

# **EARLY INTERVENTION PROGRAM WITH FAMILY ORIENTED (CASE STUDY ON CHILD WITH AUTISTIC PDD – NOS)**

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## **Abstract**

Children growth process must be applied on early stage and so must the intervention steps. Applying early intervention might give an optimal effect on children growth and it can be a prevention to overcome the obstacle and aberration which might have come in the future.

This research conducted early intervention with family as the closest environment to a child so it can create comfort atmosphere and time efficiency. Family and home is a cornerstone for child's growth. With family as child's growth support and home as natural setting for habitual action that forms child's growth.

The subject of this research is a child with DA as his initial which whom is detected with autistic PDD – NOS. the subject still can not communicate fluently, has a passive body language with unstable emotion. This research used descriptive method with observation data, interview, documentation and assessment as data collecting techniques. Triangulated data also has been conducted to the related parties such as teachers and family.

From the data processing, the research can conclude and establish a family oriented early intervention program. They are, 1) Making growth aspect which will be intervened as priority that is from language aspect because on his 3 years old age, he communicates as if he were still 1, 5 years old. 2) Establishing language intervention program which is focused on developing the child's communication skill on his peers, his eye contact, and his pronunciation with training and special therapy. 3) Considering parents' potency in conducting the intervention program including, considering their time. 4) Discussing the program with the parents. 5) Conducting early intervention program. 6) Giving the child back to his parents with the same treatment that has to be conducted by them.

**Key Words:** Autistic PDD – NOS, Early intervention, Family, Child's Grow

## **Introduction**

### **Background**

Children are precious god gift for all of the parents. Every parent is hoping for a healthy and perfect child of their own but in reality, not all of children born in a perfect form. There are some children born with sight impairment, hearing impairment, motoric impairment and so on. These children are known as children with special needs. Not like average children, they need special education and service

The problems that faced by them are not only experienced by themselves, but also by their family. For most of parents, children with special needs are unpredictable event in life and cannot be anticipated so that it can cause a particular trauma in some cases.

To handle the situation that mentioned above, a family and parents need some assistance on taking care of the children, even in some cases, they need assistance from the acceptance stage. There are many ways that can be conducted to solve this matter, from parents assisting, getting professional help in taking care of the children, having therapy session, or even independent care by the parents with the supervision of the professional.

The form of the latest intervention is known as Natural Environment Early Intervention or IDBK. The review from the latest research stated that early intervention with family basis considered being the most suitable intervention to improve the children's skills. Providing support and resources towards children on the early age, directly or indirectly influence to the children and their parents as well as the optimal family function. Based on the matter above, the researchers tried to implement IDBK service on one of the family that experiences pervasive developmental disorder (PDD-NOS) to optimal the child's potency and his family.

### **The purpose**

The purposes of early intervention with family basis are:

1. Giving information to the family particularly to the parents about the impairment which experienced by the children on this case the information about PDD-NOS
2. Discussing about the intervention program arrangement with the related family which is simple, appropriate and applicable at home
3. Giving modeling and comprehension how to handle the children at home

### **Review of Related Literature**

#### *Natural Environment Early Intervention (IDBK)*

IDBK defined as a providence of service and resources which is aimed to the family which has early aged children that direct or indirectly influence the children, family and family function. This kind of form service can be called as family centered care. It is intervention that is given by professional for children which has special needs so that the family can make any important decision (Hallahan and Kauffman, 1994)

The basic theory which support this matter is *ECOLOGICAL SOCIAL SYSTEM*, with the assumption that the growth and learning phase on human being determined by intensity, interaction, and participation of parents, children and family.

Naturally, environment can be seen as a facility to one's development. The basic concept on this statement is *capacity building view*, where the children and the family has power and various assets, so the focus on early intervention is to support and promote competence and other positive aspects of function through: a) to build parents, family and children's power, b) strengthen the condition and develop new competences.

