The Implementation of Behavioral Rehearsal Towards Activity of Daily Living Skill Enhancement of People with Intellectual Disability

Justin Foera-era Lase
Lina Favourita
Rini Hartni RA
Social Worker of “Program Keluarga Harapan” at Gunung Sitoli – North Sumatera

Abstract. Intellectual Disability Issues are family dependency in performing Activity of Daily Living (ADL). This research aims to know and examine the implementation of behavioral rehearsal to improve the ability of ADL to take care of AH, AJ, JS intellectual disability. The method used in this research is the method of action research with post-positivism social work research paradigm. Data collection techniques used were in-depth interviews, observation and documentation studies. Data source used is primary data source and secondary data source. The behavioral rehearsal application is carried out in accordance with the principle of action research that is participatory based on the stages of action research, therapy procedure, and involving the family in each stage of the activity. The results showed that the implementation of rehearsal behavioral increase the ability of ADL to take care of self AH, AJ, and JS. This shows an increase in the behavior of AH, AJ, JS in wearing clothes, wearing pants and wearing shoes. Additional stage of information in rehearsal behavioral is not relevant to intellectual disability. The practical implications of the results of this research indicated that the rehearsal behavioral application of intellectual disability should pay attention to three things: family involvement, repetition, and providing detailed and systematic instruction.

Keywords: Behavioral rehearsal, Activity of Daily Living, Intellectual disability, behaviorisme paradigm

Introduction

People with disability are one of the most common social problems in Indonesia today. People with disability in accordance with Law No. 8 of 2016 are "anyone with longstanding physical, intellectual, mental and / or sensory limitations who in interacting with the environment may experience barriers and difficulties to participate fully and effectively with citizens others based on equal rights ". The population of people with disability in quantity tends to increase and is expected to continue to
increase due to various reasons such as traffic accidents, factory accidents (workplace), side effects from medicines, poor nutrition, lifestyle etc.

Data from the Ministry of Social Affairs of the Republic of Indonesia show that the number of people with disability reaches 6.7 million people (Pusdatin Kemensos, 2012), consisting of people with visual disability, 338,672 people, people with hearing impaired 223,655 people, people with speech impaired 151,371 people, people with hearing and speech impaired 73,560 people, people with physical disability 717,312 people, mental disability 290,837 people, people with mental and physical disability 149,458 people and people with sensory disability 181,135 people. The highest number of people with disability in West Java Province reaches 50.90% or about 3.4 million people with disability.

The number of people with disability in Bandung in 2013 is 6,289 people and 2014 number is 5,069 people (Bandung Social Service Profile 2015). Kiaracondong Sub-district is one of the sub-districts in Bandung with a high number of people with disability that is 466 people (RBM Profile Kiaracondong Sub-district 2014). While the number of people with disability in Sukapura Village, Kiaracondong Sub-district, Bandung City is 129 (data collection of people with disability in the initial research activity with RBM Sukapura Urban Village in 2016). Persons with disabilities in Sukapura Village consist of 37 people with physical disability, 7 people with mental disability, 50 intellectual disability, 24 people with disability sensory and people with dual disability are 11 people. Adults with disabilities in Sukapura Village are 94 people, while children with disabilities are 35 persons.

According to WHO (in Guidance Note Disability Emergency Risk Management, 2013: 23) for rural / village size, an area is called emergency disability, if the people with disability in the village are at least 37 people. It showed that Sukapura Village with a disability number of 129 people is an emergency disability. The high number of people with disability should be the concern of the Sukapura administration.

Various people with disability according to Law Number 8 Year 2016 consist of persons with physical, intellectual, mental and sensory disabilities. The variety of people with disability can be experienced singly, multiple or multi-term in a long time. Persons with intellectual disabilities who are the focus of this research according to Law No. 8 of 2016 are "disruption of the function of thought because the level of intelligence below the average, including slow learning, mental retardation disability and down syndrome".

Problems experienced by people with intellectual disability can involve various aspects of one's life, both personal life and social life. Persons with intellectual disabilities have limited thinking and are oriented towards their environment. The limitations of thinking and intellectual disabilities are impacted on the ability to perform Activity of Daily Living (ADL), ability to socialize and communication ability.

People with intellectual disability need services and care so that they can live independently and not depend on others so they can function socially well. Social functioning is crucial to determining its will and participating in various activities.
Therefore efforts to improve social functioning are the focus of social work in the intervention process.

Social functioning of people with intellectual disability can be seen from the ability of intellectual disability to intellectual disability classification according to Diagnostic and Statistical Manual of Mental Disorder (DSM-IV). Referring to DSM-IV the term intellectual disability uses the term mental retardation. The classification of mental retardation according to DSM-IV consists of four categories:

"(1) mild mental retardation, the ability to communicate and perform social functions in society well, can take care of themselves well. In general it can function like other normal people with some limitations that can be trained. (2) moderate mental retardation, the ability to be able to perform easy activities and take care of themselves, can learn basic things about health and self-safety. (3) severe mental retardation, the ability to respond, always requires self-control, can be trained to take care of oneself easily. (4) severe mental retardation, the condition that is often accompanied by innate disability from birth, needs help to take care of themselves and requires strict supervision.

In some categories of people with intellectual disability above, it can be seen that Activity of Daily Living (ADL) is often a major problem in people with intellectual disability. Mastery of ADL ability is a process of learning, training, and habituation so that people with intellectual disability can perform their social functions and role in daily life.

The research will focus on the ability of ADLs people with intellectual disability. Based on initial assessment the ADL condition for people with intellectual disability is not good. Researchers feel that the client's ADL capabilities can still be improved so that clients are more independent and not rely on others.

According to Bandi Delphie (2006:121), Activity of Daily Living (ADL) aspects for children with intellectual disability are: self care, self-help, communication, socialization, life skills, and filling spare time. The researcher felt that an increase in client ADLs should be able to cover these types of ADL capabilities of People with Disability. Increased ADL client must be measurable clearly so that can be known development of ADL client.

Considering the above considerations, the researcher feels that appropriate and measurable intervention is needed to improve client ADLs. Behavioral rehearsal is an intervention is one of micro-intervention techniques in social work. Researcher decided that rehearsal behavioral application was effective in improving ADLs with intellectual disability. Behavioral rehearsal has the completeness of the stages in reinforcing behavior changes that have been achieved by the client. Through the stages of positive identification researchers can see the development of ADL clients during the intervention process. Stages of advice giving make clients more motivated to develop their ADLs. Stages of home work will speed up the client's ADL capabilities through coordination with the family.

Based on previous exposures, researcher decided that rehearsal behavioral interevention was an appropriate intervention to improve ADLs with intellectual disability. Based on this, the researchers will use rehearsal behavioral techniques in
improving ADL with intellectual disability in Sukapura Village, Kiaracondong Sub-District, Bandung City. Considering the importance of this research, the researcher will conduct research entitled "Application of Behavioral Rehearsal to Enhancement of Activity of Daily Living (ADL) Capability of Intellectual Disability in Sukapura Village, Kiaracondong Sub-District, Bandung City".

**Purposes**

The purpose of the research is to obtain a description about the implementation of behavioral rehearsal in enhancing Activity of Daily Living (ADL) of people with intellectual disability.

Specific purposes of this research are: (a) Understanding the condition of Activity of Daily Living (ADL) of people with intellectual disability, (b) Analyzing the condition of ADL of people with intellectual disability, (c) Analyzing the action of rehearsal behavioral application in increasing Activity of Daily Living, (d) Analyzing rehearsal behavioral planning in enhancing the ability of ADL of people with intellectual disability, (e) Analyzing the implementation of rehearsal behavioral in enhancing the ability of ADL of people with intellectual disability and (f) Analyze behavioral rehearsal evaluation in improving the ability of ADL of people with intellectual disability.

