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## Research Article

# PARENTS' ACCEPTANCE AND MOTIVATION TO TEACH PECS OF CHILDREN DIAGNOSED ASD (AUTISM SPECTRUM DISORDER)

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### ABSTRACT

This study aims to examine the relationship between the parents' acceptance with the motivation to teach *PECS* of children diagnosed *ASD (Autism Spectrum Disorder)*. The participant in this research consists of 80 parents of *ASD* diagnosed children joined in Forkasi (Special Children Parents Communication Forum) community. The research is quantitative in nature by using *simple random sampling* technique. The measuring instrument used is scale of parents' acceptance and scale of teaching motivation of *PECS* of which the validity and reliability are tested by using analysis technique *Statistical Package for Social Science (SPSS)* version 22. The analysis finding indicates significant correlation value of parents' acceptance and teaching motivation of *PECS* ( $r = 0.706, p < 0.05$ ). Such result describes that there is significant positive between parents' acceptance and teaching motivation of *PECS*, thereby provides the assumption that the higher parents' acceptance then the higher motivation to teach *PECS* in *ASD* diagnosed children.

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## INTRODUCTION

Every parent desire their children develops perfectly, but the condition frequently occurs the child indicates the development problem symptom since early of age. One of examples is *ASD (Autism Spectrum Disorder)*. *ASD* is one of deviations in the development since infancy marked by the disorder in interpersonal (social interaction) relation, disorder in language (communication) development and existences of habit to repeat the same behavior.

According to *DSM-V*, the individual with *ASD* shall indicate the symptoms in the criteria mentioned in *DSM* since early of kindergarten period. This disorder uses *spectrum* word meaning that the coverage of area suffers from disorder highly varies between (Mash & Wolfe, 2013). Children with *ASD* is the part of children with special need experiencing the constraint in complex development related to emotion, behavior, social interaction and communication. The other characteristic related to children with *ASD* relates to the repetition of activities and repetitive movements. While several characteristics of children with *ASD* in social interaction and communication capability are inter alia unwilling to look into the eyes, if called not turning around, unwilling to play with peers, engrossed in his

own world, no empathy in social environment, echolalia, not understanding the other people's conversation (Yuwono, 2012). Children with *ASD* has disorder in behavior, emotion, sensory, motoric, social interaction, communication and language. According to Peeters and Gillberg (in Tincani, 2004) about a half of total children presumed of autism will experience the difficulty in communication until adult. The difficulty in communication in child with *ASD* generates the uncontrolled behavior such as kicking, throwing things around her, hurting herself and others nearby, and other tantrum behaviors.

According to Prizant & Wheterby (Trunoyudho, 2009) the delayed communication development causes the child makes the communication by using uncommon ways (inter alia: tantrum, aggressive attitude as the form of protest to the others' response, avoid from unpleasant situation, protect from physical contact or attention, initiation or social interaction regulation).

Autism occurs in 5 of every 10,000 births, where the number of male sufferers four times greater than female sufferers. Although, if the female experiences it, then her anguish will be worse than the male. The autism symptom began to appear since the earliest time in their live. Such symptoms are appeared when the baby declines their parents' touch, does not

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respond to his parents' presence, and does the habit not done by the normal baby in general (Maulana, 2010).

In Indonesia itself there is not yet official statistic data on autism prevalence from the government body. But, based on the data from the Central Bureau of Statistic (BPS), it is predicted that since 2010 until 2016 there are about 140 thousands of child below 17 years suffering from *ASD*. In early of 2000, *ASD* prevalence was about 1:1000 births, but the research in 2008 indicates the increase until 1.68:1000 births (Kurnia, 2015).

The attendance of child with *ASD* in a family will affect such family life, especially on the parents' psychological condition. Several parents who initially having inadequate information and knowledge on autism disorder will experience confuse on problems occurring to their child. It causes several parents in early doubts on certain symptom indicated by their child.

When the parents know that their child is diagnosed suffer from *ASD* disorder, then there will be conflict in their respective self, father or mother. The conflict relates to the desire and expectation that may not be fulfilled, i.e. to have the healthy and normal child that can be proud in their social environment. When the expectation is encountered by the bitter fact surprising and breaking the parents' dream on their beloved baby, then at that time there is a deed disappointment and difficult to be described.

