

# Nonverbal Communication Behavior of Autistic Children in the Therapy Process at the Center Jambi Province Autism Service

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**Abstract.** This study aims to determine the nonverbal communication behavior of autistic children at the Jambi Province Autism Service Center, the obstacles, and the efforts made by the therapist. This research uses descriptive qualitative research with data collection obtained through interviews. The results of this study are (1) nonverbal communication behavior of autistic children seen in the therapy process such as facial expressions, eye contact, gestures, hand signals, and touch; (2) the obstacles faced in the therapy process are food factors because the nervous system will be unstable if the food consumed is not healthy, this will cause behavior in children to change, and the therapy process will not work well; (3) the efforts made are using the ABA method, communicating a lot with children and also maintaining communication with children's parents in educating children.

**Keywords:** Behavior, Nonverbal Communication, Autistic Children

## 1 Introduction

Communication is the most important part of human life, without communication, humans cannot interact with other humans. Non-verbal communication covers all stimuli except verbal stimuli in a communication *setting*, generated by the individual and using environments by individuals, which have potential message value for the sender or receiver [1].

Nonverbal communication is also predominantly used by autistic children in interacting with their environment. Children with autism generally have difficulty speaking the spoken language. It takes a strategy in communicating with autistic children so that they can understand two-way communication. Autistic children can stand out in the visual field rather than the material learned only by speech alone. Visuals can help children in understanding the message conveyed by themselves or others.

Autism is a passive developmental disorder in children characterized by impairments and delays in cognitive, language, behavioral and social interaction. Santrock said that autism spectrum disorder is characterized by problems with social interactions, problems communicating verbally and nonverbally, and repetitive behaviors. Causes of autism according to Yayasan Autis Indonesia include severe neurological disorders that affect the brain so that children are unable to interact and communicate with the outside world effectively [2].

Autism disorder causes children with *autism spectrum disorder* (ASD) to be left behind with other children in understanding and receiving stimulation or material provided by teachers in school. This is caused by the inability of children with ASD disorders to focus and focus on the stimulation provided. Attention and concentration are very important in the process of storing information in long-term memory [3].

Autistic children have high intelligence and uniqueness that is different from normal behavior, the ability to respond and remember new things is very strong, curious, and always wants to try new things directly. Autistic children have a high stimulus-response in stimulating themselves during the therapy process, a lot of nonverbal communication behaviors are shown by children in the therapy process such as hiding hands, shaking hands, hitting the head, and so on. Nevertheless, there are some of their nonverbal communication behaviors that therapists don't understand. The importance of understanding an autistic child's nonverbal communication behavior when interacting with a therapist becomes interesting to research.

From observations and interviews conducted to therapists who teach at the Autistic Services Center said that most autistic children use nonverbal language in the therapy process, thus the obstacles faced by therapists are very diverse ranging from difficulty in communicating, lack of concentration of children to problems outside the Autistic Service Center such as problems with parents who do not teach routine diet to children become the biggest obstacle because they are difficult. Children are in the process of therapy and communication.

Based on the exposures stated above, the problem described in this article is (1) how is the nonverbal communication behavior of autistic children in the therapy process at the Jambi Provincial Autistic Service Center? (2) What are the obstacles that therapists face in the nonverbal communication behavior of autistic children in the therapy process at the Jambi Provincial Autistic Service Center?

The term communication comes from the Latin *Communis* which means to create togetherness or build togetherness between two or more people. Communication is also derived from the Latin root *Communico*, which means dividing. A definition by a group of communication scholars specializing in the study of human *communication* states that: communication is a transaction, a symbolic process that requires people to regulate their environment (1) build relationships between people, (2) through the exchange of information, (3) to strengthen the attitudes and behaviors of others, (4) try to change those attitudes and behaviors [4].

Communication behavior itself is an action or communication behavior either in the form of verbal or non-verbal that exists in a person's behavior. This form of communication behavior consists of (1) closed behavior and (2) open behavior. Closed behavior is a person's response to a stimulus in a covert or closed form. The response or action to this stimulus is still limited to attention, perception, knowledge/awareness, and attitudes that occur can not be observed by others. Open behavior is a person's response to a stimulus in the form of real or open action. The response to such stimulus is evident in the form of action or practice.

Etymologically the word *autism* comes from the words *auto* and *ism*, *auto* means self-sufficiency, while *ism* means to flow or understand. Autism is the presence of developmental disorders or abnormalities in social interaction and communication and is characterized by limited activity and attraction. The appearance of this disorder is highly dependent on the stage of development and chronological age of the individual [5].