**Method**

The type of research used by researchers is action research with post-positivism social work research paradigm. According to Terresa Morris (2006: 71) "the post-positivist paradigm takes an inductive explanatory approach to understanding objective reality. Researchers observed the naturalistic arrangements in which the researcher was a key instrument ". Terresa Morris stated that the goal of social work research with the post-positivism paradigm is "to develop a holistic and comprehensive description and analysis of research topics. In this way, theories are developed, formulated, and tested by logic, self-conscious reasoning". Through this paradigm → post-positivistic, researchers dig the data holistically and comprehensively according to reality in the field.

Ernest T. Stinger (1996: 9) states that "action research describes a collaborative approach to searching and involving the subject equally and fully with participation during the research process". This understanding is in line with the research that will be conducted that involves the participation of clients and also from the family during the intervention process. The researcher also involved the Community Based Rehabilitation Board (RBM) of Sukapura Village in the research process.

According to Richard Winter and Carol Munn-Giddings (2001: 8) "action research is the study of the social situation undertaken by the people involved in the situation to improve their practice and the quality of their understanding". This understanding is in accordance with this study where researchers are directly involved in the intervention
process. Researchers work with participants to help them and also improve their understanding. According to Ernest T. Stinger (2007: 8) there are three main aspects of action research: Look, Think and Act.

**Basic Stages of Action Research**

*Look* ~ Collecting relevant information
  ~ Make a picture: description of the situation

*Think* ~ Explore and analyze what happened
  ~ Interpret and explain how and why

*Act* ~ Planning
  ~ Implementation
  ~ Evaluation

*Source: Ernest T. Stinger (2007:8)*

Picture 1. Basic Stages of Action Research

Action research examines issues that arise from and within the client (rather than the researcher's perspective) and seeks to find alternative solutions that can be applied to the client. This study was also chosen because it was done under natural conditions (natural setting) that developed as it is, not manipulated by researchers and the presence of researchers does not affect the dynamics of the object under study. The characteristics of action research, according to Cohen and Manion, Burn (in Suwarsih Madya, 2011: 11-12), namely:

1. Situational, contextual, small-scale, practical, localized and directly relevant to real situation.
2. Providing a regular framework for practical problem solving.
3. Flexible and adaptive, allowing for changes during the trial period and ignoring controls because it emphasizes responsiveness and test and renewal at the scene.
4. Participatory, because researcher takes part directly or indirectly in conducting his research.
5. Self-evaluative, ie continuously modified to be evaluated in the current situation.
6. Changes in practice are based on the collection of information or data that encourages change.

*Source: Ernest T. Stinger (2007:9)*

Picture 2. Main flow of action research
Operationalization in action research can be described briefly in 3 stages:

1. Stage I: Look
The Look stage is the stage for creating an overview of the ADL state of clients "AH", "AJ" and "JS". This phase begins by re-assessing the ability of Activity of Daily Living (ADL) "AH", "AJ" and "JS". Based on the re-assessment results, it is found that the ADL behavior displayed by clients "AH", "AJ", "JS" is not 100% max. The capabilities of "AH", "AJ", "JS" will be trained if done repeatedly, consistently and need full supervision. Therefore, in the action research that the researcher wants to develop is to develop a better program plan to improve the ADL capability of clients "AH", "AJ", "JS".

2. Stage II: Think
At this stage the researcher analyzes the client ADL "AH", "AJ" and "JS". According to Ernest T. Stinger (2007: 108-114) there are 4 alternatives that can be done to build the Think (thinking) stage in action research. In this study the researchers used alternative Problem Analysis-Antecedents and Consequences. This is also in line with the assumption of behaviorism according to B.F. Skinner (in Alwisol, 2009: 321) that "to understand and control behavior using behavioral analysis techniques of behavior: an analysis of behavior in the form of causal relationships, how a response arises following a particular stimulus or condition. Thus the researcher has a comprehensive thinking pattern about the causes and consequences of ADL conditions of clients "AH", "AJ" and "JS". So researchers focused on reducing the effects of antecedents and consequences in an effort to increase client ADLs.

3. Stage III: Act (Action)
This research performs actions as much as 4 times the action round. It aims to continuously train ADL clients, so that client ADL capabilities can be improved. According to Ernest T. Stinger (2007: 125-140) Act stage (action) in action research consists of three stages of planning, implementation and evaluation.
   a. Planning
   Make a plan about the things found in reflection, with attention to the question: what to do, about what, who, where, when and how the research is done. This activity is focused on designing what can help intellectual disability in improving ADL capability and involves the active participation of the family in handling clients "AH", "AJ", "JS".
   b. Implementation
   Implemented according to the planning of activities that have been drafted with the client and related stakeholders. In the process of implementation, researchers do recording, monitoring or observation closely. Researcher engage with the activities of clients "AH", "AJ" and "JS". At the implementation stage the researcher performs behavioral rehearsal with stages: preparation, advice giving, role play, positive identification, advice giving, and home work (adapted from behavioral rehearsal stage according to Sheafor and Horejsi, 2003: 386).
c. Evaluation

Identify signs of behavioral changes experienced by clients after intervention compared with before getting intervention. The evaluation stage is a discussion of the intervention that has been done whether it has achieved the established objectives, how the effectiveness of the techniques used in the intervention, as well as obstacles encountered during the process of the intervention run. In conducting this evaluation, the researcher used the Single-Subject Design (SSD) social work evaluation tool (Sheafor and Horejsi, 2003: 486), in Bloom and Fisher (1982: 286) called Basic Single Design, a behavioral evaluation tool "Base-Line" (Edi Purwanta, 2015: 190). The use of SSD as an evaluation tool in this research is in line with action research, where the researcher performs actions as much as 4 (four) rounds. Evaluation using this SSD, carried out every action execution, so that behavioral changes from time to time can be seen and observed.

The research background used in this research is Sukapura Village, Kiaracondong Sub-district, Bandung City, where the researcher handles client "AH", "AJ" and "JS". The tangible aspects are how to apply rehearsal behavioral in order to improve the ADL capability of clients "AH", "AJ" and "JS".

Determining the client (data source) conducted by using purposive sampling technique that is how to determine the source data with certain considerations. The data sources in the study were "AH", "AJ", and "JS" where the ability of ADL "AH", "AJ", "JS" was still low and the researchers felt that ADL capabilities "AH", "AJ" and "JS" can still be improved.

Data collection in this research used the following techniques: (1) in-depth interview, (2) participatory observation, (3) documentation study. The credibility test includes extension of observation, persistence improvement, and triangulation, (2) transferability test, (3) dependability test, (4) conformability. Data analysis is done through qualitative data analysis including data collection, data reduction, data presentation and conclusion.

Research Result

Location description

Sukapura Village Kiaracondong Sub-district Bandung City is divided into 15 RW and 109 RT has an area of 280.72 Hectares, with a population of 27714 Souls. Persons with disabilities in Sukapura Village number 129 people.
Based on Figure 3 shows that people with disabilities in Sukapura Village are 129 people. People with intellectual disability are the most disability type in Sukapura Village which is 50 people with percentage of 39%. People with disability in Sukapura Village totaling 129 people consisting of 94 adult and 35 children with disabilities.

