



AN EFFECT OF PARENT'S SUPPORT ON SUCCESS OF GIVING TREATMENT AUTISM THERAPY

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ABSTRACT

Autism is a pervasive developmental disorder that thoroughly interferes with cognitive, emotional and psychomotor functions. Therefore it can also be said as a neurobiological disorder accompanied by several problems, such as autoimmunity, digestive disorders, sensory integration disorders and imbalance of amino acid composition. Being a parent who has an autistic child is not easy, both emotionally and financially. There are even parents who have to sell goods that they have to cover the cost of therapy that is not cheap and is long-term. The hope is that the child will get the best chance of healing so that they will get the right knowledge about the condition of the child so that they have the right plan for their future, but this can be achieved if there is support from parents for the healing process of their child through treatment. the therapy they provide at autism therapy sites. Parent's support in this case includes emotional, informational, instrumental, appreciation and social support. The sample used as subjects in this study were 22 parents who had autism children from various therapeutic sites in North Sumatra. The sampling technique in this study was purposive sampling where the sample of his parents were those who had given autism therapy treatment for 5 years after his child was diagnosed by a doctor or psychologist. The results of this study indicate that the influence of the support of parents who have autistic children on the success of the treatment of autism therapy that has been done.

INTRODUCTION

The prevalence of autism in the world is increasing. Until before 2000, the prevalence of autism was 2-5 to 15-20 per 1,000 births, 1-2 per 1,000 world population. The ASA (Autism Society of America) data for 2000 is 60 per 10,000 births, with a total of 1: 250 population. Meanwhile, the 2001 CDC (Centers for Disease Control and Prevention, USA) data was 1 out of 150 residents, and in some regions in the USA / UK that was among 100 residents. In 2012, CDC data showed that a number of 1:88 children had autism, and in 2014 an increase of 30% was 1.5% or 1: 68 children in the USA had autism.

While in Indonesia there is no definitive data. According to Dr. Rudy Sutadi, a Consultant of Smart Applied Behavior Analysis, which refers to the Incidence and Prevalence of ASD (Autism Spectrum Disorder), there are 2 new cases per 1000 population per year and 10 cases per 1000 population (BMJ, 1997). While Indonesia's population is 237.5 million with a population growth rate of 1.14% (BPS, 2010). Then it is estimated that ASD sufferers in Indonesia are 2.4 million people with the addition of 500 new persons / year.

The most widespread distribution in areas with high population density ratios, for example West Java Province with cases estimated at 25 thousand, but it does not rule out the possibility in other areas also experienced many cases also in other regions throughout Indonesia for example in the area of North Sumatra Province. This research was conducted to parents who have children with autism who are around the city of Medan and other cities in North Sumatra Province conducted in January 2020, distributing questionnaires for 1 month to wait for a response from parents.

Being a parent who has an autistic child is not easy, both emotionally and financially. Some parents even have to give up selling all the goods they have to cover the cost of therapy that is not cheap and is long-term. The hope is that the child will get the best chance of healing so that they will get the right knowledge about the condition of the child so that they have the right plan for their future, but this can be achieved if there is support from parents for the healing process of their child through giving therapeutic treatment they provide at autism therapy sites. Family support in this case includes emotional support, informational, instrumental, appreciation and social support.

Families can experience a dilemma when both parents are forced to work to fulfill their child's medical needs, but no one else can help care for their child with autism. Basically, parents will experience several phases when they find their baby diagnosed by a doctor or a psychologist who has autism spectrum disorder (ASD). The first thing they feel is distrust or denial or denial. Over time parents will usually seek opinions or opinions from various parties to ensure that their child's development is indeed disrupted. In this phase negative emotions will emerge such as sadness, anxiety and even anger both at the diagnostic results or angry at your partner and yourself. But when in the end parents begin to accept the reality, then they try to put their children into various autism therapy sites so that there will be hope that their child can be handled immediately and will improve. After a while, parents will finally be able to accept the fact that their child has autism.

LITERATURE REVIEW

2.1. Definition of Autism

One clinical symptom that is often found in children with autism is emotional disturbances, feelings and affect. Emotional disorders that occur in children with autism cause fear that suddenly appears on objects that are not scary. Often there are sudden changes in feelings such as laughing without cause or sudden crying. Some autistic children show sudden changes in mood, for example crying and laughing for no apparent reason, they often seem to laugh by themselves and some children may appear to be easily emotional. The fear that sometimes arises for objects that are not really scary, severe anxiety and severe depression may be found in children with autism. Among the characteristics of autistic children who experience emotional disturbances that can be recognized are often angry without reason, rampage uncontrolled if prohibited or not given the desire, sometimes likes to attack and damage, behave that hurt himself and do not have empathy or do not understand the feelings of others .

