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'Nurturing Every Child's Potential for a Better Future'

10-12 June 2011

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An Exploratory Study on the Special Education and Early Intervention Programme for Autistic Children

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Abstract

The objective of this paper is to explore the special education and the intervention programme for autistic children run by two Non-Governmental Organizations and identify how their programmes help autistic children improve learning disability. The methodology of this study is qualitative using a single case study. The research will be an exploratory study with a field study on two different organizations which are currently active in helping children with learning disabilities. Semi-structured interviews and informal conversations are used to obtain the data. Findings showed that both centres used a naturalistic curriculum model where activities carried out are mostly dealing with real life activities, while topics and skills are focused on sensory skills and children are taught to use their senses and attention span. Teaching methods used are a mixture of several latest teaching techniques currently being applied worldwide for autistic children. In the early intervention programme, the teaching and learning techniques are based on the individual child's ability. Both centres admitted that some parents play a supportive role while others play non-supportive roles. More knowledge of the learning process and learning development of autistic children as well as the teaching and early intervention strategies is needed to provide better understanding and guidance for teachers and parents or caregivers to deal with the needs of these children.

Keywords

autism, early intervention, Naturalistic Curriculum, real life skills

Introduction

There is a global increase in learning disabilities among children. The increase in the number of autistic children has raised great concern among professionals and caregivers of these children with special needs. This was highlighted in a medical journal article written by Amar (2008) who is a consultant community pediatrician. He commented that disability and developmental problems in childhood have become an important health problem in healthcare. This was further acknowledged by the Malaysian Health Ministry where the number of autistic children is growing every year. Twenty years ago, there was only one in 10,000 with a diagnosis of autism, a brain disorder that affects learning, communication and socialization. Today, the Centre for Disease control estimates one in every 150 children. The Department of Social Welfare of Malaysia has recorded a figure of 170,455 children and adults with disability. Amar (2008) stated this figure was underestimated and that the local experience has shown that a significant majority of the

children referred to the Welfare Department of Malaysia do not get on the national register and in the end many more go undetected. This is probably because of the lack of awareness on the needs of autistic children among parents and caregivers. Due to the lack of knowledge and awareness on autism spectrum disorders (ASD), parents are reluctant to admit that their children need professional help. Besides that, parents who are often busy professionals prefer to focus more on "quality time" rather than "quantity time" with their children due to their tight schedule (Amar, 2008). He also stated that based on his observations made over twenty years in hundreds of autistic children, it is Chinese children who predominate among the cases of autism in Malaysia today.

According to the News Strait Times dated 17 January 2010, the Health Ministry of Malaysia stated that one of 600 children in Malaysia is autistic. The statistics obtained in 2007 showed the annual number of birth in Malaysia is 555,000. Then, this would mean that Malaysia gains an average of 925 autistic children each year. So if this is the case, the question to ask is whether the services for these autistic children are being provided for and are they sufficient and easily accessible for parents and guardians to obtain. In the News Strait Times dated 23 February 2010, mentioned that services for children with autism are sorely lacking in Malaysia. Not just for children with autism, children with other neurological problems such as dyslexia and ADHD (attention-deficit hyperactivity disorder) also have almost no access to therapy or trained professionals. Parents are left to fend for themselves as the facilities such as the psychologists, therapists and therapy equipment in every school is limited. The major problems are due to financial constraints and accessibility of the programme. Intervention programmes are costly and if it is privately-run centres, it may cost the parents between RM700-RM1800 per month. A non-governmental organization such as the National Autism Society of Malaysia (Nasom) charges a minimum of RM350 a month for a half-day class, five times a week. While government-run centres are mainly in urban areas and the waiting list is long. This was stated by Natasha (2010) in her article in the News Strait Times entitled "Money and distance letting down children with autism".

Another setback for children to enter these schools is the children must be educable before they are accepted in Special Education public schools. This would mean slimmer chances for an autistic child of low income parents in a non-urban setting to get into intervention programmes. Thus, it is the aim of this study to find out should there be alternative treatment for these parents so that they can do the treatment and not be therapist-dependent. This means parents can help their children before it becomes too late for their child to improve. According to Hasnah in Natasya (2010) although autism is not curable but early intervention programmes can help the autistic child to cope with their impairments and to ensure that they have a better life. Hasnah in Natasya (2010) stressed that it is very important to intervene as early as possible because researches have shown that the earlier the intervention is started, the better the prognosis. Thus, the Malaysian Education system for Special Education needs to be changed and improved to take into account the rising number of students with autism and other learning disorders. She added that not much can be done for these children because in most of the Special Education schools in Malaysia, there are not enough teachers to cater for every child who is autistic.

