

Therapeutic Communication Therapy to Improving Social Interaction of Autism Children (Case Study in SLB Negeri Autis Medan)

Tami Gustia Amanda¹, Syafruddin Pohan², Mazdalifah³

^{1,2,3} University of Sumatera, Indonesia

tamimanda7@gmail.com

Abstract

The purpose of this study was to analyze the application of therapeutic communication therapists in increasing social interaction of children with autism in SLB Negeri Autis Medan. The research method used is a case study method with a qualitative approach. The research subjects were 3 (three) therapists at SLB Negeri Autis Medan and 2 (two) triangulation informants, they are parents of autistic children who school in SLB Negeri Autis Medan and one as psychologist. Data collection techniques using in-depth interviews and the theory used as a reference in this research is the theory of relationship building in therapeutic communication which is derived from interpersonal communication theories. The research findings after the data is saturated and fulfilled show that the application of therapeutic communication therapy in increasing social interaction of children with autism is by using the ABA method and through the stages of assessment, observation, self-introduction and environment and classical class. The findings also indicate that there are supporting factors as well as inhibiting factors for the application of therapeutic communication therapy, namely acceptance and parental participation, therapeutic methods, therapeutic media, the ability of therapists, the severity of children with autism and dietary food. The researcher concluded that the application of therapeutic communication therapy in increasing the social interaction of children with autism in SLB Negeri Autis Medan using the ABA method and through four (4) stages was appropriate in increasing social interaction and communication of children with autism in the school environment.

Keywords

therapeutic communication;
therapist; social interaction;
children with autism



I. Introduction

Autistic children are one of the children with special needs, naturally, autistic children are born to have differences with children in general or are called typical children. Since birth, a child will definitely interact and communicate with the environment around him. At the beginning of the discovery of language, humans interact and communicate with the aim of expressing what they want.

The process of growth and development in a typical child will run naturally without any pressure. This is what distinguishes typical children from children born on the autistic spectrum. In children born with autism spectrum, the process of growth and development and function of language does not occur naturally. The thing that is not natural and most prominent in children with the autistic spectrum is their sensitivity to the surrounding

environment. Children with autism spectrum are described as children who are very rigid with a routine, very fond of similarities, echolalia or repeating words and words of others and are not enthusiastic about human relationships. It is called the autistic spectrum because autistic children have various variations or characteristics of behavioral problems (behavior problems) that differ from one autistic child to another.

According to language, autism comes from the word *autos* which means "alone", and psychologically it means a person's way of thinking that is controlled by his own desires, acting based on his own visions and expectations in responding to the world and thinking with his own fantasies. Autism also means a condition where the child does what he wants and does not care about the environment around him. This condition is usually only realized by parents after the child has started to learn to speak but is unable to speak when mingling with other children of his age. (Nur'aeni, 2017:77)

The process of interaction is the most important element for humans, because humans are social beings who cannot live without any relationship with others. Here the actual mention of human beings as social beings, not only in the form of relationships among human beings alone, but the human guard cannot be separated from relationships with other than humans, such as the need to eat, drink, rest, relieve and others. (Aminullah, M. 2018)

Indicators of autistic children are communication problems, generally autistic children experience speech delays, some are able to speak but have not been able to string or combine words into a sentence. Autistic children also have problems in expressing themselves with gestures and facial expressions so that other people have difficulty understanding children with autism. Another indicator is social symptoms which means that autistic children will find it difficult to interact and respond reciprocally to others, often avoid eye contact and prefer to be alone than to blend in with their environment.

The process of communication and social interaction of autistic children with the surrounding environment is very lacking, plus problems with emotions, create misunderstandings about what autistic children want and feel. The confusion felt by people around, especially families, makes observers of autistic children provide views on how to handle autistic children to be better in terms of social interaction and communication.

Handling autistic children is not easy, there are many factors that must be synergized and sustainable for the successful growth and development of autistic children to become independent individuals, able to interact and communicate clearly. Therapists with backgrounds in health, psychology and special children's education are an integral part of the healing process for autistic children. It takes more effort for parents and of course assisted by a therapist in helping autistic children.

