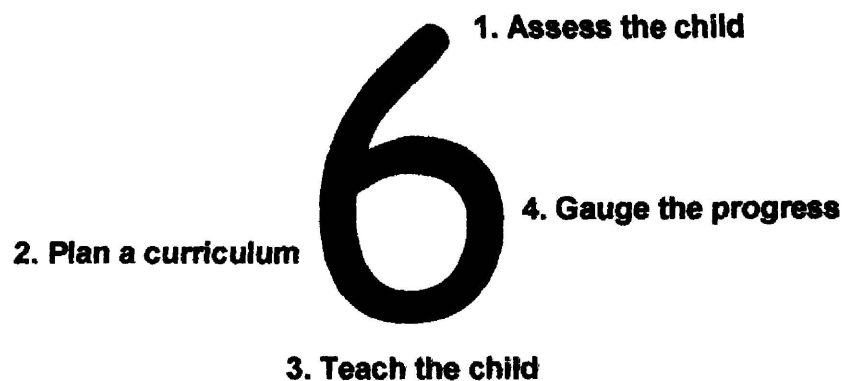
The individual one-to-one teaching programs include one-to-one learning session, computer class, and art and creativity class. There are also group programs such as music therapy, play group therapy, Snoezelen room, pre-vocational, and story-telling. All these strongly reinforce the learning process of our children and enable the child to recognise, differentiate, value and appreciate people, things, objects and situations in a natural and orderly manner.

The REACH programs focus on the overall development of the child in terms of mental; language, speech and communication; motor; social; and self-help. Most parents tend to believe that only the mental and speech defects of the child need to be corrected and once those are adjusted, the child should be able to make progress in the other areas. This is unfortunately not true. All five areas must be addressed simultaneously in order for them to be included into normal schools and be integrated into society.

Development Priority: Mental

Understanding concepts is part of mental development. This process is achieved through activities that emphasize shapes, colours, sizes, objects, alphabets, numbers, time, money, events, and feelings. Every object displays size, colour, shape and its use. The teaching methods and aids draw attention to these characteristics in order for the children to recognize and accept objects and things in the way we, as ordinary and normal people, are accustomed to.

These concepts are taught to the child during the one-to-one learning sessions. The teachers focus on ensuring that the child understands, absorbs and retains facts that are being taught. Also the child can apply what he/she has learnt into his/her day-to-day activities. Progress is gauged continuously and curriculum adjusted to keep up with the pace of learning.



Group programs enhance their learning capabilities and specifically address the issues of socializing, awareness of the surrounding and interaction with others. These programs train them to mollify their autistic behaviours and act normal in public areas or when in company with others.

Progress is possible if the child shows understanding of the concepts and has the mental capacity to cope. They then start to prepare the child for academic work that will allow him/her to attend, if not normal classes, then special classes in the government school system. Focus is shifted to reading and writing in preparation for entering normal schools.

Development Priority: Motor

Most autistic children lack fine motor skills and are weak in motor coordination. Focus is given to the development of gross and fine motor skills.

Fine motor skills involve finger and wrist movements. This is taught through a range of activities that include training the child for example, to button and unbutton, zip and buckle, scribble, peg, thread, stack blocks, colour, draw, cut and paste, and write.

On the other hand, gross motor skills focus more on the child's muscular movements. These entail teaching the child to jump, dance, skip, catch balls, bounce ball, kick ball, walk over hoops, squat, roll and knead playdough, and so on. Training on hand-leg coordination and movements is the next goal.

The skills that they emphasize are also those that are important in everyday living and play. All are related in one way or another and serve to accelerate the development of the child.

Development Priority: Language, Speech And Communication Development

Speech impairment is a dominant feature of autism. For some, even communication of any form is virtually non-existent. This is when life starts to get difficult, not just for the child but also for the family. The inability to communicate results in some form of behavioural problems and this causes frustration for both - the child fails to understand instructions while the parents fail to understand the child.

There is a special speech and communication curriculum to suit each individual child. Good results are achieved only through the consistent and persistent effort of their teachers and parents to encourage the child to mouth, verbalize and imitate.