Activity of Daily Living of People with Intellectual Disability Condition (Look)

Based on the result of re-assessment of ADL condition of intellectual disability, data of client identity, client background, client's disability condition, and client's family condition have been understood. The backgrounds of "AH", "AJ" and "JS" are different from each other. "AH" was born healthy. Unlike the "AJ" which was convicted by doctors have died in the womb due to delay in labor. While "JS" yellow colored when born and long crying.

Educational background "AH", "AJ" and "JS" have many similarities. "AH", "AJ" and "JS" both have entered in kindergarten / public elementary school. "AH", "AJ" and "JS" experienced a lot of bad experiences during school entry. They are often discriminated against by the school environment so that they end up not going to school. Other similarities are that their parents insist on entering public schools, even though the school has advised parents to include "AH", "AJ" and "JS" into the Special School.

The condition of distiability "AH", "AJ" and "JS" certainly makes them different in IQ and personality with people in general. "AH", "AJ" and "JS" have learning, remembering, motor skills, paying less attention than others. "AH" is the lowest that is with IQ 30. "AH" has bad motor skills where the body "AH" is very stiff, making it hard to do something.

"AH" is often rejected by his friends because of the fine motor "AH" is low. "AJ" likes to play along with his neighborhood friends, even though "AJ" is often beaten and not allowed to play together. Different with "JS" which in fact sometimes hit his friends while playing. "AH", "AJ" and "JS" both received support from the family. "AH", "AJ" and "JS" are often escorted by families especially mothers when they want to go to school.
The capabilities of ADL "AH", "AJ" and "JS" vary widely. "AH" has a low ADL capability compared to "AJ" and "JS". In doing their activities, "AH", "AJ" and "JS" are often assisted by families, especially mother. Through this research, researcher hopes to improve ADL take care of themselves "AH", "AJ" and "JS" so that they can be independent in the future. Through this stage the researcher measures the initial conditions of ADL capabilities "AH", "AJ", and "JS". This research focuses on ADL taking care of itself because ADL takes care of itself is the lowest ADL of AH, AJ, and JS. The measurement of ADL capability takes care of the informant by assuming that: \( 0 = \text{unable to do ADL} \), \( 1 = \text{able but need physical and verbal help} \), \( 2 = \text{able but need physical help} \), \( 3 = \text{able but need verbal help} \), and \( 4 = \text{able to do the ADL} \).

Table 1. Instruments for Measuring Capabilities ADL Take Care of Self AH, AH, and JS clients

<table>
<thead>
<tr>
<th>No</th>
<th>Self-care ADL</th>
<th>ADL ability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>1</td>
<td>Eat</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Drink</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Wearing clothes</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Wearing pants/skirt</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Wearing shoes</td>
<td></td>
</tr>
</tbody>
</table>

An ADL capability measurement tool above the researcher along with the client's parent, assuming behaviorism that ADL behavior can be observed. The ability of the ADL to take care of the client "AH" before the intervention is 2.80 where "AH" still needs physical help in wearing his shirt and pants / skirt. "AH" also still needs verbal help from her mother to wear shoes. ADL self-care "AJ" which is 2.60 where "AJ" needs physical help to wear shoe pants. "AJ" also still needs verbal and physical help in wearing her shirt. ADL takes care of itself "JS" has a score of 2.80 where "JS" needs verbal and physical help in wearing clothes; physical help in wearing shoes as well as verbal help in cursing shoes.

The condition of the ADL's ability to do self-care at the "Look" stage, researchers set as the baseline for intervention. This is useful for the evaluation process of this research, where the researcher uses social work evaluation tool of single subject design which aims to see the change of client ADL capability before and after Intervention action.
Table 2. Activity of Daily Living Condition (Look) People with intellectual disability Client “AH,” “AJ” and “JS”

<table>
<thead>
<tr>
<th>No.</th>
<th>Look</th>
<th>“AH”</th>
<th>“AJ”</th>
<th>“JS”</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Identity</td>
<td>o Bandung, 17 April 2000</td>
<td>o Bandung, 6 May 2006</td>
<td>o Bandung, 30 July 2001</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Class 1 Junior High Special School-C Sukapura</td>
<td>o Class 3 elementary Special School-C Sukapura</td>
<td>o Class 6 elementary Special School-C Sukapura</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Intellectual disability and</td>
<td>o Intellectual disability</td>
<td>o Intellectual disability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Age 6 years in kindergarten in Solo</td>
<td>o Age of 7 years into elementary school</td>
<td>o Age 7 years in kindergarten</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Age of 10 years into Special School-C Sukapura</td>
<td>o Age of 10 years into Special School-C Sukapura</td>
<td>o 2014 entered Special School-C Sukapura</td>
</tr>
<tr>
<td>2.</td>
<td>Background</td>
<td>o Born in good health</td>
<td>o 9 months 2 weeks in the womb</td>
<td>o The baby is yellow and long crying</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o 0-4 months a lot of sleep</td>
<td>o Had a doctor sentenced to death in the womb</td>
<td>o Immunization is not completed because of the economy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Age 2 years start to speak</td>
<td>o The baby is not crying and is green</td>
<td>o Age of 2.5 years can walk and talk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Age 6 years in kindergarten in Solo</td>
<td>o Age of 3.5 years able to walk</td>
<td>o Age 4 years of high fever, cough and had fainted</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Age of 10 years into Special School-C Sukapura</td>
<td>o 5 years old entering kindergarten</td>
<td>o Age 7 years in kindergarten</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o o</td>
<td>o Age of 7 years into elementary school</td>
<td>o 2014 entered Special School-C Sukapura</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o o</td>
<td>o o</td>
<td>o</td>
</tr>
<tr>
<td>3.</td>
<td>Disability Condition</td>
<td>o IQ 30 (severe intellectual disability)</td>
<td>o IQ 45 (moderate intellectual disability)</td>
<td>o Never test IQ</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Rigid hands (low fine motor), stiff legs when walking</td>
<td>o Leg x so it goes with a limp</td>
<td>o Good motor like a child in general</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Difficult to pay attention</td>
<td>o Able to pay attention</td>
<td>o Able to pay attention</td>
</tr>
<tr>
<td>4.</td>
<td>Perspective of BPSBS</td>
<td>o Stiff body, hard to communicate</td>
<td>o Skinny, foot x so difficult to walk</td>
<td>o Physical well</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Emotion quickly change sometimes quiet but suddenly explosive</td>
<td>o Emotion cheerful</td>
<td>o In front of the emotional JS emotional researcher, but according to his mother JS daily has an explosive emotion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Rejected by his friends due to low fine motor</td>
<td>o Likes to play although often exiled his friends</td>
<td>o Frequently fights with his friends</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Have not been able to understand spirituality</td>
<td>o Have not been able to understand spirituality</td>
<td>o Have not been able to understand spirituality</td>
</tr>
<tr>
<td>5.</td>
<td>Family condition and social environment</td>
<td>o Live together with H</td>
<td>o Basic needs are met well</td>
<td>o The economy of a mediocre family</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o The family economy depends on the SS</td>
<td>o Family support</td>
<td>o The family is less supportive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o The family supports AH well</td>
<td>o Relationship with neighbors and good school friends</td>
<td>o Less accepted neighbors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Well received by neighbors</td>
<td>o Frequently forbidden to play by friends of the surrounding environment</td>
<td>o Frequent fighting with friends playing in the neighborhood around the house.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Rejected by his friends in the neighborhood and school due to low fine motor</td>
<td>o o</td>
<td>o</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o o</td>
<td>o o</td>
<td>o</td>
</tr>
<tr>
<td>6.</td>
<td>ADL capability to do self-care</td>
<td>o Cannot own to eat, wear clothes, pants, shoes</td>
<td>o Cannot wear their own clothes, pants, shoes</td>
<td>o Cannot wear their own clothes, pants, shoes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o need ADL to do self care</td>
<td>o ADL’s ability to do self care has an average 2.60</td>
<td>o The ADL’s ability to take care of itself has an average of 2.80</td>
</tr>
</tbody>
</table>
Analysis (Think) Condition of Activity of Daily Living (ADL) of People with Intellectual Disability

