Disability Practices and Attitudes in the United States and Thailand

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Introduction

Roughly 650 million people in the world are living with some kind of disability, making it the largest minority group in the world. Slowly, the need for better accommodations for those with disabilities is being recognized all over the world. In May 2011, Colombia became the 100th country to ratify the Convention of the Rights of Persons with Disabilities. This Convention was the first international human rights treaty that involved equal rights for those with disabilities. It made history when 82 countries signed it on its opening day, “the highest in the history of a United Nation treaty,” (Department of Public Information, 2011, para. 3). United States has signed, and Thailand as ratified, the Convention of the Rights of Persons with Disabilities ("Convention," n.d.).

Many people with disabilities are unemployed because employers don’t feel that they have the necessary skills to get the job done. A 2004 United States survey found that only 38% of disabled persons in the U.S. are employed compared to 78% of those without disabilities. Unemployment rates in other countries can reach as high as 80% (“World Facts,” n.d.). In 1998, the Office of the Committee of Rehabilitation for Disabled Persons (OCRDP) in Thailand reported that less than 8% of companies had hired persons with disabilities according to a fixed ratio (Japan International Cooperation Agency, 2002). Many people with disabilities end up living in poverty because there are not enough employment opportunities for them. In Thailand, OCRDP provides a living allowance for low-income people with disabilities and for those with severe disabilities. However, many of those who can receive the allowance don’t; especially those in rural areas were it is difficult to register (Japan International Cooperation Agency, 2002).
Disabilities in developing countries propose even greater challenges when compared to developed countries. According to “World Facts” (n.d.), “poor people are more at risk of acquiring a disability because of lack of education, employment and public services that can help them escape poverty.” The same article states that over the next 30 years, numbers of children with disabilities are expected to increase “due to malnutrition, diseases, child labor and other causes,” especially in developing countries (“World Facts”, n.d.). A study reported that more than 85% of children with disabilities in Thailand belonged to families below the “poverty line and/or from families with little or no education” (Carter, 2006).

Many disabilities can be prevented. Increasing better nutrition, health and educational practices can help increase the number of children living without disabilities. In a study done by Christianson et al. (2002) found that children in the rural areas of South Africa have a higher rate of intellectual disability compared to more industrialized countries. They believe that improving services for treatment and prevention would reduce the prevalence of intellectual disabilities, especially in mild cases (Christianson et al., 2002).

Although Thailand has improved greatly in many areas, it is still considered a developing country. Therefore, types of programs available to children with disabilities in Thailand would differ when compared to a more industrial country, such as the U.S. But in order to understand the cultures perspective on people with disabilities, it’s important to look at the history and values of each culture. As a hopeful future occupational therapist, I hope to understand the methods and mentality used in Thailand for children who are struggling with a disability. I would like to know, on a cultural perspective, the main differences and similarities between the U.S. and Thailand in regards to facilities, education, and other therapy practices available to people of all socioeconomic levels.
In this paper, I will be addressing the past and current policies regarding people with disabilities in both Thailand and United States. I will compare how each country educates children with special needs and how people with special needs are viewed by their society. Next, I will discuss how Thai and American facilities accommodate, or don’t accommodate, for those with disabilities. I will relate my experiences in Thailand with different research and child development practices. Finally I will discuss what future research is needed.
Literature Review

According to Google dictionary, a “disability” can be defined as “A physical or mental condition that limits a person's movements, senses, or activities,” (2009). Having a disability can limit ones opportunities and choices in education, employment, and lifestyle. Yet, measures are being taken in countries around the world in order to help ensure equal rights and improve the quality of life for these individuals. However, challenges such as the implication of such programs, funding, and the general public’s perceptions of disabilities, still present obstacles. This paper will discuss the different forms of special education available and the cultures feelings towards those with handicaps, in the countries of the United States and Thailand.

