JURNAL MULTIDISIPLIN MADANI (MUDIMA)
Homepage: https://journal.formosapublisher.org/index.php/mudima
ISSN: 2808-5639 (Online)
Research Article

Volume 4, No 6, June (2024)	DOI: https://doi.org/10.55927/mudima.v4i6.9628	Page: 729-734

Modelling Techniques and Family Psychoeducation in Improving Self-Help in Children with Intellectual Disabilities

Abdy Ihdalumam[1*], Tatik Meiyuntariningsih[2]
Fakultas Psikologi, Universitas 17 Agustus 1945 Surabaya
Corresponding Author: Abdy Ihdalumam 1522200001@surel.untag-sby.ac.id

ARTICLE INFO

Keywords: Children with Special Needs, Intellectual Disabilities, Self-Help, Modelling

Received : 5 *April*
Revised : *15 May*
Accepted : 21 *June*

ABSTRACT

Children with special needs have different characteristics, but they still deserve education and training tailored to their needs. This is especially true for children with intellectual disabilities who struggle to help themselves. Limitations in self-help, which often require support from others around them, require special attention so that they can care for themselves. The purpose of this study is to explain the use of a modelling approach to improve the independence of students with special needs. The technique used is a qualitative approach using a case study that includes clinical observations, interviews, and psychological tests. Based on the evaluation results, ACR was diagnosed with intellectual disability. Self-help is an appropriate intervention option. The intervention consisted of 11 sessions over 10 days using a modelling approach, with baselines of putting on clothes, buttoning clothes, putting on trousers, putting on a belt, and putting on shoes. Findings showed that ACR only failed in one of the five objective behaviours, which was wearing a belt, as ACR still struggled to insert the belt into each hole in the pants

INTRODUCTION

One of the developmental disorders is intellectual disability, also known as intellectual developmental disorder or mental retardation (del Barrio, 2013). On the other hand, intellectual disability can be defined as a psychological disorder that appears from childhood to adolescence. It involves deficiencies in cognitive functioning and the ability to adapt to everyday environments (Patel et al., 2018). Based on data from the World Health Organization (WHO), the percentage of children with intellectual disabilities ranges from 1 to 3% of the general child population (Amran & Suminar, 2020). Individuals with intellectual disabilities often experience difficulties in thinking functions and basic abilities such as eating, dressing, communicating, or participating in group activities (Gobel & Suharsono, 2024). In Indonesia, there is still a lack of understanding about intellectual disabilities. This lack of understanding is often attributed to low levels of education, economic conditions, and limited access to information (Muhdiar & Handayani, 2019).

As intellectual disability occurs in children if there are problems during pregnancy, mothers need to maintain their physical and mental health so that the baby can grow well (Gobel & Suharsono, 2024). Another influential factor is exposure to pollution and toxic materials in the environment that can be very harmful to the baby's development and cause mental delays in the child. Maternal health during pregnancy is also crucial because it can cause infections or abnormalities that result in the birth of babies with suboptimal conditions (Aprilia, 2020). In addition, damage to biological organs such as brain cells can hinder the development of children's intelligence, which can be caused by disease (Gobel & Suharsono, 2024).

There are two points related to the difficulties experienced by children with intellectual disabilities: first, children with intellectual disabilities often experience stunted or incomplete mental development. This condition is characterized by difficulties in skills during the developmental period, which leads to difficulties in socializing such as communicating, relaxing, activities, and establishing relationships with others (Musdalifah, 2022). Secondly, children with intellectual disabilities also face barriers to independence. These barriers relate to daily activities such as eating and drinking, maintaining personal hygiene (oral hygiene, bathing, dressing), and other activities. (Insani et al., 2021).

So there needs to be an intervention to improve self-help in children with intellectual disabilities. Research conducted by Patuara et al., (2023) on improving self-help buttoning clothes in children with cerebral palsy shows the results that modeling techniques have a positive impact on improving the ability to button clothes in students. This is indicated by the increase in students' ability scores during the intervention phase, which not only increased but also remained in the very capable category after the intervention was stopped.

Different self-help conducted by Putri et al., (2023) in the form of wearing shoes for children with cerebral palsy showed that the results of the study were significant improvements in the subject's ability to wear shoes after following the intervention phase. At the beginning of the study, the subject's ability to wear shoes was recorded as very low, as indicated by the initial baseline (A1). However, after the application of the modelling technique during the intervention phase (B), there was a notable improvement in this ability, which was then maintained and even further improved, as seen in the second baseline measurement (A2) after the intervention.

