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STUDI KASUS PENGEMBANGAN PROGRAM INTERVENSI PADA ANAK DENGAN GANGGUAN BICARA DAN BAHASA *(SPEECH DELAY)*

CASE STUDY OF DEVELOPMENT INTERVENTION PROGRAM TO CHILD WITH SPEECH AND LANGUAGE DISORDER (SPEECH DELAY)

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ABSTRAK

Penelitian ini bertujuan untuk mengetahui kapan seorang anak di diagnosis gangguan bicara dan bahasa, program intervensi dan factor pendukung serta penghambat untuk anak-anak dengan gangguan bicara dan bahasa. Penelitian dilakukan pada tahun 2017 di homeschooling kak Seto Bintaro melalui pendekatan kualitatif dan menggunakan metode studi kasus.Pengumpulan data dilakukan melalui observasi, wawancara, dan studi dokumentasi. Analisis data dilakukan secara kualitatif.Hasil penelitian menunjukkan bahwa 1) untuk diagnosis gangguan bicara harus mengetahui tonggak perkembangan berbahasa secara normal. (2) program intervensi dilakukan dengan (a) emosional, (b) sosialisasi, (c) alat, (d) artikulasi. (3) trauma pasca operasi.

Kata kunci: *Gangguan Bicara dan Bahasa, Pengembangan Bahasa, Program Intervensi*

ABSTRACT

This research aims to Knowing when a child is diagnosed with speech and language disorders, intervention programs and supporting and inhibiting factors for children with speech and language disorders. The study was conducted in 2017 at the home scooling kakSetoBintaro, using a qualitative approach and using the case study method. Data collection through observation, interview, and documentation study. Data analysis is done qualitatively. The results showed that 1) for the diagnosis of speech disorders it must know the milestones of normal language development. 2) intervention program is done with (a) emotional, (b) socialization, (c) tools, (d) articulation, (3) post operative trauma.

***Keywords**: Development of Language, Intervention Program, Speech and Language Disorders*

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INTRODUCTION

The IDEA (Individuals with Disabilities Education Act) of the 2001 academic year noted that children who need education and obtain special services between the ages of six and eleven years of age show large numbers from year to year. This is seen in all persons with disabilities numbering 2, 729. 822. Specific learning disorders amount to 897,833. Speech and language disorders totaled 981,716. Mental disorders amounted to 168,595. Emotional disorders amounted to 131,254. Multiple defects are 50,450. Impaired hearing function amounted to 31,889.Orthopedic disorders amounted to 30,041. Other health problems amounted to 229,344. Impaired vision function amounted to 11,448. Autism 109.869. Deaf-blindness compounded 592. The brain trauma amounted to 7,876. Slow growth is 78. 915, in Morrison (2012).

Morrison (2012) further said that children with special needs of about 10% to 12% of children across the country. This means in a class of 20 to 25 students there will be two or three children with some type of disability.For amounts of speech and language disorders, the number is not small with the age range of six to eleven years. According to Soetjiningsih (2013), Speech and language development disorder is a developmental disorder often found in children aged three years to sixteen. He further said that this language disorder is also often a comorbidity in certain diseases or disorders of about 50% such as mental retardation, deafness, expressive language disorder, deprivation, psychosocial, autism, elective, mutism, receptive aphasia, and cerebral palsy.

It is difficult to describe the exact number of occurrences of speech disorders but it can be estimated that the incidence rate ranges from 1% to 32% in the normal population. In general, 60% of children who experience speech disorder will improve spontaneously at the age of less than three years.From the above description then the interruption of speech and language should be the main thing for early detection. In order for handling and intervention can be done early. Language disorders will affect communication, social relationships, confidence, behavior, emotions, and more.

In order to obtain an answer from the backdrop of the research background described earlier, the formulation of this research is 1) When the child is diagnosed with speech and language disorder, 2) How to intervene program for children with speech and language disorder, 3) What are the supporting and inhibiting factors for children The speech and language disorder.

