

Specific Teaching For Dyslexia Children In Sekolah Disleksia Cendekia Kabupaten Kudus

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Abstract

Children with normal intelligence, children with memory, writing coherence, grammar comprehension confusion and other problems due to impaired brain function, including children with dyslexia. In addition, dyslexia can also lead to dysgraphia, which is difficulty writing. Children with dyslexia (who do not have dyscalculia) have difficulty with story questions that require comprehension. However, many people continue to misunderstand dyslexia and classify children with dyslexia as having special needs. Therefore, the purpose of this article is to define dyslexia, explain how a child with dyslexia is initially diagnosed, and outline the treatments used. This study examines 10 students from the Kudus Regency Academy of Dyslexia Scholars using qualitative research techniques and a case study design. Information collected through interactive observations, interview procedures and documentation. It was found that as many as 10 students in nine schools in Kudus Regency were dyslexia. However, after treatment, it took at least 3 to 6 months for changes to start to show, and the number of students who met the criteria was only 5. Conclusions include, among other things, that psychologists enforce the status of dyslexia, that each child must identify a unique problem, and that the treatment process is based on the degree of difficulty of dyslexia. Dyslexia children are children with normal intelligence who have difficulty reading.

Keywords: Dyslexia Diagnosis, Dyslexia Treatment

Abstrak

Anak dengan kecerdasan normal, anak dengan daya ingat, koherensi tulisan, kebingungan pemahaman tata bahasa dan masalah lain akibat gangguan fungsi otak, termasuk anak dengan disleksia. Selain itu, disleksia juga dapat menyebabkan disgrafia, yaitu kesulitan menulis. Anak-anak dengan disleksia (yang tidak memiliki diskalkulia) mengalami kesulitan dengan pertanyaan cerita yang membutuhkan pemahaman. Namun, masih banyak orang yang salah memahami disleksia dan mengklasifikasikan anak disleksia sebagai anak berkebutuhan khusus. Oleh karena itu, tujuan dari artikel ini adalah untuk mendefinisikan disleksia, menjelaskan bagaimana seorang anak dengan disleksia awalnya didiagnosis, dan menguraikan pengobatan yang digunakan. Penelitian ini meneliti 10 siswa dari Akademi Cendekiawan Disleksia Kabupaten Kudus dengan menggunakan teknik penelitian kualitatif dan desain studi kasus. Informasi dikumpulkan melalui observasi interaktif, prosedur wawancara dan dokumentasi. Ditemukan bahwa sebanyak 10 siswa di sembilan sekolah di Kabupaten Kudus mengalami disleksia. Namun, setelah pengobatan, butuh setidaknya 3 sampai 6 bulan untuk perubahan mulai terlihat, dan jumlah siswa yang memenuhi kriteria hanya 5. Kesimpulan antara lain, bahwa psikolog menegaskan status disleksia, bahwa setiap anak harus mengidentifikasi masalah yang unik, dan bahwa proses pengobatan didasarkan pada tingkat kesulitan disleksia. Anak disleksia adalah anak dengan kecerdasan normal yang mengalami kesulitan membaca.

Kata Kunci: Diagnosis Disleksia, Pengobatan Disleksia

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INTRODUCTION

To complete their bachelor's degree project in December 2017, researchers conducted a study at SD 1 Tritis Jepara. This was the beginning of her background work and writing about dyslexia youth.

After examining a total of 28 students in class V, 3 students were completely unable to read or were diagnosed as "dyslexia". The condition of the dyslexia students was not manifested in physical limitations, but in the brain as a way of processing and processing information, which caught the researchers' attention and prompted them to investigate the situation further.

According to Mercer in Abdurrahman (2012), dyslexia is a syndrome that makes it difficult to understand the individual parts of words and sentences as well as their direction, quality and timing. According to Widyorini and Tiel (2017), dyslexia consists of a range of difficulties including the inability to recognize every letter, number, symbol, and punctuation mark in a sentence, the inability to analyze sentences, the inability to perform research tasks, and the inability to read and understand reading technology and use the correct syntax. According to Vanderauwera et al. (2017) extensively documented dyslexia-related functional neurological deficits in the left posterior region of reading organization in most adults as well as young readers and children at risk for dyslexia. These deficits occurred in the right frontal hemisphere.