The issue is whether developmental delay and disability in childhood has been overlooked by health professionals. The Center for Disease Control and Prevention suggests that less than fifty percent of preschool children with developmental problems are identified in the United States of America. In another review in the United Kingdom showed that routine child health surveillance contributed to the early detection of children with autism. Based on the studies done, the researchers aim to find some solutions and alternatives that may contribute to the wellbeing of children with special needs. Many psychiatrists agreed that the main problem of children with autism is difficulties in social integration with their peers. This characteristic will interrupt their learning process causing the child to have difficulty with another child in a normal situation (Scheuermann & Webber, 2002). Such behavioural excesses are aggression, self-abuse and tantrums. In other cases, these children with autism are often being bullied by their peers, non-empathetic teachers and surrounding people (Dubin, 2007).

There are four research questions in the study. These include the following:

1. What type of curriculum does the centres have for special education programme?
2. What are the learning and developmental processes in the early intervention programme used by the centres to help autistic children cope with their impairments?
3. What are the guidelines the centres follow to help autistic children?
4. What is the role of parents of autistic children?

1.0 Literature Review

1.1 Studies on Autism

The term 'autistic' was coined by Leo Kanner, who published books on autistic children. Attwood (1998) mentioned that Leo Kanner had described autistic children with having social disabilities, failure of communication and development of special interest. He described autistic children with a more severe expression of autism. Based on the definition by World Health Organisation (2006), autism is characterized by abnormalities of social interaction and communication that pervade the individual's functioning and restrict interest and behaviour. Klin (2006) compared autistic children with those who are having Asperger Syndrome and noted that children with this syndrome may acquire language skills without any delay and their speech lack significant abnormalities. According to him, they are less severe in social communication. This may be categorized as mild autism. Attwood (1998) mentioned that children with severe autism are not motivated to play with their peers because they seem contented with their own company. Oller in Ashburn (2010) has defined autism as a multi-factoral disorder and it has many behavioral dimensions to consider and vocalization is clearly an important one. The current definition of autism given by Autism Society of America in Hebert (2003) is similar to Leo Kanner's original definition. Autism is a complex disability that typically appears during the first three years of life. It is a neurological disorder that affects the functioning of the brain and has been estimated to occur mostly in boys than in girls. Autism interferes with the normal development of the brain in the areas of social and communication skills. Children and adults with autism have problems with verbal and non-verbal communication and poor social interaction. They have problems in communicating with others and relating to the outside world. They normally exhibit body movement such as hand flapping and rocking. They make unusual response to people and they do not like changes in routines. Oller in Ashburn (2010) studies language learning and language evolution, has identified how the formation of different syllables changes during a child's first four years. She found that the speech development of autistic children does not follow those typical patterns, the analysis shows. In another study by Lewis, Trushell and Woods (2005) studied on effects of ICT group work on interactions and social acceptance of a primary student with a mild or Asperger Syndrome. The aim of this study was to find out whether collaborative group work on computer can be facilitated by an adult and provide a means for the primary school boy who has mild autism to develop appropriate task-related interaction with his peers. The results showed that only a moderate improvement in the child's ability to interact with his peers, both social and task-related context. The findings are encouraging and the strategy could be used in schools to support mainstream inclusion for children with mild autism.

Doctors now diagnose autism by testing children for a range of behavioral and speech issues including how much they talk by a certain age and whether they make eye contact with other people. The characteristics of autism are categorised as either behavioral excesses or behavioral deficits. Scheuerman and Webber (2002) stated that behavioral excesses may get in the way of learning causing the child to be misunderstood, difficult to deal with and in most circumstances, the child will be punished. Some examples of behavioral excesses are aggression, self-abuse and tantrums.