Autistic children are children who have their world due to language, cognitive, social, affective disorders in life, so they are left behind in their development. There are five types of autism, as follows.

- 1) Autism, which is extreme withdrawal from its social environment, impaired communication, and limited and repetitive behavior (stereotypic) that appears before the age of 3 years and this disorder is 3-4 times more in boys than in girls.
- 2) *Childhood Disintegrative Disorder* is a type of autism in the development of children that even before the age of even 3 years old the signs are visible. The case is characterized by:
  - a. The ability to speak and speak is slow, some even show no development at all.
  - b. Does not indicate the desire to communicate either through gestures or facial expressions.
  - c. Do not want to start an interaction with another individual and prefer or be busy with his world.
  - d. When you can speak, but what is spoken does not have a clear meaning and is not common and repeated continuously.
  - e. Not liking imaginative games, automatically the games he does are less varied.
- 3) *Pervasive Developmental Disorder, Not Otherwise Specified*: is a diagnosis shown in a child that diagnostically does not meet all the criteria commonly found in autism. In children with this type of autism is seen in children in terms of communication, how to interact socially, as well as interests and attention. Signs that are often seen in this type of child include:
  - a. Children have delays in speaking and speaking.
  - b. Less responding when called his name.
  - c. Not yet or less able to show what he wants.
  - d. Not being able to communicate passively, such as being asked to take objects or something.
- 4) *Rett's syndrome (Rett syndrome)*; a type of autism in children that occurs due to the presence of genetic disorders automatically affect brain development. Exclusively this syndrome occurs specifically in girls only. Because the disorder of germination, to make you with *Rett syndrome* has almost the same signs as autism. At this stage, there are signs of mobility that begin to decrease, for example, due to muscle weakness and spinal problems. Children with *Rett syndrome* will usually need treatment and help from other individuals throughout their lives.
- 5) *Asperger's syndrome* is one of the types of autism in children but is more often considered autistic: *high functioning* or autistic with quite multifunctional abilities. Why do children with this syndrome sometimes go undiagnosed until they start to struggle while in school or work environment.

Autism can be caused by the following factors.

1) Genetics

There is evidence that changes in genes contribute to the occurrence of autism. According to *the National Institute of Health*, families who have one autistic child are 1-20 times more likely to give birth to a child who is also autistic.

2) Pesticides

High pesticide exposure is also associated with the occurrence of autism. Some research has found pesticides interfere with gene function in the central nervous system. According to Dr. Alice Mao, Professor of Psychiatry, chemicals in pesticides have an impact on those with autistic talents.

3) Drugs

Babies who are exposed to certain drugs while in the womb have a greater risk of developing autism. Such drugs include *valproic* and *thalidomide*. *Thalidomide* is a drug used to treat symptoms of nausea and vomiting during pregnancy, anxiety, and insomnia.

4) Age of Parents

The older the parents' age when they have children, the higher the risk of the child suffering from autism. Research published in 2010 found that women aged 40 years have a 50 percent risk of having autistic children compared to women aged 20-29 years. It is not certain the relationship of parents with autism however, this is suspected due to the occurrence of gene mutation factors (Halladay, Research Director of Autistic Environmental Studies).

5) Brain development

Certain areas of the brain, including *the cerebellum cortex* and *cerebellum* responsible for concentration, movement, and mood regulation, are associated with autism. The imbalance of *neurotransmitters*, such as *dopamine* and *serotonin*, in the brain is also associated with autism.

6) Flu

Children who have autism are increasing at this time, women who experience the flu or long-term fever while they are pregnant are more at risk for giving birth to an autistic child. But a child whose mother had the flu while pregnant has the potential to double the chance to be diagnosed at the age of three, women who have a fever for a week or more while she is pregnant are more likely to give birth to an autistic child as much as three times. In addition to flu and fever, the use of certain antibiotics during pregnancy also has the potential to increase the risk of children born autistic [6].

Based on the above opinion on the cause of children experiencing autism disorders will be concluded that autistic children can be caused by disorders or symptoms experienced in the parent's womb, which is all caused by many factors both from parents themselves such as genetics and external factors such as pesticides and drugs.

Autistic children have the following criteria.