The American Psychiatric Association (APA) issued a new definition of Autism that is used as a standard in the world in 2013. In the definition of Diagnostic and Statistics of Mental Disorders V (DSM-V) replaces DSM IV. In this new manual there is no longer the old classification of classical autism, Pervasive Development Disorder Not Otherwise Specific (PDD-NOS) or Asperger (and 2 more somewhat rarer ones namely Rett's disorder and Children disintegrative disorder) but the new standards are all located under the umbrella. Autism Spectrum Disorders (ASD). According to this DSM V, individuals with autism are defined as:

A. Deficiencies in social communication and social interaction in various contexts on an ongoing basis which can be described as follows (current or previous) with the picture below as follows:

1. Deficiencies in reciprocal social-emotional relationships that vary, for example, abnormal social approaches, failure in reciprocal conversation, not interested in sharing interests, emotions or feelings, failure to start or respond to social interactions.

2. Deficiencies in behavior in the form of non-verbal communication used for social interactions that vary in form ranging from verbal and non-verbal communication that is less integrated, abnormal in eye contact and body language or lack in understanding and using body language, to no expression face and non verbal communication.

3. Deficiencies in developing, maintaining and understanding relationships with other human beings in varying forms. Starting from the difficulty of adjusting behavior in certain social situations, to the difficulties in various games of imagination or friends, and have no desire to be friends.

B. Behavior, or behavior that can be seen from the attraction of limited and repetitive activities is shown at least two of the examples below as follows:

1. Stereotypes or repetitive motor movements using objects, or sounds (for example simple stereotypes such as lining toys or turning objects, echolalia, unique and individual phrases).

2. Insist on liking, being inflexible about ritual routines or ritual patterns or verbal and nonverbal behaviors (for example stress on small changes, difficulties with transmission, rigid ways of thinking, rituals on greetings, needing to go through the same route every time traveling or eating food that is same every day).

3. Very limited interest, fixated on an interest in something that is not normal in intensity and focus (eg strong interest or preoccupation with unusual objects, limited interest or long-standing interest in that interest).

4. Hyper or hypo-reactive to sensory input and unusual interest in sensory aspects in the environment (indifference to changes in pain, ambient temperature, negative responses to certain sounds or textures, sense of smell and excessive touch, sense of interest to light or movement).

C. The above symptoms must be seen in the early childhood development period (but may not be fully visible until there are social demands according to age, or may be masked by later therapy strategies).

D. Symptoms cause clinically significant disturbances in the social, occupational or other areas that are important for functioning as normal individuals.

2.2. Factors Causing Autism

The American Psychiatric Association (APA) (2004) suggests 2 causal factors for children experiencing autism, namely:

a. Environmental Factors The cause of children experiencing autism is due to factors that are not specific to the environment, such as maternal age when conceiving, small weight at birth and excessive exposure to chemicals early on.

b. Genetic and Physiological Factors Heritability or heredity in children with autism is estimated to move from 37% - 90%. In recent years, as many as 15% of children with autism are associated with genetic mutations in their families.

In addition, Danuatmaja (2003) mentions several factors that are also suspected to be the cause of ASD, including:

a) Central nervous system disorders

The central nervous system in children with autism is different from normal children in general, there are neuroanatomic abnormalities and the brain experiences wasting, especially in the VI-VII lobes. The number of cells that produce serotonin is very insufficient, causing disruptions in the process of inter-brain information distribution. There are also abnormalities in the emotional center in the brain that cause emotions of children with ASD unstable.

b) Disorders of the digestive system

A 1997 study conducted revealed that there was a correlation between ASD symptoms and digestive disorders, namely the deficiency of the secretin enzyme.

c) Inflammation of the intestinal wall

a. The results of endoscopic examination or surveillance of the intestine found intestinal inflammation caused by a virus in a number of children who have Autis Spectrum Disorder (ASD).

d) Heavy metal poisoning

Laboratory tests have found that there is heavy and toxic metal content in many autists. Heavy metals such as Arsenic (As), Antimony (Sb), Cadmium (Cd), Mercury (Hg) and Lead (Tb) as highly dangerous brain poisons. In 2000 the results of the study showed symptoms of children with ASD the same as children with mercury poisoning.

METHOD.

According to DSM V (APA, 2013) ASD develops in the first 30 months of life, when the basic dimensions of human relationships are established the period of development discussed will be divided into infants and toddlers. Below will be explained how the development of ASD children compared with normal children.

Difference in Development of Normal Children and Autistic Children:

No	Age of ASD child development	Characteristics of ASD child development
1.	Age 12-24 Months	Early inhibition is the ability of communication and social interaction in children at the age of 12 months if the symptoms shown are more severe. Besides the age of 24 months if the symptoms shown are lighter.
2.	At the age of 2 years	experienced a decrease or regression in language skills and social behavior.
3.	More than 2 years old	The first symptoms that can be seen from ASD children are, delayed language development, accompanied by obstructions or social desire to interact, rigid play patterns (carrying toys around but not playing or playing with other children) and communication skills rigid or patterned (knows the alphabet but does not respond when his name is called). Strange and repetitive behavior and absence have strong preferences and enjoy repetition (for example food that is always the same and watch the same movie).
4.	Age of toddlers	Difficult to distinguish diagnostic stereotype behavior and conduct repetitive behavior. Clinical differences are based on the type, frequency and intensity of behavior for example, children with their routine for hours with certain objects and are very depressed if any items are moved. In addition, children will also be emotional and angry when the activities carried out are not in accordance with the routine.

