



Play Therapy for Children Who Have Speech Delay in Bungo District

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<p>Received 10-07-2022</p>	<p>Abstract: Speech delay is one of the most common causes of developmental disorders in children. Speech delay in children is when the level of speech development is below the quality level of speech development of children of the same age which can be seen from the accuracy of word use. Children who experience speech delays must be stimulated to continue practicing their communication. One of the stimulations that can be given to train children's communication is playing because one of the functions and benefits of playing is for language development because playing activities are like a child's language laboratory, which is to enrich children's vocabulary and train children's communication skills correct use of words.</p>	<p>Keywords: Play Therapy, Speech Delay</p>
<p>Accepted 26-07-2022</p>	<p>The method used in this research is a qualitative method with a case study approach. The unit of analysis is play therapy. The research subjects consisted of 3 (three) children who experienced speech delay, aged 2 (two) years - 7 (seven) years, female and male who experienced speech delay. The research techniques used are observation, interviews, and audiovisual or documentation. The time used in the implementation of this research was 60 minutes for 8 meetings in one month. Based on the results of the study, the development of abilities was quite good at levels 1, 2 and 3, but at level 4 children still did not show sufficient abilities, they still needed time and processes to continue to be developed..</p>	
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INTRODUCTION

Language development is one aspect of early childhood development which includes eight aspects of development. One of the important developmental stages in children is language because language is the initial factor that determines children to be able to communicate and socialize in their environment. Language development in normal children can be seen from the age of the child. Several other factors also affect the rapid or slow development of language in children. Each child's language development abilities are different. Stimulus to develop language in early childhood also needs to be done so that children's language development can be good and in accordance with the stages of growth and development.(Amalia & Satiti, 2020).

In individual language skills, there are four abilities, namely reading ability, writing ability, listening or listening ability, and speaking ability. These four abilities must be possessed by individuals in order to communicate with others. However, the process of this ability is gradually acquired as you get older (Kurnia, 2020). However, when the child's language or speech skills are not in accordance with his age, it can be said that the child has a speech delay.

Disorders in speech can be a normal thing in children's speech development, but can also be a symptom of psychiatric, neurological or behavioral disorders in children (Busari & Weggelaar, 2004). Various diagnoses of speech and language disorders cause a doctor to determine the

right and fast diagnosis. Speech and language disorders in general will be normal, but can also persist and will cause communication disorders in the future.(Campbell *et al.*, 2003)

Speech delay is one of the most common causes of developmental disorders in children. Children who are late in speech are children who at the age of 2 years have a tendency to pronounce words incorrectly, then have poor vocabulary at the age of 3 years, or also have difficulty in naming objects at the age of 5 years. And children like that, later have a tendency to be unable to read (Papalia, 2015). The criteria for diagnosing language disorders based on the DSM-5 are;

- Persistent difficulty acquiring and using language in various modalities (e.g. spoken, written, sign language, or otherwise) due to a deficiency in understanding or production which includes the following;
- Decreased vocabulary (knowledge and use of words).
- Limited sentence structure (ability to put words and word endings together to form sentences based on grammatical and morphological rules).
- Disturbance in storytelling (ability to use vocabulary and connect sentences to explain or describe a topic or series of events or to carry on a conversation).
- Language skills are significantly and measurably below those expected for an appropriate age, causing functional limitations on effective communication, social participation, academic achievement, or

performance on the job, individually or in combination.

- The onset of symptoms is in the early developmental period.
- This difficulty is not due to hearing loss or other sensory impairment, motor dysfunction, or other medical or neurological condition and is not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay.

In a study entitled Characteristics of Speech Delay at the Special Clinic for Growth and Development of the Harapan Kita Children's and Mother's Hospital in 2008-2009, it was found that almost 70% of patients were diagnosed with speech delays at the age of 13-36 months, representing a significant increase. Early diagnosis is needed for early treatment and education for parents in maximum child development. Delays in speech development disorders can be a symptom of various diseases, such as mental retardation, hearing loss, expressive language disorders, autism, selective mutism, receptive aphasia and cerebral palsy, and other diseases. Speech impairment may be secondary to developmental delay or to bilingualism (Dewanti *et al.* 2016)

Speech and language disorders are very common problems in children aged 3 until 5 years. The prevalence of speech disorders in the form of language delays with an expressive vocabulary of less than 50 words and or the absence of word combinations is estimated to occur in 15% of children aged 24-29 months. 2.4 The prevalence of speech and language disorders varies between 1%-32% in the normal population, influenced by various factors such as the age of the child, and the method used to establish the diagnosis. The prevalence of speech disorders in preschool children is 3%-15% (Leung & Kao, 1999)

Speech delay in children is when the level of speech development is below the level of quality of speech development of children of the same age which can be seen from the accuracy of the use of words (Hasiana, 2020). This speech delay disorder has an impact on children in developing social skills and when building social relationships with other people. Because of this disorder the child becomes difficult to communicate with other people. The causes of speech and language disorders are many and extensive. Organic disorders that interfere with several body systems such as the brain, hearing

and other motor functions as well as other factors outside the body such as the environment, factors in children who do not get enough stimulation or the use of 2 languages can all cause speech development disorders in children, namely speech delays (Nilawati & Suryana, 2018).