With reference to the formulation of the problem, the purpose of this study is to find out 1) When a child can be diagnosed with speech and language disorders, 2) How to intervene program for children with speech and language disorder, 3) What are the supporting and inhibiting factors for children Speech and language disorders.

Language skills are indicators of all child development, because language skills are sensitive to delays or abnormalities in other systems such as cognitive abilities, motor sensory, psychological, emotional, and environmental surroundings. Sensory stimulation from hearing and vision is essential in language development. Children will not be able to speak without support from their environment. They should be able to express themselves, share experiences with others, in expressing their desires.

According to the neoropsycholinguistic theory of language is a complex interaction between brain function, semantics, and pragmatics, phonology, grammar and organ producing language (Soetjiningsih, 2013).To know a child experiencing language delays can be seen in the development of the language of children in the first 2 years.

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To know a child experiencing language delays can be seen in the development of the language of children in the first 2 years. Explained in the Table 1.

Table 1. Rejects Measure of Language Development in the First 2 Years

Estimated age	Benchmark
2 months	Babies chatter and make vocal sounds
4 Months ahead	The baby watches carefully as the caregiver takes turns
6 Months ahead	Babies chattering by adding consonants and syllable remarks at the age of 7 months, babble has generated a lot of noise from spoken language. Babies begin to understand a number of commonly heard words.
8-12 Months	Babies are more accurate in growing concerns with caregivers, who often give oral labels to what the baby sees. Babies actively take turns playing, switching roles with caregivers. Babies use praverbal cues, such as pointing and leading to influence the behavior of others
12 months	Babble includes the voice pattern and intonation of the child language community. The rate and accuracy of word comprehension is increasing sharply. Toddlers say the first word they know.
18-12 Months	The oral vocabulary increases from 50 lingga to 200 words.Toddlers combine two words.

Source: Berk, Laura E., Development Through the Lifespan, Daryatno Language Translation, PustakaPelajar, Yogyakarta: 2012, p. 228

For the diagnosis of speech disorder it must know the milestones of normal language development can be seen in table 1.2. The development of the language of children absolutely must be known and understood if you want to know whether there is a delay in talking and language in children. The range of time Milestones language development is wide enough, so it often makes clinical to determine children late or not in language development. For table 1.3 there can also be an indication for further evaluation if red flags or delayed estimates are found.

Table 2. Milestone Development of Reseptive and Expressive Language in Normal Children

Age (month)	Receptive Language	Expressive Language
1	Child activities stalled due to noise	The vocalizations are still arbitrary especially the vowels
2	Listening to the speaker's speech, can smile at the speaker	Vowel signs that show pleasure, social smile
3	Look at the speaker	Smile in response to the speaker
4	Give different responses to angry or happy tones	Vocal answer to social stimuli
5	Reacts to his name call	Start imitating sound
6	Get to know the words da da, pa pa, ma ma	Vocal protests, like shouting
7	Reacting to the rising words, here, and da	Began to sound like chaotic words
8	Stops an activity when its name is called	Mimics a series of sounds
9	Stopping activities when prohibited	Mimics a series of sounds
10	Appropriately mimics high sound variations	The first words began to appear
11	Reaction to simple questions by looking or turning	The chaotic words begin to be well understood
12	Reaction by making moves to various verbal questions	Speaks awareness of familiar objects and names
13	Know and recognize the names of body parts	Correct words are heard between the word-ata which is chaotic often accompanied by body movements.
14	Can know and recognize images of objects that have been familiar with it, if the object is named	More use of words than movement, to express his desires.
15	Will follow the instructions in sequence (grab your hat and place it on the table)	Start combining the words (car papa, mama stand)
16	Learn more complicated sentences	Mention your own name

Source: Towne CC. Disorder of Hearing, Speech and Language, Nelson Textbook of Paediatrics, Ed 12th Philadelphia: WB Saunders, 1983. p. 119 - 123