The speech and communication curriculum concentrates on getting sound/speech out of the child. It promotes exercises that encourage mouth movements. Example: mouth exercises, blowing a windwheel/recorder, whistling, and blowing bubbles that exercise facial and jaw muscles. A proven method is encouraging sound imitation that will eventually lead to some form of speech to begin with.

Once the child develops speech, the task returns to vocabulary and word usage that we take for granted with normal children. Generally the methods remain the same. For example, pictures of objects are consistently introduced to improve their memory capacity while speech is encouraged. The added ingredients are the patience, dedication and perseverance of the parents who continue the processes at home.

Structure of speech is next introduced to those who have speech but are unable to communicate. The child is first trained to respond through greetings with eye contact, choosing the right words to use that suit the particular occasion. Then he/she will learn to speak in sentences. The next step is to teach him/her to answer questions that carry who, what, and where before progressing to those with why and how. These are language skills we take for granted in normal children. However, they represent barriers for autistic children.

Some autistic children may not develop speech at all. There is an alternative strategy for such children. They are taught to use COMPIC cards or PEC cards that allow them to signal their needs. To ensure success, parents must be consistent in the use of these cards.

Development Priority: Social Development

Social development that includes behavioural and emotional training is another major part of our programs. Social development is vital for swift and smooth integration of the autistic child into normal school and society.

This behavioural development is achieved through teaching the children to acknowledge the presence of another person and to behave according to social ethics and rules. They learn to recognise and respond to different facial expressions and so learn to differentiate emotions displayed by people. They also learn skills to indicate their needs and to follow instructions either through verbal orders or written signs. Most importantly, they learn to maintain eye contact with the person they are communicating with.

The social development of these children is very much enhanced by our group sessions in which participation is encouraged. The children have opportunities for horizontal social play with their peers and vertical social interaction with the family members, volunteers and other adults.

Development Priority: Self-Help Development

Self-help development is definitely important for an autistic child as it is geared towards training the child to be independent and maintain healthy living standards.

This aspect of development is included in the child's curriculum so that the child may be trained to take care of himself/herself. Such self-help skills include taking care of personal hygiene and doing some basic household work.

The autistic child needs to be trained to take care of himself/herself first. Personal habits that develop naturally in normal children must be taught. These children must learn to button and unbutton, zip and unzip, brush their teeth and gargle, comb their hair, wear socks and shoes, serve themselves, eat and drink on their own, wash their cups and plates after use, wipe tables and chairs, put away things in their proper places, and use the toilet independently.

Household skills include learning to wash and fold clothes; ironing, sweeping and mopping; learning to cook basic meals; working on handicrafts and woodwork; learning to use money and the concept of earning money.

All these training on self-help must start at an early age as it will eventually enable these children to lead a more normal and independent lifestyle as they grow into adulthood. This ability to be independent provides a relief to the anxieties of their families as they learn to live with some form of normality.

It is important to encourage the parents to participate in these self-help programs so that training may be reinforced at home until the child is able to manage.

4. REACH Programs In Detail

The programs at REACH are for both the autistic child and his/her family. The prime objective is to cultivate a closer relationship between the child and his/her parents and family members. This is conveniently achieved through their group programs where parents learn to fully understand the different behaviours and conditions of their child and also those of other children in the group. Marked improvements in other children that they can see for themselves give them hope and motivation to continue to learn how to handle and manage their child better.

Parents and family members are required to participate in all the group programs as it is important that the child receives continuous training outside of the Centre. This continuation of training from Centre to home often reforms family relationships because the autistic child benefits both in terms of love and training while family members learn to better understand and to love this special child in their midst.

The individual therapy programs, group therapy programs and other services are presented as follows.

The Individual Therapy Programs

(a) One-To-One Learning Program

This individual learning program is carried out according to a specially tailored curriculum for each child. The main objective is to train the child in the following aspects of development, i.e. mental; motor; language, speech and communication; social; and self-help.

The one-to-one sessions with a teacher are provided to meet the needs of each child. Each child is assigned to a teacher for one hour and twenty minutes per session.

For the low functioning children, the curriculum emphasizes on the mental, speech and communication, motor, and self-help development. For the high functioning children, the curriculum emphasizes on the academic; language, speech and communication; and social development.

(b) Computer Class

Apart from the objective of introducing the children into the new information era, this program also hopes to build and strengthen the thinking capacity of autistic children by using computer stimulated pictures in a structured manner.