The role of the therapist who is a health worker and also a teacher with an extraordinary educational background in stimulating the response of autistic children who act as patients or clients must be supported by their therapeutic communication skills. Efforts made by therapists to clients or autistic children aim to improve communication skills which in the end can also increase the social interaction of autistic children in the surrounding environment and what will be analyzed in this thesis research later is the social interaction of autistic children with therapists and their friends in the school environment extraordinary Autistic Country Medan.

Social symptoms and communication problems are inhibiting factors for people around when interacting with autistic children. The role of therapists who are experts in handling autistic children is needed and will greatly affect the social skills of autistic children with the surrounding environment. Therapeutic communication carried out by therapists is one of the determining factors for success in reducing and eliminating disorders suffered by autistic

children, through therapeutic communication by therapists which is an effort to maximize the development of autistic children towards a better direction.

Therapist means people who provide therapy in the healing process, in this study, those who will be cured through the therapy process are autistic children. Therapists are people who will help autistic children improve interaction and communication in the surrounding environment. Problems in socialization and communication in children with autism must be handled by those who are experts in their fields and are called therapists. In communication science, there is the term therapeutic communication which is a communication discipline in the health domain. Communication science is a multidisciplinary science, namely science related to other sciences. This proves that communication science is a universal science. Through therapeutic communication, the therapist is expected to be able to increase the social interaction of autistic children.

II. Review of Literature

2.1. Therapeutic Communication

Therapeutic communication is communication in the health sector. Broadly speaking, therapeutic communication is a communication process carried out by nurses to their clients, doctors and their patients which are expected to produce changes for the better in the health sector. According to As Hornby (1974) about therapeutic which is an adjective related to skills in the healing process. This explains that in every therapeutic communication process, skills and abilities are needed to produce the health conditions expected by each patient. Similar to therapists, therapeutic communication is also very much needed in the treatment process (Muhith & Sandu, 2018: 221).

The process of a therapeutic communication between health workers and patients/clients starts from the delivery of messages by the communicator to the communicant both verbally and non-verbally, using medium or not. The message received by the communicant will then be processed by the communicant, this process is called decoding. After the communicant understands the message he receives, he also carries out the process encoding (transformation of information into a form of message that can be conveyed to others) in himself to convey feedback on the message he receives. Thus this process will continue to repeat until finally the goal of communication is achieved by both of them. Therapeutic communication enhances understanding and helps establish a constructive relationship between nurse-client. Unlike social communication, therapeutic communication has a goal to help clients achieve a goal in nursing care.

The conclusion is that health communication is the application of the concept and theory of communication itself that takes place between individuals or groups on health issues. The main purpose of health communication is to change health behavior in order to improve health status. It can be seen from this conclusion that therapeutic communication clearly falls under the umbrella of health communication and is an extension of interpersonal communication.

2.2. Autisme

Leo Kenner was the first to discover autism in 1943. Kenner described autism as an inability to interact with others, a language disorder characterized by delayed language acquisition, a tendency to repeat the same word, a communication disorder in children when the child is in a state of flux. certain social skills, sentence reversals, play activities repetitive and stereotyped, strong memory routes and obsessive desire to maintain order in the surrounding environment, (nur'aeni, 2017:78-87).

Autism is basically a biological disorder in the sufferer. At this time autism is categorized as a "biological disorder", in the sense that autism is not a psychological disorder.

More specifically it can be said that autism is a developmental disorder due to abnormalities in the nervous system of the sufferer (neurological or brain based development disorder). Autism can happen to anyone, regardless of skin color, socioeconomic status or education. Until now, the cause of AFS (Autism Spectrum Disorder) has not been determined. Developed countries that are able to conduct research state that the cause of autism is an interaction between genetic factors and possibly various negative exposures obtained from the environment. This disorder causes disturbances, including communication disorders, social interactions, and limitations in activities and interests. Autism is currently categorized as an epidemic in several countries.

