

## **Teacher Strategies in Handling Children with Disorders Communication (Case Study at SLB Pulau Punjung Dharmasraya)**

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### **Abstract**

There aren't many studies that address ABK's speech delay, but research reports on similar topics can be found easily. Therefore, the author concentrates on explaining the teacher's way of dealing with children's speech delays. This study aims to find out how teachers and parents deal with children with speech delay disorders. This research was conducted using qualitative case study method. The results showed that some of the children's characteristics were unable to understand and respond to peers, parents, or adults around them; they were less likely to talk (quiet), unable to form simple sentences when asked something; they often used vague, rigid, or stammered language because they lacked vocabulary; and they usually used confused language when speaking. To encourage delays in children's speech, strategy treatment is carried out: 1) training children to speak correctly, slowly, and repeatedly; and 2) always pay attention to grammar when speaking.

**Keywords:** Communication Strategy, Disorders Communication.



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### **INTRODUCTION**

Communication is such a natural part of our daily lives that we rarely stop to think about it. Social conversations with family, friends, and casual acquaintances are usually so easy and enjoyable that it's hard to imagine the difficulty of having them. Note the following speech description by Hult and Howard (2010). Hallahan Kauffman Pullen, 2014 Experts pay great attention to child growth and development because it explains physical and psychosocial development. However, there are some parents who are not aware of this. They believe that when a child is not sick, it means he or she is not experiencing any health problems, including growth and development problems. Parents often realize that growth and development have the same meaning. Most of us feel unsure about the adequacy of our speech or language only in stressful or unusual social situations, such as speaking in front of a large group of people or being interviewed for a job. If we always have to worry about communicating, we will worry about every social interaction we have.

However, for some people, communication is not easy and enjoyable. Their communication may require some effort. For example, some individuals have serious problems producing sufficiently clear sound quality, referred to as speech disorders, and other individuals are unable to understand the language produced by others, referred to as receptive language disorders. The young David Shields (quoted at the opening of the chapter) was unable to produce a fluent speech, or a speech with appropriate rhythm and pace; this is a fluency disorder, or stuttering. Not all communication disorders involve speech disorders. Not all speech disorders are a barrier to social interaction like stuttering, and stuttering is also not the most common speech disorder. Stuttering only affects about 1 in 20 children, and only about 1 in 100 people will stutter throughout their lives. Most cases of childhood stuttering resolve in adulthood (Owens, Metz, & Farinella, 2010; Yairi & Ambrose, 2004).

Inclusive schools accept and integrate all students in mainstream classes, regardless of their special educational needs (Perrin et al., 2021). This implies that the teaching curriculum

will be adapted to the needs of these students, but also that teachers' practices will adapt, so that all students can achieve relevant knowledge, skills and competencies (Marope, 2017). Inclusive education is understood by some people as schools where there are children with special needs. According to Khaerudin, inclusive education can be linked to equality, justice and individual rights in the distribution of resources such as political, educational, social and economic (Khaieruddin, 2020). Inclusive education refers to the education of all children in one classroom, regardless of their cognitive or physiological conditions (Dignath et al.,) In communicating, humans need a tool to communicate, namely language. Language plays an important role in human life because it can convey messages that exist within a person. This means that language is an important tool in human life because through it humans can communicate. Apart from that, language is considered the most perfect tool because with language humans can express their thoughts, hearts and desires, as well as their opinions.

Communicative environments, in an era of co-construction can be described as mutually developed contexts of learning where children and adults have an active and reciprocal relationship. It may be useful to begin exploring this territory by considering further the children with whom we now work. (Tayler, 2001) Obstacles in language development can cause children to feel unaccepted by their friends, lack self-confidence, and not dare to take action. This condition can have an impact on the child's personality development in the future. Language is very important for children because it functions as a way to communicate. As a result, the type of language appropriate to the child's speech disorder is needed to communicate with the people around him. In this situation, parents and teachers use a symbolic communication approach. They use symbols such as soft sounds, shorten long sentences with one word, and use certain movements and gestures.