The first reaction of the parents when their child is stated has problem is *shock*, sad, disappoint, feel guilty, angry and decline. It is not easy for the parents having child with *ASD* to experience this phase, before finally until the acceptance phase. For the part of parents immediately realizing the fact that their child suffers from autism disorder, it is highly possible to be better in the handling their child in the future. The process passed through the parents varies, of course the faster phases that can be passed, then the faster time to reach acceptance phase.

Ross (2104) discusses the human reactions in facing "trial" in this life. She divides it into five phase, (in the context of parents of children with special need), it can be elaborated as follows:

#### **Denial (denial to accept the fact)**

Starting from distrust when receiving the diagnose of an expert, then the parents' feeling will be will be overwhelmed with confusion. It is quite difficult for any parents to be able to accept the thing actually occurs. Sometime, tucked a same in the parents to acknowledge that it may occur in their family. This condition may become gets worse, if the family experiences social pressure from their environment.

#### **Anger Phase**

This angry reaction can be wreaked out to several parties simultaneously. It may be to the general practitioner providing diagnose. It may be to himself or to life partner. It may also appear in form of denying to take care such child.

#### **Bargaining Phase**

In this phase, the parents try to console themselves with the statement such as "May be, if we wait any longer, the condition will improve by itself".

#### **Depression Phase**

Appears in form desperate, depressed and loss of expectation. Sometime depression can also cause the sense of guilty, especially on the mother, who is worried about whether their child's condition results from negligence during pregnancy, or due to sin in the past time. The father frequently suffered from guilty, since he felt unable to give the perfect descent.

Desperate, as the part of depression, in the depression phase, the parents tend to be moody, shy away from the nearest social environment, tired all the time and lose their passion.

#### **Acceptance Phase (resigned and accepted the fact)**

In this phase, the parents have become the fact both emotionally and intellectually. While seeking for "healing", they change their perception and expectation to the child. The parents in this phase tend to expect the best thing according to their child capacity and capability.

The phases above can be passed one by one, but it does not close the possibility that the parents will return to the previous phase caused by the environmental factor creating the pressure to the parents. The parents' acceptance is marked by great concern and love to the child. The accepting parents will pay attention to the child's capability development and take into account the child's interest.

According to Lestari (in Mayangsari, 2013), the parents' acceptance is the attitude and way of parents in treating the child marked by existence of communication of the parents and the child, attention and love, respect the child, provide the trust, as well as treat the child according to his/her capability. This parents' acceptance is a psychological effect and the parents' behavior to their child such as love sayang, attachment, care, support and nurture where the parents are able to feel and express their love to their child.

The parents who are able to accept the condition of their child with *ASD* will do their best to find out the information on procedure to handle the existing disorder as well as develop the capability owned by their child. One of them by learning *PECS* (*Picture Exchange Communication System*) method. This *PECS* is an approach to train the communication capability by using verbal symbols. *PECS* can be used to develop the communication skill of children with autism or children whose language development is unpleasing and they who have no willingness to make communication with the others.

The research of Carr and Felce (2006) reports that the five out of 24 children already receiving 15 hours of *PECS* teaching until phase 3 for 4-5 weeks are simultaneously proven to increase in speech productivity. Another research intended to identify the effect of *PECS* communication system in the development of behavior to ask and talk to pre-school children with autism states that two out of three children are successfully reached *PECS* master level but did not experience a significant increase in the use of prediction of understandable words (Ganz, Simpson, Corbine-Newsome, 2007). *PECS* Method is in fact able to increase the behavior capability asking to the children with autism type non verbal, provided to two children with autism (Trunoyudho & Kumara, 2009).

Based on the research finding above, it is proven that *PECS* method is able to increase the communication capability of

children with autism thereby motivating the parents to teach to their child. Sardiman (2007) explains that “the motivation is a series of effort to make available certain conditions, thereby someone is willing and desiring to take an act”. The motivation arising from inside, encourages someone to select certain activities based on the object to fulfill the expectation. The stimulation that comes is able cause the desire to do something and determine the attitude.

