

DESCRIPTION OF CHILDREN'S DEVELOPMENT THAT EXPERIENCED SPEECH DELAY AFTER FOLLOWING BEHAVIORAL THERAPY

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ABSTRACT

This research is a qualitative research with case study method to see the description of the development of children who experience speech delay after participating in behavioral therapy. Research subjects are children who experience speech delay. This study aims to dig deeper into the description of the development of children who experience speech delay as well as external factors that are causing it so as to find alternatives in dealing with speech delay in children. The data collection method uses observation and interview techniques. The results showed the child experienced an improvement in speech, social, emotional, motor and cognitive development after participating in behavioral therapy consistently with play methods. External factors cause children to experience speech delays: lack of stimulus in the environment, parenting in the family, neighborhood and eating pattern. Behavioral therapy can also be done consistently at home by: parents provide exercises in the form of correct words, apply consistent rules, provide variants of eating to train mouth muscles, reduce the habit of giving gadgets and watching TV, playing roles or telling stories using picture media.

Keywords: child development, speech delay, behavioral therapy.

INTRODUCTION

Language development is one aspect of early childhood development. Capacity of language is one skill that is important in the overall life of the individual, not just children. Language is a means to interact with others. Language skills will be the main capital for children in communicating with friends, teachers, and also other adults [1].

Language as a communication tool is very important not only as a means of exchanging messages but also a tool to express thoughts and feelings to others which also functions to understand the thoughts and feelings of others [1].

The stages of language development in children are divided into several stages, namely: the first stage in the first month to the sixth month in which the child will start crying, laughing and screaming until from the sixth month to one year the word stage without meaning. The second stage starts from the age of one year to 2 years the child begins to express the meaning of the whole phrase, say two words, vocabulary of about 50-100 words. The third stage at 3-5 years old children can make sentences. The fourth stage of age 6-8 years is characterized by the ability to be able to combine simple sentences and complex sentences [2].

Based on the developmental stage, children aged 1-2 years should be able to say some vocabulary. However, the conditions in the field today are more and more children who experience language development disorders, especially in the aspect of delayed speech. Talking delays in children seem to increase rapidly every day. Some reports mention the incidence of speech and language disorders ranging from 2.3% -24.6%. In Indonesia, it is mentioned that the prevalence of late speech in children is between 5% -10% in school children [3].

Children are said to experience delays in speech if the level of speech development is below the level of quality of speech development of children of the same age that can

be known from the accuracy of the use of words. If when the peers talk using words while the child continues to use baby gestures and speech styles [4].

If children experience delays in talking will have an impact on children in developing their social skills with others, this is because children will find it difficult to communicate with others. Besides that, language skills in terms of speech are also highly related to children's learning abilities. If the child has difficulty conveying the message, it will also affect the child in the learning process [5].

Delay in talking to children is a serious problem that must be dealt with early on, if it is not immediately known the cause and how to handle it it will complicate the child in the process of further development. The role of parents is a person who is very responsible for the development of children's language [4].

METHODS

The approach in this research is descriptive qualitative using the case study method. Qualitative research with a case study model is a research that produces descriptive data and seeks to explore the meaning of a phenomenon accompanied by data mining in a manner [6].

Data collection techniques in this study were interviews, observation accompanied by notes on the results of child therapy. Interviews were conducted with the parents of the subjects while observation and recording of the results of child therapy was carried out at any time when the child was following behavioral therapy. Researchers take one subject, namely a child who experiences expressive late speech, ie the subject can understand an instruction but cannot express it through words only through expression or body language. Based on the results of interviews with parents, delays that occur are not caused by internal factors.

Data analysis techniques using the model of Miles and Huberman which consists of four stages that must be done. The first stage is the data collection stage, the second stage is the data reduction stage, the third stage is the *data display* stage, the fourth stage is the conclusion drawing stage, and/or the verification stage [6].

Table 1. Observation and Interview Guidelines

Domain	Item
Parenting at Home	What are the activities of children at home? How to take care of children at home?
Behavior Therapy with a Psychologist	What is done during therapy? How is the child's response during the therapy process? How is the child's development during the therapy process?

FINDINGS AND DISCUSSIONS

Subjects began taking behavioral therapy starting from 2017-now at the age of 2 years. Based on the results of interviews and preliminary observations conducted, subjects were not able to produce any vocabulary. The way to communicate so far is by pointing and pulling hands. In the home environment there are no peers. Subjects spend more time alone whether it's playing or watching television.

The process of behavior therapy is given by inviting subjects to play together. Introducing vocabulary things around given through toys like card to attract attention. This method is also applied at home and at the age of three the subject begins attending school in the *playgroup*. Based on behavior therapy that has been done table 2 explains the picture of child development.