Natural Environment Early Intervention (IDBK) is a family environment setting where the children existed in it. As the competitor to the traditional early intervention (clinical/medical model), IDBK is putting more the process instead of the result. This means: the child's learning process happen through the participation on daily activities and get a meaningful experience with their family. Fun authentic interaction in a long term and more frequency can result positive outcome.

On this Natural Environment Early Intervention, the professional becomes a partner who cooperates; sharing the purpose, information and responsibilities but the parents' role is more dominant. Because family and parents are the closest environment of the child and they are the main source of information relating to their children. Along with Nijhuis, et al. (2007) opinion that stated Natural Environment Early Intervention highlighted the parents as the most significant factor on handling and educating their child who has special needs.

The research found out that this service associated with the skill improvement and knowledge about child development, parents' satisfaction towards the service, parents' prosperity and also the improvement of self adaptation, development, and the skills of the child. (Siebel, et al., 2008).

Parents participation on handling the child with special needs just like in IDBK has several advantage points. The professional service purpose is to improve the knowledge, comprehension, and skills of the parents in facing and supporting child development (Dwiyedi, 1997). Most of parents that has participated on this intervention program, considered that this program as a positive experience for both parents and their child. (Heward, 1979). The research showed that the interaction between the parents and their child which has special needs has a big impact on the child progress in the therapy session and also in his education (Lassenberry & Rehfeldt, 2004). Besides that, the relationship between the professional and parents can help the parents to decide and plan the future development, problem solving, money management competency, stress avoiding steps, and using social services so that they can have more time to enjoy life and relax (Heward, 1979).

### **Child with Pervasive Developmental Disorder (PDD-NOS)**

#### *Definition*

PDD-NOS (*Pervasive Developmental Disorder – Not Otherwise Specified*), is a diagnosis which is given to a child who don't fulfill the diagnostic criterion of the four pervasive development disorder forms (PDD) such as autism, Asperger, CDD (Childhood Disintegrative Disorder) and rett.

Children with PDD-NOS show impairment on communication aspect and social interaction. American pediatric association (APA) defined PDD-NOS as several issues relating to autistic/ development disorder which consist of 5 condition such as; autism,

Asperger syndrome, rett's syndrome, CDD (*Childhood Disintegrative Disorder*), and PDD-NOS.

Every child with PDD-NOS has different impairment intensity. Some children with PDD-NOS have impairment on their school environment or only at home. Meanwhile the others have difficulties on their life area. The term PDD-NOS used on children that show several signs of autistic but it is not fulfill its entire criterion or in any other PDD forms.