According to Dimiyati & Mudjiono (2009) the motivation is encouragement constituting the mental strength to carry out the activity to fulfill the expectation. The encouragement is the mental strength oriented to fulfillment of expectation or attainment of objective. The encouragement oriented to objective is the core of motivation.

Then according to Dhourarah (2002) the motivation is divided into two types i.e. intrinsic motivation and extrinsic motivation. Intrinsic motivation is the active motives or its function unnecessarily requires the stimulation from outside, since in every individual self there was already encouragement to take any act originating from careful heart. Extrinsic motivation is the active motives and it will function due to a stimulation or effect from the others thereby someone take an act. By the strong motivation in the parents to teach the child by using PECS method then it will assist the child to develop his/her non-verbal communication capability.

The previous research carried out by Rachmayanti (2007) the university student of Psychology Faculty Gunadarma University, with title of research: Description of Parents’ Acceptance to Children with Autism as well as Its Role in Autism Therapy. The research finding indicates that the existence of parents’ acceptance to child with autism allows the earlier detection and intervention thereby accelerating the steps to take. After the parents is able to accept their child condition, then the parents still also has commitment to play active role in the handling of children with autism thereby able to maximize the therapy. Berkaitan dengan this research, then it could be understood that to attain the acceptance phase, it requires the long process. The attitude to accept the child condition will encourage the parents to play active role in therapy process, thereby the child development will be better.

Based on all matters already described above and the previous research finding, then the researcher desires to research the effect of parents’ acceptance to teaching motivation of PECS ASD (Autism Spectrum Disorder) diagnosed child. The hypothesis in this research is: there is effect of parents’ acceptance to teaching motivation of PECS in ASD diagnosed child.

## RESEARCH METHODS

### Research Subject

The participant of this research consists of 80 subjects in terms of parents of children with ASD joined in Forkasi (Spesial Child Parents Communication Forum) community. The researcher selects the individual from the population representing such population. It is the *simple random sampling* form for the participant that is tighter in the quantitative research with criteria of participant already determined by the researcher i.e. the parents having child with ASD development disorder.

### Research Instruments

The measuring instrument used is scale of parents’ acceptance and scale of teaching motivation of PECS. The scale parents’ acceptance is prepared by the researcher based on acceptance aspects of the parents to child according to Hurlock (2013) i.e.: parents’ active involvement to child, take into account the child’s plan and ideas, indicate the love, make dialogue well with the child, accept the child as an individual (*person*), provide guidance and spirit of motivation, as well as not demand excessively. While the scale of teaching motivation of PECS is prepared by the researcher based on the types of motivation according to Dhourarah (2002) i.e. intrinsic and extrinsic motivations. Both scales are prepared based on Likert scale method.

Herein below is the spread of item for each scale of parents’ acceptance and scale of teaching motivation of PECS.

**Table 1** Spread of Item of Scale Parents’ acceptance

No.	Aspect	Favorable	Unfavorabl	Total
1.	Parents’s active involvement to child	1, 15, 29	8, 22, 36	6
2.	Take into account the child’s plan and ideas	2, 16, 30	9, 23, 37	6
3.	Indicate the love	3, 17, 31	10, 24, 38	6
4.	Make dialogue well with the child	4, 18, 32	11, 25, 39	6
5.	Accept the child as an individual (person)	5, 19, 33	12, 26, 40	6
6.	Provide guidance and spirit of motivation	6, 20, 34	13, 27, 41	6
7.	Not demand excessively	7, 21, 35	14, 28, 42	6
	Total	21	21	42

**Table 2** Sebaran of Item of Scale of Teaching motivation of PECS

No.	Aspect	Favorable	Unfavorabl	Total
1.	Intrinsic	1, 2, 3, 13, 14, 15, 25	7, 8, 9, 19, 20, 21, 31,	18
2.	Extrinsic	26, 27, 4, 5, 6, 16, 17, 18, 28, 29, 30	32, 33, 10, 11, 12, 22, 23, 24, 34, 35, 36	18
	Total	18	18	36

The validity and reliability of these measuring instrument is by using SPSS (*Statistical Package for Social Science*) 22 for windows program. Based on the analysis finding of trial for scale of parents’ acceptance, from 42 items, 2 items are stated disqualified and 40 item are stated valid with validity coefficient ranges from 0,403 – 0,875 with reliability coefficient alpha Cronbach amounting to 0,955. While for scale of teaching motivation of PECS, from 36 items one item is stated disqualified and 35 items are stated valid with validity coefficient ranges from 0,402 – 0,846 with reliability coefficient alpha Cronbach amounting to 0,949.