Widyorini and Tiel (2017) mention that children entering primary school are identified using different assessments at the end of the first year.

1. Work attitude
2. Behavior
3. Emotional factors
4. Housing situation

METHOD

This study used a descriptive qualitative approach. This type of research uses case studies and naturalistic qualitative methods. Since his research was conducted in a natural environment, Sugiyono (2015) proposed a descriptive qualitative research method called the naturalistic research method. Qualitative research is research whose results are closely related to quality, value, or importance and can only be expressed in words, rather than research that draws conclusions through quantification, statistical calculations, and the use of numerical measurements (Gunawan, 2013).

Sekolah Disleksia Cendekia Kudus is located at 1A K.H. Arwani Street, Krandon Village, Kota District, Kudus Regency. For children with dyslexia, Sekolah Disleksia Cendekia in Kudus is the first dyslexia school in Central Java that combines academics with rehabilitation.

Mr. Trubus Rahardjo, S.Pd., M.Si., Psychologist and Lecturer, Department of Psychology, Muria Kudus University, is the holder of Sekolah Disleksia Cendekia Kudus. Sekolah Disleksia Cendekia is held three days a week, Monday, Wednesday and Friday. This class is divided into two sessions; the first occurs from 1:30pm to 3:30pm (Western Time) and the second from 3:30pm to 5:00pm (Western Time).

To date, 10 students have been actively involved in the study, but only 5 students and 3 therapists met the criteria. These are taught in primary schools and Madrasah Ibtidaiyah from level I to level VI. The study was conducted from April to August of this year. Three methods were used to collect data.

Three methods were used for data collection.

1. Interview According to Zuriah (2009), an interview can obtain information by asking various verbal questions and obtaining verbal responses. The main feature of the interview is the personal interaction between the information provider (respondent) and the information seeker (interviewer). Principals, therapists and parents of children were the most important sources of information in the interviews.
2. Observation Participatory observation is required because the interview method cannot fully examine the data the researcher seeks. The public is aware of the role of observers because of its easy access to all types of information, including sensitive information (Gunawan, 2013).
3. Information The analysis of the written or visual content of a document is called a document. Sugiyono explained that literature research is complementary to the use of observation and interview techniques in qualitative research (Gunawan, 2013). The use of literature research even adds to the credibility of the research. Documents can be in the form of letters, diaries, official records, personal records, etc. Inductive data analysis refers to analyzing data based on results and then creating patterns with specific relationships to form hypotheses. Data searches will continue based on the hypotheses developed based on this data until it can be determined whether Theories are born out of hypotheses.

According to Gunawan (2013), determining the authenticity of data requires the use of data inspection methods based on a variety of different criteria, including: (1) degree of trust (credibility); (2) portability; (3) reliability; (4) Confirmability. The use of confidence level criteria is crucial and triangulation techniques are sufficient to assess the validity of the data according to the above four data validity criteria.

RESULT AND DISCUSSION

Children Who Identify as Dyslexia

One of the challenges faced by dyslexia youngsters, as mentioned by Fawcett et al. (2007), is the inability to recognize issues at the cognitive level and to pinpoint their root causes. To ascertain whether a youngster has dyslexia, there are exacting procedures.

The principal and psychologist play the role of initial justifiers in determining whether the child falls into the category of dyslexia with the characteristics of dyslexia itself or is included in other learning disorders based on the results of the data from interviews from informants in the process of identifying

dyslexia children. If dyslexia is determined to be the cause, it falls into the low, middle, and high categories.

Interviewing parents is the first step in the principal's quality-control process. They are asked about the child's current problems, whether the mother consumed enough fetal-developmental substances while she was pregnant, whether the child has speech delays compared to other kids his age, and whether they have already brought up any complaints with the principal.