Autistic children and adults have social deficits that causes them difficulty to relate to others (Scheuerman & Webber, 2002). They stated these autistic individuals will avoid eye contact and will at other directions instead. Furthermore, they prefer to spend time with objects, manipulating them for hours not in the normal manner. Thus, they do not display appropriate play behaviours as other children do. Autistic children have language problems and many do not speak and they lack the desire to communicate for social

purposes. In addition, Scheuerman and Webber (2002) stated that children with autism show aversion to change and often rely on rote memory to create understanding. This means any changes can cause frustration and confusion plus anxiety. They suggested that the autistic child must be prepared for the change before making the change. What is an obvious behaviour is they prefer to repeat things and maintain a fixed schedule. Next, autistic children may hurt themselves and this is commonly known as self-injurious behaviours. Normally, when the child experience fear or stress or frustration, he or she bang one's head, pull hairs, bite hands or hit themselves (Matson, 1994). Autistic children will also act aggressively when their space has been invaded. The child will slap, hit, spit, scratch or kick. Other behaviours include eating inappropriate objects, hyperactivity impulsiveness, short attention span and tantrums (Scheuermann & Webber, 2002)

1.2 Treatments

Current treatments are based on three main theories (Fisher et.al.,1991, Scheuermann and Webber, 2002). The first theory which is a cognitive theory is based on the individual's thinking ability and the way they receive input. The theory believed that autistic children are overstimulated by auditory, visual and tactile stimuli. If the child cannot understand the information received, the child will withdraw. Therefore there should be treatment to help the child make sense of the world. An example of intervention or treatment on this type of theory is the TEACCH program. The second theory is developmental which contend that autistic children have failed to develop in their language, social, cognitive, and motor domain. Therefore, these children must progress through a sequence experiences that their peers have mastered. Therapists normally encourage play and interaction based on interest. Stimulating objects, toys and people in the child's environment are encouraged to interact. This is known as play therapy and sensory integration. The last theory suggests a behavioral one that autistic children are prevented from normal learning and resulted in behavioral deficit.

TEACCH is a state-wide, comprehensive and community-based programme in North Carolina. The TEACCH curriculum has its central aspect which is structured teaching (Matson, 1994). Children in this programme are taught the appropriate social and communicative behaviour to be successful in a regular classroom environment. It focuses on fine-motor skills, self-help skills such as toileting, eating, washing hands and others, expressive communication, receptive language and social interaction. They work individually one-on-one with a teacher or therapist, small groups or large groups. The emphasis is placed on the physical structure and the layout of the learning environment (This was highlighted in the interview by Respondent 1 when she mentioned about the 6 areas during the one month observation).

Individuals with autism exhibit behavioral characteristics that interfere with the normal functioning. Behavioral therapists have developed behavioral modification techniques, known as Applied Behaviour Analysis. These techniques are used with the aim of decreasing inappropriate behaviours and at the same time increasing the desired behaviours. This therapy is based on the assumption that the biological make-up of the child as well as the past learning contribute to the existing behaviour. Two principles, the first is the behaviour that serve some purpose for the child and then only will the child continue the behaviour. The second principle governs behaviour that is related to environment in which it occurs. A variety of assessment methods can be used for this purpose. These include direct observation, and/or checklist. From the information gathered, the child will form a hypothesis then only intervention is developed based on that hypothesis. Interventions are then designed and set up to determined if the intervention is working.

Robert Deller's curriculum guide is a practical curriculum developed for children with autism or mental disability. The curriculum uses a system of checklists to help the child identify what he or she can do. An individual education plan will then be developed for the autistic child. This plan focuses on skills that the child needs to learn for example, physical skill like sitting, crawling, kicking and so on. The other categories include communication skills to develop language, fine-motor skills, reading, writing, and self-

help skills and social development. The guide will show a simple step-by-step manner. Simple assessment checklists are used to identify the skills needed for the next stage.

1.3 Naturalistic Curriculum Model

The naturalistic curriculum model is an instructional model which aimed at increasing the infant or young child's control, participation, and interaction in natural social and physical environments (Noonan & McCormick, 1993). The content and instructional techniques of this model are derived through the analysis of the environment. The techniques themselves are based largely on naturalistic behavioural techniques. Three recommendations served as the core of this curriculum model which are: referencing curriculum to the child, family, and community, planning instruction that can be implemented naturally in daily family routines, and emphasizing skills that are functional now and in the future. In the curriculum content, curricular activities for the disabled infants or young children should be age appropriate and also served as a context for instruction. The age-appropriate contents include the skills needed by the young child to participate in natural social and physical environments. Specific objectives, or the way in which children with disabilities participate in activities are individualized to address unique needs. The context for instruction in this model is the natural environment because it is the source of curricular content, as well as the instructional environments. The number and variety of natural environments expand as the infants and young children grow. Instructional methods within this model emphasize instruction that is as subtle as possible, promotes generalization, and fits into the natural settings, routines, and activities of the infant/ young child and the family. The more naturalistic the instruction, the greater the likelihood that new skills learned will be used in the natural situations where they are needed. In the evaluation, the primary focus in this curriculum is generalized outcomes in natural settings. Generalization is assessed in settings that are similar to the instructional settings, but settings where instruction has not occurred.