This is especially important for children with LD, as they encounter more difficulties communicating with significant others in their environment (van Balkom et al., 2010). This is especially important for children with LD, because they more often face problems communicating with important people around them (Vrijnsen et al., 2010) This difficult communication makes starting and continuing interactions more difficult, which means fewer opportunities to learn the language. In early language intervention programs, group language intervention gives children the opportunity to learn language in a social context. Within these groups, they can create a social learning environment where they can use new language skills with professional help and guidance. For example, if a child is having difficulty communicating with peers, professionals can help the child if necessary. Group language intervention was conducted three mornings each week by two preschool teachers. (Vermeij et al., 2023) By considering children's development, the above approach can be successful and gradually improve their speaking fluency, vocabulary and language expression. Apart from increasing the physical enthusiasm of the speech members, this strategy also trains the child mentally and encourages them to communicate fluently. to find out the types of delays and how teachers and parents apply symbolic strategies to children.

Language disorders may involve any one or a combination of these five language subsystems. Differences in speech or language that people in certain regions, social groups, or cultural/ethnic groups have should not be considered a disorder. For example, African American English (Ebonics or Black English Vernacular), Appalachian English, and Cajun dialects are varieties of English, not speech or language disorders. These differences are governed by their own rules and reflect the cultural and linguistic diversity of North America. As long as speech and language are guided by consistent rules of the language community, they are not a nuisance, even though they may be different from what we usually hear and say. Likewise, use of an AAC system does not mean a person has a language disorder. Rather, such

systems support people who have a temporary or permanent inability to use speech satisfactorily in communication. Those who use AAC systems may or may not have a language disorder in addition to their inability to speak

## **RESEARCH METHODS**

This research uses a qualitative case study type approach. This study uses a qualitative approach with a case study as the design. As stated by Creswell, qualitative research is a type of research that investigates and understands the impact on a number of people or groups of people related to social problems. (Wulandari, 2021). So, the aim of qualitative research is to obtain information about certain attitudes, beliefs, motivations and behaviors. In this research, the data collection techniques used were observation and interviews

## **RESEARCH RESULTS AND DISCUSSION**

Based on observations and interviews with informants with the initials A and teachers, we found that year-old children at SLB Punjung Dharmasraya Island showed several problems in their language development. These children are not yet able to understand and respond to their peers, parents or adults around them, tend not to talk much (quiet), are unable to form simple sentences, and often say the same questions when asked, unable to speak clearly. Communication disorders cannot be understood without knowledge of normal language development. So before discussing language and speech disorders, we provide a brief overview of normal language development. Language disorders are discussed first and more extensively than speech disorders, as the primary focus of speech-language pathologists and other communicative disorders specialists has shifted from speech to language during the evolution of special education and related services (Owens, et al., 2010). According to Deep Santrock Hallahan Kauffman Pullen, 2014 that expressive language (Expressive Language) involves the ability to use styles or styles of language to express thoughts and communicate with other people. Some children can easily understand what others say, but they face difficulties when they try to express themselves and respond.

About 8% to 9% of preschool children and about 5% of students in elementary and middle grades have speech disorders; approximately 2% to 3% of preschool children and approximately 1% of the school-age population have language disorders (Ehren & Nelson, 2005; National Institute on Deafness and Communication Disorders, 2010; Nelson, 1998; Onslow, Packman, & Payne, 2007). Communication disorders of all kinds are expected to increase in the coming decades, as medical advances save the lives of more children and teens with severe disabilities that affect communication. Therefore, schools need more speech-language pathologists as well as greater knowledge of communication disorders through special and general education. Communication disorders of all kinds are expected to increase in the coming decades, as medical advances save the lives of more children and teens with severe disabilities that affect communication. Therefore, schools need more speech-language pathologists as well as greater knowledge of communication disorders through special and general education. Communication disorders of all kinds are expected to increase in the coming decades, as medical advances save the lives of more children and teens with severe disabilities that affect communication. Therefore, schools need more speech-language pathologists as well as greater knowledge of communication disorders through special and general education.

