



## Adaptation of Therapeutic Communication Models between Deaf Students: A Case Study at Aluna School

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### ABSTRACT

Published Online: August 25, 2023

The limitations of deaf children in communicating in social life can be developed through therapeutic communication carried out by therapists through AVT therapy. The purpose of this study is to describe the communication model used by deaf children at Aluna School in the school environment. The research method uses a qualitative approach with a case study method conducted in the Aluna School environment. Data collection techniques with observations, interviews and documentation. The results of this study showed that deaf children use communication patterns, namely wheel patterns, therapists as the center of attention. Deaf children in improving literacy need stimulation and the Montessori method can be used in stimulating by converting activities carried out by deaf children into simple words, sentences and paragraphs. Therapeutic communication is carried out by therapists through AVT therapy and Montessori methods in stimulating the five senses of deaf children. Deaf children in adapting to their school environment can use total communication models, namely verbal and nonverbal in interacting with their environment, both friends, teachers, therapists and parents.

### KEYWORDS:

Communication Model, Therapeutic Communication, Deaf Child

### 1. INTRODUCTION

Deafness is a term used to describe a person with a degree of hearing impairment or partial or complete loss of hearing function. [1] Deafness has an impact on inhibiting one's communication verbally, because these limitations become difficult both in speaking (expressive) and understanding the interlocutor's speech (receptive). [2] Deafness can occur due to damage to the internal organs of the ear such as prenatal (before giving birth), natal (birth process), and postnatal (after childbirth). [3] Deafness can occur before childbirth if the mother has rubella, chickenpox, toxemia, pre-mature when male, and meningitis at birth. [4]

Limitations in communication that occur in deaf children also result in the education and learning process of deaf children both at home, school and community. [2] Deafness that occurs in children requires parents to face with a wide chest, namely with self-acceptance of the deaf child. Acceptance carried out by parents can be done by facilitating the child's educational activities, namely providing education in

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*\*Cite this Article: Yuli Purnamasari, Lasmery R.M. Girsang (2023). Adaptation of Therapeutic Communication Models between Deaf Students: A Case Study at Aluna School. International Journal of Social Science and Education Research Studies, 3(8), 1716-1722*

inclusive schools so that children feel socialization with normal children and other children with special needs. [5] According to data from BPS (Central Statistics Agency), 30.7% of people with disabilities who do not finish school until secondary education level are the total number of disabilities, not just deaf. In detail from the 2018 National Economic Survey (Susenas), only 56% of children with disabilities graduate from primary school, and almost 3 out of 10 children with disabilities have never received education. [6] This requires the role of parents and the environment in accepting deaf children to be active in learning activities both in the school environment and in the community.

Inclusion schools are one of the choices for children with special needs to feel the same education as normal children. Children with special needs also want to communicate normally but are hampered because of their limited hearing function, so they are also limited in having vocabulary. Communication is used as a means of social interaction and is carried out continuously. Research conducted by Refiana et al, the form of communication skills carried out by children with special needs is in the form of two-way communication, but when there is interaction children with special needs give a response, sometimes it is not in accordance with the topic of conversation that is ongoing. [7]

In research related to communication and literacy in early

childhood deaf, hearing loss, explained several methods and education for the deaf in improving communication and literacy through interventions that can improve the expression and response of the interlocutor. [8] Communication that occurs between deaf children and normal children at Aluna School occurs verbally and non-verbally. Deaf children will try to use verbal language if talking to their normal friends, whereas if they talk to fellow deaf people they will do non-verbal language. Increasing literacy in deaf children can be done using video learning media interventions, this is done by Nurfadilah's research, with the intervention of using videos children can learn to see and listen.[9] Aluna School children, this is carried out on Friday Fun and Thursday Ceria.