Table 3. Milestone and Red Flag Language Development

Age	Language Skills	Age is said Too Late	Abnormal Findings or Red Flag Needs Assessment
Newborn	Response to sound. Social attraction to the face and the person	Immediately after birth	No response to sound. Not interested in inter-Action with others
2 - 4 months	Cooing, turned to the speaker	4 months	There is no response to any attempt to communicate after 4 months of age
4 - 9 months	Babbling (repeating consonants or vocal combinations)	9 months	Loss of ability for babbling
6 months	Response to sound	9 months	Localization of the sound direction is weak or unresponsive
9 - 12 months	Understand verbal commands	15 months	Weak understanding of routine verbal commands, such as da da
9 - 12 months	Pointing	15 months	Occasionally it can point to express wishes, but can not point to objects that interest him
10 - 16 months	Produce single words	18 months	Failed to use words, failing to add new words, lost previous words that have been obtained
18 - 24 months	Understand simple sentences	24 months	Minimal scavenging and limited symbol play eg puppets or trucks
18 - 24 months	The word benefits are increasing rapidly	30 months	Less than 30 words at 24 months or less than 50 words at 30 months
18 - 24 months	Speak a sentence consisting of two or more words	30 months	Failed to create a sentence consisting of two words.When word changes> 50 words
24 - 36 months	His understanding is good for familiar conversations	36 months	More than half of the family conversation is understood, after the child is more than two years old

	with family		
30 - 36 months	Conversation through question and answer	36 months	Often imitate what echolalic people say
30 - 42 months	Be able to tell a short story or be able to ask why	48 months	Not completely able to retell
36 - 48 months	His understanding is good against unfamiliar words	48 months	More than a quarter of his words can not be understood by others after the age of 4 years
36 - 48 months	Able to make perfect sentences	48 months	Only able to use short and simple sentences
5 years	Able to produce basic consonants correctly	5 years	Incorrectly reconstruct consonants such as b, p, d, t, p, k, m, n, l, r, w, s
7 years	Able to produce all sounds	7 years	Less able to pronounce a combination of letters such as st, sh, sp

Source: Feldman HM., Language Disorders, in Berman S, Editor, Pediatric Decision Making, Ed 4, Philadelphia: Mosby, 2003. p. 94 - 97

RESEACH METHOD

Research Approach

This research uses case study research method. This research is to examine and get an overview of language development for children who have speech and language disorders. The leather approach is used to provide a general overview of what intervention programs will be provided to children with speech and language disorders

Subject of Research

This research was conducted at Seto'shomescooling in Bintaro. The research targets are the parents of children who have speech and language disorders and therapists who help the child to achieve language development.

Instrument

The instrument of this research uses two instrument types: observation intrumens to observe the implementation of speech therapy and interview

instrument used to the child's parents and documentation study.To know the full description of the research objectives then used some data collection techniques and instruments used are deep interviews on parents and therapists. Documentation techniques are required to obtain results of child development through reports of child development outcomes evaluated once every three months. Observations in this study do by involving researchers directly what is observed means the observation directly.

Data Analysis Method
Data analysis is done qualitatively

RESULTS AND DISCUSSION

Subjects in this study were children who had delayed talk with SVH initials of female sex, third child of three siblings born in Banten on February 24, 2007, aged ten years and five months. SHV parent's pregnancy history when giving birth to her mother is 35 years old and her father is 37 years old. Childbirth is normally aided by induction. When born birth weight SHV four years with a length of 53 centimeters with the help of a specialist gynecologist. SHV is born with no palate so it needs plastic surgery action on the part of palato. So before surgery in the SVH palato section is often choked when drinking.

