

Case Profile as a Basis of Early Helpful Intervention Programs to Optimize Authentic Children's Expressive Communication Ability

Ermanto Nugroho, Imas Diana Aprilia
 Department of Special Education Needs,
 Post Graduate School, Indonesia University of Education
 Bandung, Indonesia
 nugrohoermanto5@gmail.com, imasdaprilia@gmail.com

Abstract--One symptom of ASD condition is the barrier in language so that it affects the ability of children in verbal communication (verbal / speech) and nonverbal (gestures and writing). The existence of ASD children in a family requires parents to immediately intervene as early as possible so that the development of language and communication in children can be achieved according to age. In reality, not all parents with ASD children realize the importance of early intervention. This study aims to formulate an early intervention program with family resources in optimizing the ability of expressive communication in children with autism. The method used in this study was a case study and descriptive data analysis. The subject of this study was a family that had ASD children in one city in West Java Province, namely in West Bandung Regency. The technique sample in this study was purposive, namely the determination of sample based on certain criteria. Data collection was carried out through observation, interview, and documentation. The results of this study are the formation of an early intervention program with family resources that includes an increase in family understanding of the conditions of child development and the needs of children so that parents have the competence in optimizing the ability of expressive communication in ASD children.

Keywords--home-based family intervention, Expressive Communication, Autism.

I. INTRODUCTION

The development of language and communication is closely related to social and emotional development [1] because it is used to develop and establish social relations in the surrounding environment [2]. Communication can be done verbally, non-verbally, or even a combination of both. Verbal or expressive communication is done through speaking, writing, print, pictures, paintings, and so on. Nonverbal/receptive communication is in the form of facial expressions, blinking of the eyes, hand movements, body, head, smile, silent language, and so on. Good communication is a combination of verbal and non-verbal communication.

The task of developing language and communication must be mastered by children according to their age, but different things happen to ASD children because communication is a difficult thing [3] so that children experience difficulties in reciprocal communication with those around them. Communication constraints for ASD children who have not been able to speak are in the form of difficulties in understanding the concept so that they rarely respond to tasks, having difficulty conveying messages to others, walking without direction, silence, crying, and going berserk. There is also the ASD child who is able to speak; the constraints shown are in the form of using short sentences with simple vocabulary, limited vocabulary and speaking using difficult words [4].

Obstacles in receptive and expressive communication will affect children's behavior [5]. There are also obstacles in the form of barriers in expressing language or verbal communication experienced by the subject in this study. When a child wants something, he/she will pull the hand of someone nearby, without any words coming out and not making eye contact with that person. If he/she rejects something the child will cry or shake his head. There is also obstacle for nonverbal communication, that is, children are unable to understand the language expressed orally

Parents of ASD children - the subjects of the study - did not understand the child's developmental condition which impacted on the lack of parental efforts to minimize the symptoms. Based on the problems described, it is necessary for an early intervention program to be family-based in supporting the achievement of child development tasks [6].

Research on the development of early family-based intervention programs for children with motor impairment [7] shows that this program is generalizable to families with diverse backgrounds and needs, a function of potential aspects that can support families in early intervention in children with disorders motoric, as well as increasing parental competence to provide children's intervention. The results of a study of FQOL-based intervention programs for parents with multiple children with visual vision [8] showed that there were no intervention programs for parents with children who

experienced double vision impairment at school, as well as structuring an FQOL-based intervention program based on their profile and needs. Parents. The difference between this study and previous research is that this study aims to formulate an initial family-based intervention program that focuses on aspects of children's communication.

II. METHOD

This research was conducted using a qualitative approach with the type of case study. This study aimed to formulate early family-based interventions based on case profiles (subject and family).

The technique sample in this study was purposive, namely the determination of samples based on certain criteria. The sample criteria used in this study are the presence of ASD children at an early age who experience obstacles in communication and have not received intervention from parents. The subject of this study was a family that had ASD children in one city in West Java Province, namely in West Bandung Regency.

Data collection was carried out through observation, interview, and documentation. In observation, the researchers observed activities to explore information about the dimensions of the quality of family life, the process of communication of children and parents, the learning of children's communication at home and communication media used by parents and children today. Documentation included photos and videos dimensions of family quality of life owned by the family, communication process of children and parents, and learning of children's communication at home. Interview was used to get information and find problems more openly. Interviews were conducted by researchers to parents having children with autism.

In this study, the analysis used was a qualitative descriptive analysis that displayed data from observations, interviews, documents, or archives in the form of written descriptions (descriptions) that described the object of research in the field. Examination and validity were carried out in several ways, namely 1) triangulation, done by checking the correctness of the data by comparing data obtained from other sources, 2) using reference materials, by recording data with a tape recorder, and 3) member checking, done by doing confirmation to the resource person at the end of the interview.

III. RESULT AND DISCUSSION

From the research done, some findings can be presented, including:

A. Child Profile

1) Problems

Some of the problems owned by the subject, among others, were being unable to communicate verbally or expressively. The ability of children to make sounds and words cannot be used to communicate. Vocabulary owned by children was very limited. Children had difficulty answering the questions given. The sound

produced was unclear and meaningless so it cannot be understood.

2) Potential

The limitation of children in the aspect of language and communication was the potential that existed in children, namely the child was able to say "uii", and pointed and pulled his parents' hands when they wanted something.