Aluna School strives to use verbal communication for deaf children so that when there is interaction with normal students, deaf children get used to it. The communication model of deaf children at Aluna School still uses a combination of non-verbal and verbal. In line with research conducted by Isyana Mutiara that deaf communication can effectively use verbal (vocal pronunciation) deaf students can see lip and nonverbal movements conveyed with gestures, intonation, body gestures and expressions of the students themselves.[10] This is in line with the research of Nur Haliza et al that deaf children can improve literacy with total communication, namely in oral form (reading, writing) equipped with simple movements of the teacher.[2]

In the world of communication doing this therapy with therapeutic communication, where therapeutic communication is carried out in helping deaf children adapt to their environment, learn to interact with their environment and try to overcome the difficulties faced by deaf children. The purpose of therapeutic communication in deaf children is to help increase and clarify vocabulary, reduce the burden on the thoughts and feelings of parents who have deaf children and foster self-confidence in deaf children. This therapeutic communication is also needed to motivate and develop deaf children in a more productive, constructive, adaptive direction.[11]

As Sanusi's research discusses children with special needs, ex-learning difficulties who use therapeutic communication in developing the potential social skills of children with special needs. By applying therapeutic communication that has been used, there can be an increase in the effect of communication carried out by therapists on children with special needs ex-learning difficulties, namely cognitive, affective and behavioral effects and the responsive ability of children with special needs in performing social skills.[12]

Therapeutic communication is also used by research from Ilham Rahmadi with the object of research, namely autistic children, where in fostering a sense of obedience in autistic children, communication techniques are needed so that autistic children focus first on the communicator (therapist) and the second is the content of the message conveyed by the therapist, namely instructional messages and praise message

content to be more effective in interacting with autistic children or children with special needs.[13]

Based on this description, this study aims to describe the communication model used by deaf children at Aluna School in the school environment.

Sekolah Aluna is a Montessori-based inclusion school with the motto "School For All", a school that is shown to all children from all walks of life, both normal children and children with special needs and from various family economic backgrounds. Aluna means student / pupil in Portuguese, all children have the right to get quality education according to the learning speed and talents of each child and without discrimination.[14] Aluna has a mascot or logo, namely a turtle with the philosophy that a turtle that walks slowly, an animal that walks with confidence at its own pace, which is distinctive but can definitely achieve its goals. Achieving a goal is most important to follow every process, because it is not an instant achievement.

## **II. LITERATUR REVIEW**

### **Therapeutic Communication**

Therapeutic Communication. Therapeutics according to As Hornby (1974) is an adjective associated with the art of healing – anything that facilitates the healing process. A person who performs therapeutics, words, deeds or expressions to facilitate the healing process.[11] Therapeutic communication is consciously planned communication and the goal for the recovery of the patient. This communication is considered a special and meaningful process in human relationships, with a primary focus on helping fellow human beings. Therapeutic communication includes interpersonal communication with a starting point of mutual understanding between therapists, deaf children and parents of deaf children. This communication is a mutual need between therapists and deaf children, therapists and parents so that it is categorized into interpersonal communication, where therapists help deaf children to learn to hear and therapists help parents build confidence that their children can hear. [15]

According to Roger in Stuart G.W [11] there are several characteristics of a therapist that can facilitate the growth of a therapeutic relationship. The following components of therapeutic communication include:

- a. Honesty (trustworthy): Honesty is the main capital in order to carry out communication that has therapeutic value, without honesty it is impossible to build a trusting relationship. This honesty will make deaf children comfortable telling stories with therapists.
- b. Not confusing and quite expressive. The therapist can use words that the deaf child understands. Nonverbal communication here supports verbal communication delivered because deaf children who are still in therapy see a lot of lip movements and body language from therapists. Verbal and nonverbal discrepancies can cause deaf children to experience confusion.