Think stage is one of the stages in action research. Stage thinkers aim to analyze, interpret and explain problems as well as construct thinking about the problem ie low ability of Activity of Daily Living (ADL) clients "AH", "AJ" and "JS". According to Ernest T. Stinger (2007: 108-114) there are 4 alternatives that can be done to build the stage Think (thinking). In this study the researchers used alternative Problem Analysis - Antecedents and Consequences. The researchers chose this alternative because researchers wanted to see antecedents (low incidence) low ADL capability of clients "AH", "AJ" and "JS". This is in line with the principle of behaviorism, which according to B.F. Skinner (in Alwisol 2009: 319) "the only way to control and initiate behavior is to associate it with an event-antecedent event that exists in the environment." It is influenced by the environment that can be seen through antecedent analysis (events preceding) low ADL "AH", "AJ", "JS" capability.

Researcher also wants to see the consequences of low ADL clients "AH", "AJ" and "JS". This is also in line with the basic assumptions of behaviorism according to B.F. Skinner (in Alwisol, 2009: 320) that "behavior can be predicted (behavior can be predicted)". According to Skinner that science is not only dealing with past events but also the future. Through this research, it is expected that the ability of ADL "AH", "AJ" and "JS" can be improved.

Problem Analysis - Antecedents and Consequences helps researcher construct constructs thinking about reducing antecedents and consequences of low ADL clients "AH", "AJ", and "JS". The researcher will reduce antecedents through family involvement during the research, involvement of RBM of Sukapura village. In addition researchers can also provide motivation to clients and families by moving from the consequences if ADL clients are still low. So that the ADL capabilities of clients "AH", "AJ" and "JS" can be improved.

In accordance with the principle of action research that is participation, the researcher performs this look stage along with client and client's family. The following analysis of Activity of Daily Living (ADL) conditions of clients "AH", "AJ", "JS" using Problem Analysis - Antecedents and Consequences.
a. Problem analysis - Antecedents and Consequences AH

Some things that happened before (antecedents) which could be the cause of low ADL client "AH" ie as a child that is 0-4 months of age "AH" more sleep and not responsive. In contrast to other children who often cheerful or crying, "AH" sleep more during infancy. According to Elizabeth B. Hurlock (1980: 79) "during the first year of infancy, the average length of night sleep increases 8.5 hours in the first three weeks to 10 hours in the first 12 weeks and continues to remain constant for the rest of the year." This is different from the "AH" situation, which according to "H" at the age of 0-4 months "AH" can sleep all day, so according to "H" that he often wake "AH" as a baby, because "AH" sleep continues.

In addition the physical development of "AH" is also late, one of which is late to speak. "AH" can only talk simple (example: mama) at the age of 2 years. According to Elizabeth B. Hurlock (1980: 83) "baby during the first year trying to tell her needs and wants". According to Hurlock that at this age, babies can speak even though a bit difficult and complicated. This means that infants at the age of 1 year must already be able to deliver simple words. This is compared to the new "AH" can deliver a simple word at the age of 2 years.

The delay in physical development "AH" is not responded appropriately by the family. This indicates the low responsiveness of the family to the late "AH" development. Family ignorance can be a contributing factor to this.

As a child, "AH" has been entrusted to families in Solo because parents are busy working. "AH" is entrusted to enter kindergarten there. During Solo "AH" was once taken to the beach, but "AH" hit by high waves. Since then "AH" has epilepsy and drug dependence until now. Of these events (antecedents) indicated the lack of attention from families who are more concerned with work than "AH". Every child needs attachment with his / her parents. According to Malcolm Payne (2014: 96) "Attachment refers to the behavior and emotional reactions of children who seek closeness with people they deem to offer security in an environment where they fear
danger”. The best person who offers child safety is family. So it becomes a problem when "AH" then dititipkan to his aunt in Solo.

During "AH" deposited in Solo, "AH" entered in one of the common kindergartens (TK) in Solo. During this kindergarten, "AH" had bad experiences. "AH" was embarrassed and did not want to enter the kindergarten again. However, "AH" continues to be forced by her aunt, until finally told by kindergarten that "AH" should go to SLB only because condition "AH" which does not allow entry in kindergarten / public school. This indicates a non-inclusive "AH" school environment, leaving abandoned "AH" experiences. Gary L. Albrecht, et al. (2006: 1088) states that "stigma, exceptions, disgrace, abandonment, poverty, even the systematic destruction of children and adults with intellectual disability survive today". According to Gary that this has often been experienced by people with disabilities and will be experienced throughout history. It is also experienced by "AH" during a general kindergarten in Solo.

b. Problem analysis - Antecedents and Consequences JS

![Graph of Antecedents and Consequences]

Since "JS" in the womb, "OH" rarely check its content. As a result, when born "JS" yellow and long cry. "JS" has a delay in walking and talking. "JS" can only walk talk at the age of about 2.5 years. According to Elizabeth B. Hurlock (1980: 83) "baby during the first year trying to tell her needs and wants". According to Hurlock that at this age, babies can speak even though a bit difficult and complicated. This means that infants at the age of 1 year must already be able to deliver simple words. This compares with the new "JS" can deliver a simple word at the age of 2 years. In addition "JS" also had experienced severe pain at the age of 4 years, where "JS" experienced high fever and vomiting.

According to "OH" the cause of "JS" has a low ADL because "JS" never entered in the common kindergarten. At that time "JS" had a bad experience, so when
going into the SLB-C Sukapura "JS" did not want and cry-crying because of the bad experience. This illustrates that the environment around the client "JS" does not receive "JS" well. Environmental acceptance certainly affects the confidence and self-acceptance of clients "JS". Another reason for low ADL "JS" is the lack of family attention to "JS". This is justified by Mrs. Lina, one of the "JS" teachers. According to him that the family seems to let "JS" and not direct well. In several visits the researcher also saw the "JS" that the family did not pay attention to.

Action of Behavioral Rehearsal Application to Enhancement of Activity of Daily Living of People with Intellectual Disability

Act is one of the stages in action research to solve the problem of upgrading ADL capabilities of clients "AH", "AJ" and "JS". This stage of the researcher carried out together with the client's family, especially with the client's mother. According to Ernest T. Stinger (2007: 125-140) Act stage (action) in action research consists of three stages of planning, implementation and evaluation. In this study, researchers perform actions as much as 4 times a round. The researcher determines the number of turns according to the client's needs and with the coordination of the consent of the client and the family.

Based on the results of this action research conducted on a regular basis, the researchers found that the application of rehearsal behavioral able to increase the ability Activity Of Daily Living (ADL) take care of clients "AH", "AJ", and "JS". Before intervention through this action study "AH", "AJ", "JS" has not been able to do the ADL to take care of oneself. "AH", "AJ", "JS" depends on the family especially the mother in doing ADL take care of themselves especially in wearing clothes, pants and shoes.

