

Developing Local ABA Expertise in Brunei: From Parent Initiative to Five Years of Service



Name: Dr Sharina Yunus and Dr Nornasibah

Organisation: Learning Ladders Society

(for children with autism and related disorders)

Brunei Darussalam

Reached independence in 1984. Population 400 thousand. Consist of 7 ethnic groups. The Malay being the majority.



Divided into 4 districts. Different cultural norm and dialect spoken in each district. Some can be very different!

Difference in how each ethnic group views the diagnosis and treatment of autism.

Impact of Culture on Perception of Autism

- ★ Family oriented community
- ★ Not unusual to find 3 generations living under one roof.
- ★ Strong social stigma associated with disability.
- ★ Prefer to ask other family members or close family friends for help & info.
- ★ Fear that the child may be labeled as mentally retarded.
- ★ Many parents still blame themselves – punishment for their sins.
- ★ Mothers particularly vulnerable – not following certain cultural norms during pregnancy.
- ★ Some except their child with autism as fated and may not seek help or treatment.
- ★ Come up with different term for autism.

Prevalence of Autism

- ★ No official statistics indicate the magnitude of the problem.
- ★ Developmental checks with immunization schedule, 3, 6, 12 & 60 months.
- ★ As of 2014 the doctor patient ratio 1:671 (Developed Countries 1: 170 – 300).
- ★ The screening tools that are used in Brunei rely heavily on parental reports.

Changes

- ★ Greater awareness of autism in the community.
- ★ 2010 immunization schedule changed – includes immunization at 36 months.
- ★ More inquiries and request for services from Learning Ladders.
- ★ Age of children receiving therapy at Learning Ladders centre getting younger.

Observations at Learning Ladders

- ★ Most common parental concerns delay in speech and language development.
- ★ Parents with access to English reading materials and research articles were more aware of the abnormal signs of the social-emotional behaviour or delay in reaching developmental milestones.

Types of Therapy

- ★ Traditional medicine, music therapy, massage therapy, play therapy, sensory integration.
- ★ More alternative therapy than evidence based therapy
- ★ Day-to-day services for children with disabilities including autism are run by NGOs which are mostly parent led initiatives.
- ★ First report of **ABA services** was in **1998** by external service providers.
- ★ However ABA from external service providers failed to establish within the community.

Why did it fail?

- ★ very expensive
- ★ irregular services
- ★ very limited supervision and training
- ★ no development of local human resource
- ★ Not sensitive to cultural beliefs and norms

Learning Ladders Society

- ★ Founded in 2007 by parents of children with Autism.
- ★ Saw the need to establish consistent and sustainable ABA services.
- ★ In 2009 with the help in the form of a bungalow from the Ministry of Education, the first early intervention centre that integrates 3 fields of study, namely:
 - ★ Applied Behaviour Analysis (ABA)
 - ★ Child Developmental Psychology
 - ★ Clinical Psychology