Special Education in the USA

America has only developed legislation to ensure the quality of special education practices within the last 50 years. The Rehabilitation Act of 1973 “guaranteed civil rights to all disabled people and required accommodations for disabled students in schools,” (“Special Education,” 2011, para. 13). Quickly following that act was the Education for all Handicapped Children Act (EHA), which gave children with disabilities to opportunity to receive free and appropriate education. Within this Act, professionals are required to place children in the “least restrictive environment,” which means that they would be placed in a classroom that would suit the best interest of the child (“Special Education,” 2010). During 1997, EHA underwent many revisions and became known as IDEA (Individuals with Disabilities Education Act), which would utilize individual planning for a child with special needs. This revolutionized the idea that students with special needs do not only need equal education, but they need the most researched and effective form of education for their particular disability (“Special Education,” 2011). The most recent legislation passed to bring awareness to special education was George Bush’s No
Child Left Behind Act of 2001 and 2004, which “provided further accountability to schools and added technology assistance and loan programs to help schools acquire needed special education resources,” (“Special Education,” 2011, para. 22).

Different types of school settings need to be offered for different disabilities and levels of severity. Students with a “learning disability” which could include Dyspraxia, Dyscalculia, Dyslexia and Dysgraphia, account for “nearly half of all students served in special education programs,” (“Learning,” 2011, para. 4). Students who have a physical disability, such as hearing, visual, or speech impairment, make up over half the students in the special needs programs. Students with learning disability or a physical impairment are generally mainstreamed into public education with other children without impairments. Though, most of the time, the children will also need one-on-one time with a trained teacher to work on certain skills (“Learning,” 2011). Children with intellectual disabilities, such as those who have Down syndrome, fetal alcohol syndrome and Fragile X syndrome, account for less than 10 percent of all students in special education programs. Those students cost more, require more assistance and usually will be educated in self-contained classes (“Learning,” 2011).

Mainstreaming special needs student with other students is called “inclusion” and is a popular educational practice for those with a handicap. Inclusion calls for social interactions with the children’s fellow peers. Inclusion fits the theories of Lev Vygotsky. His Social Development Theory encourages children to develop socially through interaction with their peers. It’s through social interactions that children develop a better understanding of themselves and their culture. He also discusses a “more knowledgeable other” that acts as scaffold, so that the child can reach above what they could naturally achieve on their own. In the case of children with special needs,
the “more knowledgeable other” could be a teacher, or another student within the class. With inclusion, both the student with special needs and without special needs can benefit.

Parents feel that special needs students participating with other children can help give children with disabilities a better quality of life. A study done by Gallagher et al. (2000) interviewed 21 families with children with disabilities. Through these interviews, researchers got to look into common concerns among these families with regard to inclusion in school and the community. Gallagher et al. found that parents generally liked the idea of mainstreaming their children because they wanted their children to be able to function in the real world. Also, parents liked the idea of typical students serving as models for their own children. However, parents felt that teachers were unwilling and untrained to work with special education students. Another study by Heyne and Schelein (1997) found that there must be a collaborate effort between both professionals and parents in order to have the most effective environment possible. The article goes on to suggest ways professionals can reach out to parents, in order to be supportive of the child’s needs. The adult role in the life of a child with special needs is a large one, and because of this, adults who are around the child should be trained to handle difficult situations appropriately. In an inclusion program, training of individuals who deal directly with the children with disabilities is vital.

Special Education in Thailand

Like America, Thailand is rapidly changing its special education practices from segregation to the modern practice of inclusion. This is happening quickly for a few different reasons, but they all relate to the idea of globalization. According to Hallinger and Kantamara (2001), Parents are seeing the higher standards in education adopted in other countries, and would like that same standards for their children. Not only are parents feeling pressure to keep
up with the modern world, but the Thai government as well. Globalization has lead the Thai government to embrace certain educational ideals—“school-based management, parental involvement, student-centered learning”—when reforming their educational standards (Hallinger & Kantamara, 2001, p. 389).

In 1991, there was movement in Thailand through The Rehabilitation of Disabled Persons Act that called for equal education for those with disabilities (Carter, 2006). The National Statistics Office (1991) provided information about disabilities within the nation through the Report of the Health and Welfare Survey. They estimated that there were 1,057,000 people with disabilities, which accounted for approximately 1.8% of the population (qt. in Carter, 2006). The United Education for All (EFA) in 1990 had a number of different goals that ultimately wanted to give equal education to those disadvantaged; whether physically, mentally, socially, or financially (Carter, 2006). In 1998, school for the blind in Bangkok had to turn away 10 students (out of 100) due to lack of funding for the program (“Education,” 1998). However, in 1999, Thailand recognized that there was no funding for programs for people with disabilities and no required training for staff, and therefore created Thailand National Education Act to correct those issues (“The National,” 2001).

