

Literature Review

Helping Special Needs Children to Make Friends

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Abstracts

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Introduction: Children with special needs are often considered to be cursed. They are frequently ostracized from society thus making them feel lonely. This paper aims to help patients, especially children with special needs, find good friends through the review of current studies. **Methods:** This study used a descriptive quantitative method and data that was retrieved from Child and Adolescence Psychiatric Outpatients Daycare, Dr. Soetomo General Academic Hospital, Surabaya with 80 children with ADHD and 160 children with ASD. **Results:** A common intervention used in Indonesia is applied behavior analysis (ABA), a method that trains children to have social skills such as how to communicate, interact, and express themselves in social settings. Besides personal intervention, the need for integrated care for children with special needs such as pharmacological therapy, speech and behavioral therapy, occupational therapy, and special education, is needed to support them in helping them make friends. **Conclusion:** To help children with special needs make friends, we can give support, appreciation, and motivation. However, children with special needs need different treatment from their peers, so special attention and understanding are needed so that children with special needs can socialize and make friends well.

Keywords: Children, Special Needs, Friends, Mental Health, Loneliness

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INTRODUCTION

Children with special needs are children who experience limitations or abnormalities, both physical, mental-intellectual, social, and emotional, which have a significant effect on the growth or development process compared to other children of the same age. This causes children with special needs to require special treatment. Children who have physical limitations do not necessarily have intellectual, emotional, and social limitations. Children with special needs generally differ from normal children of the same age.

Based on a report from the statistical data of the Coordinating Ministry for Human Development and Culture in June 2022, disability in children aged 5-19 years is 3.3%. The population of this age group (in 2021) is 66.6 million which means 2,197,833 people are children with disabilities with an age range between 5-19 years. Data from Child and Adolescence Psychiatric Outpatient Daycare, Dr. Soetomo General Academic Hospital, Surabaya from March to June 2023 showed that the incidence of children with ADHD was 53,6% and children with ASD was 83% children [1].

In general, children with special needs have several obstacles in carrying out their daily activities and socializing with others. This sometimes becomes difficult for children with special needs to socialize and build relationships with others. This has an impact on making children with special needs experience difficulties in social matters such as making friends with children their age and can also hinder the learning process in children with special needs such as at school. However, following the 1945 Constitution of The Republic of Indonesia Article 32 Paragraph (1) which stated that “every citizen has the right to education”, all citizens have the right to enjoy education, as well as children with special needs. This is reaffirmed in Law No. 23 of 2002 concerning Child Protection, Article 51 which stated that “children with physical or mental disabilities are given equal opportunities and

accessibility to obtain ordinary and extraordinary education” [2].

Peers are the first social environment where children learn to live with others who are not family members. The peer environment is an interaction between people with similar age and status. There is a correlational relationship between personality and socialization, located in the process of personality formation through socialization. This means that human personality will be formed through social relationships and depend on the habits applied in his environment. Therefore, the influence of peers is important in determining the ability to socialize children with disabilities in inclusive schools. The age period of 6-12 years is the stage of social development of elementary school children, the typical trait they have at this time is that they like to form peer groups, usually to play together. The age of 6-12 years is the initial period of children in elementary school where they will like to play individually and with groups. This is a form of children’s sensitivity to the surrounding environment, namely peers who are enjoying the play period at the beginning of school. Unconsciously, this condition has built a barrier for children with special needs in the process of socializing with other normal children.

Following the description above, children with special needs require special treatment, but in the process of developing and learning, children with special needs also need a friendship environment that can provide support and help them develop both mentally and physically. The formation of friendship groups as a place to hone social skills is needed by every child, including children with special needs. Some examples of children with special needs are children with Autism, Attention Deficit Hyperactivity Disorder (ADHD), and behavioral disorders. Some parents of children with special needs sometimes unconsciously withdraw their children from society for various reasons, including a lack of confidence that their children can interact well. In fact, with the rise

of inclusive schools, many parents whose children do not have special needs realize that interacting with children with special needs also adds value to their children.

Based on temporary observations at the Child and Adolescence Psychiatric Outpatient Daycare with children with special needs, the learning method and process are adjusted to the child's ability to receive lessons. Based on this background, the author is interested in writing a more in-depth paper entitled "Helping Special Needs Children to Make Friends".

REVIEWS

Special Needs Children

Children with special needs are children who require special handling due to developmental disorders and abnormalities experienced by children. Children with special needs have differences that occur in several ways, such as the process of growth and development that experience abnormalities or deviations physically, mentally, intellectually, socially, and emotionally. In the context of special education in Indonesia, children with special needs are categorized in terms of blind children, deaf children, children with intellectual disabilities, children with motor disabilities, children with social-emotional disorders, and children with smart and special talents. Each child with special needs has different characteristics from one to another. In addition, each child with special needs also requires special services tailored to their abilities and characteristics. It is important to carry out identification and assessment activities to identify their characteristics and needs. This is considered important to get the right services according to their characteristics, needs, and abilities.