III. Research Methods

This research method is a case study method with a qualitative approach. Qualitative research is research in the form of exploring and understanding the behavior of individuals or groups that describe social problems or humanitarian problems. The research process consists of making research questions and procedures that are still tentative, collecting participant data, analyzing data inductively, compiling from specific to general, interpreting the meaning of the data obtained. The final report must be in the form of flexible data, (Creswell, 2010:352).

Researchers used case study research methods in this study. Case study research method is the process of examining a case or phenomenon that exists in society and is carried out in depth to study the background, circumstances, and interactions that occur. Case studies are carried out on a unified system which can be in the form of a program, activity, event, or group of individuals that exist in certain circumstances or conditions.

IV. Result and Discussion

Therapeutic communication is an extension of communication science in the health sector, therapeutic communication itself is patterned communication and is used in the therapeutic process. Interpersonal relationships can not be separated in the therapeutic communication process which is special, directly on the target, namely the client or the individuals who are given therapy. The therapeutic term that can be found in the field of health and nursing is a process of delivering health messages that are structured and aimed at developing the client's personality in a better direction. In this study, the therapeutic communication that became the focus of the researcher was the therapeutic communication process used by the therapist in improving the social interaction of autistic children in SLB Negeri Autism Medan. The social interaction that is expected to increase after autistic children receive the therapeutic communication process is the social interaction of autistic children with friends, therapists and all those involved in the school environment.

The therapists in this study were 3 (three) people, namely 2 (two) people with extraordinary educational backgrounds and 1 (one) person from psychology education. These three therapists are research subjects and have experience in interacting with the object of research, namely children with autism. The triangulation informants in the process of validating the data were 2 (two) people, 1 (one) person is a parent of an autistic child who goes to school and receives therapeutic therapy at the Autistic State Special School and 1 (one) person who is a lecturer as well as a psychologist from the State Islamic University of

North Sumatra. Medan. The final result of the number of informants is based on the acquisition of saturated data, this makes the researchers confident about the accuracy and validity of the research data.

4.1. The Therapist's Therapeutic Communication Process in Improving the Social Interaction of Autistic Children at SLB Negeri Autism Medan

Therapeutic communication is the process of delivering messages that contain the principles of interpersonal communication. The general goals of this therapeutic communication are:

- a. Awareness, acceptance and self-image increase.
- b. Understanding of self and integration increases.
- c. The ability to build relationships, socialize, self-interdependence, ability to receive and give love increases.
- d. Self-fulfillment or independence also increases (Suciati, 2015: 201).

The therapist's application of therapeutic communication from the beginning was still in the form of a service center to the form of an Extraordinary School, where therapy programs were arranged as a learning curriculum. Therapeutic communication certainly produces a therapeutic relationship, namely the relationship of someone who has the skills and communication skills and interacts to provide support and assistance in the process of changing autistic children for the better.

The stages of therapeutic communication for therapists at SLB Negeri Autism Medan based on research findings are the stages of assessment, observation, self-introduction and the environment, and the last is the classical class. Each stage generally carries out therapeutic communication that can lead to comfort and romantic relationships between therapists and autistic children. The sensitivity of autistic children who are also problematic, requires the therapists or teachers to take a deep and consistent approach in order to create trust and comfort in autistic children which is very useful in the process of applying therapeutic communication to improve social interaction and communication. The following is a discussion in each stage to see the relationship with supporting theories in the theoretical description of the research.

4.2. Assesment

The initial program, called the assessment or base line , serves to determine the level of problems faced by autistic children, the therapist must know that the autistic child being assessed is in a position which in problem behavior. The assessment aims to obtain information about the problems seen in autistic children and the results of the assessment will make it easier for therapists to formulate the therapy programs that are most needed by autistic children and advanced therapy programs and also make therapists know more about the autistic children who will be treated.

