



Analysis of Assessment Results of Cerebral Palsy Children with Barriers to Complex Communication Needs

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Abstrak

Penelitian ini mendeskripsikan tentang analisis hasil asesmen pada anak cerebral palsy dengan hambatan complex communication needs. Asesmen yang digunakan adalah asesmen perkembangan pada aspek motorik, kognitif, dan bahasa. Penelitian yang dilakukan menggunakan penelitian deskriptif kualitatif. Berdasarkan hasil asesmen yang dilakukan pada anak cerebral palsy dengan hambatan complex communication needs maka dapat dirumuskan profil anak yang terkait dengan potensi, hambatan, dan kebutuhan anak. Dimana profil anak tersebut berguna untuk pembuatan rancangan program komunikasi bagi anak complex communication needs sehingga dapat membantu mereka dalam berkomunikasi baik dengan menggunakan bahasa ekspresif maupun bahasa reseptif.

Kata kunci : *Analisis Hasil Asesmen, Cerebral Palsy, Complex Communication Needs*

Abstract

This study describes the analysis of assessment results in cerebral palsy children with barriers to complex communication needs. The assessment used is a developmental assessment on motor, cognitive, and language aspects. The research was conducted using qualitative descriptive research. Based on the results of assessments conducted on cerebral palsy children with complex communication needs barriers, a child profile related to the child's potential, obstacles, and needs can be formulated. Where the child's profile is useful for designing communication programs for complex communication needs children so that it can help them communicate both using expressive language and receptive language.

Keywords: *analysis of assessment results, cerebral palsy, complex communication needs*

INTRODUCTION

Children with complex communication barriers are known as complex communication needs. In this obstacle, children have difficulty interacting with others due to limited communication skills such as difficulty using expressive language in conveying their desires in the form of verbal and written language. This communication barrier for some people can be temporary or ongoing.

According to Communication Rights Australia (2018) complex communication needs can be defined as a broad term that describes people with severe speech, language, and communication disorders. This includes those who are able to speak but have difficulty with understanding or expressing their wants and needs, and those who cannot speak but can express themselves through gestures and behaviors. It also includes those who have sensory and physical support needs that affect their ability to engage in communication, and those who need extra time to process what is said and respond. Complex communication needs can include but are not limited to those who have been diagnosed with autism spectrum disorder, cerebral palsy, and learning disabilities to name a few.

Complex communication needs can occur during child development. One of the developmental barriers to communication is experienced by children with cerebral palsy. According to Kirk in (Mohammad Efendi, 2006: 118) Cerebral palsy is a disorder caused by brain damage resulting in impaired motor and intelligence functions. Cerebral palsy can have an impact on psychiatric conditions and what is widely experienced is a lack of calmness that results in children being unable to stabilize at school, making it difficult for educators to bind (direct) to a lesson or practice. In line with that, according to Kirk et al (2008) Cerebral Palsy is a disability that has obstacles in postural movements caused by damage to

the motor control center. Young, et al. (2018) stated that children with cerebral palsy often have difficulty when moving their bodies and speaking due to limitations in their motor skills. From the results of research conducted by Voorman, et al. (2010) found that children with cerebral palsy have communication barriers of 74%. According to Azizah (2005: 1) cerebral palsy disorders are caused by motor rigidity of speech. Motor speech is what makes the articulation of cerebral palsy children unclear or even not at all make sounds.

The researcher's observation of cerebral palsy children with the initials MZ, aged 8 years and in grade 2 SDDBS Putra Hanjuang West Java, found that children experienced severe communication barriers. In the expressive language aspect, children cannot yet communicate using verbal language. While in the aspect of receptive language, children can only use body movements or gestures to convey their desires for something. To find out more about what obstacles affect children's communication skills, what potential can be developed to help children communicate, and children's needs in communicating, researchers conduct research by conducting assessment actions to get a more specific picture of children's profiles so that from the results of the assessment can be designed a communication program for children with cerebral palsy with complex communication needs.

According to Lerner in (Mulyono, 2001) states that assessment is a process of collecting complete information about individuals that is used to make considerations and decisions related to the individual. As for according to McLoughlin and Lewis in (Sunardi and Sunaryo, 2007) specifically explained that the assessment of education of children with disabilities is a process of collecting information relevant to the needs of children, which is carried out systematically in an effort to make decisions on teaching or special

services. According to Zainal Alimin 2005 in (Elsa Efrina, 2013) the objectives of assessment of children with special needs are: 1) to determine children's learning abilities, 2) to know children's learning barriers, 3) to know developmental achievements and 4) to find out children's learning needs.

From some of the opinions above, it can be concluded that assessment activities are very important activities to find out the profile of children that include their obstacles, the potentials of children, and the needs needed by children so that children can be provided with learning and services that are in accordance with their obstacles. Assessment can be done with various techniques, namely observation, interviews, and tests. The results of the assessment will greatly assist teachers and parents in creating a program to help children overcome these obstacles.

METHOD

This study was conducted on a child named MZ, aged 8 years and sitting in grade 2 SDBS Putra Hanjuang West Java. Where the child is a child with cerebral palsy with complex communication barriers. The method used in this study is a qualitative descriptive method with field study data collection techniques. That is a way of collecting data by making direct observations on the subject under study to obtain primary data. In the implementation of this field research, observations, interviews and documentation are carried out, data from observations and interviews are displayed as research findings, abstracted to obtain complete information, and interpreted to draw conclusions (Darmalaksana, 2020).

