

Philippines

A Report on Autism Spectrum Disorder in the Philippines

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This report will briefly cover the following subheadings:

- A. Current situation
- B. Current issues
- C. Future perspectives

A. Current Situation

At present, there is no formal curriculum that addresses the plight of persons with Autism Spectrum Disorder (ASD) in the educational system. A few teachers, on their own, without any formal training in children's disorders are able to "spot" possible disorders. These suspected cases are then referred to private practitioners, namely, the Developmental Pediatricians, Psychologists and Psychiatrists.

In her paper in 2009, Dr. Alexis Reyes, a leading Developmental Pediatrician, summarizes the diagnostic criteria currently being used by practitioner under the Triad of Impairments: Social, Language and communication, Thought and Behavior (refer to the chart below). In terms of prevalence, Dr. Reyes presents the following chart showing estimates of individuals in selected nations such as China, India, U.S., U.K and the Philippines.

The chart follows:

**Estimated Number of Individuals
in Selected Nations, 2007**

China	1,100,000	Peking Health Science Center 1.1 in 1000
India	2,000,000	Action for Autism India 1 in 250
United States	1,500,000	US CDC 1 in 150
United Kingdom	650,000	National Autistic Society 1 in 100
Mexico	150,000	Ministry of Health 2-6 in 1000
Philippines	? ~570,000	? 1 in 150

Source: World Health Organization – Global Burden of Disease 2007

The chart indicates that there is no formal figure for the Philippines due to lack of funding. This will be accomplished in 2010 in part of a grant from the U.S. By 2010 the Philippines will have a formal figure.

To put ASD in this context of other Developmental Disorders, the following chart is presented. (Reyes, 2008.)

Top 10 Developmental Disorders

1. Mental Retardation
2. Cerebral Palsy
3. Autism
4. Hearing Impairment
5. Dysmorphic syndromes
6. Developmental Language Disorders
7. Behavioral / Emotional Disorders
8. Others
9. Psychomotor Retardation
10. ADHD

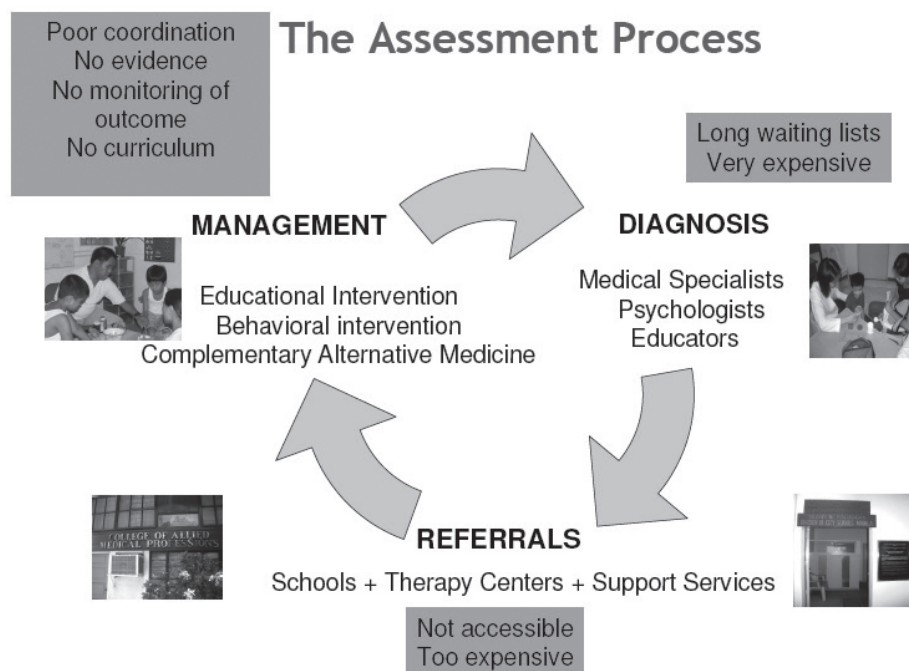
It must be noted that the data comes from hospital records mainly the Philippine General Hospital, the largest government hospital in the country.