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- c. Be positive. A positive attitude can be shown by a warm, caring and appreciative attitude towards deaf children. Roger states the essence of the therapeutic relationship is warmth, sincerity, empathetic understanding and a positive attitude.
- d. Empathy is not sympathy. Empathy must be cultivated in deaf children because with this attitude the therapist will be able to feel and think about things faced by a deaf child.
- e. Able to see the problems faced by deaf children. A therapist uses active listening techniques and patience in listening, seeing the wishes of a deaf child. This is done to help diagnose and formulate actions to be taken for the deaf child.
- f. Accept clients as is; If one is sincerely accepted, one will feel comfortable and secure in establishing a therapeutic intimate relationship. There will be a sense of desire to be treated from deaf parents.
- g. Sensitive to the client's feelings: Without this ability a therapeutic relationship is difficult to establish properly, because if it is not sensitive the therapist may violate boundaries, privacy and offend the child and parents.

**Literacy**

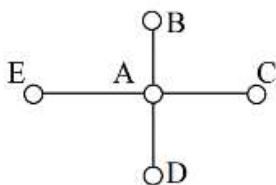
Literacy is the concept of linking writing and reading activities and the social structure used as part of the way. According to Barton and Hamilton that writing and reading are part of a culture whose society takes as a tool to know or understand a phenomenon. Literacy does focus on the way a person reads and writes or reads and writes, but literacy refers to meaning itself. Kress also mentioned that the image of literacy can be seen from us making a message using letters as an intention to inscribe the message. The basis of a literacy of words that make as a source of representation, words as a form of message production and words as a source of dissemination of the meaning of the message itself. [16]

The ability to read literacy on children's learning achievement by 5.4%, where the more children increase their literacy the higher the level of achievement.[17] According to Fatimah's research, digital literacy carried out in early childhood schools can also affect children's behavior. [18] can be said that literacy can affect the behavior and achievement of the child, the more children receive positive information, the better the child's achievement and behavior.

**Communication Patterns**

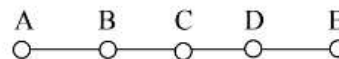
Widjaja [19] suggests that 4 communication patterns are:

- a. Wheel Pattern



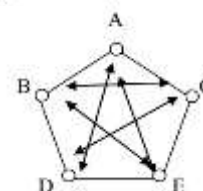
If A communicates with many people, namely B, C, D and E. In this pattern the focus on A or A becomes centralistic. A can relate to B, C, D, and E. A can relate to deaf children, parents, and teachers.

- b. Chain Pattern



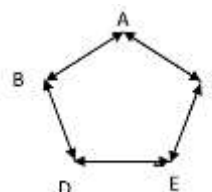
In this chain pattern, A communicates to B, B communicates to C, and so on.

- c. Star Pattern



All members can communicate with other members, in this pattern there is a reciprocal reaction from all members.

- d. Circle Pattern



**III. METODOLOGY**

With a constructivist paradigm, Aluna School can be seen from the interaction between therapists and deaf children and analyzing the right communication model for deaf children in the Aluna School environment. Qualitative research approach, with the subject of all layers of elements in the Aluna School environment in supporting the creation of increased literacy of deaf children. The object of the study was 3 deaf child students assisted by parents, 2 AVT therapists, and teachers. The research area is in Jagakarsa, precisely on Jalan Kebagusan IV Dalam No. 34 A RT. 7/4 Kebagusan, Pasar Minggu South Jakarta.

Data collection techniques using primary data in the form of in-depth interviews with therapists and deaf children assisted by their parents. As well as secondary data obtained from the results of documentation, conservation, and literature studies as evidence of research. Data validity testing uses triangulation, which is a data validity checking technique that utilizes something other than the data for checking purposes or as a comparison to the data. Data analysis techniques use Miles and Huberman data analysis techniques,

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namely data reduction, data presentation and conclusion. This is done to get accurate and reliable data.[20]