Interactive activities through the computer with words, pictures, and moving scenes are made possible by sound stimulation, speech stimulation, and visual stimulation. Creative and educational programs that include language, science, mathematics, and memory games are introduced to the child to stimulate his/her mind and memory. For the children, stimulation appears to peak when objects, animals, numbers, places, and colours are repetitively displayed on the computer screen.

Motor and coordination skills are strengthened here as the child learns to manipulate the mouse and keyboard through interactive response to the computer games in excitement and fun.

(c) Art And Creativity Program

This program is planned to stimulate and enrich the children's imaginations and expressions. This is achieved by flashing pictures and art pieces on the computer

accompanied by a relevant piece of music. Here, the children are encouraged to give an account of what they see, feel or imagine, whether on the picture itself or the characters involved. If they are not able to express verbally, they are encouraged to make a drawing.

The sound track is important here for it draws out different emotions in different children and we try to make sense of why the child responds in that manner. This program serves as an area of the Centre's own research efforts that will allow us to uncover the thinking patterns of our autistic children so that we may better understand them.

The Group Therapy Programs

(a) Music And Play Programs

Music plays a big part in our normal everyday lives. The rhythms and harmonies of different tunes can attract the attention of an autistic child. And when this happens, the child becomes more responsive and reacts favourably as his/her sensory functions (sight, sound and touch) are gradually stimulated by the music.

Language development is reinforced as the child is taught to sing and create sounds along with the music. The underlying concept is a combination of the elements of music and speech that will focus and refine their coordination skills.

Coordination skills are further strengthened when dance, actions and play are introduced together with the music. Carefully chosen, these actions can also improve the gross and fine motor skills of the child.

Social interaction is experienced when these children come together. Here they learn to appreciate and enjoy music and play through cooperation and mutual fun.

The value of this program lies in the effectiveness of helping the autistic child manage the areas he/she is deficient in. It improves language, speech and communication; mental; social; motor and coordination; auditory; visual and tactile; and affective skills.

(b) Pre-Vocational Session

Pre-vocational sessions teach and encourage the autistic child to be creative and independent. This is achieved through given opportunities to freely display his/her creative talent in art and crafts.

The objectives of such a structured approach are firstly, to inculcate aesthetic values in these children by stimulating their visual, auditory, sensory and motor abilities through art and craft activities. The different colours, textures, shapes and sizes of objects used can contribute to this enhancement. Again, as parents are greatly involved here, communication and bonding are poised to be improved.

The second objective lies in promoting good working habits. Cooperation, sharing and cleanliness are learned and cultivated as they work together in a group and are responsible in cleaning up their own workstations.

The third objective is in providing them with a source of income. The most satisfying and happy moment for them is when their hand-made products are sold and the proceeds are subsequently handed to them. This novel approach not only provides an income for the children but also allows them to learn the value of money and increase their self confidence. On the whole, it creates a sense of self-worth.

Pre-vocational activities definitely improve fine motor skills through their manual efforts. Simultaneously, social skills are reinforced from working together on group projects while good work habits are exercised. All in all, this program plays a major role in the child's development as adulthood approaches.

(c) Story-Telling Session

This is a special play session where stories are created and played out by teachers to stimulate the language and speech, social, and creative thinking skills of these autistic children. We also use stories and real life situations to teach values. All stories incorporate appropriate speech, communication, actions, emotions and social behaviours.

Here, the children are encouraged to respond verbally and to participate physically. To check on their understanding of the stories told, the children are asked to do a drawing or produce a work that illustrates the subject or content of the story. For instance, if the theme of the story is on helping out at home, then they would be asked to draw anything which comes to mind that reflects home. As this exercise would entail drawing, colouring and cutting; imagination and creative thinking are fostered.

This program uses stories to stimulate the children to develop receptive (listening and understanding) and expressive skills, imagination and creative thinking, role play and dramatisation, and social skills. The story telling sessions appear to be ideally suitable for 'brain gym' exercises, which are light exercises that involve the coordinated movements of hands, legs, fingers and body. Brain gym exercises both sides of the brain to function simultaneously, which therefore promote coordination.

Interestingly, the singing part of this program is very popular with the children and we throw in karaoke singing occasionally.