The National Education Act was a huge advancement in special education. It standardized education that holds schools system and teachers accountable for their practices and effectiveness (“The National,” 2001). It would accomplish this by conducting external evaluation of the school program at least once every five years (“The National,” 2001). The National Education Act wants to improve school systems by implementing the following:

1) Unity in policy and diversity in implementation; 2) Decentralization of authority; 3) Setting of standards and implementing a system of quality assurance; 4) Raising the professional standards of teachers, faculty staff, and educational personnel; 5)
Mobilization of resources; and 6) Partnerships with all sectors of society. (“The National,” 2001, p.17)

The National Education Act recognized that “learners are capable of learning and self-development, and are regarded as being most important,” (“The National,” 2001, p. 18). It also provided basic education for twelve years for any child, including those with disabilities (“The National,” 2001). As it would seem, Thailand is heading in the right direction as far as special education policies are concerned.

Although Thailand has quickly advanced their education policies, the implication of those policies has been more of a challenge. Teachers do not feel adequately trained to be teaching children with special needs. The allocation of money has been less than efficient, providing inadequate training for educators (Carter, 2006). Hallinger, Chantarapanya, Sriboonma, & Kantamara (2000) claim that school programs are more monitored by individuals with checklists, rather than evaluated for its proficiency (as cited in Carter, 2006). Another study by Chitchupong (2004) states that the government has provided programs that help deliver “scholarships, loans, free food, and nutrition supplements” yet many children are not receiving these resources and instead are going into the work force to help support their families (as cited in Carter, 2006, p. 35). More research needs to be conducted in order to figure out why policies that have good intentions are not being as successful in Thailand.

Thai families that are poor or in rural areas of Thailand might not have as much access to special needs services compared to those living in the urban areas (Fulk, Swerdlik, & Kosuwan, 2002). Sert, a Thai student at Chiang Mai University, grew up in the hill tribes of Northern Thailand, more specifically, the Karen Tribe. According to Sert, the tribe consists of 280 people, and he is one of four people from his tribe who have gone to seek a college education. He explains that children with disabilities in his tribe would be included in the regular school
program through primary school. If their disability were severe enough the government would provide them with transportation to a specialty school for whatever their disability; whether it be blindness, deafness, or an intellectual disability (Sert, personal communication, April 8, 2011). Specialty schools exist for children of all different types of disabilities including blindness, deafness, moderate to severe intellectual disabilities, and autism (Fulk, Swerdlik, & Kosuwan, 2002). In 2002, there were approximately 47 specialty schools across Thailand (Fulk, Swerdlik, & Kosuwan). Hospitals also sometimes contain their own specialty schools, as well as a place for children to be assessed and diagnosed (Nopmaneejumruslers K., personal communication, June 2, 2011).

Although inclusion has been proven to be successful in other countries such as America, the implication of inclusion programs in Thailand has been more challenging. The government as made policies that require schools to accommodate for students with special needs and place them in an appropriate environment (Fulk, Swerdlik, & Kosuwan, 2002). Yet, this mandate lacks funding behind the program, and therefore teachers are not being adequately trained to identify and work with special needs children. Teachers are less likely to recognize a disorder in a child, such as a learning disability or attention deficit hyperactivity disorder (ADHD), and mistake a child’s actions as misbehavior (Fulk, Swerdlik, & Kosuwan, 2002). In a study conducted by Manason (2010), he compared perspectives on special education in Thailand of parents, teachers and school administrators at a segregated school and an inclusion school. The research found that although the government has set up a “national policy for inclusive education,” teachers and administrators still had their own beliefs about how special education should be handled (Manason, 2010).
Although most studies regarding special education and the National Education Act have been negative due to lack of funding, it has been successful in school systems that do have the means to fund the program. The National Education Act of 1999 stressed student-centered education. A study conducted by Dennison (2011), reported that student-centered education was a very successful teaching method in two government schools in Pattaya, Thailand. He discovered that there were certain elements that made the program more successful. For one, parents, teachers and school administrators worked closely with one another. A second element was that students were more directly involved with the learning processes by using reflective and performance based assignments. Impressively enough, Dennison (2011) found that student-centered learning agreed with Buddhist epistemology. It’s obvious to see from research and national policies that Thailand is progressively moving in a positive direction regarding education for individuals with disabilities.