2.0 Method

This study had utilized a qualitative methodology which used a single case study. The aim of this research was to collect a rich description of the strategy used by two non-governmental organizations in dealing with autistic children with special emphasis on early intervention. Personal interviews were conducted with two respondents working in organizations located in Ipoh, Perak. Semi-structured interview questions were constructed and used to gather information. Interview questions were mostly open ended and probing questions. Both interviews were done face-to-face and tape-recorded. Both English and Malay Languages were used in the interviews. Each interview lasted for about twenty to thirty minutes. The interview questions were piloted and conducted with a specialist teacher from a primary school from Sekolah Kebangsaan Putrajaya, Precinct 9(2) in Putrajaya. The two respondents chosen for the study were Pn.Siti Nordiana who is the Coordinator of the National Autism Society of Malaysia (NASOM) in Ipoh. She has 10 years of working experience and she has a Diploma (IUCT Bangi). The second respondent is Mrs. S.Saraspathy who is the Head of the Buntong Community Disability Society or better known as '*Persatuan Pemulihan Komuniti Buntong, Perak*'. Both respondents have a vast experience of 10 to 20 years in the field of children with learning disability. The setting for both centres are different. NASOM Ipoh consists of two double-storey houses, side by side located in Ipoh town while the centre in Buntong is located on the outskirts of Ipoh town. For this research, transcription of interviews were analysed based on several research questions as well as interview questions. Main ideas and sub-main ideas were analysed and the data were coded to find themes and sub-themes. To check the reliability of the research, an inter-rater reliability was used to ensure the reliability of the data. Two co-raters who are experts in the field were used and later the inter-rater reliability was calculated to find the percentage. Letters of consent were obtained.

3.0 Results

From the responses obtained, it was found that there are many programmes available at the two centres ranging from infant to adult and the children learn both at the centre and at school. The main aim of the two centres was to help the autistic children become independent and be able to take care of themselves, "*our objective is to educate them.. tak kira berapa umur*". They will be able to survive and need not depend on their

parental guidance. The other reason is to lighten the burden of the parents so when the child develops into adulthood, he or she knows how to take care of themselves and be able to survive, *"why we are doing it in the long term that's gonna be their child..now this is long institutional care for the child..if the child is independent, it's easier for the parents in the long term"*.

The activities carried out at the two centres were mostly dealing with real life activities. These include real life activities like communication and living skills such as folding clothes, cooking and survival skills. They also have activities that will build the children's psychomotor such as holding a pencil. At one centre, for the vocational students real life activities like cooking is taught so that the students can survive and also know how to take care of themselves, *"self-help is mostly is on the body, latih sendiri..which is for the vocational, it go on living for domestic skill, ok how to survive, how to cook, things like these lah we're doing"*. Behavioral activities were stressed at both centres. Toileting and eating are important skills, *"twice we took them to the toilet..eating, unlike other government schools, we sit them more than 1 hour..they have to take the Tupperware from the food that the parents provide, take it out, have the Tupperware near them.."* and finally, they have outdoor activities such as swimming, horse riding, picnics and telematch, *"you see..outdoor activities..we must have outdoor activities for the children"*. Topics and skills that are focused at the two centres are sensory skills and the children are taught to use their senses as well as their attention span. For children's attention span, they use lacing, threading and sequencing. Other topics include life skills like communication and living skills.

Teaching methods are a mixture of several methods and they are the latest teaching method currently in use worldwide for autistic children. Both respondents used Robert Deller's as well as the Star program. Ideas from World Health Organization and own ideas were also used. Thus, the teaching method used is an eclectic model where different models were incorporated, *"you see.. I..I..I.. take certain things from WHO..World Health Organization..i can't take everything you know..i take whatever I need, I photostat..i look at it..i also take from Robert Deller..from the book..i chip in..i won't focus one book", "ok,biasanya we're taking programme from Robert Deller's, Catherine Morris, Star Programme, and depends also on the child, if they need more than that contoh dia ABA, aww..we'll use that also for the children."*