(d) Sunday Play Group Therapy

This weekend program has been designed with two specific objectives in mind, one for the children and the other for the parents/family.

For the children, this program aims at creating opportunities for them to socialize and interact with each other while learning self-help and living skills. They learn to do household work, handicraft, woodwork, prepare meals, line up for the canteen, and also learn the concept of money. There is no doubt that the developments of their social and motor skills are enhanced in this program.

Next, the program encourages the involvement of the parents or family members in the training of their children and support for each other. This is where parents are trained to handle their children and cope with difficult behaviours.

The Sunday Play Group Activities include:

Greetings

- To sign or say hello/goodbye to every friend.
- To recognise their own name and the names of friends.

Handicraft Session

- To do handicraft according to a teacher's instruction.
- To ask for glue, eraser, colour pencil etc. from teacher.
- To learn to share items when necessary.
- To improve their fine motor skills.

Housework Session

- Wash plates, cups, saucers.
- Make drinks.
- Make sandwiches, cakes, buns etc.
- Wipe tables, chairs, windows, doors etc.
- Dust tables, chairs, windows, doors etc.
- Sweep floor.
- Mop floor.
- Wash clothes.
- Fold clothes (shirts, pants, towels).
- Iron clothes.
- Hang clothes.

Woodwork Classes (For older boys to learn handling different tools)

- To share, take turns, and listen to instructions.
- To produce a whole 'product' e.g. shelves, boxes.

Tea Time

- To learn how to serve others and to take turns.
- To sit down quietly while eating or drinking.
- To wash their hands before tea time and to wash their cups/plates after drinking/eating.
- To say "I want" when they want food, and to say "thank you" when served.

Telematches

- To listen to instructions.
- To develop motor skills – gross and fine, e.g. jumping, running, holding, coordination of hands and legs etc.
- To queue in line.
- To work as a team.

Music And Movement

- To understand instructions.
- To learn imitation and co-ordination skills.
- To develop and improve language and social skills.

Canteen

- To understand concept of money.
- To train high function children to sell and give correct change.
- To train low function children to buy and accept correct change.
- To wait and queue while buying things.

(e) The Snoezelen Room

Sensory integration using Snoezelen has proven to be effective in calming the autistic children. This therapeutic room provides an environment for tranquility and relaxation. It is specially decorated and equipped with special effects for visual, auditory and touch stimulation. Here, the children are able to respond to the gentle and soothing stimulation that helps to reduce temper tantrums and agitation.

Structured stimulation and activities are planned for the children in the room. The children are calmer when the stimulation and activity are given one at a time as we prepare them to receive changes. Encouragingly, the children learn to cope with changes under this soothing environment.

(f) Respite Care Program

This program provides the opportunity for parents to take temporary charge of another autistic child so that the child's own parents may have a break or a holiday. It promotes understanding and support for each other's child. Parents are encouraged to teach each other's child so that they may be familiar with the child. They also organize outdoor camping for the children and each child is put under the charge of another parent. This interchange enables the parents to support and help each other so that they can have some time for themselves knowing that their child is safe with the other family.

Other Services Provided

(a) Diagnostic And Developmental Assessment

The Centre provides free diagnostic and developmental assessments for the children. Diagnostic assessment verifies if the child is autistic and the spectrum of the disorder. Developmental assessment identifies the developmental stages of the child, e.g. Aileen is five years old but she is functioning mentally as a three year old; in language, speech and communication as a two year old; in motor skills as a four year old; socially as a two year old and in self-help skills as a three year old. This information enables the teacher to plan curriculum and activities relevant to the child's age so that there is "error-free" learning. Error-free learning means that the child is able to perform the task and enjoy learning. From here, the teacher will slowly introduce more difficult tasks.

(b) Resources

There is a library with resources that include printed, audio and visual materials on autism. These are provided for the use of families of autistic children.

(c) Awareness

Awareness Campaign via exhibitions, road-shows and workshops are carried out for families of autistic children, teachers, students and the general public. Awareness means early diagnosis and early intervention for the family. It promotes more understanding towards these children and thus gives them the opportunity to cope in schools and society.