Children with special needs have the same rights as other children and can live independently, achieving according to their interests and potential. For this reason, parents, families, and communities must be responsible for fulfilling children's rights in all aspects of life, such as socializing in the

environment, recreation, and other activities aimed at introducing children with special needs to life outside the home.

1. Social Interaction

According to Saeidi and Haydari, social interaction is a person's ability to determine purposeful behavior and achieve success. Social interaction is a skill that enables children to survive in their social environment and is a skill that can influence the quality of friendships [3].

According to Gresham and Elliot (2008), social interaction is a set of behaviors shown in various activities in the social environment. There are seven dimensions of forming social skills, namely [4]:

1. Communication is a form of behavior where individuals convey information or messages to interlocutors in verbal or non-verbal form, it can be in the form of conveying opinions or exchanging information.
2. Cooperation is a behavior carried out in doing a job together with others to achieve a certain goal
3. Assertiveness is an action (behavior) that arises from one's willingness and encouragement (initiative) to join social interaction.
4. Responsibility is defined as a manifestation of self-responsibility for the actions he has taken in the social environment
5. Empathy is a behavior in identifying, understanding, and being able to feel the feelings of others, and caring about what others feel and experience.
6. Self-control is the behavior of individuals restraining themselves and controlling their emotions when facing inappropriate or unwanted situations.
7. Participation is a form of individual behavior in participating/joining in an activity carried out by a group/community.

A person with good social interaction can be easily accepted by social groups because it allows a person to be accepted by peers, able to develop friendships, and can maintain strong relationships with parents and peers. In addition, a person with good social interaction is seen to be able to solve prob-

lems effectively, foster greater interest in school, and have better academic abilities. The ability of patients to interact and behave in a socially acceptable manner is important for patients to live in a society. The preliminary study conducted in March - June 2023 showed several facts related to the social interaction of patients with special needs with other people in the Remedial Teaching room. Some facts in the preliminary study showed that patients who were detected as autism

patients tended to respond less to other people. Patient B, who was detected as a patient with learning difficulties, tended to have difficult behavior in understanding orders from the therapist and sometimes received complaints from parents for his difficulties in learning. ADHD patients respond very easily to what is conveyed by the therapist.



Figure 1. Social Interactions Carried Out by Children with Special Needs

2. Childhood autism

American Psychiatric Association has defined autism as a neurodevelopmental syndrome characterized by a lack of social interaction and communication, and usually exhibited by restricted and unusual repetitive behaviors. Autism usually begins in infancy, no later than the first three years of life. Parents often become concerned because their child does not use words to communicate, even though he or she is reading parts of a videotape or saying the alphabet. Although social deficits may not be immediately apparent in the early years, they gradually become more pronounced as a child becomes more active and as other children become more socially sophisticated. Young children with autism often do not seek out others when they are happy, point to or show objects of interest, or call their parents by name. In the preschool years, children begin to develop repetitive behaviors, such as using peripheral vision to see lines or wheels,

or specific hand and finger movements [5].

Autism is a highly complex developmental disorder that has long been one of the mysteries of medicine. Autism is not new and has been around for a long time, but it has not been diagnosed as autism. According to stories from the past, there are often children who are considered 'strange' and have shown unusual symptoms since birth [6]. They refuse to be carried, cry at night, and sleep during the day. They often talk to themselves in a language that their parents do not understand. When in a state of anger, they may bite, scratch, grab, or attack. Sometimes they would laugh to themselves as if someone was joking with them. The parents at that time considered this child to be a changeling with a fairy child, so they could not adjust to normal human life [5].

3. Attention Deficit Hyperactivity Disorder (ADHD)

Attention Deficit Hyperactivity Disorder is defined as attention deficit disorder accom-

panied by hyperactivity. In general, there have been many studies on the causative factors of ADHD. However, it is not certain the dominant or main factor causing the disorder. Experts conclude that ADHD is caused by genetic problems, chemicals, viruses, pregnancy and childbirth problems, and conditions that can intervene to cause damage to human brain tissue. Not only heredity, other studies have shown that the social environment also plays a significant role. The improper use of audio-visual information technology in the form of television, computers, and gadgets is alleged to have played a role in exacerbating the onset of the syndrome. These symptoms can also appear in children who have normal neurological conditions. The causative factor can be caused by the parents' upbringing of the child. Diagnosis of Attention Deficit Hyperactivity Disorder symptoms is very diverse, there is no definite type of test to determine whether a child has ADHD or not. The symptoms of ADHD depend on the age, situation, and environment of the child. ADHD is a complex disorder associated with abnormalities in cognitive, psychomotor, and affective aspects [7].