In the assessment process, what needs to be considered is the openness of parents, from the beginning of realizing the child's problems to what kind of treatment has been done so far. The therapeutic relationship has been carried out at the assessment stage, this therapeutic relationship begins with the therapist's relationship with parents who have autistic children who will be assessed. The focus of the therapeutic relationship described is on the client's mindset, experiences and feelings felt, the therapist and client will jointly identify information that requires in-depth exploration and evaluation in order to achieve the same goal, namely the development of autistic children towards better social interactions and communication, (Damayanti, 2010:21).

The findings in the assessment process are how the procedures for implementing therapeutic communication are carried out by therapists in dealing with autistic children who will be assessed and parents who expect information and solutions about the problems suffered by the child. The theory that emerges at the assessment stage is a communication planning theory rooted in interpersonal communication. The theory of communication planning in the assessment stage from the research results is a theory that strengthens the assessment stage in the technical implementation, namely the process of exchanging messages, both verbal and non-verbal messages that will be described clearly and precisely to achieve the desired goals. The theory of communication planning is carried out on parents and then applied to autistic children during the assessment session. The sequence carried out at this assessment stage is starting with the introduction of therapists to parents who have children with autism, assessments of children are carried out by experts in the field of children with special needs such as special education teachers, psychologists and can also be a pediatrician in the development section. Next is the filing which is equipped with the results of the child's initial diagnosis, the results of the initial diagnosis will facilitate the therapist in dealing with autistic children in the assessment phase.

4.3. Observation

The observation stage is the stage that functions as a therapist's approach to children who are detected by autism after going through the assessment stage. Observation or orientation period is the response stage, trying to get to know more closely and see the reactions of autistic children when they are outside or indoors. An important note for therapists is about the unpredictable emotions of autistic children, as explained about emotions that are translated into a strong feeling, either in a happy or unhappy state, followed by changes in body movements and can affect behavior (Suciati, 2015). :184). The insensitivity of autistic children to the surrounding environment also makes the observation program very important before heading to the therapeutic communication therapy process.

The theory that appears at the observation stage is the theory of relational formation, this theory is the most dominant because this theory is a process of making conclusions about a relationship in interpersonal interaction. The interaction between the therapist and autistic children who are in new places and with new people, this is an advanced introduction stage and is more about seeing the response of autistic children when faced with situations and the presence of other people nearby. The result at the observation stage is the strengthening of the theory of relational formation which serves as a reference for the therapist in interpreting and managing interpersonal messages that will be given to children with autism.

4.4. The self-introduction stage and the environment

The next program is a self-introduction class and the closest environment for autistic children. After receiving the assessment and then going into observation, the self-introduction class is the initial class of therapeutic therapy. Autistic children who have 3 (three) general characteristics, namely, avoiding eye contact, separating themselves from the environment and speech delay, this implies that the therapy process must start from the beginning and be adjusted to the level of problems the child is wearing. autistic. After passing the assessment and observation, the therapist began to conduct therapeutic therapy in self-introduction classes. This therapy is carried out using the method of one therapist with one autistic child, at SLB Negeri Autism, this self-introduction class contains 4 (four) autistic children, the method is one by one carried out alternately, each child gets 60 minutes in this class one by one. The next 30 minutes is an introduction to the closest environment, namely with their

classmates to make autistic children get used to the presence of other people and as preparation for classical classes.

The findings at the self-introduction stage and the immediate environment of autistic children are the strength of romantic relationships in therapists and autistic children, the exchange theory of affection becomes the initial foundation at the self-introduction stage which has been supported by the theory of relational formation at the assessment stage and relational communication theory at the observation stage. The comfort felt by autistic children to the therapist is a form of trust in children when interacting with therapists, every child, as well as autistic children are born with the desire to feel the affection, patience and sincerity of therapists can be felt by autistic children even though autistic children do not have sensitivity to other people's emotions other. What is felt by autistic children is the instinct of a child, sincere or insincere can be felt by autistic children and affect the behavior of autistic children in interacting and communicating.