Meanwhile, research using self-help training with the modelling method conducted by Kusnawan et al., (2022) showed positive development results in student independence, both in following instructions during training and in applying new skills in everyday life. This progress can be seen from the ability of students to perform various activities independently, such as putting on socks, turning on shoes, using stationery correctly, expressing expressions, and eating and drinking without assistance. The success of this training is due not only to the efforts of highly motivated students but also to the strong support of mentors and parents,

who provide a warm, patient, and fun learning environment.

Based on the exposure of the problem associated with previous research, researchers are interested in researching and examining in depth related to the problem with the title "Modelling Techniques and Family Psychoeducation in Improving Self-Help in Children with Intellectual Disabilities".

METHODS

The method used in this research is qualitative with a case study approach. This study aims to diagnose ACR through information on the history of problems and symptoms that appear, and intervene appropriately and accurately. The research subject is a 5th grade student aged 10 years 10 months 26 days. ACR is the first child who currently lives in Surabaya with his father, mother, and younger brother.

The assessment process involves clinical observations of behaviours seen at school and at home, in-depth clinical interviews with parents and guardians, and several psychological tests. The tests used include:

1. BINET test to identify ACR's intelligence level and category.
2. Graphic tests (DAP, BAUM, HTP) to measure the ACR's personal characteristics, self-perception, motivation, problems encountered, and relationship with his/her environment.
3. Child Behaviour Checklist (CBCL) test to evaluate various aspects of behaviour and emotions in ACR.
4. VSMS (Vineland Social Maturity Scale) test to assess ACR's social maturity and independence, including communication skills, personal skills, daily living skills, social skills, and independence.

After the assessment, the researcher intervened according to the self-help problems experienced by ACR. The technique used is modelling, based on the baseline of observed behaviours such as wearing clothes, buttoning clothes, wearing pants, wearing belts, and wearing shoes. The intervention stages refer to Bandura theory (1977), there are 4 stages, namely, the attention process, the recall process, the reproduction process, and the motivation process.

The intervention was conducted for 11 sessions including psychoeducation within 10 days. After that, the researcher conducted a follow-up to see the development of ACR's self-help, which was then taken over by ACR's mother.

RESULTS AND DISCUSSION

Based on the results of the assessment, it is known that ACR has a comprehensive picture of cognitive, personality and social challenges. The intelligence potential showed that ACR had an IQ level of 37, which placed him in the Moderate Intellectual Disability category. This result indicates significant problems in various aspects of cognitive and everyday functioning, including general understanding, visual-motor skills, memory, concentration, vocabulary, comprehension, and reasoning. These limitations resulted in difficulties for ACR.

Understanding basic concepts, performing tasks that require visual-motor skills, basic maths and communicating effectively. Reasoning, both logical and abstract, is also severely affected, adding to the challenge of solving everyday problems or following complex instructions.

In addition, on the personality aspect, ACR showed an understanding of the instructions given but had difficulty in expressing his thoughts visually. This suggests a limitation in creative expression and visual communication skills, requiring a strategic approach that facilitates self-expression and the development of artistic skills.

On the other hand, ACR tends to have significant variation in the behavioural profile of ACR, with clinical indications of social, thinking, and attention problems. This reflects serious difficulties in social interactions, thought processes, and focus of attention that may interfere with ACR's daily functioning. The tendency to withdraw and problems in building social relationships signalled the need for support in developing social skills and managing emotions. Although some behavioural aspects such as somatic complaints, anxiety, and deviant and aggressive behaviours were within the normal range, the internalising scores indicated problems in managing emotions and internal thoughts which impacted ACR's psychological well-being.

On the social aspect, ACR tends to have significant limitations in social maturity and daily

living skills. This is particularly evident in the aspect of self-care, where ACR has skills equivalent to much younger children, showing great difficulty in caring for his own basic needs. There are also difficulties in self-organisation and self-direction, while skills in feeding and dressing show some progress. Communication skills were very limited, although there were indications of better socialisation skills compared to other areas.

Meanwhile, based on the paradigm of the issues faced by ACR, it can be analysed through the lens of theory B.F. Skinner on operant conditioning, which is described in the ABC structure, namely antecedent, behaviour, and consequences (results of action) (Feist & Feist, 2013). According to this paradigm, behaviour is usually triggered by a sequence of events. Antecedents are events that occur before the emergence of a behaviour and have a causal relationship with the behaviour. The behaviour then produces a consequence, which can increase or decrease the chance of the behaviour recurring in the future (Maulida & Prabowo, 2023).

