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## Implementation of an Individualized Learning Program for Children with Autistic Spectrum Disorders at a Therapy Centre for Children with Special Needs

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### ABSTRACT

In the world of health, education, and children, we often hear the term autistic child as a designation for children who are seen as different in their communication and social interaction abilities. The aim of the research is to determine the process of implementing an individual learning program for children with non-verbal autism spectrum disorders at the Therapy Centre for Children with Special Needs. Using a qualitative approach with a case study design, this research analyses every stage from the process of preparing, implementing, to evaluating children's learning programs. The results of the research show that the lack of interventionist consistency in providing learning materials to children has an impact on the process, implementation, and evaluation of learning to children. Learning program planning aims to design student experiences to achieve learning goals. The implementation of the learning program is taken from the results of the Beginning Curriculum Guide assessment which is designed into several learning aspects consisting of recognizing objects and body parts, toilet training, using yes and no signals, and carrying out activities slowly. From the evaluation results, it is stated that interventionist consistency in providing children's learning materials is very important and needed.

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## 1. INTRODUCTION

In the world of health, education, and children, we often hear the term autistic child as a designation for children who are seen as different in their communication and social interaction abilities. In the DSM-5 (Diagnostic and Statistical Manual) autism is a barrier to social communication and social interaction. This also includes the barriers used in social interaction, namely social reciprocity, non-verbal communicative behaviour, and skills in developing, maintaining, and understanding relationships.

A child can be identified as autistic by carrying out an identification assessment that considers developmental aspects, behavioural aspects, academic and emotional aspects, and social behaviour. By carrying out an identification assessment, a child profile is obtained that shows the abilities, obstacles and needs of autistic children. The profile of an autistic child is the basis for a student to develop an intervention program as a form of improving the abilities of an autistic child.

Intervention programs for children with special needs such as autistic children are also called individual learning programs. According to Mercer and Mercer in Rochyadi (2005), the Individual Learning Program was adapted from the term Individualized Educational Pragra, (IEO). Individual learning program is basically a written document designed as a learning plan for children with special needs.

From the explanation above regarding identification and individual programs as a product of the identification assessment for autistic children, this is the author's focus in this research. The author formulated the stages of identifying autistic children through an identification assessment at one of the agencies, then preparing the programs which refers to the child's profile because of the identification assessment, as well as implementing the programs in intervention activities for autistic children, also showing the results of interventions that have been carried out in several meetings.

## 2. METHODS

This research method uses a qualitative approach with a case study design. According to Creswell & Poth (2018), case studies are a qualitative approach that involves in-depth exploration of a program, event, activity, process, or individual that is limited by time and activities. A case study design was chosen to understand in depth the implementation of learning programs for children with autism spectrum disorders at the Therapy Centre for Children with Special Needs.

The subjects in this study were 13-year-old boys with non-verbal autism spectrum disorder who participated in a learning program. The data collection technique in this research uses participatory observation, with researchers directly involved in the implementation of individual learning programs through participatory observation. Observations were carried out intensively over a certain period to understand the processes, interactions and dynamics that occurred during program implementation (DeWalt, 2011). The stages in this research include an initial assessment of the research subjects and interviews with teachers. Then the researchers carried out the preparation and implementation of a learning program for children with autism spectrum disorders.

### 3. RESULTS AND DISCUSSION

#### 3.1. Results

##### 3.1.1 Identification and Assessment Stage

Before starting to create a learning program, the important thing we do is carry out identification and assessment. **Table 1.** At the identification stage, we conducted interviews with teachers and psychologists who knew very well about the child's condition. At the next meeting we carried out an assessment related to the Beginning Curriculum. In the results of the assessment, we found several interesting aspects with which we were able to compile a child profile which will be used as a baseline for creating an appropriate individual program for the child.

**Table 1.** Assessment Results

Ability	Barriers	Needs
In the aspect of attending skills, children can respond to stimuli given by the assessor	In the aspect of receptive language skills, children do not yet know the concept of the body	Recognize and be able to indicate which parts of the body
In the aspect of imitation skills, children can imitate the movements and directions given by the assessor, starting from motor skills and language	In the aspect of expressive language skills, children have difficulty expressing their desires	Expresses the desire to urinate/defecate
	In the pre-academic skills aspect, children do not yet know the concepts of color, shape, and size	Get to know 2 objects in class (colored pencils and paper).
	In the aspect of self-help skills (ability to help oneself) children are not yet consistent in toilet training	Train children to carry out the stages of toilet training properly and correctly

##### 3.1.2 Learning Program Creation Stage

From the results of the assessment that we have carried out, the Individual Learning Program that we have designed is.

1. Get to know objects.
2. Get to know body parts.
3. Use of Yes and No Signals
4. Toilet Training
5. Train children to carry out activities slowly.

The Individual Learning Program was designed based on several considerations from the results of the assessment we conducted. In the Recognizing Objects and Recognizing Body Parts Program, it is hoped that children will be able to carry out learning related to the Receptive Language Skills aspect. Where in this aspect, children still have difficulty in identifying objects and body parts. In the Getting to Know Objects program we introduce 4 objects (Book, Pen, Eraser and Pencil). We chose these objects because they are objects that children often see at school and will continue to be used while children are at school. Meanwhile, in the Getting to Know Body Parts Program, we introduce 12 Body Parts (Head, Shoulders, Knees, Feet, Eyes, Ears, Mouth, Nose, Cheeks, Stomach, Hands and Chest). We chose these body parts because they are easier for children to remember.