Table 2: Overview of Child Development

Aspect	Development
Social	Social abilities develop well. Subjects at the beginning of therapy are still accompanied by parents, do not want to be left, are not open with the therapist and have not been able to adjust well to the therapeutic environment. Subjects need time to start adapting to the therapeutic environment. The thing done to familiarize themselves so that subjects dare to enter their own therapeutic room is by being accompanied by their parents, left for 10 minutes, starting to be left for 20 minutes until finally in the 18th therapy the subjects enter the therapy room without being accompanied again. Currently the subject is able to adapt well. Subjects have dared to enter their own therapy room, began to greet and greet the therapist. Subjects have started to say what they want and don't want. Subjects can already be invited to work together in therapy such as having to tidy up the toys given before taking another toy, take turns using toys and learn to say "ask" when wanting something. At this time what needs to be improved is the subject's interaction with peers. When there are other subjects who will be on therapy the subject is still often cool playing or running around and doesn't want to greet their peers.
Language	Early therapy subjects did not want to talk at all, do not want to imitate, the language that came out is not clear, babbling language that is not understood. The stimulation provided to train the subject's language skills, namely flash cards / pictorial cards, was also used by several toys that the subjects liked such as fruit, animal, puzzle and other replicas. At present the subject has been able to imitate what is taught, has begun to emerge several common words such as "want, no, yes, ask, sit, already, again" and other words. Pronunciation of subjects still needs to be trained again but the subject has begun to experience a rapid increase in pronunciation. At the beginning of the therapy the pronunciation of numbers and letters of the alphabet is not clear but at this time the pronunciation of subjects is increasingly clear. The subject has also begun to experience an increase in the pronunciation of words, if initially only said the final letter, but now the subject has begun to be able to pronounce it in full. The language released by the subject is now beginning to be understood by the interlocutor and the subject also understands and responds to communication from the interlocutor.
Physical	There are no problems in the physical development of the subjects, both fine motor and gross motor. But after participating in the development therapy increased. Subjects can walk, run, squat, get up, stand well. Likewise, with fine motor skills the subject can grasp, pick up small objects, hold a pencil, and scribble well. Subjects responded actively in the therapy so that the subjects often ran and wanted to quickly change toys. Subjects are still easily distracted and change toys so from that moment the subject needs to be trained in order to complete the task or game one by one.
Cognitive	Subjects have good cognitive abilities. During the therapeutic process subjects can understand the instructions given. The subject can also remember things that are taught such as color, animal names, fruit names and other surrounding objects but must be stimulated so that the subject really understands. Subjects are quick to respond to tasks given small-scale concepts, compiling puzzles can be solved well.
Emotive	Emotion develops quite well. When starting the therapy, it was clear that the subject was very moody, which was shown from the behavior of the subject who cried when he was not given the requested toy, threw the unwanted toy, away when it was forbidden. The better social ability of the subject makes the subject's emotions also develop. In the process of therapy the subject no longer cried, did not throw a toy if he didn't like it and the subject also started saying "want / don't want" if there were toys that he didn't like.

There are several factors that cause children to experience delays in speaking. In this case the child experiences delays in speaking due to lack of stimulus in the environment, parenting in the family that tends to be spoiled before the child says something and the neighborhood. This is reinforced by the results of interviews with parents that the subject of the first child lives only with parents and there are no peers in the surrounding environment. Activities that are often done by subjects are more often done alone and watch more television. This is what makes the subject less motivated in practicing their speaking ability.

Encouragement and also relationships with peers are suggested to make children more motivated to talk [7]. By inviting him to talk and encouraged responding to it will increasingly make children learn to talk. In addition, the more peers the greater the child's desire to be accepted as a peer group member which will make the child more motivated to learn to talk.

Another research suggests that watching television also greatly influences children's speech development. If the intensity of watching too much TV children become passive listeners [8]. As a result, within a certain period, which the brain should get a lot of stimulation from the environment and then give feedback again, but because more stimulation is television, then the brain cells that deal with language and speech problems will be hampered its development

Children living in a quiet environment is also one factor. Speech is a part of behavior, so its skills are through imitating [8]. If the stimulation of speech from the beginning is lacking or there is no imitation, it will inhibit the ability to speak in children.

Based on the explanation, the factors that cause delays in talking to children are psychic social or external factors. So following behavioral therapy, entering into a *playgroup* and providing a stimulus to encourage children to practice speaking is an alternative treatment that can be applied in the therapist environment, at school or at home.

In another study, it is suggested that children with speech delays require special handling, starting from stimulation in accordance with the problems experienced, intervention programs carried out both from the family and assisted by the therapist experts, parents and people around the child and care that can be applied in the environment around the child [9].

After participating in behavioral therapy the child has experienced development in every aspect. The development of the child is quite visible, now the child is independent enough to study in the therapy room without having to be accompanied. Children also want to imitate to say certain words that are exemplified, although the pronunciation is unclear. There are several names of objects, animal children already know and can say independently.

CONCLUSION

The results showed the child experienced an improvement in speech, social, emotional, motor and cognitive development after participating in behavioral therapy consistently with play methods. External factors that cause children to experience delays in speech: lack of stimulus in the environment, parenting in the family, neighborhood. Behavioral therapy can also be done consistently at home by: parents provide exercises in the form of pronouncing the correct words, applying consistent rules, reducing the habit of giving gadgets and watching TV, playing roles or telling stories using picture card media. Suggestions for further research are expected to find therapeutic methods that can be applied in the handling of children who experience speech delays due to internal factors.

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