- 1) Qualitative disruption in reciprocal social interactions. There should be at least two symptoms of the symptoms below.
  - a) Unable to establish a very adequate social interaction: very lack of eye contact, less lively facial exhibition, less directed movements
  - b) Can't play with peers
  - c) Can't feel what other people feel
  - d) Lack of reciprocal emotional and social relationships
- 2) Qualitative impairment in the field of communication as indicated by at least one of the following symptoms:
  - a) Talk late or even at all develop
  - b) If you can talk, you don't talk for communication.
  - c) Frequent use of strange and repeated language
  - d) The way of playing is less varied, less imaginative, and less able to imitate.

Before the age of 3 years, there appears to be delays or disturbances in the field of:

- 1) Social interaction
- 2) Speaking and speaking
- 3) A less varied way of playing

Characteristics of playing behavior in people with autism:

- 1) Typical behavior
- 2) Keep your distance from others
- 3) More often alone
- 4) Play less than non-autistic people

- 5) Less use of benign tools and very limited playing skills
- 6) Difficulty in playing pretends and mimicking something that others do [7].

Autistic education is an education given to those who experience lapses in mental development. Parents must be observant in choosing a school for their children. Autistic children need special schools, autistic schools can guide so that children can return to normal life like children their age.

Tips for choosing a school for autistic children:

1. Parents should ask for the recommendations of others whose children also have an autism disorder.
2. Parents should be able to ascertain the background of the school and the school caregiver.
3. If possible, parents should choose an autistic school that is close to where they live.
4. Parents choose schools that provide easy access to communication.
5. Parents of autistic children pay attention to the facilities provided by the school concerned, especially the issue of supervision and security guarantees.
6. Parents should choose autistic schools that have a limited number of students [8].

## **2 Methodology**

The research approach used in this research is qualitative. The method used in this study is the case study method.

This qualitative research was conducted at the Jambi Provincial Autistic Service Center on nonverbal communication behavior shown by autistic children in the therapy process. The study was conducted in the 2021 school year, which starts from February to March 2021 and the time of this study refers to the academic calendar at the Jambi Provincial Autistic Service Center.

The dominant research subjects are teaching teachers or teaching staff in the classroom and autistic children or students. In taking the subject, this research uses purposive sampling. The subjects of this study were taken based on five children who became the research center, namely AG, FKN, MAA, MY, and ZIP.

To obtain the necessary data and information following the objectives of the research in collecting data related to the completeness of the data to be studied, two types of data are needed, namely primary data and secondary data.

The primary data obtained by the researcher are:

1. The results of an interview with the Head of the Jambi Province Autism Service Center.
2. The results of interviews with therapists or educators about nonverbal communication behavior shown by autistic children in the therapy process at the Jambi Province Autism Service Center.
3. The results of observations with autistic children in the therapy process at the Jambi Province Autism Service Center.

Secondary data in this study are:

1. Facilities and infrastructure that support the therapy process at the Jambi Province Autism Service Center.
2. The condition of schools, principals, therapists, and children at the Jambi Province Autism Service Center.

The data in this study were collected through observation, interviews, and documentation. The data that has been collected was analyzed using data reduction techniques, data presentation, and conclusion drawing/verification.

### **3 Result and Discussion**

The Jambi Province Autism Service Center is a social institution built to carry out special service programs for people with autism from poor families. The Jambi Provincial Autism Service Center does not charge fees for parents who register their children for autism therapy at the Jambi Province Autism Service Center, but the Autism Service Center provides services for free. The Jambi Province Autism Service Center is also present to improve educational services for autistic children who are still lacking, for example through special education services which only serve general education. Whereas children with autism need more handling through special therapy.<sup>1</sup>

The curriculum model at the Autism Service Center is an integrated service curriculum model consisting of 4 types of therapy programs given to students/children that are given according to the needs of students. So, not all students get these 4 services, the forms of services provided are behavioral, occupational, physiotherapy and speech. The dominant therapy used for children with autism is behavioral therapy.<sup>2</sup>

#### **3.1 Nonverbal Communication Behavior of Autistic Children in the Therapy Process**

The behaviors caused by autistic children during the learning process are very diverse, to make it clearer, the researchers put it in the following explanation.