This type of speech delay is not only caused by child development factors, it is also caused by sensory disorders, neurological disorders, intelligence, personality and internal development imbalances and external development imbalances of children. Delays in speaking have different types from one another which are indicated by the disorders experienced by children. The causes of delay are many and varied. There are mild and severe disorders. Some can improve at a certain age and some do not show progress. In addition there are several causes of speech delay, namely organic disorders, hearing disorders and other motor functions, besides that there are other factors outside the body such as the environment (Nilawati & Suryana, 2018).

Speech delay has several types, namely, Specific Language Impairment, which is a primary language disorder caused by its own developmental disorder, not caused by sensory disorders, neurological disorders and cognitive disorders such as children's tendency to speak in short and simplified sentences, by eliminating some features, grammar, such as the past tense. Speech and Language Expressive Disorder, namely the child has a disorder in language expression. Centrum Auditory Processing Disorder is a speech disorder that is not caused by problems with the hearing organ. His own hearing is in good condition, but has difficulty processing the information that is located in the brain. Pure Dysphatic Development is a speech development disorder and expressive language that has a weakness in the phonetic system. Gifted Visual Spatial Learner, namely the characteristics of this gifted visual spatial learner, both in their growth and development, personality, and characteristics of their own giftedness. And finally, Disynchronous Developmental, namely the development of a gifted child, basically there are developmental deviations from the normal pattern. There is an asynchronous internal development and an asynchronous external development and finally, Disynchronous Developmental, namely the development of a gifted child, basically there are developmental deviations from the normal pattern. There is an

asynchronous internal development and an asynchronous external development. Finally, Disynchronous Developmental, namely the development of a gifted child, basically there are developmental deviations from the normal pattern. There is an asynchronous internal development and an asynchronous external development (Kurnia, 2020). Language development is stimulated by listening, seeing, and imitating the adults around them. The language used is one of the determinants to introduce something to children. Vygotsky argues that, children begin to learn language from adults and then internalized it as a mindset and a means of control. In addition, it is also stated that it will develop in line with its biological development (Muchinsky, 2012)

Therefore, children need stimulation to be able to train their communication. Stimulation that can be given to children is to play because one of the functions and benefits of playing is for language development because playing activities are like a child's language laboratory, which is to enrich children's vocabulary and train children's communication skills. According to Hurlock, playing is any activity carried out to get pleasure, without considering the final result. Play is done voluntarily and without coercion. This activity has no other rules except those set by the players themselves (Hurlock, 2010). While Landreth defines play therapy as a dynamic interpersonal relationship between children and professional therapists in play therapy procedures that provide selected game materials and facilitate the development of a safe relationship for children to fully express and explore themselves (feelings, thoughts, experiences, and behaviors). While the International Association for Play Therapy states that play therapy is the systematic use of theoretical models to strengthen interpersonal processes in which play therapists use the therapeutic power of play to help counselees prevent or resolve psychosocial difficulties and achieve optimal growth and development.

Previous research conducted by (Suryati, 2016) using play therapy on the social interactions of autistic children shows the effect of play therapy on social interactions in autistic children. Playing is an activity carried out for its own sake, carried out in fun ways, not oriented to the end result, flexible, active, and positive. Playing is fun and done in ways that are fun for the players. Research results on play therapy by (Iskandar &

Indaryani, 2020) showed a significant difference between the ability of social interaction in children with autism before and after play therapy. Associative play therapy is effective in improving the social interaction skills of autistic children. Play is a way for children to develop verbal and nonverbal communication skills.

Play therapy can be used in various problems related to children, one of which is research conducted by (Apriani, 2017). Play Therapy on Cooperative Behavior in Pre-School Age Children, which shows that there is an effect of play therapy on the cooperative level of preschool-aged children. Based on the gender of the female respondents, there were more than 18 respondents. Play as therapy is one of the means used in helping children overcome their problems, because for children playing is a symbol of verbalization (Landreth, 2013).