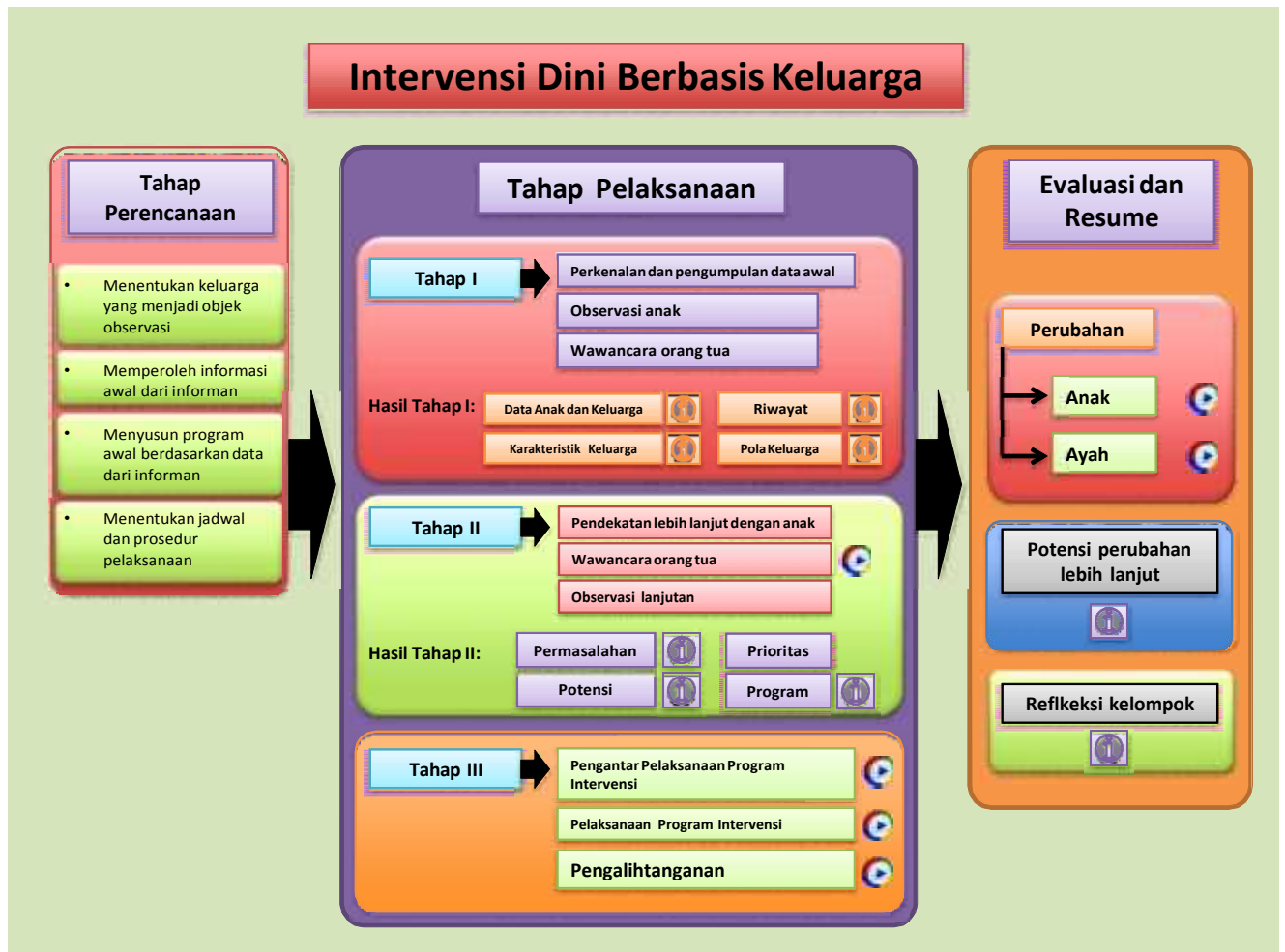
The term PDD-NOS sometimes refers to the term APD (Atypical Personality Development), APDD (Atypical PDD), or Atypical Autism or categorized in ASD which near to Asperger's Syndrome diagnosis even though maybe it is not appropriate or actually the child doesn't show autism sign without any other several autism symptoms.

### **Research methodology**

This research used qualitative approach because the basic purpose of this research is to find out, comprehend, and reveal the influence of the Natural Environment Early Intervention (IDBK) in improving the child' life quality who has PDD-NOS and the nearest environment to the child.

### Work Frame of Early intervention program

A scheme has been set for as the guideline of this program which conducted to the child with PDD-NOS.



### Result and Discussion

#### Child's bio data:

Initial : B  
Sex : Male  
Birthdate/place :  
Sumedang, 01 Juni 2011  
Religion : Islam  
Age when the intervention conducted: 2 tahun 6 Bulan

*B is given a chance to play by seeing a book*

### **Result analysis from the family interview**

From the entire interview result, we found out the problem and potency also some expectation that the family holds for us to conduct IDBK program

#### *Issues*

##### **Child Problem:**

1. Child's communication is not fluent
2. The child cannot express his feeling such as smiling
3. Unstable emotion
4. The child is not close to his father (lack of communication intensity)
5. The child cannot share with his friends
6. The child is no quite able to communicate verbally
7. The father also has unstable emotion and uncontrollable rage at home if there's a problem at home so B imitates his father.
8. His wish should be fulfilled no matter what.