Before the intervention (baseline) client "AH" still needs help physically inside wear a shirt and pants, as well as verbal aid in wearing shoes. The "AJ" client needs verbal and physical help in wearing clothes, and requires physical help in wearing pants and shoes. The "JS" client needs verbal help in cursing pants, physical help in wearing shoes and physical verbal help in wearing clothes.

Efforts to improve the ADL's ability to take care of the client, the researcher took action 4 times. Researchers determine this in accordance with the agreement with clients "AH", "AJ", "JS" along with their parents.

![Figure 6. Condition Evaluation of ADL “AH”, “AJ”, “JS” During Action Process](image)
In the evaluation of round I action, the ability of ADL "AH" does not increase. "AH" still needs physical help in wearing clothes and pants, as well as verbal help in wearing shoes. The ability of ADL "AJ" in wearing clothes increases to require only verbal help. While the client "JS" experienced an increase in wearing clothes, where "JS" just need physical help in wearing clothes.

Evaluation of second round action, ADL take care of self "AH" and "JS" have increased. "AH has increased in wearing pants where" AH "becomes just a verbal aid in wearing pants. ADL wearing "JS" shoes increases to require only verbal help. However "AJ" does not increase, where "AJ" still needs verbal help in wearing clothes and physical help in wearing shoes and pants.

Evaluation of ADL's third round action takes care of itself "AH", "AJ", "JS" increases. "AH" can wear his own pants and shoes and need physical help to straighten the collar and put buttons on his shirt. "AJ" can wear his own clothes and pants, and to be only need verbal help in wearing shoes that is to loosen and tighten the shoelaces. The client "JS" can wear his own pants and shoes, and become only need verbal help in wearing clothes that is to tidy up his collar.

Evaluation of round IV action, the three clients did not experience an increase in basic ADL capability than before. "AH" still needs physical help in putting on his clothes that is to put the right arm of the shirt and put buttons on his shirt. "AJ" still needs verbal help to put his shoes loosened (so hard to put his foot in) and tighten his shoelaces. "JS" still needs verbal help to wear his shirt, where "JS" often forgets to tidy up his collar and sometimes puts heavy buttons next to it.

In addition, through the stages of positive identification in rehearsal behavioral also helps researcher knows the development of ADL take care of themselves clients during the intervention process. The following negative and positive identification of ADL conditions take care of the client during the intervention process:
### Table 3. Negative and Positive Identification of the Four-Round Process Rehearsal Behavioral Impact Process in Enhancing Activity of Daily Living (ADL) self care of Clients "AH", "AJ" and "JS"

<table>
<thead>
<tr>
<th>No</th>
<th>Act</th>
<th>&quot;AH&quot;</th>
<th>&quot;AJ&quot;</th>
<th>&quot;JS&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Round I</td>
<td>1. Negative Identification:</td>
<td>1. Negative Identification:</td>
<td>1. Negative Identification:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. Difficulty putting right arm</td>
<td>a. Difficulty Entering the right sleeve</td>
<td>a. Unable to put the buttons on his shirt</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Can not put buttons on his shirt</td>
<td>b. Difficulty putting the other foot to wear pants</td>
<td>b. Difficulty putting hands next to kenan into the shirt</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Forgot to tidy up the collar</td>
<td>c. Difficulty loosening and tightening laces</td>
<td>c. Not able to put reselting pants</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d. It's hard to put his legs into his pants</td>
<td>d. Wrapped around the foot and should be helped by his mother</td>
<td>d. Often wrong</td>
</tr>
<tr>
<td></td>
<td></td>
<td>e. Forgetting to loosen the rods of his shoes.</td>
<td>e. &quot;AJ&quot; can already put buttons and reselting pants</td>
<td>2. Positive Identification:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>f. Not able to fit the shoe rig properly</td>
<td>f. &quot;AJ&quot; follows the direction while playing</td>
<td>a. &quot;JS&quot; wants to learn and follow instructions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. &quot;AH&quot; is proactive in providing direction to &quot;AH&quot; in training its ADL.</td>
<td>a. &quot;JS&quot; needs to be trained in detail</td>
<td>c. &quot;JS&quot; needs to be trained in detail</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. &quot;AH&quot; was pleased with the praise with applause and said 'hurray'</td>
<td>b. &quot;AJ&quot; follows the direction while playing</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Round II</td>
<td>1. Negative Identification:</td>
<td>1. Negative Identification:</td>
<td>1. Negative Identification:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. Difficulty putting right arm</td>
<td>a. Difficulty entering the right sleeve</td>
<td>a. Difficulty putting the buttons on his shirt</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Cannot put buttons</td>
<td>b. Difficulty putting the other foot to wear pants</td>
<td>b. Difficulty putting hands next to kenan into the shirt</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Sometimes still forget to tidy up the collar</td>
<td>c. Difficulty loosening and tightening laces</td>
<td>c. Not able to put reselting pants</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d. Must be reminded to loosen the rods of his shoes.</td>
<td>d. Wrapped around the foot and should be helped by his mother</td>
<td>d. Often wrong</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. &quot;AH&quot; can put his own pants in a new way</td>
<td>a. &quot;JS&quot; needs to be trained in detail</td>
<td>b. &quot;JS&quot; happy to praise</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. &quot;AH&quot; was able to install his rodent</td>
<td>b. &quot;JS&quot; follows the direction while playing</td>
<td>c. &quot;JS&quot; needs to be trained in detail</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. &quot;AH&quot; follows the direction of the researcher and &quot;H&quot;</td>
<td>c. &quot;JS&quot; is more proactive with intervention activities</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Round III</td>
<td>1. Negative Identification:</td>
<td>1. Negative Identification:</td>
<td>1. Negative Identification:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. Still difficult to enter the right hand.</td>
<td>a. Difficultly wrapped around a shoelace</td>
<td>a. &quot;JS&quot; still needs a verbal direction to tidy up his collar.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Still can not put the buttons on his shirt</td>
<td>b. Difficultly putting the other foot to wear pants</td>
<td>b. Difficulty Installing zipper pants</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Positive Identification:</td>
<td>Positive Identification:</td>
<td>c. Cannot afford to mount a racer properly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. &quot;AH&quot; began to insert his own right arm for a while</td>
<td>a. &quot;AJ&quot; has been able to put on his own shirt button</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Wear his own pants in a new way</td>
<td>b. &quot;AJ&quot; can already put buttons and reselting pants</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Wear good shoes</td>
<td>c. &quot;AJ&quot; follows the direction while playing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. &quot;JS&quot; is more passionate to put right hand into the clothes though for a while</td>
<td>a. &quot;JS&quot; needs to be trained in detail</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Has been able to distinguish the front of the back pants and shirts</td>
<td>b. &quot;JS&quot; was able to tie his shirt but the collar is not near</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. &quot;JS&quot; is enthusiastic in directing &quot;AJ&quot;</td>
<td>c. &quot;JS&quot; was able to put on his own pants</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Round IV</td>
<td>1. Negative Identification:</td>
<td>1. Negative Identification:</td>
<td>1. Negative Identification:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;AH&quot; still cannot put buttons on his shirt and should be helped by his mother</td>
<td>&quot;AJ&quot; is still having trouble tightening the shoelaces and tying the shoelaces</td>
<td>&quot;JS&quot; still needs a verbal direction to tidy up his collar.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Positive Identification:</td>
<td>Positive Identification:</td>
<td>b. Difficulty putting the other foot to wear pants</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. &quot;AH&quot; looks easier to insert the sleeve of his right shirt</td>
<td>a. &quot;AJ&quot; was able to enter his own right arm</td>
<td>c. &quot;JS&quot; was able to put on his own pants</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Wear his own pants in a new way</td>
<td>b. Wear his own pants in a new way</td>
<td>d. &quot;JS&quot; was able to put his shoes on</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Wear good shoes</td>
<td>c. Already able to loosen and tighten the shoelaces</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. &quot;AJ&quot; began to insert his own right arm</td>
<td>a. &quot;JS&quot; is able to maintain the ability of ADL to take care of the previous self that is wearing clothes, pants and shoes are able to wear clothes.</td>
<td></td>
</tr>
</tbody>
</table>
Theoretical Implications