Then, while seated face-to-face, the principal tries to engage the youngster in conversation. The principal will begin by inquiring about the child's name, birthplace, date of birth, place of residence, school, and other basic information. The headmaster will next ask the youngster to mention and pronounce the letters in a voice loud enough to be heard in an attempt to assess the child's reading abilities. Additionally, the principal asks a question, the response of which refers to an item, and then asks the student to list the letters one at a time that make up the word that is the answer.

The principal tries to identify the child during contact and interview sessions by observing language, attitude, gestures, eye movements, focus, and other body motions that can indicate whether the child can follow instructions well or just has difficulty.

Children with dyslexia can fall into one of two categories: hyperactive type or passive type. Children with the hyperactive dyslexia type will ask numerous questions when the principal explains something, will give lengthy responses even when they are not directly related to the question, will not make calm gestures or hold objects still, and will instead focus on the attractive objects around him rather than the principal. There are some kids who even move around while the interview is going on, necessitating numerous calls for the principal to step in and calm the child down.

Inversely proportional to the passive sort of youngster who remained mute, made no comments, and ignored the principle during this session. . This is also a difficulty since the school's administration needs to utilize a variety of strategies and inducements to get the kid to comply with his or her orders so they can determine whether the kid is mildly, moderately, or severely dyslexia.

The principal will inform the parents of the pupils about the problems that arise, including the type and dyslexia, as well as how to receive treatment in the Sekolah Disleksia Cendekia Kudus, after the initial identification has been completed.

The process of diagnosing and treating difficulties in dyslexia children

The next step after justifying is to give a diagnostic that includes the steps.

Tests of intelligence (IQ Tests)

The basic components of intelligence tests understanding, logic, reasoning, and memory are typically tested using the WISC test or other non-standardized methods at the Holy Scholar Dyslexia

School. For instance, a memory test can ask you to "try to mention your classmates, mention the things in your class quickly."

Having a DSM 5 diagnosis

According to Dohla and Heim (2016), the DSM 5 categorizes reading and writing problems into low, moderate, and high severity categories. According to Widyorini and Tiel (2017), the existence of DSM 5 demonstrates that dyslexia is a specific condition that can be distinguished from other issues by the degree of difficulty, lagging, and manifestations.

Giving therapy has the same goals as teaching. Therapy is one option that can be used to address the issues that come with different diagnoses of dyslexia children.

1. Phonological awareness, or the ability of youngsters to break down or modify words into smaller sound units, such as mentioning letters, is related to how well they listen and express themselves (Winskel and Widjaja, 2007).
2. Working Memory, which is a challenge for dyslexia kids, is the capacity to recall both visual and aural memory. That is, he only remembered whether there was a problem or not as soon as he saw it. Immediately after hearing something, he considers if it is problematic or not.
3. Good spelling and reading (reading comprehension) skills.
4. Capacity for Understanding.
5. Writing Skills.

Therapy is given by therapists in a variety of ways that are enjoyable, tailored to the child's needs, and non-coercive. Learning is done in a way that follows the interests of the child rather than being forced upon them, allowing children to learn without feeling under pressure. This is because children's moods naturally become erratic after afternoon lessons because it is impossible to deny that they are also tired after going to school. The therapist must be highly astute in igniting the child's excitement, and she or he has the power to plan the learning process. Ample educational resources and media, as well as variations such vibrant letter balls, riddles, jumping along lines, and other games, enhance the amusing therapy exercises.

According to Reid and Fawcett (2004), the fact that dyslexia youngsters name letters and pictures very slowly is another form of impairment that is closely tied to their reading difficulties. The individual must repeat a random sequence of longer-lengthening letters that are read aloud by the examiner as part of the test. Naturally, the results of this test show a substantial correlation with phonological and orthographic short-term memory scores. 50% of dyslexia kids also exhibit signs of ADHD, which includes trouble focusing and retaining attention, as well as certain language impairments, dyspraxia, or problems with coordination.

Second, determine whether a youngster possesses particular traits, such as a problem telling the difference between right and left or tying shoes. Third, determine if the kid has any language-related issues.