##### **Father's problem:**

1. The father is rarely at home so there is a lack of emotional attachment between him and his child
2. The father's attitude is rather cold caused by the awkward feeling on the situation
3. The father also has unstable emotion and uncontrollable rage at home if there's a problem at home so B imitates his father.
4. The father cannot show the positive example such as reciting Quran or praying.

##### **Mother's problem:**

1. She doesn't fully understand about the issue of her child
2. She doesn't fully understand about the development of her child according to the milestone
3. She feels she got herself handful to take care of her child without the help from the father and hopes that the father can help her
4. Her interaction with her surroundings is not well (introvert)

#### *Potency*

In the process of intervention, we try to find out the potencies on the family that can be developed. These potencies can give a lot of advantages for them to accept the condition of the child with special needs. The following are the list of the family's potencies:

1. The mother is a house wife that available 24 hours to take care of B
2. The mother has a high expectation that B can be independent
3. The mother's curiosity towards the matter is pretty high
4. The mother loves B so much and she is grateful for B existence (delivery process was quite dramatic)
5. The family support towards B is abundant especially from the in laws
6. There is a high expectation from the family towards the father that he can change his attitude particularly towards his son.

*Expectation*

The following are the mother's expectation towards the father:

1. The mother feels that the father is passive and there are no significant actions to help optimizing B's development.
2. She feels that she's alone and without partner when it comes to taking care of B
3. She regrets about the father's attitude that when he comes home, he chooses to play with his gadget instead of his son.
4. The lack of attention from the father is the main difficulty but as we observed, they can make the situation to be less intense and they can create a harmony condition.
5. For the family income, she doesn't push her husband instead, she wants to help him by opening small business but she cannot do it yet because the limited time for her to take care her son.

**Program arrangement for the child**

Based on the data which obtained from identification process and assessment (observation and interview) the following is intervention program which is prepared for the child.

*Priority:* to conduct development stage in every aspect that is closest to aspect achievement at the moment.

Development aspect	Problem	Purpose	Milestone	Indicator	Method
Language	The child still cannot pronounce his own name and other family members due to the lack of focus	Melihat kemampuan anak dalam mengikuti Petunjuk sederhana secara verbal	Menyebutkan nama sendiri dan anggota keluarga	Mampu menyebutkan nama diri sendiri dan anggota keluarga	<b>Playing</b>
	Anak belum memahami fungsi tubuhnya	Melihat kemampuan anak untuk paham dan menunjukan anggota dan fungsi tubuh	Menunjukan anggota dan fungsi tubuh	anak mampu menunjuk 3 anggota tubuh (mata, mulut dan telinga)	<b>bermain dan Gambar</b>
	Anak belum mengetahui semua benda yang ada di sekitarnya	Melihat kemampuan anak dalam memahami benda-benda di sekitar	Menyebutkan nama benda di sekitar	Mampu menyebutkan nama benda-benda di sekitar (3 nama benda: motor, sandal, )	<b>Bermain di dalam rumah</b>
	Anak sama sekali belum bisa mengikuti petunjuk isyarat tentang tubuhnya	Melihat kemampuan anak dalam mengikuti petunjuk isyarat tubuh	Merangsang pengaktifan pergerakan mulut	Mampu mengikuti petunjuk untuk merangsang pengaktifan pergerakan	<b>melatih pengucapan huruf (A-I-U-E-O), dan angka 1-2-3-4-5, dst.</b>

