

Editorial

Japanese Trend in Childhood Treatment for Autism Spectrum Disorder

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Autism Spectrum Disorder (ASD), as the diagnostic term, has been introduced in Japan over 60 years ago. It is only last 10 years; ASD is recognized as intellectual disabilities in society. Few Japanese medical doctors and helping profession still believing the treatment for Autism is difficult to introduce treatment. The term “autism” was translated as “jiheisho” in Japanese. The term “jiheisho” sounds terrible connotation in Japanese language, as the word may bring connotation of never curable, never speaking, never communicable and so on. During 1950, the imprecation of Bettelheim was in the United States; Japan still hasn't left yet from the dark age.

In a recent year, the change finally began ASD in Japanese society. It became recognized as one of the disabilities.

Concerning to an educational system for children having ASD, MEXT (Ministry of Education, Culture, Sports, Science, and Technology) recently informed Special Needs Education (SNE); Education for students with disabilities, in consideration of their individual educational needs, which aims at the full development of their capabilities and at their independence and social participation. SNE is carried out in various forms, including in resource rooms, in special classes (both are in regular schools), and in special schools named “Schools for SNE”. However, it is not the status that such educational support is prevailing in the whole country sufficiently because the fiscal conditions and education resources depend on the area.

Applied Behavior Analysis (ABA) is the application of the principles of learning and motivation from Behavior Analysis. Behavior analyst began working with young children with autism and related disorders in the 1960s. It knows as autism therapy, which was begun in the United States. The introduction of TEACCH (Treatment and Education of Autistic and related Communication handicapped Children) by Professor Masami Sasaki has been accepted in the Japanese Society. Professor Sasaki, who was also a great author, and a great teacher, contribute great achievement for ASD in Japan.

ABA has been gradually spread it names to the Japanese society last 10 years, and the clinicians [1] also start to recognize as evidence-based treatment with the objective data. Currently, the understanding of ABA is still scarce and the public health services may not yet greatly

accompanied in Japan. As for the ABA's strategies, DTT (Discrete Trial Training) was well accepted among the public, VB (Verbal Behavior) and NET (Natural Environment Training), which contains PRT (Pivotal Response Training) started to increase [2] the number of the providers.

In spite of increasing the number of ABA therapy, structured therapist training is not possible and acquiring training ABA therapist will put the families with financial strains. The quality of ABA is often not been able to guarantee even the one claims to use ABA. The international credentials of BCBA (Board Certified Behavior Analyst) need to be recognized. There are few BCBA in Japan who received education in the United States. Introducing BCBA and RBT (Registered Behavior Technician) to education system may occur in the future in Japan.

However, the effect of ABA for individual therapy has become clear. The author was invited for NHK (Nippon Hoso Kyokai: National broadcast service). The author explains the adaptation of ABA by the live broadcasting which exceeds 10 % of audience ratings as 2016. Since then, this T.V program broadcast, the various topics of the ABA has been on Twitter, SNS, and other mass communication.

During the adolescence period, the Japanese student appears to have various medical/ behavioral problems, such as non-attendance at school, depression, and bullying occurred at school, [3] Although in Japan, the medical service for adolescents has been a social problem because the gatekeeper in medical service for adolescents is unclear. It is similar in adolescents with ASD. In addition to medical/ behavioral problems, a transition into adulthood in social/ medical support is regarded as a difficult problem. The discussion for the transition is currently starting within the medical professionals in Japan. Currently, it is not the status to prevail in the children that individual therapy like ABA for ASD. It is important for us to make an effort for the children with ASD to improve their skills and fair treatment in the future.

References

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