4. Conduct disorder

Conduct Disorder was historically adopted from variations of several terms between nations, especially in Europe. In the United States, the term emotional and behavioral difficulties have been widely used, and emotional and behavioral disorders or emotional disturbance and behavioral disorders are also widely used [8]. Conduct Disorder is characterized by a pattern of behaviors that demonstrates aggression and violation of the rights of others and evolves over time. Conduct Disorder is comorbid with many other psychiatric conditions, including depression, ADHD, and learning disorders, and thus a thorough psychiatric evaluation is required to understand the psychopathology before initiating an appropriate treatment plan [9].

5. Loneliness

Loneliness refers to the perception of social isolation or subjective feelings of loneli-

ness, although those with less social contact are more likely to feel lonely [10]. Another opinion says that loneliness is a negative psychological response to the mismatch between desired social relationships (expectations) and relationships had (objective, real), where this is an individual feeling characterized by a lack of unpleasant or unacceptable qualities in certain social relationships that can occur either because a person has fewer social contacts than he wants, or because the level of intimacy expected in the relationship is absent [11].

The interaction disruptions will be addressed with theories of family resilience, personal coping, and support group systems. Families are expected to develop resilience through processes such as joking together and having regular family routines. In some cases, open communication about mental illness allows families to cope better when parents are unwell and builds a greater sense of family connectedness [12]. Personal coping means that equipping children with coping skills and protective behaviors can help them react positively to changes and obstacles in life, allowing them to achieve greater mental, social, and academic success [13]. Support from the surrounding group is also expected to overcome interaction disorders in children with special needs.

Social interaction disorders according to SDKI (Indonesian Nursing Diagnosis Standards) are coded D.0118. With this interaction disorder, the appropriate nursing care in accordance with SIKI (Indonesian Nursing Intervention Standards) is to carry out nursing interventions. Children with special needs will have increased feelings of comfort with social situations, feelings of acceptance or communicating feelings, and interest in making emotional contact and physical contact. Forms of intervention include modification of social skills and behavior and promotion of socialization. Social skills behavior modification carried out by nurses to change the development or improvement of interpersonal social skills

includes identifying the cause of the lack of social skills and the focus on social skills. Motivating children to practice social skills, giving praise, and involving families during activities is one way to improve the skills of children with special needs to make friends. A common intervention used in Indonesia is applied behavior analysis (ABA), a method that trains children to have social skills such as how to communicate, interact, and express themselves in social settings. Other than that, there are several ways to improve the social skills of special needs children which include;

1. Social skills training with the aim of developing social skills in a structured way including learning to recognize different expressions and emotions, the importance of making eye contact when someone speaks.
2. Providing pets so that children with special needs can learn to form emotional bonds and respond to other people's emotions
3. Explaining socially acceptable interactions to children so that children with special needs can understand social interactions better even though it may take effort to explain what and how appropriate social skills are to them. Children with special needs tend to have more difficulty interpreting what they see daily. So, it is possible that they do not pick up on social cues or social norms quickly.
4. Providing positive affirmations to children so that they can form positive views of themselves and the world around them
5. Applying technology as a learning media by converting text into audio with the aim of practicing verbal communication and other skills in a safe and stress-free environment
6. Using video as a learning media by showing clips of desired positive behavior has a positive impact on them. Studies show that children with special needs who watch these videos find it easier to imitate the behavior depicted and apply it to new situations.
7. Train leadership for children with special needs through games and group activities where children have the opportunity to

lead. It may help children to assess their own limits, know how to stop when they exceed them, and gradually learn to interact effectively.

8. Training children patiently can also help them achieve greater milestones in social development, communication, and behavior. Patience and dedication from parents or guardians will make children have stronger social interaction skills. The time spent will be more than worth it because the children have the opportunity to grow and develop according to their potential.

Besides personal intervention, the need for integrated care for children with special needs such as pharmacological therapy, speech and behavioral therapy, occupational therapy, and special education, is needed to support them in helping them make friends [7].

CONCLUSION

The importance of peer relationships stems from the fundamental human need for social relationships [14]. Friendships are complex as they are interconnected with other developmental processes such as developing social skills and communication skills [15]. While social skills are necessary to form quality friendships, the two concepts have distinct and measurable differences and outcomes [15]. During childhood, friendships provide opportunities to practice communication, cooperation, and conflict resolution, while facilitating emotional experiences such as companionship and intimacy [16, 20]. Autistic individuals have a strong desire to make friends, with most autistic individuals valuing the qualities of common interest, reciprocity, trust, and respect in friendships and having few friends. Despite the motivation to have friends, autistic individuals can experience great challenges in making and maintaining friendships. To overcome these challenges and adjust to the non-autistic world, many individuals adapt or continue to learn and practice social skills in their daily lives [17, 18, 19].

To help children with special needs make friends, we need to give support, appreciation, and motivation. However, children with special needs need different treatment from their peers, so special attention and understanding are needed so that children with special needs are able to socialize and make friends well.

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CONFLICT OF INTEREST

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