		Anak belum mampu mengunyah permen karet dg benar	melihat kemampuan anak dalam mengunyah permen karet	Merangsang pengaktifan pergerakan oral	Mampu melakukan simulasi pada lidah dan mulut	bermain Menjulurkan Lidah ke kiri- kanan, atas-bawah
		Anak kurang mengekspresikan diri ketika mendengarkan lagu	melihat kemampuan anak mampu mengikuti gerakan dalam menyanyikan lagu sederhana	Merangsang kematangan komunikasi	Mampu menyanyikan lagu sederhana sambil bertepuk tangan Anak mampu menirukan gerakan (tepuk tangan, tos, dada dengan bantuan fisik	bernyanyi lagu "satu,dua,tiga semuanya"
		Anak belum tepat mengulang kata yang diucapkan (masih cadel) belum bisa mengucapkan huruf R,L,T,dst.	Melihat Kemampuan anak dalam melakukan pengulangan kata	Menambah kosakata anak ( <i>usia anak 3 tahun kurang lebih harus 3000 kata</i> )	Mampu mengucapkan kembali kata-kata sambil menunjuk gambar	Asesor membacakan tulisan di Buku bergambar, lalu anak mengucapkan ulang kata-kata tersebut.
Sosial dan Emosi		Anak belum mampu mengikuti ekspresi wajah	Melihat kemampuan anak dalam mengikuti ekspresi wajah	Mengikuti ekspresi wajah	Mampu mengikuti ekspresi wajah sedang sedih,menangis,tersenyum,tertawa	Bermain ekspresi
		Anak belum mampu berinteraksi secara tepat dengan teman di sekitarnya	Melihat kemampuan anak dalam hubungan interaksi dengan temannya	Mengekspresikan keinginan dalam pergaulan	Mampu mengekspresikan untuk meminjam barang,memberi pinjaman barang.	Alat-alat Permainan Bermain bersama temannya di sekitar rumah
Motorik		Aktifitas motorik untuk mengembangkan kerjasama dengan teman	Melihat perkembangan pengendalian gerakan motorik	Merangsang keaktifan gerakan motorik halus	Mampu aktif dalam gerakan motorik	bermain kelompok finger painting



Melenturkan otot punggung untuk berkomunikasi	Melihat perkembangan kelenturan otot dan memperlancar komunikasi	Merangsang Kelenturan otot motorik anak	Mampu mengikuti gerakan motorik	<b>Gym ball</b>
<b>Anak belum mampu mengucapkan</b>	<b>Melihat perkembangan motorik halus</b>	<b>Merangsang kelenturan otot motorik</b>	<b>Mampu diarahkan untuk melent</b>	<b>Terapi okupasi :</b>
<b>kosakata jelas</b>	<b>dan kasar</b>	<b>halus dan kasar anak</b>	<b>kan otot kaki, punggung, konstruksi oral anak</b>	<b>memperagakan untuk menyilangkan kaki, meluruskan punggung, memijat titik rahang di mulut</b>

Based on the data which obtained from identification process and assessment (observation and interview) the following is intervention program which is prepared for the child and family.

### Intervention Program For The Family

No	MASALAH	KEBUTUHAN	INTERVENSI	HASIL YANG DI CAPAI
1.	<b>Penerimaan orangtua dan keluarga terhadap kondisi anak.</b>	Pemahaman yang tepat dan komprehensif tentang perkembangan anak ( <i>milestone</i> ) dan hambatan perkembangan yang dialami anak saat ini.	Penjelasan tentang perkembangan anak dan hambatan perkembangan yang dialami anak.  Mendorong orangtua untuk memberikan kesempatan pada anak untuk bereksplorasi dengan stimulus yang tepat setiap hari sbb.: Membelikan mainan	<b>Keluarganya menerima dengan baik, terbuka, dan bersyukur</b>
	<i>Follow-up</i> yang tidak optimal terhadap saran/masukan program	Kebutuhan anak untuk mendapatkan kesempatan yang seluas-luasnya untuk		<b>Orang tua sudah membelikan mainan edukatif yang diinginkan anaknya</b>



Kecenderungan ayah untuk memanjakan atau mengikuti apa maunya anak (mis.dalam membeli mainan) berbanding terbalik dg sang Ibu yg tidak akan membelikan mainan saat anak ngamuk

dengan tetap dalam pendampingan orangtua, mis. Saat berebut mainan dengan temannya terapkan sikap saling berbagi dan adil

**Anak dapat berbagi dengan teman bermainnya**

Membangun pola asuh yang tepat (melatih kemandirian, ketegasan/kedisiplinan, pemberian *reward* atau *punishment*, konsistensi, *daily routine*) sbb.:

Melatih anak untuk mandi- makan- minum- BAB-BAK sendiri.