### Data Analysis Technique

The data processing in this research uses *Statistical Package for Social Science* (SPSS) versi 22. The researcher firstly carries out the normality test with Kolmogorov-Smirnov. The result of normality test indicates that the data distribution is normal. Therefore, the researcher uses correlation method of *Pearson Product Moment* to test the relation between variables of parents’ acceptance and teaching motivation of PECS.

## RESULT AND DISCUSSION

### Result

Most of respondents taking part in this research are female i.e. 62 respondents (77,50%) and male 18 respondents (22,50%). The research respondents are in age category of 35 years - 40 years i.e. 36 respondents (45%). Then continued with the respondent in age category of 40 years - 45 years i.e. 20 respondents (25%). Continued with the respondent in age category of 30 years - 35 years i.e. 14 respondent (17,50%) and the remainder 10 respondents (12,50%) in age category of 25 years - 30 years. Majority research respondents are Strata 1/Graduate (S1) i.e. 56 respondents (70%). Then continued with respondent with Diploma 3 (D3) i.e. 14 respondents (17,50%). Then the respondent with Strata 2/Post Graduate (S2) i.e. 6 respondents (7,50%) and the remainder, Graduate in Senior High School (SMU) i.e. 4 respondents (5%). By respondent's occupation, it is known 24 respondents (30%) or most of research respondents are private employees. Followed by the respondents as the housewife i.e. 20 respondent (25%). Then the respondent as trader i.e. 16 respondents (20%) and the remainder as entrepreneur and Civil Servant (PNS), respectively 10 respondents (12,50%).

From the result of correlation, it is obtained the significant correlation value between the parents' acceptance and teaching motivation of PECS ( $r = 0.706, p < 0.05$ ). The matters above indicates the existence of significant positive relation between the parents' acceptance and teaching motivation of PECS, meaning that the higher parents' acceptance then the higher motivation to teach PECS in ASD diagnosed children.

### DISCUSSION

Based on analysis finding on research data, it is identified that there is the significant positive relation between the parents' acceptance and teaching motivation of PECS, meaning that the higher parents' acceptance then the higher motivation to teach PECS in ASD diagnosed children.

The parents having children with ASD are averagely employed and most of them are worked as private employee, it indicates that they are the parents who are capable economically to facilitate the therapy medication of their children. The age condition of parents of children with ASD is at the age that should have maturity emotionally, it means they are able to accept the condition of their children and able to adjust them selves as parents having tasks to accompany their children in undergoing the therapy process.

Their emotion capability is also supported by their education that most of them have quite high education background thereby there is effort carried out in seeking for and understanding the development disorder suffered by their children. In this case the parents' motivation to do their best to make their children are successful in their therapy process is quite high. The parents' motivation is from their own self to continuously accompany their children for the success in every therapy process.

The great number of mothers dominating in accompanying the therapy of their children thereby it is reasonable if the sense of acceptance is sometime still difficult to be felt by them as the mothers, caused by the fatigue and saturation arising when

accompanying their children plus the existence of pressure of work and family environment that is not yet optimum in entering into cooperation to accompany the therapy process of their children with ASD who require the patience and relatively long time. Therefore it is reasonable if the part of parents are undisciplined in attending therapy agenda provided by their therapist. It is resulted in slow progress of development of the success of therapy process.

Rogers, Dawson, and Vismara (2012) explains that there are many families feeling sad since their expectation and dream on the child's future must be postponed after knowing that their child is ASD diagnosed. Several persons seeing this matter as 'pressure' that is able to make the parents into depression. There is There is a time of parents contemplating and not knowing what exact action to do. Not a little parents that then select to not open with their child condition to the friend, neighbor even the closed family, except to the doctor handling their child (Puspita, 2004). It is not easy for the parents having child with autism to experience this phase, before finally until the acceptance phase.