RESULTS AND DISCUSSION

This research was conducted to parents who joined the whatsapp group with the name of the AAI (Awarness Sutism Indonesia) group in North Sumatra, this group was established as a form of parent support for their children who suffer from Autism, where each region already has an organizational management. The AAI consists not only of parents but also experts in their fields such as Physicians, Psychologists and Therapists. Researchers waited for a parent's response for 1 month to fill in the questionnaire as a form of parental support, but after 1 month passed not many filled in the Questionnaire, only 22 samples were taken by purposive sampling with certain criteria such as parents who filled out the questionnaire were parents who have an autistic child who has already given therapy to his child, the therapy has been running for approximately 5 years to see the success rate of the therapy, and the age of children with autism is limited to the age of 20 years.

The family support measurement scale consists of 5 aspects of support, namely: Informational support (advice, advice, guidance), Emotional support (trust, attention, listening and listening), Award support (support, appreciation, attention), Instrumental support (health of sufferers in terms of need for food and drink, money, rest, avoidance of sufferers from fatigue), and social support (equipment, time, environmental modification).

The calculation of the scale of family support that can be seen from five aspects, namely aspects of informational support, emotional support, appreciation support, instrumental support, and social support can be seen from the graph below:

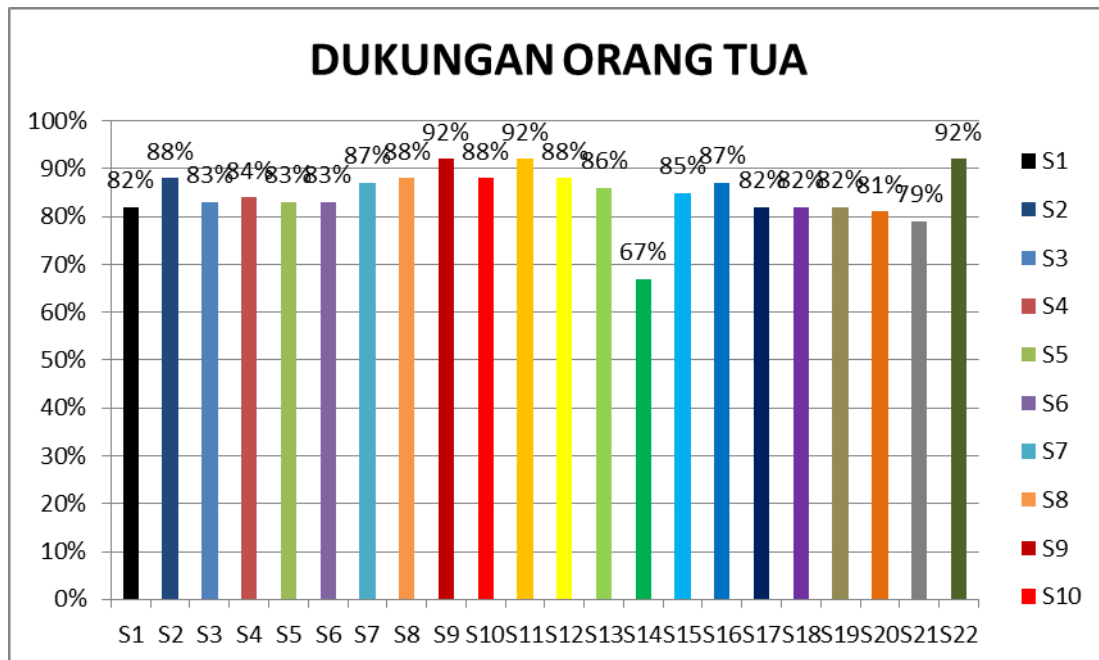


Figure 1. The graph of parental support is seen from all aspects of parent’s support

From the graph line , it can be seen that all parents have high family support for the success of therapy for children with autism, this can be seen from the number of parents who have a value of 67%, only one person, while the rest are averaged 82% to 92%.

While the calculation results for each aspect can be seen as follows: Aspects of Emotional support have a value of 74% -97%, Informational support aspects have a value of 60% -100%, Instrumental support aspects have a value of 44% -96%, aspects of support has a value of 60% -96%, and the aspect of Social support has a value of 60% -95%. Of the five aspects of family support it can be seen that the highest value of support for children with autism is the Emotional support aspect of 74% while the lowest aspect of support is the Instrumental support aspect of 44%.

CONCLUSIONS

Parents who have autistic children receive a lot of pressure, especially from the social environment in which they live, the school environment and even the children's play environment that makes parents feel guilty and become very vulnerable to criticism from others about how they handle their children's problems. If parents have a strong personality and with the support of parents for autistic children development through the provision of therapy carried out at school or other therapeutic sites so that it is expected to get success for the self-improvement process of autism children so that they can be ready to live their lives in the future. This research can show the existence of high parental support so that the success of providing therapy for children with autism can be created

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