**Attitudes towards Persons with disabilities in the USA**

The idea that every person is created equal and therefore should have the same rights as everyone else is a very prevalent idea in American society. For the most part, people with disabilities do have the same rights as those without disabilities, but with a few exceptions. For example, people with vision impairments might be exempt from getting a license if the impairment is severe enough. Also according to Kay Schriner, 44 of the 50 states have constitutional laws that limit the right for individuals with emotion or cognitive impairment to vote. The only other group in the same situation is convicted felons (as cited in “Voting Laws”, 2003). While some rights are restricted for safety reasons, many policies in U.S. legislation call for equal rights to education and employment, to try to make playing fields level.
Other common American values are independence and self-reliance. A study in 1993 by Westbrook, Legge, Pennay showed that there is a difference in the way collectivist and individualist societies view disabilities. Collectivist cultures, China, Greece, Arabia and Italy viewed disabilities more negatively when compares to the individualistic cultures, Germany and Australia (Westbrook, 1993). This makes sense considering that individualistic cultures, such as the U.S., feel that the self-goal is more important than the group goal. This might allude to the idea that American’s expect more out of someone with a disability and therefore provide him or her with an equal opportunity to make a living in the world. A collectivist society, which regards the group goal as the most important, might feel that dealing with someone with a disability would be a waste of the groups’ time and energy, and could be better spend focused elsewhere.

There are many factors that go into just how accepted a person with disabilities is within a culture. One factor that contributes to ones attitude regarding disabilities is if the person has a relationship with someone with a handicap – whether it is a family member or a close friend. A study by Brown et al. (2009) showed that Occupational Therapy student’s attitudes had a significant difference between their first year and their last year at their Occupational Therapy Program. The most oblivious difference between the two groups is the amount of time spent doing fieldwork with those who are disabled in some fashion (Brown et al. 2009). Multiple studies have shown that there is a ranking of stigmas when it comes to the types of disabilities people are most tolerant of (Richardson, Goodman, Hastorf & Dornbusch, 1961; Westbrook et al., 1993). One study by Richardson et al. (1961) had children rank pictures of children with different physical handicaps, asking them “tell me which boy (girl) you like best” then “tell me which boy (girl) you like next best,” (p. 243). The children, who were from different ethnic
backgrounds, handicapped and non-handicapped, ranked all the pictures in the same order. The ranking order was as follows:

- Rank 1 – A child with no physical handicap (drawing A).
- Rank 2 – A child with crutches and a brace on the left leg (drawing L).
- Rank 3 – A child sitting in a wheelchair with a blanket covering both legs (drawing W).
- Rank 4 – A child with the left hand missing (drawing H).
- Rank 5 – A child with a facial disfigurement of the left side of the mouth (drawing F).
- Rank 6 – An obese child (drawing O). (Richardson et al., 1961, p. 244-245)

This study showed that both children with and without disabilities had a ranking of preferable disabilities. It proved that norms established by culture shape our behavior and attitudes towards certain objects. One of the most interesting aspects of the study is that the handicapped children rated the non-handicapped child first. This agrees with the changing theory of Kurt Lewin, who believes that minority group assimilates to the values of the majority group (as cited in Richardson et al. 1961). Other studies have also found “stigma hierarchy” in attitudes towards disabilities. In a same study done by Westbrook et al. (1993), a hierarchy of preferences for disabilities was found to be similar in multiple communities. People with asthma, diabetes, heart disease and arthritis were most accepted and people with AIDS, mental retardation, psychiatric illness, and cerebral palsy were less accepted. These results were similar to other studies that have been conducted over the past 20 years (Westbrook et al., 1993). It also makes sense that disabilities that are more prevalent in one’s society would be more accepted in the general public. In a study by Grames and Leverentz (2010), researchers found that depression was the only disability that was more favorable for American students compared to the preferences of the Chinese students. They believe that this might have been the case due to high prevalence of depression within the United States (Grames & Leverntz, 2010).