Mengajar anak untuk meletakkan kembali barang- barang yang sudah digunakan pada tempatnya

**Anak mampu melakukan aktifitas dalam rumah dengan sendiri (mandi, makan, minum, dll)  
Anak terkadang bisa**

semula.

Mengatur jadwal kegiatan sehari-hari anak misalnya bangun tidur, makan, mandi, menonton TV, bermain, belajar, dan tidur.

Mendorong ayah untuk memberikan dukungan terhadap upaya ibunya dalam penanganan anak dengan beberapa hal sbb.:

Bekerja sama dalam hal pengasuhan anak, memberikan peraturan, bersikap adil, mengajarkan berbagi, memberikan kasih sayang dengan keluarga, sesama teman.

Memberikan batasan yang tepat untuk perilaku anak (tidak memanjakan ketika anak ngamuk saat minta jajan yang kurang sehat dan mainan yang kurang mengedukasi).

Turut serta memberikan motivasi dan dorongan kepada anak dalam pengembangan diri anak.

merapihkan mainannya ke tempat semula.

Ibu sudah membiasakan mengatur jadwal rutinitas secara teratur

Ayah sudah mulai bekerjasama dengan ibu dalam pengasuhan anak

Ibu sudah mulai membiasakan anaknya untuk tidak jajan sembarangan

Ibu sudah memberikan motivasi yang positif pada anaknya, namun ayah belum sepenuhnya.

2.	Kurangnya intensitas komunikasi orangtua	Tersedianya waktu bersama yang berkualitas	Mendorong orangtua untuk menyediakan	Keluarga sudah meluangkan waktu tiap malam minggu pergi bersama
	dengan anak.	antara orangtua dan anak.	waktu yang berkualitas dengan anak dengan cara	
	Kesibukan ayah dalam pekerjaannya (tidak ada hari libur).	Komunikasi yang intens antara orangtua dengan anak.	sbb.: Mengajak anak beraktivitas keluar rumah bersama kedua orangtua dua minggu sekali.	
	Ibu kurang menyediakan kesempatan dan stimulasi untuk anak berkomunikasi secara verbal.	Perkenalkan anak berbagai macam benda di sekitar  Kebutuhan buku cerita yang mengedukasi, misal : cerita para nabi dan rasul	Ayah menyediakan waktu sesekali untuk mendampingi anak dalam salah satu aktivitas keseharian anak, misalnya menemani ketika mandi atau memandikan.  Membangun komunikasi dua arah yang intens dengan anak. Meminta anak untuk bercerita tentang kegiatan yang dialami anak setiap hari. Menyediakan waktu untuk mendongeng/bercerita. Mengajak anak melihat/membaca buku-buku yang menarik bersama-sama dan bertanya jawab dengan anak tentang apa yang dibaca.	Ayah sudah mulai memandikan bebeb  Ibunya selalu mendengarkan cerita yang dialami bebeb setiap hari Bapaknya sudah mulai mendengarkan cerita bebeb Ibunya selalu membacakan dongeng sebelum tidur Ayahnya sudah mulai membacakan cerita/dongeng sebelum tidur Ayah dan ibunya sudah mulai bertanya jawab pada anak dengan buku yang di baca