In the new context, the antecedents include parents' insufficient information about ACR's limitations, which was only realised when ACR was two years old the mother's dominance in managing ACR's activities, and also ACR has a baby brother, so the mother has limited time to take care of ACR. In response, ACR's inability to help herself in general, direct or organise herself, ACR's lack of enthusiasm in movement as well as limited communication and ACR is still dependent on her mother in self-care activities. As a result, ACR showed difficulties in independence, including in dressing and tying shoes. These maladaptive behaviours indicate the need for interventions, such as modelling, to improve ACR's independence.

As for the results of the assessment that has been carried out, the subject fulfils the DSM 5-TR diagnostic criteria.

(F72) for Intellectual Disability Disorder in the Severe category. This categorisation is based on adaptive functioning, rather than IQ scores, as it is adaptive functioning that determines the level of support required. In addition, IQ measures are less valid in the very low IQ range. The prognosis for this problem is good, indicated by ACR's cooperative response when given instructions, In addition, the support from the school who is ready to assist in the assessment process and the interventions that will be carried out also support this positive prognosis.

While the results of the intervention five target behaviours are the focus, the differences before and after the intervention will be explained in the table below:

1. **Putting on Clothes (Successful)**

Behaviour before Intervention

ACR still has difficulty inserting his hands into his arms and still needs help in inserting them.

Behaviour after intervention

ACR has found two ways to wear clothes that she can do and also ACR in wearing clothes no longer needs help from her parents.

2. **Buttoning up Clothes (Successful)**

Behaviour before Intervention

ACR in buttoning clothes is more often assisted by his parents, so ACR is less able to button clothes.

Behaviour after Intervention

ACR has been able to button his shirt independently although sometimes he still misses the buttoning.

3. **Wearing Pants (Successful)**

Behaviour before Intervention

ACR has not been able to use his pants, which so far in using pants is still assisted by his mother.

Behaviour after Intervention

ACR has understood how to wear trousers according to what was modelled by the researcher through video media.

4. **Wearing a Belt (Fail)**

Behaviour before Intervention

ACR struggled to get the belt into each of the holes in the trousers.

Behaviour after Intervention

ACR still has difficulty in wearing the belt because often especially the back hole is skipped or even only one to three holes that ACR can insert the belt into the trouser hole.

5. **Putting on Shoes (Successful)**

Behaviour before Intervention

ACR is less able to wear shoes and also ACR has not introduced the concept of right and left shoes.

Behaviour after Intervention

ACR has understood the left and right shoes and ACR is also able to wear shoes without the help of his parents.

The intervention process carried out by ACR was overall effective because it increased understanding and use of concepts in line with the existing baseline. However, there was one baseline behaviour that ACR failed to do, namely using a belt. To overcome this, the researcher still asked ACR's parents to continue to provide support and motivation.

Individuals with intellectual impairment show significant levels of dependency, thus requiring constant guidance and monitoring (Yulianasari et al., 2023). This situation affects ACR, who is highly dependent on the surrounding environment for daily activities. Therefore, independence can increase his confidence in doing these activities, because ACR can take care of himself. One of the activities that can increase his interest in improving self-help skills is to offer techniques that are interesting and easily understood by children. Practitioners can increase the effectiveness of the ACR process by incorporating other approaches, such as encouraging clients to view YouTube videos.

Follow-up was conducted seven days after the intervention programme, by visiting ACR and her parents' house to find out the progress of ACR's self-help. According to her mother's confession in the morning before going to school, ACR's mother asked the client to put on her school uniform, button up, and put on pants, and shoes. However, ACR still needs help to use the belt, especially in inserting each hole, especially at the back which is often missed. Therefore, ACR still needs help from her parents in this regard. On the other hand, ACR's mother also tried to implement the suggestion from the researcher to provide positive motivation by giving praise and occasionally giving gifts when her child succeeded in doing what was asked. her mother said that usually, the client's mother gave snacks or milk drinks as gifts.

CONCLUSION

Based on the research results presented, it can be concluded that children with intellectual disabilities ACR often experience various difficulties, especially independence skills such as self-help. Interventions that can be carried out, such as modelling techniques and family psychoeducation, can significantly improve ACR's self-help skills, although of the 5 target behaviours such as wearing clothes, buttoning clothes, wearing pants, wearing a belt, and wearing shoes, only one failed, namely in wearing a belt. But it cannot be separated from the support of family and teachers to play an important role in the success of this intervention.

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