### IV. RESULT AND DISCUSSION

Communication patterns found in deaf children refer to communication activities carried out by deaf children at the following Aluna School. Using verbal language, therapists try to use verbal language when doing AVT (Auditory Verbal Therapy) therapy. According to the interviewee, A (therapist) uses the wheel communication pattern, namely the therapist as the center of attention. AVT therapy is assisted by the Montessori method in its application. The use of the Montessori method in early childhood inclusion education as one of the stimulations of deaf children in acquiring new vocabulary. The teaching method is divided into three parts, namely motor, sensory, and language which are emphasized through the development of the five senses. This method helps deaf children to easily see, feel, and feel the activities that are being carried out even though their senses of hearing and speech are difficult but can be helped by other senses. [21] During therapy, the therapist opens with a hearing aid (ABD) check used. Deaf children who use ABD and implants in different ears will have their device function checked with the implanted ear. According to Sibi's research, the use of cochlear implants early on the development of literacy of deaf children with severe deafness will develop 73.33% because the condition of the hearing system or nerves is still elastic and the sensitivity of the hearing sensor is still good.[22]

Especially with the facilitation of deaf children in their education and therapy. The therapist as the center of attention of the deaf child forms a wheel pattern, this is done because the deaf child must see, hear and focus attention on the therapist to respond immediately to what information and instructions from the therapist. After checking the device by the therapist, the therapist will verbally instruct the deaf child, this is because it provokes the hearing function and response of the child.

AVT performed by each child varies depending on the level of deafness of the child. Children with deaf disorders alone will be easier to handle compared to deaf children who have other privileges. The therapist will look at the therapy book that the child has. Then the therapy will perform AVT therapy to deaf children according to the development of the deaf child. The more often stimulated, the better the child's development.

According to therapists, at Aluna School deaf children can be said to be normal children if the function of the cochlear implant device they use is functioning properly and the child can respond to simple instructions from the therapist. Furthermore, deaf children can do feedback or feedback and there is no delay from any communication made.

The therapist also provides challenges to the child who is seen to have experienced rapid development. The challenges of each child are different, one of which is with children who

already have enough vocabulary to be invited to read books and given simple questions. When the child answers in simple sentences and there are no repetitions, the child has development. This will be written by the therapist as a report for parents as well as. the child's development on adding vocabulary.

Development deaf children with disabilities try to understand information received through movement because when receiving information verbally deaf children have not accurately received it. The receptive language skills of deaf children have certain limitations, especially when deaf children have other deaf tendencies such as autism, there will be differences in literacy development according to the severity of autism from them.[23]

Adding vocabulary for deaf children takes a long time. Starting from after the cooking of implants or hearing aids until the process starts speaking 1 word, with a long process and time. Deaf children who at Aluna School try to get vocabulary out even though it is not clear after implant insertion. Therapist B revealed that Aluna School children try to build confidence, because previously they could not hear well, and after hearing they will try to express words but constrained their confidence level is still low.

Aluna School tries to build the confidence of deaf children and parents as the first step to building literacy. With deaf children using hearing aids or implants, the child tries to listen to information conveyed by the surrounding environment. At the beginning of the installation, the child has not been able to interact properly because communication is still one-way from the sender of the message (communicant). However, when nonverbal communication is added such as gestures, facial expressions, and lip movements, deaf children will try to capture the message conveyed by the messenger, namely the therapist.

Deaf children at Aluna School learn using the Montessori learning system, they learn from concrete to abstract. Children have the potential for intelligence and inherent in the fact that children like concrete objects. Speech listened to by children is easier for the brain to record and is easy to imitate, the potential of children's literacy intelligence depends on stimulation from parents.[24] Montessori is a learning method using interesting educational materials or games in the delivery of learning popularized by Maria Montessori in 1909 in Italy.[25]

In adding literacy to deaf children, therapists advise parents to speak all objects. Example: At that time you are holding a blue pencil, then you have to say "You hold a blue pencil" then you try to ask again what color pencil? If the child responds by mentioning color alone, the mother tries asking again with a different question, "What is this thing?" When the child has said "blue pencil" meaning that the message conveyed by the mother has arrived well, this is done repeatedly repeated, because deaf children need repeated information to be able to record every incident and