This does not reflect the total picture because data from private practitioners are not available at present. The work done by clinicians in private practice mainly the psychologists, speech therapists, and occupational therapists are not systematically documented. This is a big gap in the country data report. A chart review of Clinical Trends is presented below (Dr.Reyes,2008)

Clinical Trends

CHART REVIEWS	Avendano ,1998 (1987-1997) PCMC	Fortuna , 2006 (1990-2005) PGH	Reyes , 2008 (1991- 2008) Private Clinic
Total patients	187	417	1914
M:F ratio	5:1 (83% males)	6:1 (86% males)	5.3: 1 (84% males)
Age at the time of consult	3-4 years	3-4 years	3 years
Mean age of recognition of symptoms	1.86 years	1.89 years	1.9 years
Subcategory	Autistic Disorder (97%)	Autistic Disorder (89%)	Autistic Disorder (95.3%)
Reason for consult	Language delay	Speech delay	Speech delay

An outline of the assessment process is also presented below:



B. Current Issues

1. A prevalent issue is that the diagnosis and treatment of ASD is done through individual efforts of medical doctors and other practitioners. There is NO National Center / Institute for diagnostic and treatment procedures.
2. Recognized treatment approaches are limited to medical and behavioral approaches directly imported from Western countries and do not necessarily suit the local and cultural needs of the people concerned.
3. The role of the non-medical professionals such as the psychologists is not normally recognized. Creative treatment approaches such as group therapy, play therapy, music and movement, and art therapy that psychologists and counselors use are not put in the mainstream.
4. The ASP- Autism Society of the Philippines or ASP which is a national, non-profit organization founded and run by parents of children with ASD is not integrated with the medical professions in a systematic manner.
5. Because of the above situation, the crucial role of parents and other family members of persons with ASD is not given due recognition and therefore are unused resources that are of significant value in the total handling of ASD. This is a big gap in the total picture.

C. Future Perspectives

1. A more comprehensive approach in the treatment and handling of persons with ASD is needed. It should include non-medical practitioners and should form a multi-Disciplinary team approach to the problem. What is needed is an integrated, multi-disciplinary team approach that includes:

1. Medical Personnel (E.g. Developmental Pediatricians)
 2. Clinical Psychologists
 3. Speech Therapist (When needed)
 4. Occupational Therapist
 5. SPED Teacher
 6. Parents
2. The parent should be empowered and should be given a major role in the team. A home program that can be implemented by a parent that can be implemented has been extremely helpful in my own practice and experience in handling children with ASD and their families for the past 25 years.
 3. Other family members, such as the siblings, etc., and other members of the extended family should be tapped as resources, especially in the Philippines where the family is closely knit and the family is always involved.
 4. The ASP, which was founded and managed by genuinely concerned Parents of children, adolescents and adults with ASD must play a major role in the over-all handling of ASD.
 5. Creative therapies (Aside from medical- purely behavioral) can be incorporated and integrated in the total approach.

I have documented more creative approaches in my book, *Making Connections: A Multi-Dimensional Group Therapy Program for Autistic Children and their Families* (Carandang, Ateneo de Manila Univ. Press, 1992). This documents what happens inside the group therapy room using such approaches as art, music, movement and kinesthetic stimulation, etc. which directly addresses the emotional-social aspect of ASD.

It is strongly recommended that more creative therapies be used and that ongoing coordination with parents, siblings, as well as teachers and other school personnel be implemented.

<Questions and Answers after Country Report>

Q1. How do schools coordinate working with practitioners?

A1. Teacher may contact with practitioner, and the practitioner coordinate the school. School coordination is important. Another issue is developing IEPs, because it costs a lot. Issues of big gap between social-economic classes affect everything.

Q2. How do you facilitate children with autism in taking public examination?

A2. There is no public examination for autistic children.

Q3. How do you distinguish sensory-motor sensitivity from Dyspraxia and other types of motor planning disorder?

A3. We have to see this sensory motor problem in connection with the other symptoms of autism, especially the severe impairment in communication, and not of itself alone.