For instance, if the toddler is making muddled sounds when speaking. This is in line with Nancy and Wendling's (2012) assertion that other dyslexia comorbidities include difficulties with speech production and accuracy that are more pronounced than other language disorders (SSD) and involve the emergence of more widespread atypical languages or specific language disorders (SLI). Additionally, people with dyslexia may struggle with their ability to coordinate their movements and their mathematical thinking.

There are 10 students enrolled in Sekolah Disleksia Cendekia Kudus, a therapeutic school for kids with dyslexia. After three to six months following therapy, teachers of dyslexia students start to detect little changes. There are 5 kids who meet this requirement.

The children's names begin with the initials ARM, HSA, ZVKH, TKS, and FARS.

Diagnosis of ARM Challenges

According to the findings of the initial diagnosis, ARM is categorized as having a high level of dyslexia, which prevents it from being able to read and write. From November 2018 to May 2019, he had therapy at Sekolah Disleksia Cendekia Kudus, and he came to the following conclusions.

1. Not committed to learning

Exercises for the brain that are used in the healing process include holding the left ear with the right hand, leaping up and down, and playing ball. Therapists advise ARM to take their participation in learning seriously.

2. When writing, certain letters are still missing.

The first approach to overcoming this is to have him practice identifying the alphabet until he truly knows it. Always do checks once ARM has finished writing.

3. Posts are messy

The duty of writing the alphabet from A to Z was handed to ARM. The patient was given an image by the therapist, who then attempted to create a sentence from the words in the picture before reading the finished product.

4. A challenge reading consonants

Reading practice is done by going letter-by-letter through a book until the pronunciation is accurate. Continue reading words that contain consonantal letters after reading the letters fluently.

5. Reading takes a lot of time.

Every day, the therapist practices reading ARM. In order to improve their memory and comprehension, ARM were given the assignment of naming things, animals, nearby fruits, or modes of transportation before attempting to describe them in their native language.

6. Have a solid understanding of object shape

The therapist exercises the ARM's tangible senses by having the patient touch letters from a flashcard, form different letters out of plasticine, guess the alphabet with a ball, etc.

7. Drawing and coloring prowess

The therapist allows ARM complete freedom to express himself through drawing and coloring.

Diagnosis of HSA Challenges

The results of the initial diagnostic show that HSA is still having trouble understanding the alphabet and has never been able to read or write. a dyslexia condition with extreme severity. From March 2019 to May 2019, HSA had the treatment. These are the conclusions.

1. Letters with almost identical shape and pronunciation are difficult to differentiate.

As the first step in explaining the distinctions in writing letters that are nearly identical in shape to the letters "b," "d," "t," "p," and "q," the therapist asks the patient if he can tell left from right. HSA practices writing each letter while reciting it aloud.

2. Take a while to recall letters.

The therapist invites HSA to practice writing, read and highlight consonantal letters, play with letter-ball media, and recite the fundamental words aloud.

3. When writing, uppercase and lowercase letters are combined.

The therapist gives HSA instructions on how to arrange lowercase letters from A to Z, then capital letters, and juxtapose lowercase and uppercase characters. Media letter puzzles, embossed playing cards, writing on the board, making bright letter balls, and hanging letters on the wall can all support this activity.

Diagnosis of ZVKH Challenges

ZVKH monitored the course of the therapy from February to April 2019. According to the findings of the initial ZVKH evaluation, he was able to read, but he frequently read words backwards and didn't understand what he was reading. The moderate group includes dyslexia's degree of severity. Conclusion of numerous problems and provided therapeutic methods, among others.

1. A bad memory

The best course of action is to start learning by engaging in some brain training. The therapist instructs ZVKH to list the days and months in a logical or random order.

2. Lack reading comprehension

She attempted to rephrase what was read in his own words. When he doesn't understand a word, the therapist explains it to her and uses examples of actual objects to make sure he fully comprehends.

3. Hyperactivity and trouble focusing

Midway through the process of providing a break for drawing and coloring. In order for ZVKH to concentrate again and stop wandering the classroom, they occasionally play games as well.