Research result Snakes and Ladders Play Therapy to Improve Language Development for Children aged 5 until 6 years shows that playing snakes and ladders has benefits for the left and right brain of children, namely children will learn to recognize numbers, count steps, recognize images, and memorize images. This playing method can be developed by health workers at the Community Health Center in providing therapy to children who experience speech/language delays (Wilujeng, 2018). In addition, other research is also an initial study to identify psychological aspects that arise after giving play therapy to early adult age participants at universities and companies. Aspects that emerged as a result of this play therapy intervention were patterns of communication, cooperation, self-efficacy (belief in one's abilities), self-confidence, trust in others, leadership (Leadership), openness (Openness to Others), and creativity (Suryadi, 2017).

Jung argues that human behavior is not only influenced by the past, but the view of the future, goals and aspirations is one of the ways to achieve success in an individual's life. According to Jung, a healthy person is characterized by the ability of an individual to be oneself, balance attitudes and psychological functions that exist within oneself and be able to change archetypes. However, individuals do not always have a healthy personality. Therefore, to overcome this problem, therapy is needed, one of which is play therapy by experts, so that it can help individuals in balancing the functions of the id, ego and super

ego. With the hope to develop optimally (Al-Taujih *et al.* 2019). Based on the above background research purposes are:

- To find out the result how play can be used as a therapy method for children who have speech delays in Bungo Regency.
- To find out what types and kinds of play can be used as a method of therapy for children who have speech delays in Bungo Regency.

METHOD

The method used in this study uses a descriptive method with a qualitative approach. The descriptive method aims to reveal actual data in the field regarding the objective condition of children in minimizing speech delays in children. The unit of analysis is play therapy. In digging up data about the child's objective condition, using the aspects contained in the child's speech development. The data that has been collected is analyzed and then used as a basis for formulating an early intervention program through a play approach for children with slow speech. The research subjects consisted of 3 children who experienced speech delays aged 2 years until - 7 years, they could female and male who experience speech delay.

The research techniques used are observation, interviews, and audiovisual or documentation. Observations were made to see and record the child's speech development. While the interviews were conducted on the parents of children using structured interviews in which it presents questions systematically in accordance with the objectives of the study. Documentation and audiovisual consisting of images or sounds collected by researchers to help understand the recording data used. The time used in the implementation of this research was 60 minutes for 8 meetings in one month.

The data analysis technique in this study uses three steps, according to Milles and Huberman, namely data reduction, data display, and data verification. While testing the credibility of the data is needed to check the data reported with the data found in the field (Bartholomew & Brown, 2012). The first step in analyzing the data is to perform data reduction. Reducing data means summarizing, choosing the main things, focusing on the things that are important. Presentation of data is a collection of structured information that gives the possibility of drawing conclusions and taking action. The next step is to summarize the

research findings based on the aspects studied. Through the data display, the data will be organized, arranged in a relationship pattern, so that it can make it easier to understand the overall picture of the aspects studied. The next activity is data verification by studying the collected data again and drawing conclusions so as to get new findings.

RESULTS AND DISCUSSION

There were 3 children who experienced speech delay in this study, FAW (4 years 8 months), HMI (2 years, 8 months) and AA (4 years, 11 months). The three of them cannot use a minimum of 6 words, the pronunciation of words is meaningless and cannot use two-word sentences or cannot assemble two words so that their speech is difficult to understand by people they know. Parents begin to suspect when their child's speech and language skills are different from those of their age-appropriate child. This shows developmental delays in children, according to the age limit to reach the stage of child development that should have been passed at a certain age. Attention or response is not consistent with the sound or sound, the child tends to repeat the words of others (parroting). Lack of attention and interest in other people around him. The lack of speech and language skills in children has a major impact on their learning and social skills later in life, but it also affects reading skills, attention disorders, writing disorders, behavioral disorders and emotional disorders.

The three children made mistakes in pronouncing words, very lacking vocabulary and difficulties in naming objects around them. Having limited receptive abilities, he has difficulty understanding other people's words so that it is difficult to understand commands, is still limited to a few simple commands and has difficulty understanding simple questions (where, why and how). When taught new words children are not focused and tend to avoid. Having expressive abilities that are also lacking, so that children are less precise in choosing the words they want to say, are not able to turn ideas into words. With the ability to speak and speak in children who are not in accordance with their age with mild symptoms it may be possible to wait and it is possible to develop according to their age,

One of the stimulations that can be given to train children's communication is playing because one of the functions and benefits of

playing is for language development because playing activities are like a child's language laboratory, which is to enrich children's vocabulary and train children's communication skills for the accuracy of word use. Landerth defines play therapy as a dynamic interpersonal relationship between children and professional therapists in play therapy procedures that provide selected play materials and facilitate the development of a safe relationship for children to fully express and explore themselves (feelings, thoughts, experiences, and behaviors) through playing media.