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“ Nonverbal children do speak no communication but usually use body language. Like giving orders to Agib in addition to using normal language, you must also use nonverbal language so that Agib understands what we are commanding ”.<sup>3</sup>

Based on the results of observations made by researchers, they found nonverbal communication behaviors during the therapy process, such as:

##### **1. Facial Expressions**

###### **a. AG**

Researchers saw the facial expressions shown by AG often looking to the right and left, this is a form of lack of focus in the following therapy, and lips or mouth opening as if yawning and pretending to sleep when not, it only deceives the therapist and indicates AG is getting bored in following therapy on what the therapist ordered. Researchers looked at the expression of fear in AG when afraid when the therapist issued a high tone to emphasize when AG was disobedient and did not follow the

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<sup>1</sup> PLA Document 2021

<sup>2</sup> PLA Document 2021

<sup>3</sup> Interview on February 11, 2021

therapist's rules. Like crying, frown and cheeks puffed up. But when he is happy and happy, his face beams and shows his teeth.

b. FKN

Researchers saw the facial expressions shown by FKN preferring to look away when treated, this is a form of lack of focus in the following therapy. In addition, the expression of curved lips in FKN occurs when they have been in the therapy room for too long. This indicates that FKN is already bored and what he wants is to start playing.

c. MAA

Researchers saw the facial expressions shown by MAA pretending to cry when in therapy until the therapy was finished as a form of rejection in the therapy process. These quivering lips indicate MAA is bored and wants to leave the room.

d. MY

Researchers saw the facial expressions shown by MY at the beginning of the therapy process, always smiling and happy, this indicates that MY is very happy in therapy. In addition, facial expressions are very focused on the therapist when the therapist speaks and gives orders. However, when the therapy process takes too long, MY's facial expression will be sullen and lethargic, this indicates MY is getting tired of being treated and wants to play immediately.

e. ZIP

Researchers saw the facial expressions shown by ZIP during the therapy process, such as crying, this indicates ZIP does not want to be treated, often opens his mouth which indicates ZIP is not concentrating, this yawning indicates ZIP is sleepy while being treated, which ZIP is likely to sleep too late, frowns and puffy cheeks when the therapist speaking too loudly to emphasize when ZIP doesn't follow the rules of the therapy process. But when entering hours of playing ZIP will smile which indicates ZIP is happy.

2. Eye Contact

a. AG

Researchers saw AG's eye contact was less focused on paying attention to the speech therapist. eye contact still sees a lot of objects around him, especially looking at the carpet, AG is very afraid because of the trauma during therapy when his body was rolled up using a carpet so that his eye contact focused on the carpet, and also asking (looking for something). AG's eye contact can be focused when he chooses the object or game he wants, such as playing puzzles, his eye contact is very focused on solving problems in playing puzzles. In addition, when ordered to write AG, this focus also occurs when the therapist gives orders to write letters of the alphabet.

b. FKN

The researcher saw that the eye contact on the FKN was very poor when the therapist spoke, the FKN's eyes did not see the therapist speaking, but his eyes looked in all directions and only saw objects around him with sad eyes. Eye contact FKN really likes to see the lights on. He likes to see the light. This is a sign that FKN is not focused on the therapy process. It takes time for FKN to be able to focus on the therapy process. However, FKN Nisa's mat contact can focus when she uses an object such as a pen that is aimed at her eyes, her eye contact will be on the pen and even then the focus is not too long but only for a moment.

c. MAA

Researchers saw the eye contact that MAA showed during therapy was less focused because his eyes saw someone new. MAA seemed confused by a new person she did not know. In addition, MAA's eye contact seemed to be out of focus when the therapist spoke but her eyes looked at the window and door indicating MAA wanted to leave the room. MAA's eye contact can focus when instructed by the therapist, such as through a game of throwing a ball into a basket. But it didn't last long because MAA got bored easily and always wanted to get out.

d. MY

The researcher saw the eye contact that MY showed when therapy was very focused, his eyes looked at the therapist and followed what the therapist ordered, even when his name was called by the therapist, MY immediately responded. In addition, when playing the puzzle, MY's eye contact was focused on solving the puzzle and when she put the ball into the basket, MY's eye contact was very focused. But when the therapy process took too long, MY's eye contact started everywhere looking around the many games, this indicated that MY was bored and wanted to play. But when he saw a new person his eye contact was very sharp. MY seemed confused by a new person he did not know.

e. ZIP

Researchers saw eye contact on ZIP was very less focused when the therapist spoke, ZIP's eyes did not see the therapist speaking, but his eyes looked in all directions and only saw objects around him. You need a way to focus your eyes on the ZIP, such as closing your right and left eyes using your hand on this ZIP so that the ZIP can focus when your name is called, besides being able to use objects that Ibra likes, such as being called with a ball, ZIP will see. But it didn't last long because the eye contact on the ZIP couldn't focus for too long.

