

## ABSTRAK

### **Margareth Rani R.S 1904.2012.0042. Pelatihan Responding Joint Attention pada Anak Severe Autism dengan menggunakan Discrete Trial Training dan Pivotal Response Training**

**Pembimbing : Dra. Lenny Kendhawati, M.Si & Afra Hafny Noer, M.Psi, M.Sc**

Ketidakmampuan anak autisme dalam melakukan kontak mata, tidak merespon panggilan atau suara dari luar, tidak merespon kehadiran orang atau benda di sekitarnya dan tidak dapat mengikuti arahan gestur menggambarkan bahwa mereka memiliki kesulitan dalam memperhatikan stimulus sosial dalam lingkungan, yang berkaitan dengan gangguan dalam sosial-komunikasi. Salah satu gangguan sosial-komunikasi yang paling awal dideteksi pada anak dengan autisme adalah adanya defisit dalam keterampilan joint attention. Kurangnya kemampuan joint attention pada anak dengan autisme, terutama LFA, akan menyebabkan anak kesulitan dalam membagi atau menyamakan perhatian dengan orang lain, kurangnya kontak mata, tidak mampu mengikuti arahan gestur dari orang lain, mengalami kesulitan sosial seperti mempelajari kemampuan mengurus diri, dan kurang dapat belajar kesesuaian kata-objek (bahasa).

Perbedaan kemampuan joint attention pada setiap anak dengan autisme terjadi secara bervariasi. Defisit joint attention yang “lebih parah” pada anak LFA/ severe autism dibandingkan anak HFA/ mild autism menunjukkan bahwa anak LFA sangat membutuhkan pelatihan untuk meningkatkan kemampuan joint attentionnya, untuk membawa perubahan yang lebih baik bagi perkembangan anak selanjutnya. Untuk mempelajari kemampuan joint attention, anak harus belajar untuk merespon (responding) joint attention terlebih dahulu sebelum mereka belajar untuk menginisiasinya (initiating joint attention).

Pada penelitian ini, peneliti merancang pelatihan yang bertujuan untuk meningkatkan kemampuan responding joint attention pada anak autisme dengan menggunakan DTT dan PRT. DTT dan PRT adalah modifikasi perilaku yang merupakan turunan dari ABA. Pada pelatihan ini anak autisme dilatih untuk melakukan responding joint attention. Adanya komponen motivasi dalam pelatihan ini dapat mendorong keinginan anak untuk terlibat dalam interaksi joint attention.

Rancangan pelatihan kegiatan ini dilakukan dalam bentuk quasi experiment dengan desain single subject design ABA. Pelatihan dilakukan kepada 2 anak autisme usia 5 tahun selama 12 sesi, 3 kali seminggu, setting individual. Pelatihan didahului dengan pengukuran RJAs sebagai kondisi baseline (pretest), lalu pengukuran frekuensi responding joint attention selama pelatihan, dan pengukuran kembali RJAs sebagai kondisi akhir (posttest).

Pengukuran kondisi pre dan post test menggunakan Early Social Communication Scales. Hasil penelitian menunjukkan setelah menerima pelatihan responding joint attention, kemampuan responding joint attention kedua subjek autisme meningkat. Subjek 1 memperoleh rata-rata persentase kemampuan sebesar 88.09%, yang berarti bahwa pencapaian kemampuan RJAs pada anak tergolong tinggi (80%). Subjek 2 memperoleh persentase rata-rata RJAs sebesar 59.51%, yang berarti bahwa peningkatan kemampuan responding joint attention yang anak raih tergolong rendah. Pencapaian kemampuan RJAs pada kedua subjek autisme dipengaruhi oleh intensitas perilaku repetitif dan ketertarikan stereotip.

**Kata Kunci : autisme, responding joint attention, DTT, PRT**

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**Margareth Rani R.S 1904.2012.0042. *Responding Joint Attention Training for Severe Autism using Discrete Trial Training dan Pivotal Response Training***  
**Lectures : Dra. Lenny Kendhawati, M.Si & Afra Hafny Noer, M. Psi, M. Sc**

*The inability of autistic children to make eye contact, do not respond to a call or a voice from the outside, do not respond to the presence of people or objects around them and not be able to follow the direction of gesture shows that they have difficulties in taking into social stimuli in the environment, which is associated with disturbances in social-communication. One of the social-communication disorders earliest detected in children with autism is a deficit in joint attention skills. Lack of joint attention ability in children with autism, especially LFA, will cause difficulty in dividing attention with others, lack of eye contact, can not follow the gesture direction from others, experiencing social difficulties such as learning ability of taking care of themselves, and can not study the suitability of the word-object (language).*

*Differences in joint attention ability at every child with autism occurs varies. Joint attention deficit "more severe" in children LFA / severe autism than children HFA / mild autism indicates that LFA children desperately need training to enhance their joint attention, to bring the better change for children's development further. To learn the ability of joint attention, the child must learn to respond (responding) joint attention before they learn to initiate (initiating joint attention).*

*In this study, the researchers designed a training for improving the ability of responding joint attention in children with autism by using DTT and the PRT. DTT and the PRT is behavior modification which is derived from ABA. In this training autistic children are trained to perform responding joint attention. Motivation component in this training can encourage a child's desire to engage in joint attention interactions.*

*The design of these training activities is quasi-experimental design with a single subject design ABA. Training has be done to two children with autism, aged 5 years for, 12 sessions, three times a week, setting individual. The training was preceded by the measurement RJA as a baseline conditions (pretest) and measurements frequency responding joint attention during training, and measurement of return RJA as a final condition (posttest). Measurement condition of pre and post test using the Early Social Communication Scales.*

*The results showed after receiving training responding joint attention, joint attention ability responding both subjects of autism is increasing. Subject 1 obtain an average percentage of 88.09% capability, which means that the achievement of RJA ability in children is high ( 80%). Subject 2 obtain an average percentage of 59.51% RJA, which means that an increase in the ability of responding joint attention that children achieve relatively low (<80). Achievement of RJA ability on both the subject of autism is influenced by the intensity of repetitive behaviors and interests stereotypes.*

*Key words : autism, responding joint attention, DTT, PRT*