The results of the therapist's therapeutic communication at this stage of self-introduction strengthen the affection exchange theory. Therapeutic communication that is full of affection has a positive effect on therapists and autistic children, every child who receives treatment and behavior full of love and compassion and sincerity is very beneficial for physical and mental health. This theory explains that the instinct of wanting to give and receive love is natural, as well as for autistic children, although they cannot feel the emotions of others, the instinct of wanting to be loved is also owned by autistic children stored in their subconscious.

4.5. Classical Class

Classical class or social interaction class is a therapy program that combines several autistic children who are ready and able to enter this class. The therapy program has been in the form of teaching and learning programs such as public schools, the therapist who also acts as a teacher gives instructions from the front of the class and autistic children carry it out at their respective desks. In SLB Negeri Autism, autistic children in this classical class are autistic children who already have eye contact, accept the presence of others and are able to speak and communicate.

The last is to improve the social behavior of autistic children, in classical classes, autistic children are taught how to interact with their friends from how to greet, return greetings, how to borrow something and how to thank them. This stage is the last stage in the Autistic State Special School, it will be very vulnerable if the therapy program is directly in the classical class or a class combining several autistic children. The autistic children are not yet ready to join their peers, which makes the therapy program a very important factor in the goal of increasing the social interaction of autistic children.

Therapeutic communication in the classical class is more about interpersonal communication and small group communication. The success of the therapeutic relationship at this stage is influenced by the theories in the previous stages. The strengthening of the classical class is based on the theory of conversational analysis, a theory that focuses on discourse and interaction with the aim of establishing routines and regularities in the communication process that takes place every day in formal situations, namely the teaching and learning process. Autistic children in the classical class are introduced to a consistent routine and schedule from class entry hours, recess hours to school hours.

The findings in this classical class mean that, according to the theory, it strengthens the theory of conversational analysis and strengthens the therapeutic relationship between the therapist or teacher and autistic children. Social interaction therapy programs and academic learning programs in classical classes synergize for the progress of autistic children towards

being more independent and are expected to be able to communicate and interact in broader conditions and situations. The form of conversational analysis, in accordance with the theory that strengthens this classical class stage is about the therapist's or teacher's ability to analyze the form of conversation when interacting with autistic children in the classical class.

The form of conversation in the classical class is generally two-way, autistic children in the classical class have been able to communicate, answer questions and ask the therapist. The therapist's concern in analyzing conversations with autistic children is on body movements and eye focus, through this, the therapist can analyze whether the conversations that occur have been understood by the autistic child or not. The following is an example of a conversation analysis conducted by a therapist on autistic children at SLB Negeri Autism Medan:

A (therapist/teacher)

B (Agung, autistic children in classical class)

Conversation 1

A : Agung, please introduce yourself to friends.

B : my name is Agung. I am 13 years old. I study at SLB Negeri Autism, Jalan William Iskandar number 9 in front of the MMTC fishing market. I'm in 5th grade.

A : good Agung, thank you.

B : thank you again, Mrs. Vivi (name of therapist/teacher).

In conversation 1 above, autistic children when answering the therapist's or teacher's questions tend to have no intonation and seem flat, the sentences and words used are also generally in the form of standard sentences and words. The results of the research findings also found that conversations that occurred between therapists and autistic children used more standard sentences according to EYD and every time the therapist asked a question, the autistic child would answer according to what was asked and rarely asked again.

Conversation 2

A : Agung, why don't you do your writing assignment?

B : I don't want to do my homework. I don't want to study.

A : good. The teacher will give punishment. Agung cannot leave class if he has not finished writing.

B : evil teacher. I hate Vivi's mother.

A : you can't hate. Disobedient grand. A disobedient child is a naughty child. Mrs. Vivi doesn't like bad boys. Agung is not naughty right?

B : Agung is not naughty, Mrs. Vivi. Great is not naughty.

A : good. If Agung is a good child, then he has to do the work, after that he can only play.

B : ok ma'am Vivi.