*Attitudes towards persons with disabilities in Thailand*
Not much research has been conducted specifically on Thai attitudes towards people with disabilities but other research has shown that cultural values and norms are a large influence in the public’s attitudes towards disabilities. In the same study by Brown et al. (2009) occupational therapy students from Australia, Taiwan, the United Kingdom and the United States were given surveys to determine their overall attitude towards individuals with disabilities. They found that students from Taiwan had a higher level of negative attitudes towards people with disabilities, compared to students from the United Kingdom, Australia, and the United States. The study suspected that this outcome could have been a result of a cultural stigma in Taiwan culture (Brown et al., 2009). Studies have also proven that the values of ones culture can directly relate to the attitudes and ideals of a culture. Hampton and Fei (2009) discovered that there was a correlation with traditional Chinese values and attitudes towards people with disabilities. According to the study

…Chinese values such as Social Traditionalism and Cultural Inwardness contributed to the negative perceptions of people with intellectual disabilities, but other traditional Chinese values such as Cultivation of Virtues were related to positive attitudes toward people with intellectual disabilities when the influences of other factors such as university major and knowledge of intellectual disabilities were controlled. (Hampton & Fei, 2009, p. 254)

Because cultural values are associated with attitudes of the general population of that culture, we can assume that by observing the values and norms of a culture, one can draw simple conclusions on how one might perceive the attitudes of a culture, in this case, Thailand.

Many values in Thai culture are heavily based off of the teachings of Buddha. Thailand’s population is 80 to 90% Buddhist (Fulk, Swerdlik & Kosuwan, 2002). Buddhist belief on children with disabilities ranges from the family being punished from a past life (Karma) to the “Chinese-Thai” believing that a child with Down syndrome leads to good luck (Sethabouppha & Kane, 2005; Fulk, Swerdlik & Kosuwan, 2002). Buddhism also teaches “to have mercy on the
weak” and because of this Thai people will give money to disabled beggars (Japan International Cooperation Agency, 2002). Caregivers of the people with disabilities will exhibit traits that relate to Buddhist teachings (Sethabouppha & Kane, 2005). In a study by Sethabouppha and Kane (2005) researchers found that caregivers strongly believed that doing something wrong in a past life was the reason that their family member was dealing with mental illness, and they had to repay them by taking care of them. Karma is the idea of what goes around comes around (N. Wang, personal communication, May 26, 2011). They discovered that care giving is a Buddhist belief, with the elements of compassion, caring, support, acceptance, management and suffering all being represented in the Buddhist religion (Sethabouppha & Kane, 2005). Through looking at Buddhism, researchers can glimpse into the mindset of Thai people.

Other values present within the Thai culture are respect and compassion. According to Nisara Wang, a professor at Chiang Mai University, the general population of Thailand “feel pity and want to help” people with disabilities. She continues “We are willing to serve their physical needs which can be seen obviously like shelter, food, clothes, medicines and then education and occupation.” Nisara herself had become a hand interpreter for the deaf and while on a field trip, stopped to give money to a beggar with a physical disability (N. Wang, personal communication, May 26, 2011). Collectivism is another defining quality of Thai culture. Thai people are focused on what is best for the group and the community. With this ideology, it would appear that the community would take an active role in taking care of people with disabilities and therefore have a positive attitude regarding those with disabilities. However, a study mentioned previously reported that cultures with a more collectivist approach, as opposed to individualism, has a more negative attitude concerning disabilities (Westbrook et al., 1993). Attitudes towards individuals with disabilities in Thailand have not yet been researched. The Thai government could learn a lot
more about how to better implement their policies on disabilities by looking into attitudes of the general public.

There is still much to be considered when looking at children with special needs in the countries of Untied States and Thailand. For one, it is important to consider the best education available for the child’s disorder and it’s severity, which could mean putting the child into a mainstream school, or in a specialized school. Next, it’s important to consider whether the education systems are working for the children, and if not, do public attitudes have to do with lack of attention for these children. One thing can be said for sure, more research is needed in the area of Thai special needs children. With knowledge and understanding, one can make the futures of these children brighter and more opportunistic.
Experiences in Thailand

*Observations*

While in Thailand, I made a point to be in constant observation of the environment I was in. I was looking for how people with disabilities lived their life and if the Thailand government provided easy accessibility to public facilities for the disabled. I wanted to see what kinds of opportunities were available for the children with disabilities, who would one day grow up and become apart of working world. What I mostly experienced was what seemed like a lack of resources and funding, which contributed to poor access to public facilities, untrained teachers and medical care.