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vocabulary in their brain. This is not easy but when consistent, nothing is impossible, the deaf child can communicate normally even using hearing aids or implants. This is to support AVT therapists run by deaf children. AVTs and implants used by deaf children in improving the voice/information obtained by deaf children and can improve the quality of the voice of deaf children. This has been researched by Tejada et al who explained that AVT and consistent use of hearing aids will improve the sound quality of deaf children.[26] Children with hearing loss or deaf impairment have developmental delays in speech and language with AVT (Auditory Verbal Therapy) helping the child to develop the spoken language of deaf children. AVT performed by therapists is the same as therapeutic communication in healing deaf children. Healing in the language and speech development of deaf children. Therapists at Aluna School use AVT to believe that it is good for deaf children if used continuously. Research conducted by Casoojee who collected literature reviews of several studies revealed that deaf children, therapeutic communication using AVT showed a positive impact on language and speech development and the support of implantable aids used from an early age.[27]

As Aluna School does, therapists, teachers and principals recommend that children with severe hearing loss use implantable hearing aids to help children develop emotionally, verbally, and in writing at school and at home. The use of assistive devices with implants stimulates the child's hearing nerve to receive sounds from outside. The use of good implants and continuous therapy has a good impact on the development of deaf children. Many graduates of Aluna School have attended formal schools, these children have been able to adapt well to their environment.

Some components of therapeutic communication carried out by therapists at the Aluna School.

1. Honesty, honesty is indispensable in the healing process of patients. The therapist must give the truth about the condition of the deaf child given AVT therapy to the parents. Either developmental or no development in the deaf child. This is required to provide information about the child to parents so that there is an evaluation from both parents and the school.
2. Not confusing and quite expressive. When therapy to do AVT to deaf children, it is attempted to use facial expressions so that these deaf children understand. Deaf children are accustomed to seeing visually for which the expression of the therapist is needed. At Aluna School, they are also taught to learn expressions so that children get used to recognizing expressions of anger, sadness, pleasure, and others.
3. Be positive. The therapist tries to be positive so that the deaf child and his parents contract a positive attitude as well. This is good for the child's emotional development.
4. Empathy is not sympathy. In Aluna School, empathy is taught to peers, teachers, fellow parents, therapists and all components of the school. This is so that children get used to having a sense of mutual respect, respect for others. With this sense of empathy, deaf children and regular children communicate well.
5. Able to see the problems faced by deaf children. Before doing therapy, the therapist tries to see the problems faced by deaf children, both in terms of the child and parents. In order to get the right solution in providing therapy. The application of AVT chosen for each child is different, depending on the condition of each deaf child.
6. Accept clients as they are. Therapy is not picky in the healing of deaf children. Whether economically rich or poor, hearing loss plus other disabilities or just hearing loss alone, the age of the child, from what kind of parents. The therapist does not discriminate against this because it is for the healing of the child and the building of the nation.
7. Sensitive to client feelings. Parents with hearing loss children are rather sensitive. The therapist tries to recognize that, this is because the parent must accept the child's special circumstances. Therapists not only provide therapy to children but also knowledge for parents of deaf children. In order to be able to accept the child and not discriminate against the privileges of his child.

### V. CONCLUSION

Deaf children use communication patterns, namely wheel patterns, therapists as the center of attention. Deaf children in improving literacy requires stimulation and the Montessori method can be used in stimulating by converting activities carried out by deaf children into simple words, sentences and paragraphs. Therapeutic communication is carried out by therapists through AVT therapy and Montessori methods in stimulating the five senses of deaf children. Deaf children in adapting to their school environment can use a total communication model that is verbal and nonverbal in interacting with their environment, both friends, teachers, therapists and parents. Therapy at Aluna School has carried out seven components that exist in therapeutic communication in AVT therapy in order to get maximum results in healing and deaf children in the school.

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