B. Family Profile

For the exposure of family profiles will be reviewed from the Family Quality of Life (QoL) dimension as follows:

TABLE 1 THE FAMILY QUALITY OF LIFE (QOL) DIMENSION

No	Dimension of FqoL	Objective Family Support Conditions
1	Acceptance of the child's condition before knowing the child has autism	Families do not try to provide stimulus by asking to speak
2	Acceptance of the child's condition after learning that the child has autism	Worry but accept the condition of the child because parents have acknowledged that the child's behavior is different from other children
3	Protection	Very much love and worry if the child is left alone so Mrs. S always accompanies the child
4	Social interaction	Less involving children in interacting with peers
5	Fulfillment of the child's will	Not indifferent to children

Family's FQOL

Based on the data obtained, an analysis of the potential and weaknesses of the family and their needs were:

a) Potential

Parents always tried to provide stimulus, had motivation to share with parents of other autistic children, had enough attention to children, had free time to be with children, and always tried to fulfill whatever children wanted.

b) Weaknesses

Parents did not try to examine the growth and development in order to know the child's condition accurately and did not try to deal with children, lacked of understanding of children's needs, allowed children to explore the environment less, lacked of stimulus for interaction with children, and children looked less independent.

c) Needs

Parents needed information about the obstacles and needs of children, required to share with parents with other autistic children, required greater opportunities in exploring the environment, were getting used to children in their social environment other than the family, and must familiarize children to become independent, especially in ADL.

There was also early family intervention programs that are based on the data obtained in the form of an increase in family understanding of the condition of child development and the

needs of children so that parents had the competence in optimizing expressive communication skills in ASD children.

Based on the results of the study, it can be seen that there were several problems as well as potentials, that is, case profiles both on the subject and family. The family has the power that can make family members live together and that power can also make family members fight and lead to individuality [9]. Parents and family members are included in the intervention process. This shows that parents are part of the intervention program, especially in developing more comprehensive and effective programs for their children [10].

The results of the study show that the family already had awareness about patterns of interaction and communication that have been less appropriate with children, understood the psychological development of children, the potential possessed by children and the need to develop the potential of children. Families understood that the role of parents is very important in developing children's potential. In addition, an understanding arises that was if one family member has a problem, then it will affect perception, hope, and interaction with other family members.

Profiles obtained from the results of this study become the basis for the preparation of early intervention programs with family resources. The strength possessed by the subject family can be directed towards the strength to be able to live together and fulfill all the needs of each family member, especially in meeting children's needs with hearing impairment. The same claim was expressed by [11] that parents are the most influential and have the skills in providing services to their children. Parents have high encouragement and enthusiasm for the change of their children.

IV. CONCLUSION

Based on the exposure of the research results, it can be concluded that the case profile shows that there are still many problems the family has so that it will have an impact on the child's development. However, the family still has the potential that can be the basis for improving the family system

so that it can support children's development for the better. Profiles of children and families found to be the basis for formulating early family intervention programs that include improving family understanding of the conditions of child development and the needs of children so that parents have the competence in optimizing expressive communication skills in ASD children.

REFERENCES

- [1] J. Cohen, N, "The Impact of Language Development on The Psychosocial and Emotional Development of Young Children. Canada:Hincks-Dellcrest.," *J. Lang. Dev. Lit.*, pp. 39–43, 2010.
- [2] R. KA Anna and W. 2011. Wagino, "Implementation of Auditory Verbal Therapy (AVT) in Developing the Language Skills of Deaf Children," *J. Spec. Educ.*, vol. 9, no. 1, pp. 87–110, 2011.
- [3] N. Valeria, "Collaborative Learning through Facial Expression for Special Children," *Int. J. New Comput. Archit. Their Appl.*, pp. 1–20, 2011.
- [4] J. Yuwono, *Understanding Autistic Children (theoretical and empirical studies)*. Bandung: Alfabeta, 2009.
- [5] B. A. Boyd, S. L. Odom, B. P. Humphreys, and A. M. Sam, "Infants and toddlers with autism spectrum disorder: Early identification and early intervention," *J. Early Interv.*, vol. 32, no. 2, pp. 75–98, 2010.
- [6] C. G. Coogle, "A Study Of Family Centered Help Giving Practices In Early Intervention. Florida: The Florida State University," *Int. J.*, pp. 1–11, 2012.
- [7] E. Y. Astuti, "Family Resources Early Intervention Program Development (carried out on families of children with motor impairment)," Thesis Not Published. Bandung: UPI, 2015.
- [8] E. V Noli, "FQOL-based BERbasis Intervention Program for Parents of Comprehensive Blind Children," Unpublished thesis. Bandung: UPI., 2014.
- [9] S. Camarata, "Early identification and early intervention in autism spectrum disorders: Accurate and effective?," *Int. J. Speech. Lang. Pathol.*, vol. 16, no. 1, pp. 1–10, 2014.
- [10] E. Sunarti, "Formulation of Measures of Family Resilience and Analysis of Its Effects on the Quality of Pregnancy. Bogor: Bogor Agricultural University.," *Natl. J. (Wash)*, pp. 1–14, 2001.
- [11] K. J. Tuononen, A. Laitila, and E. Kärnä, "Context-Situated Communicative Competence in a Child with Autism Spectrum Disorder," *Int. J. Spec. Educ.*, vol. 29, no. 2, pp. 4–17, 2014.