This research is based on behavioristic approach. B.F. Skinner (in Alwisol, 2009: 320) as a pioneer of behaviorism states that "behavior is lawful, behavior can be predicted, behavior can be controlled. Similarly, according to Gerald Corey (2005: 195) "behavioristik is a scientific view of human behavior. Behavioristic assumes that humans are essentially shaped and determined by their social environment ". Corresponding to this, according to Lambert Maguire (2002: 221) "behavior can be predicted and controlled during observing and controlling antecedent conditions, behavior itself, and associated with reinforcement". Similarly, Sheafor and Horejsi (2003: 98-99) state that "the main assumption of behavioral theory is human behavior and even some types of emotional reactions are the result of the learning process. Usually people will repeat actions that are rewarded or punished." These statements underlie the researchers' thinking that behavior can be researched, measured, improved, observed through behavioral modification.

DSM-IV explained that the ability of Activity of Daily Living (ADL) becomes the dominant problem for intellectual disability. The low ADL capability will affect the independence of people with intellectual disabilities, family dependency and isolation from the surrounding environment. Gary L. Albrecht, et al. (2006: 1088) states that "stigma, exceptions, disgrace, abandonment, poverty, even the systematic destruction of children and adults with intellectual disability survive today". According to Gary that this has often been experienced by people with disabilities and will be experienced throughout history. This is experienced by "AH", "AJ" and "JS" which are alienated by the surrounding environment.

B.F. Skinner (in Alwisol 2009: 319) states that "the only way to control and initiate behavior is to associate it with an event-antecedent event that exists in the environment. It has also been described by researcher at the look stage, where some events precede the low ADL "AH", "AJ" and "JS". One of them is client "AH", "AJ", "JS" both experiencing delay of physical development. "AH" can only talk at the age of 2 years. "AJ" runs at the age of 3.5 years. "JS" can only walk and talk at the age of 2.5 years. This is in contrast to the opinion of Elizabeth B. Hurlock (1980: 83) who states "the baby during the first year trying to tell her needs and desires". According to Hurlock that at this age, babies can speak even though a bit difficult and complicated. This means that infants at the age of 1 year must already be able to deliver simple words. This compares to "AH", "AJ", "JS" who can talk simple at the age of 1 year.

Through this research, the researcher wants to improve the ADL capability of client "AH", "AJ", "JS" through the implementation of behavioral rehearsal. Increasing the ability of ADL is a process of learning, training, and habituation so that people with intellectual disability can perform their social functions and roles in daily life.

Sheafor & Horejsi (2003: 385) states that "rehearsal behavioral aims to assist clients in learning new behaviors to better address specific situations". The behavioral rehearsal stages according to Sheafor and Horejsi (2003: 386) are: (1) Preparation and Identification that prepares the client and identifies some problem situations...
experienced by the client and demonstrates what he usually does in the situation, (2) Advice Giving (3) Additional Information is a stage to allow the client to add information about the problems experienced in the situation, (4) Role Play is a role play role to demonstrate the desired behavior change to the client, (5) Positive Identification that social workers identify positive aspects that are seen, (6) Behavior Practice is the stage where the client is asked to practice the behavior that has been trained to be satisfied with performannya, and (7) Home Work is the stage of providing home duties to clients who can is used to help the client Learn about other behaviors.

Stages of Preparation and Identification are central stages in the implementation of rehearsal behavioral against people with intellectual disability. At this stage, social workers / practitioners should be able to tuning in people with intellectual disability. If this fails then the next process will not work properly, even intellectual disability people may not follow the direction of the social workers / practitioners. This is in line with the opinion of Lawrence Shulman (2009: 55) "Social workers with individuals should be able to do tuning in in an effort to develop a sense of empathy between clients and social workers". At this stage the social worker should be able to direct the client to be ready for the training of behavior improvement that will be done. In addition, social workers should also identify behavioral problems experienced by clients.

During the research process, researcher has different ways of tuning in with clients. This researcher is based on the hobby or likes of the client. Against clients "AH" researchers usually perform tuning in by singing along while viewing songs on youtube. The "AH" client is very fond of singing and loves Gita Gutawa's song is Sempurna song. So researchers at the beginning of the meeting, often singing the perfect song with the client "AH". Unlike the case with the client "AJ" where the client likes to play and play games. So in the preparation stage researcher sometimes play together with the client "AJ" like playing games on the mobile researcher or playing with his sister. Different also with the client "JS", where based on client assessment "JS" like reward that is in domie. So in the preparation stage researchers with her mother often menanyatakan "JS" that will not be rewarded again if not want to develop ADLnya. Also in the effort of tuning in with the family, usually researchers do small talk with the family. In essence, the preparation stage in this rehearsal behavioral social worker / practitioner should be able to tuning in with the client. Thus the atmosphere is more fluid so that clients and families are ready for the next stage.

The second stage of behavioral rehearsal is advice giving. At this stage social workers / practitioners should involve families in advising clients to develop their ADLs. The social worker must have the art to mobilize the family, to jointly advise the client. Social workers should also be able to find the right words that can motivate people with intellectual disabilities in developing their ADLs.

In the process of implementing the stages of advice giving, people with intellectual disabilities sometimes can not be good advisors. It is related to condition of their condition of disabilities hard to pay attention. So that social workers should be able to take attention from people with intellectual dasibilas during the advice giving process.
Researchers typically conduct advice giving to clients by linking ADL client capabilities with low ADL consequences. Bersama keluarga peneliti selalu berusaha memotivasi klien.

The third stage of behavioral rehearsal is additional information. At this stage social workers ask clients to add information about their ADL capabilities. During this action research, clients "AH", "AJ", "JS" can not perform this stage well. The client's disability condition "AH", "AJ", "JS" make them unable to provide detailed information. So according to the researcher that this stage is not relevant to be done to people with intellectual disability.

Next stage of behavioral rehearsal is role play. At this stage social workers / practitioners demonstrate enhanced ADLs. The researcher performs the role play with the steps: (1) asks the client to do the ADL itself, (2) the researcher with the family gives the instruction (3) the researcher gives an example and (4) the client does the ADL itself. This stage of the researchers carried out situational depending on the situation in the field.

In accordance with the principle of rehearsal behavioral, then the researcher provide systematic and detailed instructions in training ADL clients. For example, in wearing a shirt, the researcher gives systematic directions to the client: (1) finding the shirt, (2) holding the buttons correctly and (3) inserting the button into the hole. Similarly, wearing pants and shoes, where researchers provide systematic clues to clients in wearing them. This detailed and systematic instruction is very effective in helping people with intellectual disabilities to learn the desired behavior.

The next stage of behavioral rehearsal is positive identification. This stage of the researcher carried out simultaneously with the role play process. Sometimes researcher ask clients' families about the positives as long as ADL clients are trained. At this stage social workers should be able to see the positive things that the client's development before being trained, during the process trained and after being trained.