Assessments are carried out every 3 months and this is more or less the same for both centres, *".. if the child has improved this section of it, then how to put him in another..so, if in 3 months the child couldn't do anything and we find that, then we repeat the skills.."*. One month observation on the child is carried out to assess the child's problem and then, discussions with the child's parent on what is the next action to take. Regular assessments were carried out to check on the child's progress, *"ok first time kan masa mereka datang, kita ada 1 month observation"*. The assessment for early intervention is more task based. The child is assessed using the 5 times performance where each task is broken into smaller tasks. For older students, they have the 10 steps or more, *"kami ada evaluation form..owwhh..kami ada evaluation form,ok..lepas tu..bila kita dah assess mereka, kita akan masukkan ape assessment to kepada break into tasks..for adults, they need more on task analyze, which is we break down more details..for the younger group, it's more on aaa.. 5 times performance"*.

Both centres are using educational materials to teach the children, *"facilities in my centre boleh kata kurang lah..memang kurang..because things are very expensive"*.

Some of the teaching aids used were bought and some were made by the teachers at the centre. This was common for both centres. Both centres said that they do not have enough of teaching aids and were badly in need of teacher assistants, *"facilities..actually if we have more banyak facilities tapi kurang tenaga pelajar also no use....for me, paling important is tenaga pelajar pengajar"*.

Therefore, the findings have highlighted on the curriculum use in the special education programmes at the two centres. What is obvious is that the two centres are using the Naturalistic Curriculum Model. The two centres have a specified curriculum that focused on the unique needs and lifestyles of the child, family, and community. It was evident that instruction was implemented naturally in daily routines. Functional skills for now and

the future were emphasized. These were stressed by McDonnell and Hardman in Noonan and McCormick (1993).

3.1 Learning and development processes of autistic children in the early intervention programme

In the early intervention programme, the teaching and learning techniques is based on individual child's ability. They gear their teaching differently to suit to the needs of the child, *"Yes ...of course we do therapy on it lah..for him to move, the therapy ball and then .all the activities for him to walk..to initiate the walking..so we have to make him sit properly before he can stand up and start walking.."*. The techniques are of progressive in nature and they would change the techniques from time to time to best accommodate the child's learning, *"and we have also our latest where we strap him all over and ask him to move, "and we have also our latest where we strap him all over and ask him to move" , "and then we have a standing frame which we strap him..we must have him standing tall and he has to sit up and then for a while..at the same time when he sit up, we will strap him so that he won't come out..say about 15 minutes, at the same time we give him a table, a cut of table, and give him some of the activities that he enjoyed..so he won't feel that his leg is strapped"*. Most of the latest techniques like the Star programme and Robert Deller's checklist are requested by parents for their children, *"For early intervention sebenarnya last time aa..for very last time we're using Robert Deller's..tapi pasal nowadays demand..they want more on academic as I tell you, so we're doing more on Star Programme..diorang memang parents datang they demand on the Star Programme"*.

Early detection is better and parents must be aware and detect the child's development and as soon as the child is diagnosed by a qualified professional that the baby has autism, parents must act quickly, *"itu early intervention..then intervention start after that..paling awal sekali in this age..tapi for us, lagi awal lagi baik.."* . Children as young as 1 year plus and until 3 is considered as early intervention but it may stretch up to 5 years of age, *"you see ahh, ..biasanya lah..3 aa..kalau ikut kajian aa..they said early intervention kita start 3 years sampai umur lima, right?"*.

3.2 Advantages of early intervention programmes

The earlier the intervention is given, the sooner the child will progress and the easier it is to stimulate them because of their small size, *"advantage dia as I tell you kan, the more earlier they come, the more easy for us to stimulate them.. contoh dia macam kita nak rock them, very easy for us to grab them you know? Kalau diaorang dah besar, and then they have more energy ..they want to get out from our arm, anytime..so..itu itu paling mudahlah for me to see children"*. If the student is a teenager, then it is more difficult to stimulate and the teenager may be sexually excited when they try to do the sensory treatment, *" it will encourage another sexual problem..because we are touching them, we are rocking them, you know..it's like quite dangerous with them..so what we'll do is we do gardening with them..it's a sensory also..they touch the grass.. they touch the sand, you know? They wear the hand glove..so it's a kind of sensory also."* The next advantage of early intervention is that the child will be able to lead a normal life, *"in fact, he is now..aaa..the child can go back to the mainstream in a normal situation"*, *"sekarang the boy came here I think for 6-8 months, tremendous change lah..because more early you send, more good for us to bagi dia intervention"*.