The findings in conversation 2 above are about the emotions and moods of autistic children who tend to go up and down. The therapist's role is to analyze the state of the autistic child while having a conversation, pay attention and analyze the psychological state of the autistic child. In conversation 2 above, the researcher found that there were obstacles from parental indiscipline in terms of repetition of learning materials and diet programs that were not implemented properly.

Conversation analysis in the therapist's therapeutic communication process to improve the social interaction of autistic children at school is largely determined by the factors that support the communication process, the therapist's therapeutic communication process will be difficult when all the supporting factors are not synergized properly and will hinder the increase in social interaction of autistic children.

4.6. Supporting Factors in the Application of Therapist's Therapeutic Communication in Improving the Social Interaction of Autistic Children

Factors that support the application of therapist's therapeutic communication in increasing the social interaction of autistic children in SLB Negeri Autism Medan according to the research findings are therapeutic methods supported by therapeutic media, therapist expertise, emotions and programs autistic child diet. The method of therapy, as described in point 5.1. is in the form of stages of the therapy process or learning process from assessment to classical classes. Step by step carried out at SLB Negeri Autism Medan must also be equipped with learning media that functions to increase response for autistic children, therapists are required to be creative and innovate through learning media so that autistic children are interested in the media or object of therapy.

The atmosphere in the therapy room is the next supporting factor for the application of therapist's therapeutic communication in increasing the social interaction of autistic children. Autistic children who generally withdraw from the environment need a comfortable and calm atmosphere before starting the therapy process, 1 teacher, 1 student and 1 therapist assistant is an appropriate method for autistic children in receiving therapeutic communication therapy and is also a supporting factor for the application of therapeutic communication therapists before entering the stage of social interaction therapy. A comfortable atmosphere is closely related to the emotions and moods of autistic children, while the next supporting factor that is considered equally important for autistic children is a diet program. Diet programs can also affect the emotions and behavior of autistic children, in terms of health, this diet program is a supporting factor that should not be ignored in the process of improving the behavior of autistic children.

4.7. Inhibiting Factors in the Application of Therapeutic Communication Therapists in Increasing Social Interaction of Autistic Children

The stage carried out by therapists with autistic children in achieving the target of increasing social interaction and communication certainly raises obstacles in the process of applying therapeutic communication. Barriers that arise are common problems faced by autistic children, namely verbal communication, barriers to verbal communication in autistic children are characteristics of autistic children that almost always appear in every initial diagnosis made by Pediatricians who specialize in growth and development. As we know, the main requirement for the process of social interaction is communication, many autistic children experience speech delay, making it difficult to be in a social environment.

The characteristics of autistic children are also explained by Nur'aeni, S.Psi., M.Si. in his book *Psychology of Education for Children with Special Needs* (2017:77-78), namely, the word Autism which means 'alone' refers to individuals who show symptoms of 'living in their own world'. Generally, children with autism are sensitive to sound, indifferent to sight or events that involve them, if there is a reaction then the reaction is not in accordance with the situation and sometimes there is no reaction at all. Autistic children do not respond to social contact such as eye contact, affectionate touch and playing with children their age.

Parents' indifference to their child diagnosed with autism makes the therapeutic communication therapy process not run optimally. Unstable emotions in autistic children are not only influenced by diet programs that are not carried out, but also influenced by parents, lack of interaction and communication in children and acceptance of children's conditions are one of the inhibiting factors for the application of therapeutic communication therapists in schools that aim to improve communication and social interaction of children. autistic.

The therapist's ability (skills) and the therapist's lack of experience in interacting with autistic children can also be an inhibiting factor in the application of therapeutic

communication in an effort to increase the social interaction of autistic children in the school environment, especially with friends and other people in the school environment. The therapist's lack of experience can hinder from the initial phase of interacting with autistic children, it should be remembered that autistic children have emotional levels that are unreadable by ordinary people, if the therapist does not have experience with autistic children, the early stages of the therapy process will be difficult to carry out.