The next stage of behavioral rehearsal is behavior practice. At this stage the social worker again asks the client to perform the trained behavior. During the study of this action, this stage is good enough to see the development of ADL after ADL clients are trained. Usually clients still remember the instructions given earlier.

The next stage of behavioral rehearsal is home work. At this stage social workers provide home assignments to clients based on positive identification or negative identification during the role play process. A social worker can provide home assignments to clients in order to develop behaviors that have not been achieved during the role play process. Weakness of ADL's ability to take care of three "AH", "AJ", "JS" clients in wearing clothes, wearing pants and wearing shoes. The researcher assigns home duties with the coordination of the client's family. Stages of home work have a big hand in improving ADL clients. With supervision and direction from the family every day can train clients "AH", "AJ", "JS" develop their ADL capabilities. So that social workers should be able to establish good cooperation with the family in doing this home work stages.
Behavioral Rehearsal is effective in enhancing the ability of Activity of Daily Living (ADL) intellectual disability. Behavioral rehearsal application in action research is able to improve ADL's ability to take care of clients "AH", "AJ", and "JS". However, the additional stage of information in behavioral rehearsals is less relevant to people with intellectual disability. People with intellectual disability cannot provide information in detail because of their conditions of disability. During this action study, clients "AH", "AJ", and "JS" were also unable to provide information about their ADL capabilities. So the researchers assume that the additional information stage, should not be used in the implementation of rehearsal behavioral against intellectual disability.

**Figure 6. Model of Behavioral Rehearsal Application to ADL Ability of People with Intellectual Disability**

**Practical Implication**

Practical implications are obtained based on the results of research and can then be used as input and learning materials for social work practice in the future. Based on the implementation of action research on the increase of Activity of Daily Living (ADL) clients "AH", "AJ" and "JS", the practical implications can be observed from the rehearsal behavioral application and the role of social work.

1. **Practical Implications of Rahearsal Behavioral Application to Improving ADL Capabilities of Intellectual Disabilities**
   
The first practical implication of this research is that rehearsal behavioral stages relevant to intellectual disability are only 6 stages. As previous researchers have pointed out (on conceptual implications) that one of the rehearsal behavioral stages of additional information is incompatible with intellectual disabilities. This stage can not be responded to clients "AH", "AJ", "JS" during the intervention process. Thus, the implementation of rehearsal behavioral against intellectual disability is
only six stages: preparing / identification, advice giving, role play, positive identification, behavior practice, and homework.

People with intellectual disability take longer to learn a new behavior. People with intellectual disability who take longer to learn new behaviors should be overcome by providing longer behavioral exercises as well. People with intellectual disability need repetition to learn new behaviors. Repetition of repetition exercises may be performed at different times as well as repetitions during intervention.

Repetition of behavioral exercises has researchers done in this action research. Researchers take action to clients "AH", "AJ", "JS" 4 times round. In addition, researchers are also role plays (rehearsal behavioral stages) repeatedly, so that clients are able to learn the instructions of researchers in ADL training take care of clients "AH", "AJ", "JS. Researchers also always conduct an evaluation at the end of each round so it can know the development of ADL clients "AH", "AJ" and "JS". Reflection of other researchers during this action research ie intellectual disability requires systematic and detailed instructions to be able to perform a desired behavior. Detailed systematic instructions are needed in the role play stage. At the stage of the researcher should provide systematic and detailed instructions on how the clients "AH", "AJ", "JS" do ADL take care of themselves ie wearing clothes, pants and shoes.

Systematic and detailed instructions in wearing clothes are: see / grasp the shirt, hold it well buttoned, insert the button into the hole. Directions systematically wear pants that is: put pants on the floor, input both feet, pull up pants, pairs buttons, pairs reseleting pants. Systematic instructions using shoes are: loosen the rope (pull the rope from top to bottom), input the legs, tighten the rope (pull the rope from the bottom up), tie up, tie the knot up.

Researchers with the family continue to provide systematic and detailed guidance in training ADL to take care of clients "AH", "AJ", "JS". In the early rounds researchers have not been fully aware of this. As the action progressed, researchers found that this greatly affected the training of ADLs people with intellectual disability.

The researcher's last reflection during the study was that increasing ADLs with intellectual disabilities required the participation of families, as institutions that were daily with people with intellectual disabilities. During the study of this action, family involvement played a central role in achieving this research result: the ability of ADL clients "AH", "AJ", "JS" to increase. Through this the family is increasingly motivated and improves family knowledge that ADL clients "AH", "AJ" and "JS" can be improved.

The last stage of Behavioral Rahearsal is the assignment of homework. In this homework assignment, the researcher asks for supervision and direction from the family to train ADL clients "AH", "AJ" and "JS" every day. Through this family can learn that ADL clients "AH", "AJ" and "JS" can be upgraded through detailed directions. Families are increasingly understood and motivated in improving ADL
clients "AH", "AJ" and "JS". It is increasingly asserted that family involvement in the application of rehearsal behavioral in improving people with intellectual disability is an absolute thing. Family involvement has a positive impact on improving ADL clients "AH", "AJ" and "JS".

Based on the exposure of the above Practical Implications based directly on field practice through this action research, researcher founded three main practicalities. Increasing the Activity of Daily Living (ADL) of people with intellectual disability should consider these three things: (1) the increase of ADLs with intellectual disability should involve family involvement, (2) ADLs with intellectual disabilities should be trained by providing systematic and detailed clues (systematic and detailed instructions) and (3) Increasing efforts of ADLs people with intellectual disability must be repetitioned. These three things have proven successful in increasing ADLs people with intellectual disability namely "AH", "AJ" and "JS" clients. The researcher assumes that if any of these three aspects are not practiced by the practitioners, ADLs people with intellectual disability will be hard to improve.

**Figure 7. Practical Implications of Behavioral Rehearsal Application to Enhanced ADL Ability of People with Intellectual Disability**

2. The Role of Social Work
The role of clinical social workers is needed in dealing with people with intellectual disabilities. Family involvement during the intervention process enables the social worker to be able to find the appropriate role in increasing the Activity of Daily Living (ADL) of intellectual disability. Roles that have been implemented by researchers in improving ADL intellectual disability in Sukapura Village Kiaraocondong Sub-district Bandung City are as follows:

a. Analyst. Social workers should be able to analyze the conditions of Activity of Daily Living (ADL) intellectual disability. Researchers use this role at the research stage of thinking (think) where the researcher interprets and explains the problem and constructs the construction of thinking about the problem namely the ability of ADL clients. In this study the researchers used alternative
Problem Analysis - Antecedents and Consequences as a tool for thinking analysis in action research.

b. Planner. Social worker as a planner is to determine the handling of intellectual disability problems by involving clients, families, data, information, and actual facts to achieve problem solving.

c. Counselor. Social worker as a counselor by helping intellectual disability understand the condition of Activity of Daily Living (ADL) it. Social workers should also be able to provide understanding to families to continue to support intellectual disabilities in developing their ADLs so that people with intellectual disabilities can be independent without having to rely on others.

d. Motivator. Social worker as motivator by giving motivation to intellectual disability to keep developing ADL ability. Social workers can also motivate intellectual disabilities to develop their potential.

e. Therapist. Social worker as a therapist by becoming the implementer system of rehearsal behavioral application in improving ADL of intellectual disability. Social workers should have the art of doing therapy to persons with intellectual disabilities in achieving the desired goals.

f. Mediator. Social worker as a mediator by connecting people with intellectual disability with the resources needed. The researcher involves the RBM board of Sukapura Village during the intervention process. Researchers also involve Special School-C Sukapura as a client's school place. Thus, the researcher's alterations are enhanced with the help of the linked source system

Conclusion

People with intellectual disability need service and treatment so that they can live independently and not depend on others so they can function socially. "AH", "AJ" and "JS" are intellectual disabilities with dependence on the family due to their low ADL capability. In carrying out activities of daily life "AH", "AJ" and "JS" are often assisted by the family and are not taught how to do ADL well. The impact of such family treatment causes "AH", "AJ" and "JS" dependence on the family. Based on this the researcher considers it necessary to improve the ability of ADL "AH", "AJ” and "JS” by involving family, so the family knows how to train well ADL people with intellectual disability.