3. Kecenderungan respons orangtua, khususnya ayah, ketika anak melakukan kesalahan.
- Respons yang tepat dan membangun dari orangtua terhadap perilaku anak.**
- Menumbuhkan sikap empati dan simpati terhadap orang lain**
- Memberikan reward/pujian atau punishment/hukuman ketika anak sudah berusaha melakukan hal yang baik dan sebaliknya bersikap tegas terhadap perilaku anak yang tidak baik (sebelumnya sudah dijelaskan kepada anak tentang konsekuensi kalau tidak taat).**
- Keluarga selalu memberikan pujian ketika melakukan hal baik**
- Ibu sudah melakukan hukuman jika salah dengan cara menguncinya di kamar**
- Ayah sudah mulai menyadari bahwa yang dilakukan selama ini salah. Missal: minum minuman keras, menghancurkan barang di rumah**
- Kecenderungan respons ayah yang pasif karena asik sendiri dengan gadgetnya, mis: BBM- an setelah pulang kerja hingga tertidur.
- Menumbuhkan sikap responsif bahwa anaknya butuh kasih sayangnya**
- Menyadarkan pola kebiasaan ayah yang tidak baik untuk perkembangan kepribadian anak**

- |   |  |   |   |
|---|--|---|---|
| <p><b>4. Kurangnya komunikasi orangtua khususnya dalam kesepakatan dalam penanganan anak.</b></p> | <p>Komunikasi yang efektif antara ayah dan ibu.</p>      | <p>Membangun komunikasi yang efektif antara ayah dan ibu, khususnya kesepakatan dalam penanganan anak :<br/>Menyediakan waktu dalam satu hari untuk berbicara “apa saja”, misalnya tentang pekerjaan, aktivitas anak, rencana masa depan, dsb.<br/>Menyediakan waktu pergi keluar berdua saja tanpa anak minimal dua bulan sekali (titipkan anak ke kakek neneknya)</p> | <p><b>Ayah dan ibu Bebeb sudah mulai bercerita tentang pola pengasuhan anak ketika ayah Bebeb pulang kerja. (malam hari).</b></p> <p><b>Ayah dan ibu Bebeb sudah melakukan program jalan berdua minimal dua kali dalam satu bulan. Misalnya makan berdua dan melakukan belanja bulanan.</b></p> |
| <p><b>5. Kebingungan orangtua mengenai penanganan anak.</b></p>                                   | <p>Memahami cara melakukan intervensi terhadap anak.</p> | <p>Memberikan penjelasan dan kesempatan pada orangtua untuk melakukan intervensi secara langsung pada <b>anak.</b></p>  | <p><b>Ayah dan ibu Bebeb selalu memberikan kepercayaan kepada kedua orang tua untuk berperan aktif dalam pengasuhan anak</b></p>  |
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**Follow up steps for the parents on intervention program result**

The purpose of this stage is to give examples for the parents how to conduct intervention technique and learning process towards their child.