4. Writing mistakes are common.

Because of poor recall and inaccuracy, there are often letters that are either missing, substituted, or even in excess in what is written. The therapist offers an alternative by using actual objects as ZVKH writing materials. Once completed, the writing is evaluated once more and modified if necessary.

5. Incapable of forming sentences based on visual images

After viewing a picture and making a connection between it with routine activities, the therapist encourages ZVKH to share memories. Once she was able to relate a story, the story gradually started to take the form of a sentence.

6. Recognizing antonyms

The therapist provides a concrete illustration by pointing out the opposite of the mentioned object while gazing around or at photographs.

7. The capacity to organize anything

Stacking letter and number puzzles, letter balls, embossed cards, activity cards, and sorting shapes like small cubes into large cubes are just a few of the different media utilized to promote this activity.

Diagnosis of TKS Challenges

TKS is categorized as having low-level dyslexia due to first assessment findings that it can read, but not yet effortlessly, and that it uses incorrect words while writing. She had therapy beginning in October 2018 and continued it until May 2019. The following describes many challenges and the therapeutic approach for TKS.

1. Inexact and sluggish reading

Reading drills are frequently utilized with TKS. Both the TKS and the therapist can point at the writing being read to make it easier to read; the idea is to direct the TKS's attention to what is being read. In order to avoid confusion, words containing consonant letters should also receive greater attention when reading.

2. Writing mistakes frequently occur

TKS regularly engages in writing practice to reduce grammatical errors. Using image storybooks or picture card media will help you get the most out of this activity. TKS and other dyslexia kids are accustomed to reading their finished work.

3. Challenges if you come across vowels or double consonants

Words like "kla," "pro," "when," and those containing "ng" and "ny" are problematic. The next step the therapist takes is to arrange the consonants and vowels together and highlight how each letter is pronounced. This can be done with the help of puzzle media, embossed cards, letter balls, etc.

4. Too exhausted and indolent to study

The therapist hints at TKS's lack of motivation to learn by asking why. Then he invited him to play the snake, mimic animal sounds and movements, sing, guess photos, play with Legos, and other activities. The availability of this type of break helps revive interest in learning TKS.

Diagnosis of the FARS Challenges

From January 2019 through May 2019, FARS monitored the treatment. He was placed in the high group for the severity of dyslexia due to the original assessment's findings that he had basic issues, specifically that he couldn't read or write. The following is a summary of the challenges and the therapeutic delivery procedure.

1. When the difference between the right and left was first recognized.

It was difficult to distinguish between letters whose sound and spelling were nearly identical. If he already understands it, try having him write each letter as they appear and identify them one at a time using medium like cards.

2. Reading is still misspelled.

Due to the fact that FARS still spells when reading, it is regularly taught to read through simple reading books. Additionally, you can incorporate media from fairytales or storybooks.

3. Erroneously written

Because they are still frequently reversed, the letters "b" and "d" pose the greatest challenge to letter recognition. FARS worked on their writing and word-building skills using the two letters. He was expected to read the writing once it was finished.

4. Lack of concentration and likes to argue

Lack of focus and tendency to quarrel In order to prevent FARS from playing while studying, the therapist gives him explanations, counsel, and reprimands. If the therapist reminds him, FARS refrains from arguing and refocuses on what he is learning.

CONCLUSION

The Sekolah Disleksia Cendekia Kudus and its lecturers in the Faculty of Psychology at Muria Kudus University, led by Mr. Trubus Raharjo, S. Pd., M. Si., use psychologists who are also the school's principals to identify and diagnose dyslexia status.

The recognized skills or issues vary for each child. The diagnosis was made in 5 children with normal intellect IQs ranging from 85 to 100 who had been receiving therapy for dyslexia at the School of Holy Scholar for several months. Taking into account the degree of difficulty the dyslexia children was experiencing, the therapist tailored his or her approach to therapy.

There are still many people who do not notice, know, or comprehend that dyslexia is a particular illness that is frequently misdiagnosed as children with special needs (ABK). Because there are still relatively few studies that cover the issue of dyslexia, the authors expect that in future study, more and more academics will discuss and investigate more about dyslexia.

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