There are factors that can cause informants to be late in speaking, including internal factors originating from within the child (genetics, physical disabilities, neurological disorders, prematurity, gender), and external factors originating from outside the child, namely excess nutrition (or malnutrition), intelligence, obstacles to children's brain development and lack of

communication between children and their parents (because parents are busy) No one knows exactly how children learn language, but we do know that language development is generally related to physical maturity, cognitive development, and socialization. The details of the process—the specifics of what happens physiologically, cognitively, and socially in language learning—are still debated. Nelson (1998) discusses six language theories that dominate the study of human communication in various periods. Six theories and research based on these theories have established the following:

1. Language learning depends on brain development and good brain function. Language disorders are sometimes caused by brain dysfunction, and ways to compensate for that dysfunction can sometimes be taught. The emphasis is on biological maturation.
2. Language learning is influenced by the consequences of language behavior. Language disorders can be caused by inappropriate learning, and the consequences can sometimes be managed to correct the language disorder. The emphasis is on behavioral psychology.
3. Language can be analyzed as input and output relating to the way information is processed. Incorrect processing may cause some language disorders, and more effective processing skills can sometimes be taught. The emphasis is on information processing.
4. Language is acquired through biological processes that determine the rules governing the form, content, and use of language. Language disorders are the result of a failure to acquire or use aspects of language that are governed by rules, and these disorders can be overcome by helping a person induce or learn these rules. The emphasis is on a linguistic or nativist perspective.
5. Language is one of many cognitive skills. Language disorders reflect basic problems in thinking and learning, and sometimes these disorders can be treated effectively by teaching specific cognitive skills. The emphasis is on cognitive development.
6. Language arises from the need to communicate in social interactions. Language disorders are impaired abilities to relate effectively to one's environment, and natural environments can sometimes be arranged to teach and support more effective interactions. Emphasis on social interaction All of these theories contain elements of scientific truth, but none of them can explain language development and disorders completely. Each of the six theories has advantages and disadvantages in assessing language disorders and designing effective interventions. Advances in neurological imaging technology may lead to a better understanding of the biological basis of language (Foundas, 2001).

However, pragmatic or social interaction theory is widely viewed as having the most direct implications for speech-language pathologists and teachers because it focuses most directly on how communication skills can be developed through adult-child interactions (Owens, 2004). Language involves listening and speaking, reading and writing, technical discourse, and social interaction. Therefore, language problems are the basis of many of the disabilities discussed in this book, especially hearing loss, intellectual disability, traumatic brain injury, autistic spectrum disorders, and others. Of all the factors, the most significant is the lack of communication between children and their parents due to busy parents, and obstacles to the development of the child's brain. This is expected of parents, because some parents do not realize that the way they communicate affects their child's development, so they can motivate their children to expand their vocabulary. At later stages of development, delays in speaking in children can cause feelings of low self-esteem, lack of self-confidence, and difficulty socializing with other people, such as children with speech disorders. Apart from that, for educational achievement, this does not have a negative impact on children's educational and cognitive development because it does not depend on social and personal factors, such as



understanding and use of language; Late speaking is dangerous for the development of interpersonal relationships and a child's self-concept. The treatment carried out by the teacher is to interact with the child, then provide therapy to the child, apart from that, also increase vocabulary that is easy for the child to pronounce. Apart from providing therapy, teachers invite children to talk through stories, correct incorrect vocabulary, and provide opportunities. Teachers and parents can also do the following things to overcome children who are late in speaking: teach children to speak correctly, slowly and repeatedly, always pay attention to grammar when speaking, and always involve children in speaking in every situation by correcting pronunciation that is still wrong. Children must have good speech models to imitate so that they can pronounce words correctly and combine them into correct sentences. Parents also do many things to help their children learn to speak lively, such as consulting with pediatricians and child psychologists, correcting wrong words, speaking slowly, and using clear language when speaking.

## **CONCLUSION**

Year-old children at SLB Pulau Punjung Dharmasaya show several problems in their language development. These children are not yet able to understand and respond to their peers, parents or adults around them, tend not to talk much (quiet), do not form simple sentences, and often mention the same questions when asked. Expressive language involves the ability to use style or style of language to express thoughts and communicate with others. Internal factors come from the child (genetics, physical defects, neurological disorders, prematurity, gender) and external factors come from outside the child, namely excess nutrition (or malnutrition), intelligence, obstacles to the child's brain development and lack of communication between the child and his parents. Of all the factors, the most significant cause of minimal communication between children and their parents is due to busy parents and obstacles to the development of the child's brain. Perceptual processing may be an ongoing problem for children with speech delay. Teachers and parents can also do the following things to overcome children who are late in speaking: teach children to speak correctly, slowly and repeatedly, prove grammar when speaking, and involve children in speaking in every situation.

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