I define “facility” as something that is built for a public use, such as a hospital, curb, mall, hotel, bathroom, railway station, etc. The accessibility for physically disabled persons varied widely depending upon how urban the environment was. In places such as Bangkok and Chiang Mai, accessibility to public facilities was seen more often then when in a more rural area such as Nong Khai, and other small villages located around the main cities. I noted that I would see ramps at places like malls and hotel buildings but the angle of the slope made me wonder if the ramps were there in order to help people with disabilities access another level, or if it was for carts associated with that certain facility. In Bangkok, I noted that on some street curbs, there was a small ramp on one end of the sidewalk but not the other. At rest stops, and bathrooms in rural Thailand, there are toilets called “squatter toilets” in which an individual uses their leg strength to squat over the toilet. For people who are unable to use their legs, this presents a problem. There was rarely ever a “disabled persons” bathroom, except in wealthier areas of Bangkok.
According to the Japan International Cooperation Agency (2002) most public transportation in Thailand is still not accessible to people with disabilities. When Skytrain, a railway that runs through central Bangkok, was built, it had 23 stations, but only 5 of those stations had elevators to accommodate those with disabilities. Organizations that supported people with disabilities protest and succeed in obtaining a government promise to build elevators in all the stations in the next five years (Japan International Cooperation Agency, 2002). Although people with disabilities are not always considered when making public facilities, they are making leeway by advocating for their rights, and succeeding at that.

The United States have recently passed legislation that restricts builders from making the same mistake that was made when building Bangkok’s Skytrain. In 2010, the Americans with Disabilities Act of had adopted a new set of accessibly standards called the 2010 ADA Standards for Accessible Design. This states that all “newly designed and constructed or altered State and local government facilities, public accommodations, and commercial facilities to be readily accessible to and usable by individuals with disabilities,” (Department of Justice, 2011, p.1). Although America is forward thinking in making facilities accessible for those with special needs, it was until last year that clear standards were mandated in order to make public facilities accessible.

Many disabled people seem to be unemployed in Thailand, or at the most, have a lower status job. Most of the beggars I have seen on the streets were in some way disabled, whether it was visual, physical, or mental disabilities. I saw some people with disabilities on the street selling lotto tickets. This was confirmed when communicating with my Thai Teacher, Nisara Wang, she states “The blind communities are the strongest one. They have occupation – selling lotto. They can earn a living and education.” Although I feel it is positive that the blind have a
strong community and a job, I would have liked to seen more people with disabilities off the street and in jobs that require a good education so they could make a better living. I’m hoping that with new policies to help progress special education for children with disabilities, those employment opportunities for the handicapped will increase.

Lastly, I do not feel like people with disabilities have the access to the medical instruments they need; however, the reason for this, I’m not quite sure. The medical care in Thailand is quite affordable (30 baht, or 1 USD). So I would have assumed that those who have physical disabilities would have access to proper equipment. On one particular day I saw a man with a leg impairment scooting himself along on a stool with wheels, as opposed to a wheelchair, about 10 minutes after, I saw a man with a cognitive disability walking the street with no assistance. These observations puzzle me, however, my hypothesis would be that these individuals could they afford the health care, but choose not to. One motivation could be because in order to receive money from passing people, they givers need to feel sympathy, and the best way to get sympathy is by not having the adequate instruments needed.

These ideas are only based off observation, and therefore nothing can be concluded from them. I only got to get a glimpse into the lives of the disabled in Thailand. Not only did I not explore every area fully, but I was also presented with a language barrier, so that it inhibits many of my observations. Finally, because I came from another culture, I am ethnocentric in my ideas, which could encourage biases within my observations.

*Orphanage in Chiang Mai*

My first impression of this orphanage (which I do not know the name of) was that it was clean, spacious and had a large outdoor play area, complete with a play structure. Another girl from my program and I walked into the orphanage and we approach a women who was
sweeping. She didn’t understand English but she knew why we were there. She pointed to a bottle of what I assume was hand sanitizer, and we applied it. That was the only prerequisite we needed in order to enter a classroom. We walked into the classroom, with children that looked around age 5, and sat down on the floor. The two Thai teachers in the classroom didn’t look or talk to us the entire time we were there. There were other Anglo volunteers there was well, they seemed as though they had been there before, so we followed their lead. After playing with blocks, the children were let outside to play. Snack came around and everyone got popsicles, including us.