Play therapy was tested in 4 stages, starting with stage 1 of a game that stimulates interest in speaking, stage 2 of pronouncing syllables, stage 3 of pronunciation (pronunciation) and stage 4 of introducing simple sentences. The stages carried out in play therapy are: Stage 1. Stimulating children's interest in speaking, after therapy, FAW subjects can respond to greetings correctly, can point and mention toy objects, can say yes or no to toy objects. The subject of HMI, the child is able to return greetings, can answer and show the object of the desired toy, he can already state yes or no to several choices of toys he wants. In the subject of AA, the child is able to answer the greeting correctly, He is also able to name the object of the desired toy that matches the choice of several existing toys, and is able to respond yes or no to questions. Thus, in the first stage, which is to stimulate children's interest in speaking, the results obtained in the 3 children have been able to respond quite well.

Stage 2. Holaphrastic stage, namely pronouncing syllables, starting with the sounds of the language that are easy to pronounce and then proceeding to the difficult ones. In the subject of FAW, the child is able to identify objects based on their functions, he still does not know and cannot name some objects because his vocabulary is still limited, while for the identification of body parts the child is able or already able. The HMI subject can identify objects according to their functions, he can already name pictures and identify objects with verb instructions, besides that he can identify body parts. In the subject of AA the child is still unable to identify objects according to their function, still cannot respond to questions about the function of objects, the child is also still unable to clearly state an object he can only mention the ends of words, but he can already understand the instructions of the verb and do according to the

instructions, he can identify the limbs it's just still not clear. Based on the results of the second stage, namely Holaphrastic in 3 subjects, 2 children were quite good, but 1 child was still not optimal.

Stage 3. Pronunciation, on the subject of FAW, children can say simple words with sufficient pronunciation, children can imitate sounds and pronounce vowels and some syllables. Subjects of HMI children are able to imitate simple words and mention vowels and follow the given syllables. In the subject of AA, the child is able to say simple words and is able to call. The child can also lower the voice even though it is not very clear, the child can already mention the vowels but is not clear in saying the word. Based on the results of the third stage, the pronunciation is quite good even though it is not optimal.

Stage 4. Introduction of simple sentences. In FAW subjects, children are able to follow verb instructions by performing motor movements, children have not been able to understand the social questions given, so they cannot respond to the questions given and cannot understand ownership. The subject of HMI children is able to follow therapy instructions while in the process of playing, only the child cannot answer simple social questions and the child is still unable to label ownership for himself. In the subject of AA the child is able to follow the instructions of the verb and perform with his motor movements, the child has not been able to answer social questions but he has been able to label the ownership of himself and others. Based on the results of the fourth stage, namely the introduction of simple sentences on 3 subjects, it is not optimal.

Based on the results of the data obtained between the child's ability before being given therapy and after being given play therapy, there were several changes from stages 1 to 4, this can happen because according to what Hurlock stated, play is every activity carried out to get pleasure, without considering the final result. . So in the process that is given to the child is in a pleasant situation. Because playing is done voluntarily and without coercion, which can create a dynamic interpersonal relationship between the child and the therapist. Next Hurlock (Ismail, 2009) stated that playing activities have a great influence, one of which is to encourage communication, this play activity can be used as a means to provide many opportunities for children to learn, so playing can be used as a therapeutic procedure that provides

selected game material and facilitates the development of a safe relationship for children to learn fully express and explore themselves (feelings, thoughts, experiences, and behavior) through the media of play.

In play therapy, there is a systematic application and a set of learning principles to a problematic behavior condition or as a means of stimulation to increase abilities and knowledge that are considered deviant or lacking by making a change or special treatment by placing children in play situations. Thus the therapy program can be made in stages that are tailored to the needs of the child on the aspects that want to be intervened appropriately.

From the results obtained, the 4 subjects in general have shown good ability development at levels 1, 2 and 3, but at level 4 children still do not show sufficient ability, they still need time and processes to continue to be developed. The level of therapy will be increased from simple administration to more complex ones.

CONCLUSION

Based on the results of research conducted, it is known that children who are late in speech can be given play therapy with systematic application. The therapist provides selected game materials and facilitates through playing media. Play therapy is carried out through 4 stages, starting with stage 1 with games that stimulate interest in speaking, stage 2 pronouncing syllables, stage 3 pronunciation (pronunciation) and stage 4 introduction of simple sentences. In general, the 3 subjects have shown a fairly good development of speech skills at levels 1, 2 and 3, but at level 4 children still do not show sufficient ability, they still need time and processes to continue to be developed. The level of therapy will be increased from simple administration to more complex ones.

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