3. Body Move

a. AG

Researchers saw that AG's body movements were not too active or not hyperactive, AG preferred to sit still while following the teacher's orders, sometimes if AG moved, he would want to take the game he wanted without the direction of the therapist. And AG will wiggle his pencil during the therapy process which indicates he is getting bored. Sometimes AG beats the table while being treated, this indicates that he is bored in the therapy process. In addition, when AG is happy or happy he will jump up and down which indicates he is happy.

b. FKN

Researchers saw the body movements that FKN did in the therapy process, not hyperactive, different from other friends, FKN was always silent and didn't move much only when ordered by the teacher and even then there had to be coercion before starting to be active. This is a sign of less active children's FKN. However, when FKN was getting tired of being treated with gestures by FKN, he would hit the therapist and also hit the table.

c. MAA

Researchers saw that MAA's body movements were very active, during the therapy process, MAA could not sit still, MAA was always active, running here and there and ignoring the therapist's orders. Adnan wants to sit still when ordered and forced by the therapist first, but that doesn't last long because MAA gets bored easily. at certain times MAA always wants to find the key to the door until it goes up to the top of the cupboard,



this indicates MAA is bored and wants to get out of the therapy room, especially when she is angry MAA will hit her head, scratch, and hit the therapist while running towards the door.

d. MY

The researcher saw that MY's body movements were very active and could not stay still, MY was very happy to run, jump, kick, hit, climb and roll while playing which indicated that she was very happy when she was being treated, especially when playing soccer, MY always smiled and was very enthusiastic. MY is also easy to focus on during therapy, when the therapist starts doing therapy, MY can follow and can sit still and is also easy to manage.

e. ZIP

Researchers see that ZIP's body movements are not very active or not hyperactive, ZIP prefers to sit still, but at certain times ZIP will jump up and down, this is a sign that ZIP is happy and happy. However, when ZIP hit his head, it was a sign that ZIP no longer wanted to be ordered to do what the therapist ordered. Ibra also sometimes claws at the therapist, this indicates that ZIP does not want to be forced when he is being treated.

4. Hand Gesture

a. AG

Researchers saw the cue through the hand on this AG occurred during the hour of therapy. when the material that AG likes, he will stimulate or shake his hand, this indicates that AG is very happy with the material being taught. But when AG is bored, AG's hand will hold his lips daydreaming.

b. FKN

The researcher saw the hand gestures made by FKN in the therapy process, FKN always hides his hand under the table when ordered to write. This is a sign that FKN does not want to write. FKN often holds the therapist's hand, this indicates that FKN wants to be cared for and pampered.

c. MAA

The researcher saw the hand signals made by MAA during the therapy process. MAA pulled the therapist's hand to help him open the door, this indicates MAA wants to leave the room and wants to play, scratching his head when ordered by the therapist, this indicates MAA is confused with what the therapist ordered, but different from when Adnan, who has been treated by MAA, will clap, this indicates a sense of pleasure because he will be home soon.

d. MY

The researcher saw the hand signals that MY showed during the therapy process. MY was very happy to clap, especially when she completed the therapist's orders, for example, completing a puzzle, MY would applaud which indicated that MY was very happy and happy to be able to complete the puzzle. When it was time to start playing, MY always clapped while jumping, which indicated that MY was very happy.

e. ZIP

The researcher saw this hand gesture on the ZIP occurred when the material he liked he would clap, this indicates that ZIP is very happy with the material given. However, when ordered to point in the game to guess the picture of the animal, ZIP will hide his hand, this is a sign that ZIP does not like the game given. In addition, when the therapist speaks ZIP will cover his ears, this is a sign that ZIP does not want to listen to the instructions given by the therapist.

5. Touch

a. AG

Researchers saw the touch done by AG sometimes hugging the therapist which indicated that AG was afraid of something like a carpet in the therapy process, giving high fives to the therapist when he was happy.

b. FKN

Researchers saw the touch FKN did in the therapy process, FKN sometimes hugged the therapist which indicated FKN was getting bored in the therapy process, besides that FKN also pinched the therapist when ordered to write or spell this letter indicating FKN did not want to be ordered. and also want to touch something when ordered.

c. MAA

Researchers see the touch that MAA does in the therapy process, MAA sometimes hugs the therapist which indicates MAA is getting bored in the therapy process.

d. MY

Researchers saw the touch that MY did in the therapy process, MY sometimes hugged the therapist which indicated MY was very happy and happy during the therapy process.

e. ZIP

Researchers saw the touch that ZIP did during therapy, namely ZIP sometimes took the therapist's high five, this was a sign that ZIP could complete what the therapist ordered. In addition, ZIP sometimes hugs the therapist, this indicates ZIP is bored and asks the therapist to play.