The parents' acceptance highly affects the development of children with ASD in the future. The parents' attitude who is unable to accept the fact that their child has autism disorder will highly generate significant negative impact, since it will only made the children with ASD feel feel unintelligible and not accepted as it is as well as able to generate the denial from the child (*resentment*) and then manifested in terms of undesired behavior. Anyone the child with autism disorder remains a child requiring the love, attention and care from his/her parents, brother and family (Safaria, 2005).

The acceptance is marked by the positive attitude, existence of recognition or appreciation to the individual values but enclosing the recognition to his/her behavior (Chaplin, 2000). According to Puspita (2004) the form of parents' acceptance in the handling of individual with autism is by understanding the condition of child as is it; understanding the child's habits; realizing anything can be and cannot yet be did by the child; establishing the strong inner bond that will be required in the life in the future and seeking the alternative handling according to the child's need.

The parents' acceptance to ASD diagnosed children allows the earlier detection and intervention thereby accelerating the steps to take. After the parents is able to accept the child's condition, then the parents shall also remain have commitment to play the active role in the handling of child with autism thereby able to maximine the therapy.

The importance of the parents' acceptance to ASD diagnosed children in therapy process will highly determine the progress of his/her therapy process. The parents plays very significant role in the therapy process. While the form of the parents' participation in the therapy of autism highly varies, starting from take to the therapy point, carry out the accompaniment intensively, carry out the checking to the therapists, look for the new information to add the view insight thereby able to carry out the therapy at home, carry out the periodical evaluation (daily, weekly, monthly), attend the association of parents of child with autism, as well as always follow the child development.

The therapy provided to every children with autism will actually be more effective if involving the parents' active participation. The objective is in order that every parents feel have contribution to the advancement attained by their children with autism in every therapy phase. In other word, the parents will not only surrender the improvement of their children with autism to the experts or therapists but also determine the improvement level that should be attained by the child. Therefore, it will be formed a stronger emotional bond between the parents and their children with autism and it expectedly will support the development of child's emotional and mental to be better than previously (Wijayakusuma, 2004).

One of therapies that can be used to increase communication capability of ASD diagnosed child is PECS (*Picture Exchange Communication System*). This PECS is an approach to train the communication capability by using verbal symbols. PECS can be used to develop the communication skill of ASD designed child or children whose language development is unpleasing and they who have no willingness to make communication with the others.

The Parents who is able to accept their ASD diagnosed child condition will do their best to seek for information how to handle the existing disorder as well as develop the capability owned by their child. One of them by seeking for information and learning PECS method. By having the capability to use PECS the parents will be more motivated to teach PECS to their child. The existence of strong motivation in the parents to teach child by using PECS method then it will assist the child to develop his/her non verbal communication capability.

## CONCLUSION

Based on the analysis finding and discussion in this research, it can be concluded that there is significant positive relation between the parents' acceptance and motivation of PECS in ASD diagnosed children.

## Suggestion

### Theoretical Suggestion

For the next researcher intending to carry out the research on parents' motivation to teach ASD diagnosed children, it is suggested to research the other factors that are able to affect the parents' motivation to teach such as the support from family and environment, knowledge on autism and its handling. In addition, quantitative and qualitative methods can also be combined to obtain deeper information.

### Practical Suggestion

#### For Parents

1. Parents having ASD diagnosed child is expectedly able and willing to accept their child with autism condition as it is as well as carry out more accompaniment to the child, at home or at therapy place.
2. Take the time to seek for information and attend the trainings for therapy that is able to increase the capability of children with ASD that not only relies on the therapists, since by the therapy conducted by the parents everyday, it will generate the good impact on

increase in the communication capability of the child and also interpersonal relation of the child with his/her parents.

3. The Parents is also suggested to follow the community and *group support* of parents of ASD diagnosed children in order to be able to make discussion to each other, *sharing* the experience and *support* among the parents of children with ASD.

#### For Institutions

1. To hold group discussion of parents with children diagnosed ASD.
2. Parenting program involving the role of father and mother in accompanying the child with ASD jointly.

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