In the Program for Using Yes and No Signs, it is hoped that children will be able to carry out learning related to Expressive Language Skills. In this aspect, children still have difficulty expressing their desires. In the Program for Using Yes and No Signals, children are taught to nod their heads when they want to say "Yes/Want" and shake their heads when they want to say "No". We choose for children to learn to nod and shake their heads, because children are already able to imitate fine, gross, and oral motor skills. So, it is easy for children to take part in the program.

In the Toilet Training Program, it is hoped that children can carry out learning related to Self-Help Skills. In this aspect, children are still not consistent in carrying out toilet training, usually children hold their pants as a sign that the child is about to urinate. However, these signs disappeared after the child did not intervene for quite a long time because he was on holiday. We do Toilet Training lessons by asking the child to point to a picture when the child wants to urinate.

In the Program for Training Children to Do Activities Slowly, we teach children to do activities slowly. Because in every activity carried out by children, children are always in a hurry. For example, during toilet training, the child is always in a hurry to put on pants, flush while the child has not finished urinating.

### 3.1.3 Implementation Stage

At the implementation stage, the intervention was carried out in 3 meetings. In the first to third interventions, children did not appear consistent in carrying out the learning taught by the interventionist. In the Recognizing Objects Program, children are still not consistent when asked to show a pencil/book. In the Getting to Know Body Parts Program, children are still not consistent when showing the body parts of the shoulders, stomach, and cheeks, because children are just getting to know this vocabulary. In the Toilet Training Program, children are accustomed to pointing to a picture of a toilet when they want to urinate. Children have also been taught to do activities slowly.

### 3.1.4 Evaluation Stage

In the evaluation session, the interventionist repeats the learning that has been carried out. First, interventionists evaluate learning to recognize objects. The interventionist keeps books and pens around the child to be taken and given to the interventionist. In this evaluation, the child was not able to consistently indicate which was 'book' and which was 'pen'.

After evaluating the learning activities to recognize objects, the interventionist evaluates the child's use of yes and no signals. The interventionist asks the child, "Does the child want to drink?" then remind the child to nod their head when they want to say "Yes" and shake their head when they want to say "No". The child is starting to understand if the interventionist asks the child to nod his head when he wants to say "Yes". During the evaluation, the child also wanted to sleep using the pillow in the intervention room. Then the interventionist asks the child "Does the child want to sleep?" say "I Y A (nods head)" if the child wants to sleep. The child nods his head, then the interventionist invites the child to take his pillow and lie down to sleep for 15 seconds, then continues the evaluation.

Then the interventionist evaluates learning to recognize body parts, the interventionist again gives instructions to the child to point to the head, shoulders, knees, feet, eyes, ears, mouth, nose, stomach, and additional vocabulary, namely cheeks. However, children are still not consistent when pointing at their shoulders, stomach, and cheeks. Because this vocabulary still tends to be new and still requires a lot of repetition for children.

Next, the interventionist evaluates the toilet training lesson. The interventionist reminds the child to point to the picture of the toilet when the child wants to urinate.

### **3.2. Discussion**

In the implementation results, there are several highlights that are interesting findings for interventionists. In the first to the last intervention process, there was no consistency in the learning results shown by the children. This is because interventionists are less consistent in providing instructions and learning for children. Several mistakes made by interventionists when carrying out learning, caused children's inconsistencies in learning outcomes. At the first meeting to get to know objects, children were taught to recognize two objects, namely a pen and a book, but at the evaluation of the first meeting, children were still not consistent in pointing out which was a book, and which was a pen. Then at the second meeting, the interventionist added 2 new objects, namely a pencil and an eraser. At the time of the evaluation, the child was also not able to consistently point out which pencil, eraser, book, and pen. At the third meeting, the interventionist removed the 2 objects taught at the second meeting, namely the eraser and pencil, and again taught the 2 objects taught at the first meeting, namely the book and pen. This was done because the child was not at all consistent when asked to point to 2 objects or even 1 object. though.

Therefore, interventionist consistency and repetition in learning really needs to be considered because it can influence learning outcomes. Children are taught one by one first. Until he is consistent in one lesson, it is better for the interventionist to carry out the lesson repeatedly until the child is truly consistent in doing it, and not add new learning when the child feels he is not consistent in carrying out his learning.

### **4. CONCLUSION**

From the results of the assessments that have been carried out, the Individual Learning Program designed is recognizing objects, recognizing body parts, using yes and no signals, toilet training, training children to carry out activities slowly. The intervention was carried out in 3 meetings. In the first to third interventions, it can be concluded that the child does not appear to be fully consistent in carrying out the learning taught by the interventionist.

In the object recognition program, children are still not consistent when asked to show pencils and books. In the program to recognize body parts, children are still not consistent when showing body parts, namely shoulders, stomach and cheeks, because children are just getting to know this vocabulary. In the toilet training program, children are accustomed to pointing to a picture of a toilet when they want to urinate. Children have also been taught to do activities slowly.

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## 6. AUTHORS' NOTE

The results of the implementation of the Individual Learning Program that the author has implemented, namely intervention, will probably achieve all the achievement targets for children if the author has more opportunities to hold meetings to implement the intervention. The author has good hopes for the results of this research, namely that it will be useful for all readers with interests that support or simply increase knowledge.

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