The inhibiting factor is basically the pieces that will always be there when interacting and communicating with other people. In autistic children who experience the inability to build relationships and communicate so that it is difficult to accept others being around them, the application of therapeutic communication must be carried out from the most basic phase. The process of delivering messages to the communicant, namely the autistic child, must start from scratch, this situation is caused because the autistic child experiences disturbances in the structure and function of the brain, which is unable to receive communication messages, and cannot even interpret incoming messages through the five senses. It also affects the results of the expected behavioral feedback that cannot be achieved in accordance with the incoming message.

The points in the description of the supporting factors above will be an inhibiting factor, which means that inappropriate methods, inappropriate learning media and the absence of parental participation will become obstacles in the therapist's therapeutic communication process in increasing the social interaction of autistic children at school. In addition, the therapist's inability to provide therapy for autistic children will worsen the therapeutic therapy process for autistic children and continue to have difficulty interacting in the school environment.

Children with autism spectrum are indeed different from typical children but that does not mean that social behavior and communication cannot be optimized in a better and natural direction. Autism is an individual condition that is not the same as other individuals. Even though both are diagnosed with autism, the level of problems in social behavior and communication and intelligence of children will be different so that the way to achieve natural behavior in autistic children will be different. Therapy and teaching programs for autistic children must be structured in such a way based on the level of problems that each autistic child has.

The therapy program and learning system that became the result of research in this thesis is an applied behavior analysis program or commonly called ABA (Applied Behavior Analysis) in which there are specifications for verbal behavior programs or VB (Verbal Behavior). The learning method in an effort to improve the social interaction of autistic children in the school environment is also assisted by the PECS (Picture Exchange Communication System) program which is used by therapists at SLB Negeri Autism Medan as an initial method in the therapy process.

The findings of the study indicate that therapeutic communication for therapists in improving social interactions of autistic children at SLB Negeri Autism Medan is a form of interpersonal communication with communication messages delivered through the media, both cards, pictures and replicas continuously in order to achieve changes in children's social behavior and communication. autistic. Therapeutic communication under the umbrella of interpersonal communication and health communication is very much needed in an effort to improve the behavior problems of autistic children and other children with special needs.

V. Conclusion

The research findings related to the therapist's therapeutic communication analysis in increasing the social interaction of autistic children in SLB Negeri Autism Medan can be broken down into several conclusions, namely as follows:

1. Therapist therapeutic communication in order to improve the social interaction of autistic children has several stages that must be passed in order to create a therapeutic relationship between the therapist and autistic children, namely, the assessment stage, the observation stage, the self-introduction stage and the environment and the last stage is the classical class.
2. There are several factors that support and inhibit therapist's therapeutic communication in increasing the social interaction of autistic children in the school environment. The first supporting factor is the acceptance and support of parents, appropriate therapeutic methods, interesting therapeutic media and the therapist's ability to deal with autistic children. Another supporting factor is emotional stability which is supported by a diet program for children with autism. Inhibiting factors in the application of therapeutic communication with therapists in increasing social interactions of autistic children are the opposite of supporting factors, namely, inappropriate therapy methods, monotonous therapeutic media and lack of experience of therapists or teachers in dealing with autistic children. Another inhibiting factor is parental indifference and relying on all things on the therapist can affect the therapeutic therapy process and also adversely affect the emotions of autistic children. Not being disciplined in running a diet for autistic children is also an inhibiting factor in the process of improving communication and interaction with autistic children in the school environment.
3. The therapist's appropriate therapeutic communication model is interpersonal communication using the applied behavior analysis method or ABA (applied behavior analysis), verbal behavior therapy or VB (verbal behavior) therapy and the PECS (methodpicture exchange communication system). The researcher concludes that these three methods can be a guideline in the application of therapeutic communication therapists in increasing social interaction of autistic children in SLB Negeri Autism Medan. The therapeutic communication model that is applied consistently will result in active communication, although it is not two-way, but there is a feedback from the recipient. the message, namely children with autism, has indicated the existence of a communication process.

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