PROGRAM	KONDISI ANAK	POTENSI ANAK	CARA MELAKSANAKAN	HASIL YANG DICAPAI
<b>1. Melihat kemampuan anak dalam mengikuti Petunjuk sederhana secara Verbal</b>	Anak belum bisa berkata-kata dengan lancar	Kontak mata sudah mulai ada	Memperkenalkan anak, nama keluarga, nama orang di	<b>Anak sudah mengetahui nama sendiri dan keluarganya</b>
<b>2. Melihat kemampuan anak untuk paham dan menunjukan anggota dan fungsi tubuh</b>	Anak belum paham fungsi tubuh	Anak sudah mampu menunjukan anggota tubuhnya dengan benar	Menunjukan 3 anggota tubuhnya, lalu asesor bertanya apa fungsinya	<b>Anak sudah menunjukan 3 anggota tubuh fungsinya(kaki, tangan, dan</b>
<b>3. Melihat kemampuan anak dalam memahami benda-benda di sekitar</b>	Anak mampu menunjuk benda di sekitar tapi sesuai mood	Anak sudah mampu menunjuk benda yang menarik, missal mainan motor	Memilih benda disekitar anak,mainannya missal : motor, robot dan di jawab secara benar. Lalu kita jelaskan fungsi lainnya secara detail	<b>Anak sudah menyebutkan mainan disekitar, namun fungsinya kadang dijelaskan oleh ibunya.</b>
<b>4. Melihat kemampuan anak dalam mengikuti petunjuk isyarat tubuh sederhana</b>	Anak belum mampu untuk latihan pernafasan	Anak sudah mampu latihan oral A-I-U-E-O	Melakukan kegiatan di depan kamera dibantu oleh asesor lainnya(berfoto)	<b>Anak sudah bisa merespond apa yang harus dilakukan ketika berada di depan kamera.</b>
<b>5. melihat kemampuan anak dalam mengunyah permen karet</b>	Anak mengunyah permen karet, tapi tidak lama	Anak sudah mampu mengunyah permen karet	Memberikan permen karet dan diberi kesempatan untuk membuka bungkusnya sendiri, di kunyah dan ikuti kegiatan oral mengunyah	<b>Anak sudah mengikuti oral mengunyah permen karet namun belum membuka permennya.</b>
<b>6. melihat kemampuan anak mampu mengikuti gerakan dalam menyanyikan lagu sederhana</b>	Anak sudah bisa bernyanyi namun tidak jelas suaranya	Anak belum mampu mengikuti gerakan, bertepuk tangan, tos tangan.	Merayu anak untuk Menyanyikan lagu secara bersama-sama “sayang semuanya”	<b>Anak sudah menyanyikan lagu secara bersama-sama</b>



**Konsentrasinya  
sangat sering  
terganggu**

<b>7. Melihat kemampuan anak dalam mengikuti ekspresi wajah</b>	Anak belum mampu mengungkapkan emosi	Sudah mulai bisa berekspresi tertawa	Anak diminta untuk mengekspresikan sedih dan bahagia	<b>Anak secara bertahap sudah bisa mengekspresikan sedih dan bahagia</b>
<b>8. melihat perkembangan pengendalian gerakan jasmaniah</b>	Anak belum mampu memegang alat tulis secara benar	Anak sudah mulai menyukai media belajar dari warna	Menyiapkan alat-alat finger Painting: ontan warna, daun di sekitar rumah, bahan lain sebagai cetakan	<b>Anak sudah mampu mengekspresikan nalurinya ketika di sediakan dan di arahkan untuk melakukan finger</b>
<b>9. melihat perkembangan kelenturan otot dan memperlancar komunikasi</b>	Kelenturan otot masih kaku	Anak menyukai permainan bola dan senang belajar hal baru	Gym Ball	<b>Anak sudah mampu mengikuti arahan ketika berada diatas gym ball, misalnya tengkurap, duduk</b>
<b>10. Melihat perkembangan motorik halus dan kasar</b>	Masalah di konstruksi oral anak	Anak sudah mulai berbicara walaupun masih belum jelas	Terapi okupasi dan pijat disekitar rahang	<b>Ibunya sudah mulai membiasakan diri untuk konsisten melakukan terapi okupasi dan pijat</b>

## Conclusion

Child care for a child with special needs is an important thing to conduct in order to optimize child's potencies. Recent research and many literatures show that IDBK is an appropriate service and it is considered as a media that is able to develop the potency of the child and also it can increase the comprehension and skill of the parents.

Based on the result of IDBK which has been conducted by our group, we can feel the satisfactory when the child experiences some improvement on his communication skill. we can feel the satisfactory when we are able to help a family which has a child with PDD-NOS. during IDBK process, even on the limited time, we can see a significant development particularly in the family. We can feel the improvement particularly on the parents' knowledge towards heir son with PDD-NOS. the father's role which at first didn't want to be part of the process, now become more aware and active that contributes significantly to the development of his son.

This proves that the parents have realized their role on their son development and they take this matter more seriously. Besides the improvement of the parents' comprehension and skills, we also saw some of the child's developments. Although it has not been at maximum stage yet, it is very valuable for us. We should be more

aware when it comes to seeing a child' potencies. Do not too fast to judge that the child has impairments beyond healing.

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