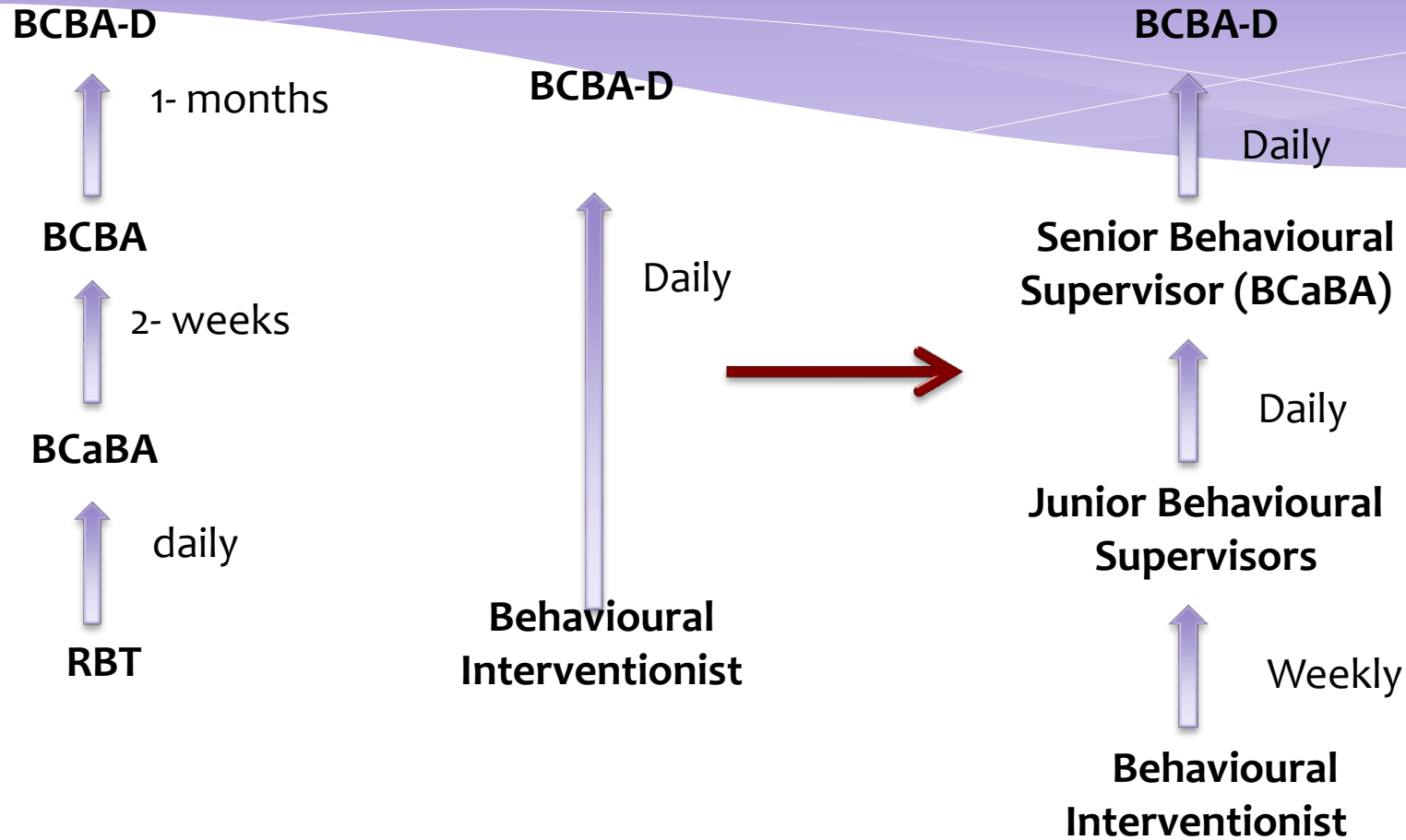
Activities:

- ★ Offer ABA therapy 5 days a week.
- ★ Local staff training based on the 'train the trainers' model. To help staff gain BACB certification.
- ★ Organise seminars, workshops and awareness campaign especially on Evidence Based Intervention.



Evolution of Service Delivery Model

Hired Board Certified Consultant. Emphasis on Treatment Fidelity and Evidence Based Practise.



Development of In-House Training Manual

- ★ Considerations in developing in-house staff training manual
 - ★ No undergraduate or graduate course in Psychology offered by local Universities.
 - ★ 75% of Staff do not have an educational background in psychology or any other area related to allied health.
 - ★ Language – Bilingual training programme for staff.
 - ★ Training focused more on reinforcement techniques and data collection methods.

Service Delivery Issues and Challenges

- ★ Have not attracted investment from authorities.
- ★ Not aware of the cost benefit ABA.
- ★ Does distinguish between activity based and clinic based programme
- ★ Learning Ladders only able to offer semi-intensive ABA programme.
- ★ Learning Ladders can't train staff fast enough to keep up with demand.
- ★ More recently there are groups that are cashing in on demand and popularity of ABA. Not qualified. Diluting what we do.
- ★ Competing pseudo-treatment that can promise quick and easy solution.

Defining Moment for Learning Ladders!

We were able to complete the ABA intervention programme because we had staff that could speak the local language and understood the family needs and cultural norms. Not possible if still reliant on external service providers.