(d) Training

There are training sessions for parents, volunteers, teachers, medical students and the general public. We conduct awareness seminars on autism for organizations on their request. In-house training is conducted through the year by invited professionals and experts who run seminars and workshops so that everyone may be equipped with the knowledge and skills to cope with their autistic child.

We also provide a clinical setting for medical students from the Penang Medical College as part of their professional training requirement in psychiatry.

(e) Counselling Program

Counselling program is specifically designed for parents and family members to discuss problems or issues with regard to handling their autistic children. The main objective is to provide parents with an avenue to express their worries, concerns and problems, and to help reduce their anxiety. Couples with special children are constantly stressed and they need professional help to cope with the strain in their marriages and family lives.

(f) Parent Support Group

This program is specially organised for the parents of our autistic children. It gives them opportunities to meet and to get to know each other. It allows parents to develop a closer friendship with one another so that they can share experiences and help each other. They also have the opportunity to discuss the progress of their children and to organize social activities/outings amongst themselves.

The parent support group has organized holiday outings and picnics. Families can enjoy themselves and at the same time put into practice the training that they and their autistic child had learnt to cope with a new environment. There are also educational trips. It is one way of exposing our children to experiences and the outside world in a controlled manner. Their teachers and volunteers are always there to extend assistance to the parents of a child who breaks out into a temper tantrum. This sharing of responsibility eventually builds up parental confidence in dealing with the children alone by themselves.

In organizing group travel and activities, the Centre invariably creates the awareness of autistic conditions in the sight and knowledge of travel agents, hoteliers and other members of the public whom these children come into contact with on such trips. This serves to benefit the children when people who in general do not possess any prior knowledge of autism, are now indirectly informed of this special condition so that it may increase our pool of a sympathetic and an understanding community.

(g) Research

Research is essential for the better teaching programs and seminar for autistic children. Research serves to update treatment and intervention methods. Data collected over the years of practice can be rationalized, put on strong scientific foundations and disseminated to help other caring groups all over the world.

Currently we are conducting studies in the following areas:

- Inclusion of Autistic Children Into Mainstream Education.
- Impact of Sensory Integration Using Snoezelen To Relax And Calm The Autistic Children.

5. Integration And Inclusion Into The School System

The Ministry Of Education has outlined a process of registration for autistic children to be enrolled in the integration program. If the autistic child cannot cope in the integration proper, the child is redirected to the Community Remedial Program under the Welfare Department.

Process Of Registration For Special Children Into The Special Education Program

1. Diagnostic Assessment

Identify learning difficulties of children by parents, teachers and relevant authorities. Diagnosis confirmed by medical authorities in Government hospitals

2. Registration

The child needs to be registered at both Departments

Welfare Department

Education Department

3 Integration

"Community Remedial Program" (PDK) is a program that teaches living skills

Children can be placed in special class in normal school

5(b). Referral To PDK

Children who fail the probation will be sent to PDK

4. Probation

Three months probation in special class of normal school.

5(a). Placement in Special Class

Children who passed the probation will remain in the special class

IV. CONCLUSION

The Ministry of Education has agreed to allocate RM500 million into improving the educational facilities for the disabled under the Ninth Malaysia Plan. The allocation, 20 times or 2,000 per cent more than the RM25 million under the Eighth Malaysia Plan, will see new schools, better-trained teachers and improved teaching aids. Existing schools would be upgraded with more classrooms and better hostels and sporting facilities. (Ministry Of Education, 2005).

Legally providing appropriate educational provisions for children with moderate to severe autism is not the responsibility of Ministry of Education. As a result, Ministry of Education has yet to prepare teachers for this endeavors as well as providing educational facilities for these children. Below are some challenges faced in providing the educational needs of autistic children.

1. Teachers Skills And Knowledge On Autism

The majority of special education teachers are educated to teach mono disability (deaf or blind or learning disability) and are not equipped to handle students with autism. There is only limited number of teacher with knowledge and skills to teach these children. In depth knowledge on the complexities of children with autism are required because the needs of these children vary greatly in terms of physical, mental, social and emotional development.

2. Parental Involvement

Parents of autistic children vary in their involvement and attitude towards the educational activities of their children. Lack of information is one of the reasons that limit the parents' involvement in dealing with the special education in Malaysia. The Ministry of Education is currently initiating a smart partnership with NGOs involve in educating these children, to gain broader outreach effect.

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