I unfortunately have never been to an orphanage in the United States, so I will not be able to accurately compare. The United States used to have more orphanages in the 18th and 19th century; however, they became synonymous with adequate accommodations and poor standards. Slowly, foster care and smaller institutions called residential treatment centers, came into practice, replacing orphanages (Silverman, 2011). Although the orphanage in Chiang Mai appeared sufficient, I had some concerns. For one, it appeared that the Thai teachers were not involved with the children’s daily activities. They did not appear to be scaffolding the children or helping them learn by asking questions. Another Cal Poly student, who visited the orphanage at a different time, informed me that she saw the teachers on their cell phones for quite a while during the day. Also, I was concerned with the lack of security present at the orphanage. I was not asked my name, why I was there or even given a visitors tag. At the ASI Children’s Center on Cal Poly Campus, all visitors are required to check in with their name, purpose, and will be given a visitors tag. The U.S. is a country that has high standards when it comes to children’s safety. I did like the large outdoor play area available for the children and the learning based around play that I observed.
Sarnelli House

Through word of mouth I heard that there was orphanage in Nong Khai that was specialized to help children who are HIV positive. This orphanage, called the Sarnelli House, was established in 1999. It was built far away from the main part of town in a village that already had many people living with Aids. When the founder Father Mike Shea, came to this village, he saw people living with Aids, in various stages of dying. Family members would help them by leaving food for the sick by placing food outside their door. The people living in this area were not well educated on the disease and they weren’t sure how it was contracted (“Getting to know…”). When the Sarnelli House was first built, they did not have any antiretroviral (ARV) drugs to administer to the children. As a result, 80 children died within the first few years. In 2002, ARV drugs started to become accessible to the Thai public under the 30 baht card universal health care system. The Sarnelli House also opened up a clinic opposite of the orphanage for sick children, who might need to be quarantined due to illness, and elderly people in near by villages that cant afford to go to a hospital in Nong Khai (Introna, 2011).

The Sarnelli House was another great experience. I contacted a staff member named Kate before I came to the orphanage. She was gracious enough to welcome a large number of people from my program, who were curious about what a Thai orphanage would be like. As we approach the Sarnelli House we could see that had a large yard and a huge house. In the middle of the yard was a chapel, which made sense considering it is a project of the Redemptorist Fathers of Thailand (Sarnelli House, n.d.). The children were playing outside and quickly approached us. Although the language barrier was a challenge, we managed to play dodge ball with the children and other various games. The children were all ages; according the Sarnelli House webpage children vary between 18 months and 16 years (Sarnelli House, n.d.).
The Sarnelli House seemed to be run very efficiently. They live at the orphanage, but go to a school that is close by during the weekdays. They seemed to be a happy group of children who spent their time playing together in a large yard. One thing that I noticed that was interesting was the older children tended to look out for the younger ones. This could be due to the lack of supervision, because when we were visiting, there wasn’t any. This contrasts with the day care center I worked at in America, ASI Children Center, in which children are separated according to age groups and are supervised at all times. Although these children are living with HIV, the orphanage seems to be helping these children manage their illness by supplying them with antiviral drugs and proper medical care.

_Mahidol University – National Institute for Children and Family Development_

According to Mahidol University webpage, the “National Institute for Child and Family Development” was officially established by the Royal Thai Government in 1997 as part of Thailand’s national plan of action in response to the 1990 United Nation’s World Declaration for Children,” (National Institute for Child and Family Development [NICFD], 2008). The institution is responsible for research, education and programs that involve the most recent knowledge in child development (NICFD, 2008). The centers five core values are nurturing, integration, creativity, faith and determination (NICFD, 2008). When I came to visit the University, I met the developmental pediatrician, Dr. Kaewra Nopmaneejumruslers, who was helpful in telling me about a program they were running called Floortime™. Floortime™ is used for children with autism who come into the Institute looking for an alternative method to Applied Behavioral Analysis (ABA). The program is focused on play-based learning for the child and education for the parents. They teach the parents through DVDs, books, and websites. In a recent study conducted at Mahidol University, researchers found that Floortime™ was not only a
cheaper alternative to ABA, but children also progressed more (Nopmaneejumruslers K, personal communication, June 2, 2011). When I asked about children who cannot afford Floortime™ therapy, Dr. Nopmaneejumruslers told me that children would be able to receive some sort of therapy for free through the hospital; however, it would probably be a less successful method, such as ABA.