Some of the respondents involved were the class teacher, parents, and siblings of the child concerned. Data analysis in qualitative research is carried out with technical procedures, namely: collecting, compiling and classifying data, systematically organizing findings in the field, looking for meaning, searching for

meaning continuously until there is no other meaning that changes it (Rijali, 2019).

Table 1. *Assessment Instrument Grille*

Aspects	Scope of Development
Motor	1. Reflexes 2. Basic Motion 3. Joint Motion 4. Manipulative Motion
Cognitive	1. Recognize the surrounding environment 2. Shows reactions to stimuli
Language	1. Receptive Language 2. Expressive Language

RESULTS AND DISCUSSION

The assessment used in this study is a developmental assessment on motor, cognitive, and language aspects. This study focused on factors that affect children's communication skills. The results of the quantitative assessment are as follows:

Table 2. *Quantitative Assessment Score*

Aspects	Number of Questions	Score Acquired	Total Score
Motor	92	26	28 %
Kognitive	76	17	22 %
Receptive Language	64	11	18 %
Expressive Language	83	18	22 %

The results of qualitative cumulative assessment can be described as follows: In the results of the developmental assessment given to children, the results were obtained, namely in the motor aspect the child got a score of 28%, in the cognitive aspect the child got a score of 22%, in the aspect of receptive language the child got a score of 18% and in the expressive language aspect the child got a score of 22%.

From the results of the assessment, it can be concluded that children experience development that is not optimal in the 4 aspects given. So that children really need to get an intervention program in helping children to communicate according to children's needs and children's current abilities. If the child is better able to use receptive language, then the focus of the intervention program is to develop the child's receptive language skills to be more optimal.

After the researcher gets the results of the assessment, the next stage is to create a profile of the child which aims to find out more about the child's potential, obstacles, and the needs of the child in communicating. Then the child's profile can be described as follows.

The cumulative assessment score of children in the form of a graph can be described as follows:

Grafik 1. Perolehan Skor Asesmen

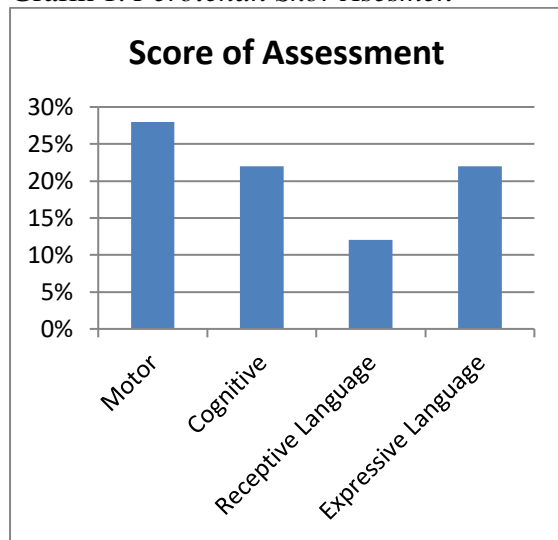


Table 3. Kids Profile

Aspect	Potential	Obstacles	Necessity
Motor	<ul style="list-style-type: none"> • Able to sit with assistance • Able to move fingers of the left arm and hand 	<ul style="list-style-type: none"> • Unable to function the right hand in everyday life • Unable to function both legs to move 	<ul style="list-style-type: none"> • Children need learning and daily activities that function the left hand
Kognitive	<ul style="list-style-type: none"> • Able to recognize the faces of the closest people • Able to give a head-turning reaction when his name is called • Able to follow simple commands 	<ul style="list-style-type: none"> • Unable to identify objects or images • Mentioning the name of the closest object or person 	<ul style="list-style-type: none"> • Children need practice to improve the ability to identify objects, people, limbs, various activities and so on through media that suits

			the needs of children
Receptive Language	<ul style="list-style-type: none"> • Able to turn his head when called his name • Eye contact • Able to understand simple commands • Able to follow directions using gestures 	<ul style="list-style-type: none"> • Not yet able to see familiar objects and people when named • Unable to follow a command one prompt/command without a gesture • Unable to respond to the word "no" 	<ul style="list-style-type: none"> • Children need practice to improve their ability to identify objects and practice to understand simple commands without the aid of gestures or gestures
Expressive Language	<ul style="list-style-type: none"> • Able to make sounds when spoken to • Able to laugh and scream • Able to use hand gestures to indicate desire 	<ul style="list-style-type: none"> • Not yet able to imitate sound • Unable to speak yet • Can only cry when expressing his angry emotions 	<ul style="list-style-type: none"> • Children need oral motor exercises that are useful in children's daily activities such as activities that involve oral organ functions, namely vocalizing, eating, drinking, and brushing teeth.

CONCLUSION

Based on the results of the research and discussion described above, it can be concluded that the stages in the analysis of assessment results in cerebral palsy children with complex communication needs obstacles are as follows: (1) Identification by observing children, interviews with teachers, parents and related parties to collect relevant information about child barriers (2) assessment using developmental assessments that are in accordance with children's needs, This is important to create a complete child profile (3) Create a profile of the child to find out more about the child's potential, obstacles, and the needs needed by the child in making intervention programs that can later help the child alleviate these obstacles. Thus, it is expected that the intervention program designed for the appropriate child is a program that is specific to the child and is individual.

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