This research used action research methods. This action research has 3 main stages: look, think and act (consisting of planning, implementation and evaluation). Through the look-up stage the researcher obtained the ADL capability of clients "AH", "AJ", "JS" as well as their surrounding environment. ADL's ability to take care of clients "AH" in look stage is 2.80; client "AJ" is 2.60 and client "JS" 2.80. The condition of the ADL's ability to take care of itself at the "Look" stage, researchers set as the baseline for intervention. This is useful for the evaluation process of the research.

Researcher used Problem Analysis-Antecedents and Consequences in doing the thinking stages. Researchers chose this alternative because researchers wanted to
analyze antecedents (low incidence) low ADL capability of clients "AH", "AJ" and "JS". This is in line with the principle of behaviorism, which according to B.F. Skinner (in Alwisol 2009: 319) "the only way to control and initiate behavior is to relate it to an event-antecedent event in the environment." It is influenced by the environment that can be seen through antecedent analysis (events preceding) low ADL "AH", "AJ", "JS" capability.

In addition, through the phases of think researcher wants to analyze the consequences of low ADL clients "AH", "AJ" and "JS". This is also in line with the basic assumptions of behaviorism according to B.F. Skinner (in Alwisol, 2009: 320) that "behavior can be predicted (behavior can be predicted)". According to Skinner that science is not only dealing with past events but also the future. Through this research, it is expected that the ability of ADL "AH", "AJ" and "JS" can be improved.

Phase Think through Problem Analysis - Antecedents and Consequences help researcher constructs to think about reducing the effects of antecedents and consequences of low ADL clients "AH", "AJ", and "JS". The researcher will reduce antecedents through family involvement during the research, involvement of RBM of Sukapura urban village. In addition researchers can also provide motivation to clients and families by moving from the consequences if ADL clients are still low. So that the ADL capabilities of clients "AH", "AJ" and "JS" can be improved.

Action research is an evaluative research and performed more than once. In this research the researcher performed actions as much as 4 (four) rounds. This helps people with intellectual disability to learn better about trained ADLs. People with intellectual disability basically take longer to learn a new behavior. The method of action research addresses the needs of the intellectual disability.

Stages of this research using alternative Problem Analysis - Antecedents and Consequences. The researcher chose this alternative because researcher wanted to see antecedents (low incidence) low ADL capability of clients "AH", "AJ" and "JS". Researcher also wanted to see the consequences of low ADL clients "AH", "AJ" and "JS". Through this stage, researcher built construction to reduce the effects of antecedents and consequences of low ADL clients "AH", "AJ", and "JS". The researcher will reduce antecedents through family involvement during the research, involvement of RBM of Sukapura village. In addition researcher can also provide motivation to clients and families by moving from the consequences if ADL clients are still low. So that the ADL capabilities of clients "AH", "AJ" and "JS" can be improved.

ADL's ability to take care of clients "AH" "AJ" "JS" through this research has increased. Clients "AH" before the intervention are not able to wear clothes, wear pants and wear their own shoes. "AH" should be assisted by "H" in wearing clothes, pants and shoes. However, after the intervention through rehearsal behavioral application for 4 rounds, seen the result that the client "AH" was able to wear his own pants and shoes. "AH" also experienced a development in wearing clothes, where previously "AH" difficulty entering the right arm his shirt. However, after 4 actions "AH" now can insert his own right arm into his shirt, although still can not put his own buttons. By using
SSD evaluation tools it is seen that the development of ADL capability takes care of the "AH" client during the intervention process. At look stage (baseline) ability of ADL "AH" that is 2.80. In the first round intervention of 2.80; round II of 3.00; round III of 3.40 and on lap IV the ADL's ability score self care "AH" of 3.40. This shows the development of ADLs taking care of themselves "AH" with measurable during this research process.

The "AJ" client also experienced an increase in the ADL's ability to take care of after the action. The "AJ" client prior to the action requires verbal and physical assistance in wearing clothes, and requires physical help in wearing pants and shoes. However, after the action, "AJ" can wear his own clothes and pants and "AJ" just need the verbal help to put his shoes loosen the shoelaces and tighten his shoelaces. The development of ADL takes care of itself "AJ" during the course of action can be seen clearly in Graph 2.

ADL takes care of clients "AH" also increases after intervention. Before intervenes (baseline) "JS" requires verbal help in cursing pants, physical help in wearing shoes and physical verbal help in wearing clothes. After doing the action, "JS" becomes just a verbal aid to wear his shirt, where "JS" often forgets to tidy up his collar and sometimes attach heavy buttons. In addition "JS" is also able to wear pants and shoes themselves. The development of ADLs taking care of themselves "JS" can be seen clearly in Graph 2.

Rehearsal behavioral implementation is a form of intervention in social work aimed at assisting clients in learning and improving their ADL skills. Researchers involve families in the application of rehearsal behavioral. It aims to increase family knowledge in training the ability of ADL "AH", "AJ" and "JS" everyday. This study focuses on the ability of ADL to take care of where the three clients are still dependent on the family in wearing clothes, wearing pants and wearing shoes.

ADL enhancement to people with intellectual disability should also be done by providing systematic and detailed guidance. During the study, the researcher should provide systematic and detailed instructions in training ADL to take care of clients "AH", "AJ", "JS". For example, wearing a shirt, the researcher along with the client's family gives a hint namely: see the hole first, note, hold the buttons correctly, input the buttons into the shirt. This systematic and detailed guidance is much needed by people with intellectual disabilities. Persons with intellectual disabilities are difficult to train an ADL to take care of themselves without any systematic and detailed guidance. It is also always the researchers tell the family to train ADL clients "AH", "AJ", "JS" by providing systematic and detailed instructions.

Additional information stages in the implementation of rehearsal behavioral are compatible against people with intellectual disability. This stage cannot be responded by clients during the intervention process. The rehearsal behavioral rehearsal of the effective intellectual disability is only six stages: preparing / identification, advice giving, role play, positive identification, behavior practice, and homework. These six stages effectively improve client ADL capabilities "AH", "AJ", and "JS".
Behavioral rehearsal application is effective for improving the ability of ADLs people with intellectual disability. Therefore the researcher recommends to the family to continue to practice the ability of client ADL Client "AH", "AJ", "JS". The family can continue the rehearsal behavioral exercise to the client while providing systematic and detailed guidance during training ADLs "AH", "AJ", "JS".

In addition, further assistance is required from the RBM cadres in order to maintain the capabilities of ADL clients AH, AJ, JS that have been achieved. During this research, the RBM cadres of Sukapura Urban Village sometimes follow the intervention activity, so that the researcher feel that the RBM Sukapura cadres, Anih and Ibu Putri's mother, already know the behavioral rehearsal implementation pattern in increasing ADL clients AH, AJ, JS and other intellectual disabilities. Thus the ADL capabilities of AH, AJ, JS clients can be maintained and can also be enhanced.

References