I got to observe Floortime™ for a few minutes. From what I can tell, the concept is the same as the one used in occupational therapy in USA. The room was smaller than I expected but it was filled with a number of big structures and toys, similar to the ones you would find at an Occupational Therapy clinic in America. The child I was observing would crawl and climb his way into the middle of a big donut-like structure. Then the therapist and him would count to three in Thai and the donut structure would fall over and they will laugh. Then he would walk over to the mirror, stick his tongue out, touch his face and laugh. There were, what looked like, three therapists in the room and one man videotaping. I would guess that I saw an exercise that was increasing the social development of the child with autism, while also helping develop his gross motor skills by having him figure out different ways to climb into the middle of the donut-like structure.

Like Mahidol University, DIR®/Floortime™ Model is a therapy method used in the United States to treat Autism Spectrum Disorders (ASD) (The Interdisciplinary Council on Developmental and Learning Disorders [ICDL], n.d.). DIR stands for Developmental, Individual Difference and Relationship-based. Floortime™ is a specific technique that allows for the child to explore his or her own individual interest and leading the session, while still being challenged by a trained therapist. DIR®/Floortime™ Model involves Floortime™ but also involves a plan tailored for that child and uses a team approach. It also recognizes the importance families and
the parent’s emotional relationship with the child (ICDL, n.d.). An article by Strain and Schwartz (2001) explains that it should not be surprising the ABA (Applied Behavior Analysis) doesn’t work well with children in a real settling given the complexity of social situations. This might explain why both America and Thailand are turning to the DIR®/Floortime™ Model as a means of therapy for children with Autism.
Future Directions for Research and Implication for Practice

Although Thailand seems to be quickly making its way towards a better future for children with disabilities, much research is still needed. It is evident from research that western views differ from the views of other cultures (Grames and Leverentz, 2010; Westbrook et al., 1993). Yet, most research is conducted in western cultures. Furthermore, many health practitioners, who work closely with people with disabilities, are educated with ideals that where developed in western countries. In order to fully understand the Thai people’s attitudes towards disabilities, it’s vital that research is conducted in the country of Thailand. Only then will government agencies be able to draw conclusions and help them develop future policies that will provide equality to people with handicaps.

Through research, Thailand will be able to tailor their special education system to something that will suit the values and needs of Thai culture. Researchers can try to figure out the most effective way to educate and treat Thai children with disabilities. Researchers should also conduct research to figure out the more effective and affordable way to train teachers to accommodate for children with disabilities, because that was a challenge while trying to implement current policies (Carter, 2006). Dennison (2011) discovered that student-centered education was successful at two schools in Pattaya, and agreed with Buddhist epistemology. It would be beneficial to find out why those particular programs were so successful and how they could go about implementing those programs in other areas in Thailand. Lastly, it would be valuable to know how the specialty schools (blind, deaf, and intellectual impairments) compare to schools that incorporate inclusion in Thailand.

Even though much research is still needed, Thailand is making its way toward a more tolerant environment for people with disabilities. Mahidol University’s National Institute for
Child and Family Development is a prime example of what is to come in the future. NICFD has just finished conducting research on therapy practices regarding autism (Nopmaneejumruslers K, personal communication, 2011). This institution, and others, will continue to build their way and more information will be uncovered about what will give Thai children with disabilities the best quality of life.
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Many of the locations I traveled to did not include an alternative to stairs. One exception is shown above in which there was an option to take a monorail to the top of a hill to see a famous Wat, Doi Suthep, as an alternative to the stairs (pictured on the left).
This is a traditional squatter toilet that would be found in the rural areas of Thailand. As you can see, the toilet doesn’t accommodate for those with disabilities.

This is a picture I took at a mall in Chiang Mai. This is one of the rare times I noticed both a ramp and stairway next to each other. I wasn’t sure if this ramp was made for those with disabilities or made for carts that would carry merchandise.

This picture was actually taken in the Cameron Highlands of Malaysia, not Thailand. However, it was the first place I saw in Southeast Asia that helped children with disabilities. The sign reads: Training Centre for Children and Young Adults with Special Needs.