### **3.2 Constraints Faced by Therapists in Nonverbal Communication Behavior in Autistic Children in the Therapy Process**

While at the Autism Service Center, the researcher interviewed the therapist regarding the obstacles faced during therapy at Autism Service Center, he said that the obstacles faced during teaching were:

- a. Communication problems because children with autism are not like children in general, there is some nonverbal language that the therapist cannot understand which requires understanding and adaptation to be able to understand children. so it takes a process for the therapist to understand every nonverbal behavior in children.
- b. The existence of manipulatives or deception in children such as pretending to sleep, to pretending to cry during therapy makes it difficult for some therapists.
- c. The existence of a child exchange system once a year between therapists makes it difficult for the therapist because they have to know every new child's behavior.
- d. The room is less effective because there are still many game tools that are not arranged properly which causes the children's concentration to be dispersed such as seeing the view in all directions. After all, there are many games around it.
- e. Children get bored quickly in the therapy process which causes difficulties for the therapist because they have to restore the child's mood or mood to be treated.
- f. There are problems from outside the school or external that cause the child's mood or mood to be not good. Such as more aggressive behavior, getting angry, crying, hitting one's own body and there is always rejection when given the material so that the child's enthusiasm for therapy is reduced.
- g. The absence of discipline from parents to repeat the material given by the therapist through a diary resulted in the child not changing both in terms of communication and attitude.

- h. The food factor given to the child is not by what the therapist ordered, because the child is given careless food such as fast food which is not allowed, and does not routinely provide diet to the child which affects the child in the therapist process which will result in the child's communication is difficult, tantrums, refusal when treated and also endanger the nervous tissue.
- i. Lack of competent experts because not all therapists majoring in autistic children.

### **3.3 Therapists' Efforts in Overcoming Nonverbal Communication Behavioral Barriers in Autistic Children in the Therapy Process**

The therapist's efforts in overcoming the obstacles faced during therapy at the Autism Service Center are:

- a. Must always approach the child very closely to know any nonverbal behavior shown by the child.
- b. Providing stimulus with various methods, all of which have been designed by the therapist based on research and the program made must be following the child's character.
- c. Provide the ABA method to strengthen behavior and verbal communication in the therapeutic process which is a suitable method for autistic children because this method does not require many instructions, is firm, straightforward, and clear with this method the child will be easy to treat and able to follow the instructions given and also more effective.
- d. Treating children with fine motor methods such as inviting children to identify letters and mention them.
- e. Treating children with gross motor methods such as inviting children to play a balance board so that children can learn to balance their bodies.
- f. Learn with more qualified knowledge to know the personality and behavior of children.
- g. Many learn from children about new things that can be developed naturally.
- h. Using interesting games so that children are happy and happy in participating in the therapy process. This includes effective efforts to create a therapeutic spirit in children.
- i. Every morning the therapist always massages the child so that the child is calm, not hyperactive, and can follow the therapy process.
- j. The therapist maintains communication with parents in educating children and also invites parents to always maintain the child's diet as well as a child's diet that is sourced from casein such as cow's milk, wheat bread, wheat flour, and also nuts because this is very important to help children in the therapy process. With communication between therapists and parents, it will be easy to implement future programs for children.

## **4 Conclusion**

Based on the results and research findings, the researchers found conclusions from nonverbal communication behavior in the therapy process at the Jambi Provincial Autism Service Center, which were outlined by the researchers, among others, as follows.

- 1. Autistic children are children with neurological disorders who have different nonverbal communication behavior according to the child's character. However, there are special characteristics that can be seen and used by autistic children for nonverbal language, including facial expressions, eye contact, gestures, hand signals, and touch. These are all

used by autistic children to express their expressions and feelings while interacting with their environment.

2. When treating autistic children, therapists have various obstacles, ranging from communication that is difficult to understand, lack of concentration, easily bored, problems outside school, to food factors that are not taken care of by parents. so that all of this can cause a very large inhibiting factor between the therapist and the child in developing the child's potential in the therapy process.
3. Therapists have different abilities to overcome children's obstacles in the therapy process. There are several ways that the therapist does, including using the ABA method to strengthen behavior and verbal communication, approaching children, providing stimuli according to the child's character, using games, to maintaining communication with the child's parents.

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