SVH is now entered in Seto's homeschooling program on Bintaro in developmental class. SVH including at *extremely low* means an IQ of less than 69. The group is to a certain extent they can learn to read, write, and create simple calculations, can be given a certain routine jobs that do not require planning and troubleshooting. So in homeschooling kakSeto there is a special education program that serves children with special needs. There are three school programs that serve among others (1) class remedial, (2) developmental class, (3) remedial behavior. SVH enters developmental classes for children with special needs who can not enter or join a regular class. SHV had previously been diagnosed with *speech delay, morotik,* cognitive, socialization, Behavior, emotion, though the therapist before entering the program homeschooling kak Seto.

SHV for academics is intended to be able to read and count simple or emphasized on life skills. So that is emphasized on reading and simple counting. In the individual programs developed by the therapist or called the tutor's sister, for example, (1) the aspects of using a knife, able to clean the fixtures after eating, counting objects from 20 to 50, sorting the numbers.(2) Unpacking or closing peanut butter, (3) taking bread from a place of bread, (4) taking bread with your hands, (4) taking a knife with (5) putting a knife on the table, (8) taking a loaf of bread on the table and stacking it, (9) putting the finished bread On a plate, (10) closing the jam jar cap.

Able to clean up after-meal fixtures (plates, cups, spoons, or forks) such as (1) carrying supplies and bringing to dishwasher, (2) walking to dishwasher, (3) putting supplies in dishwasher (4) open the dishwashing faucet, (5) rinse the cutlery (plates, spoon, fork), (6) by hand and water, (7) take the sponge containing

the soap, (8) rub the sponge soap , (9) Rubbing the sponge of the back of the back feeding utensils, (10) laying the cutlery.

Calculating objects 20 - 50 such as (1) calculating the number of real items such as matchstick or peanut seeds up to 20 pieces, (2) counting the number of objects in the image up to 20 pieces, (3) separating objects and inserting into small containers.

Sorting numbers like, (1) mentioning verbal forward and back numbers, (2) writing forward and backward numbers, (3) filling in the numbered boxes of numbers in the principle of counting forward and backward empty numbers on the box.

Speech Therapy

Handling of *speech delay* can be done with speech therapy. By assessing the ability to speak, the language of communication, cognitive and swallowing skills in children we can identify the type of communication problem and how terbaok to train children's speech *speech delay*. This therapy is done for problems on articulation of speechlessness, eating disorders, sound disturbances, as well as language disorders reseftif and expressive. Recovery made with SVH is done by (1) intervening language activities. The brother of a turorial will interact with the child through play and talk activities. The tutorial sister will use image media to count or learn to read with two syllables, books or specific objects very simply. The tutorial sister will give an example of appropriate pronunciation and repetitive training to build children's speaking and speaking skills, (2) articulation therapy. The tutorial sister will give an example of pronouncing sound formation with two syllables or three very simple syllables so that it will be clearly visible how to produce sound by articulation means to produce vowel sounds and consonant sounds in word form. (3) oral motor therapy or feeding therapy. The tutorial sister will use a variety of oral therapies one of which movements of the tongue, lips, jaws. Meal therapy and chewing are also done by tutorial sisters both at school and at home with the help of SVH parents. From chewing the level of soft texture to chewing with a hard food texture.

To see the development of language, it can be seen in the speech therapy development chart in March 2017. This evaluation is conducted once every three months by a turorial sister with development in (1) receptive language skills, (2) expressive language skills, while for life skills can be seen in Self-help development charts, behavioral therapy can be seen in the developmental graph of behavioral therapy, among others (1) the ability of eye contact, (2) fine motor movement, (3) rough motor movement. For solving the problem can be seen in the chart the development of *problem solving* didalamya including (1) the ability to pre-academic, (2) the ability to manage emotions, (3) the ability to socialize. With a score of 9 - 10 very good, 7 -8 good, 5 - 6 good enough, 3 - 4 less, 1-2 very less. And usually when a score has been entered 5-6 it already has a good kemajauan and if for the next three months are not included in

the *individualized education programe*next three months. If you want to continue it will be inserted again in the IEP the next three months with different materials.