3.3 Alternative solutions / programme for autistic children to cope with their impairment

There are alternatives for parents to follow for their child's progress. The first alternative is to educate parents on the correct diet that should be given to their child, *"we do educate the parents on the diet also..ade setengah parents those who follow the diet we introduced to them, we can see improvement in their children..there is more focus, more easy to control..those who are not doing or maybe they have melamine...kita kata melamine mereka terlalu tinggi pun, it's very difficult for us to handle.."*. The food that has high Melamine content should not be given to an autistic child because it is not good for the child. The next alternative is to get parents' involvement in carrying on what the centre has taught the child. Parents are supposed to take charge of and train the child such as toilet training, and do not let their maid do the washing up but instead the

parents must teach the child to be independent, *"this is what we emphasize..we also check at home visitation programme..whether the parents also carry on the programme No point you send them here, then you don't carry out that"* .

3.4 Guidelines used for teaching autistic children

Basically, both centres used a guided teaching approach and their own ideas were incorporated in the teaching method, *"I chip in..I won't focus one book and say that is my Bible..I won't say it lah..I chip everything on..whatever is suitable I change..you know..if this child doesn't respond this then I go to the other one and I change..i do it lah"*. In addition, guidance are being provided by psychologists, *"yes....tapi macam kami..kami..kami dipantau oleh psychologists pathology which is in KL"*, *"so whatever we do is transparent to them..so if we do something wrong let's say, out of topic..we shouldn't do it..so they immediately stop the programme..this is what you shouldn't do..ok, so they guide us..ok now..what you should"*. Hence, the two centres are clear of their roles in helping autistic children to become independent beings. They have their own guidelines and they are cautious in whatever they are doing so that they do not make mistakes.

3.5 Parental involvement

Both centres admitted that some parents play a supportive role while some parents play non- supportive roles, *"so it's very difficult to get the parent's respond"*. If parents play the supportive role, then their child will progress faster, *"in fact, to be honest, we have a very strong parents support group here"*, *"they sit around..they discuss..anything that we want..even if we want to get anything, the parents will buy it and get for us..and they take care for the teachers very well..in the sense that when we are not well, we come..anytime we sit in the corner they said they will do all the cleaning and all that"* Some parents are sympathetic of their child and will want to do everything for the child and in the end the child will always be dependent on them and no progress is made, *"Mungkin salah satu sebab, because they are working and they don't have much time with their children"*, *"sometimes there are cases where parents leave it to the maid..we did come across..so when we come for the progress, the maid does everything for the child at home.."*. Thus, the role that parents play is extremely important for their child's development, *"..yang those parents who respond, they're very good..they are very good..we can see the children progress very fast..they won't be here long"*. Parental involvement at home is vital because the child development must be continued at home. Parents must spend time with the child and not leave the child in the maid's care. No matter how busy the parents are, they must allocate time for the child and be with the child and do things with the child and not leave the child alone to watch television and so on, *"and their behavioral activities..toilet train and everything..of course parents have to pay extra hours,"* .

Therefore, parents have to accommodate time for their child so that the child will be able to develop and would feel secure when their parents are around them. According to Ainsworth and Bell in Noonan and McCormick (1993), children demonstrate attachment when they use a parent as a "secure base" for exploring the world. Thus, parents are needed to build social and emotional development in the child.

Conclusion

The study has found that the two centres provide many programs for a wide range of children with learning difficulties. There are two types of curriculum being used by the two non-governmental organizations and these are the objective model and the naturalistic model. Their activities include real life and domestic skills. They use specialized teaching methods and have regular assessments in the form of task-based which are used to check on the progress of each child. They cater for individual child's disability and have a module for the child to follow. The methods change as the need arises. Though their centres have existed for many years, they are still short of teaching aids and manpower. The early intervention is in progress at the moment and there are many advantages for early intervention. The main aim of both centres is to help the autistic children to become independent individuals and be able to survive in the normal environment. In terms of guidelines and techniques that are being used; it can be said to be many and up-to-date as well. Many current ideas for treating autism are being tried

and used at the centres for treating different cases. Finally, parents' role was found to be important and they need to play their roles well for the child's well-being. The study is only limited to two centres in Ipoh which provide instructional services for autistic children and it is not an exhaustive study. For future research, experimental studies can be done to observe home-based early intervention programmes using special techniques. Another study that could be done is on studying the parents' role during home visitation programmes. At the moment there are not many researches done on autistic children in the Malaysian context. This type of research could highlight new information or ideas that could help improve the teaching of autistic children.

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