For a graph of the development of speech therapy in March such as (1) receptive language skills, SVH score 4 for identification of emotions, identification of various professions, finding invisible objects, pronouncing sentences in accordance with clear and precise articulations. Score 5 on following simple 2 - 3 step commands, identification of verbs in pictures, identification of limbs according to function, identification of dilingkunga noises, gender identification, yes or no answer as an answer option. Score 6 on identification of ownership, putting objects in accordance with the instructions given.

The child's expressive language ability SVH score 3 mentions age, mentions home address, mimics two or three words, scores 4 on naming objects with clear articulation, names names of animals with clear articulation, names names of images with clear articulation, Mention the name of the fruit image with clear articulation, mention the name of the transpormation tool, say verbally the desired object, answer when addressed or asked spontaneously. Score 5 on saying something yes or no, mentioning the names of people known to the school environment, recounting objects seen, answering simple social questions. Score 6 on age.

After the preceding three months of June 2017 the developmental graph of speech therapy for receptive language skills has not yet made any significant progress. Still in unchanged or stagnant scores, such as (1) receptive language skills, SVH score 4 for identification of emotions, identification of all kinds of professions, discovering invisible objects, pronouncing sentences according to clear and precise articulation . Score 5 on following simple 2 - 3 step commands, identification of verbs in pictures, identification of limbs according to function, identification of dilingkunga noises, gender identification, yes or no answer as an answer option. Score 6 on identification of ownership, putting objects in accordance with the instructions given.

The ability of expressive language language of SVH for expressive language ability has made significant progress such as mention name up to score 7 which previously was on score 6. While in other part have not experienced improvement of score. Score 3 mentions age, mentions home address, mimics two or three words, scores 4 on naming objects with clear articulation, names names of animals with clear articulation, names names of images with clear articulation, names fruit pictures with Clear articulation, mention the name of the transpormation tool, say verbally the desired object, answer when addressed or asked spontaneously. Score 5 on saying something yes or no, mentioning the names of people known to the school environment, recounting objects seen, answering simple social questions. Score 6 on age. Constraints Therapists Faced

1. Cognitive

SVH including at *extremely low* means an IQ of less than 69. The group is to a certain extent they can learn to read, write, and create simple calculations, can be given a certain routine jobs that do not require planning and troubleshooting.To teach the very simple things need repetition of the many and repetitive, especially for kalistung.

2. Emotions
   Emotions SVH according to *mood*. Sister tutorial will stop learning when SVH feeling is not good or *bad mood*. When forced to it will display undesirable behaviors example clawed sister tutorial with a situation like this then it will *time out* or take a break to calm the feelings of SVH few minutes in a room called *black room* or meditation space specific to *a bad mood*disappear by itself new learning can be next.

3. Socialization
   A year ago when SVH entered KakSeto *homeschooling* program can not be socializing with the crowd. Now you can accept others well, already smiling when there are people who have not known to him. There have been many developments in terms of socialization.

4. Indications of a lat articulation disorders
   At birth SVH was born with no ceiling in the mouth. It is also the result that SVH is slow in its language development. The imperfection of this articulation tool is one factor he can not produce sounds of language. This also resulted when small before in operation parts of palato often choke on drinking.
   Most importantly that in expanding the development of speech among children who have articulated disorders is to create and maintain a positive environment where children are encouraged to communicate and where problems arise in communication are handled in a sensitive and attentive manner. Children with the disorder kamunikasi may not be comfortable with a large group they would be comfortable in small groups or *face to face*.

5. Traumatic post-op e constellation
   Postoperative trauma is also a trigger in terms of therapy. SVH is not or is reluctant to open the jaw perfectly.

CONCLUSION

Diagnosis of speech disorders should know the normal language development milestone for a handling. Interventions programs include (a) the activities of language intervention, (b) articulation therapy, (c) oral motor therapy or food therapy. While barrier therapy in the intervention program includes (a) cognitive, (b) emotions, (c) socialization, (d) articulation tools, and (e) postoperative trauma.

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