

Reducing Blindism Behavior with Self-Management Technique for Blind Students at SLB-A YKAB Surakarta

Cahaya Dwi Dzullia*, Subagya, Mohammad Anwar
Special Education, Sebelas Maret University, Surakarta, Indonesia

Abstract

This study aims to study the influence of self-management techniques in reducing blindism behavior for visually impaired students in class VIII at SLB-A YKAB Surakarta. This research is quantitative research using experimental research design with a single subject or Single Subject Research (SSR). The subjects of this study were visually impaired students of class VIII at SLB-A YKAB Surakarta. The data collection techniques that used in this study were the observation of participants and non-participants. Data analysis techniques used are visual analysis techniques in conditions and visual analysis between conditions. The results of experiments in the baseline phase were conducted in four sessions, with the blindism frequency data in students of 20, 19, 21 and 21 times, respectively. This shows that the trend of the blindism behavior of educated participants was increased with a stability level of 100%, thus an intervention was needed. The intervention phase was carried out in eight sessions and data on the frequency of blindism on students were 16, 12, 11, 11, 10, 9, 9 and 9 times, respectively. Referring to the data, it is observed that the trend was declining and the level of stability of the obtained data was 87.5%. Hence, it can be concluded that self-management techniques can reduce blindism behavior for visually impaired students in class VIII at SLB-A YKAB Surakarta.

Keywords: Blindness, self-management techniques, blindism

1. Research Background

Blind people are individuals who have lost all or part of their visual function. This creates barriers and have an impact on activities in the blind people's daily life. This obstacle also motivated by physical limitations possessions, thus the visually impaired maximize hearing, touch and smell to accommodate these barriers. In general, the needs of the blind are similar to the needs of children in general, such as physical and spiritual needs, but because of severe visual impairment possessions can be a differentiator in patterns of social interaction in his daily life. One of the effects of blindness is skills. According to Somantri (2007), social skills are the ability to behave according to the demands of the environment or society.

The ability to behave is quite a difficult thing for blind, this is a direct or indirect result of its limitations. For the visually impaired who are less able to adjustment to the

environment, can result in social rejection or can withdraw himself from the surrounding environment. Because of that blind people are demanded by the community so that they can adjust with the environment. The environment has a very fundamental role for students visually impaired, the environment has an impact on their development, if the environment indifferent, it has implications for visually impaired social problems such as the emergence of blindness. The behavior of blindness itself is a behavior that is not appropriate in socialize.

Blindness is a reflex movement such as pricking the eye, shaking their heads, banging their heads, shaking their bodies and so on. Blindness arises due to, lack of or loss of stimulus felt by the visually impaired, so that the more the environment is indifferent to the visually impaired, the blind people often make distinctive movements over and over again to create a stimulus for himself. This blindness behaviour will continue to occur in the blind and will continue to be carried out if the blind needs the stimulus they need, so the blind often reluctant to control these characteristic movements. In behaviour modification, there needs to be a desire for oneself to change the intended behaviour. Blindness is a unique movement that becomes a reflex habit in the blind such as piercing the eyes, shaking the head, banging the head, shaking the body and so on. In society, there are two behavioural things that apply in it, namely: adaptive or good behaviour and mal-adaptive behaviour or bad behaviour, in this is blindness including behaviour that is classified as mal-adaptive because it interferes with or harm others, especially the people around blind people such as playmates and teachers during teaching and learning activities take place.

Blindness behaviour will not only have an impact on social activities but in teaching and learning activities in the classroom and in the outside the classroom will certainly be disturbed. When researchers make observations at lessons, the subject often makes movements blindness movements such as shaking his right hand and head, and of course this interferes with the process learning the subject. There are several research results that explain that the visually impaired experience many obstacles in social interaction activities with friends his watchful game. Adjustment to the environment is a the most implicated in causing social rejection or blind people withdraw from their playing environment. According to McGaha and Farran *in* Tarsidi (2010), blind people become stiff in interacting and are happy repeating unnecessary movements of the body, other than that behaviour arises. The other typical is blindness. Depending on the problems in the field and their causes, plan intervention that can be done is with self-management techniques. The behaviour of the visually impaired must be reduced through student awareness. Behaviour modification techniques can be applied to reduce the behaviour of blind students with visual impairments using self-care techniques management. Self-management is a procedure where individuals regulate their behaviour. Self-management in learning is abilities related to individual conditions and skills, in which individual is directly changes in their own learning behaviour by manipulating stimuli and responses both internally and externally. In other words, self-management in learning is

the individual's ability to manage potential self and environmental potential. to regulate their behaviour.

The main idea of self-management assessment is that change can brought by inviting students to use skills to deal with problematic situations (Komalasari, Wahyuni & Karsih, 2011). In the program of self-management, individual make decisions about various matters relating to with certain behaviors they want to control or change. Self-management means pushing yourself forward, managing all elements of ability personal, controlling the ability to achieve good things, and develop various aspects of personal life to make it more perfect (Gie, 2000). By using this strategy, students are expected to can set, monitor, and self-evaluate to achieve change better habits. Several studies on the use of self-management techniques in behaviour modification states that self-management can help children in changing or reducing inappropriate behaviour.

Research that conducted by Aeni (2019) regarding the influence of self-management techniques in reducing the disciplinary behaviour of class VII students of SMPN 1 Belawa obtained a descriptive conclusion that there is a decrease in learning disciplinary behaviour on students. Another researcher, Febriani (2017) conducted research to 6 students of SMPN 13 Bandar Lampung regarding the use of self-management techniques in reducing truant behaviour and getting results that the use of self-management techniques in reducing behaviour ditching students. However, after conducting a preliminary study where subjects have blindness behaviour, namely students in SLB- A YKAB Surakarta is known that self-management techniques have never been used in an effort to reduce blindness behaviour in blind people. Based on the background of the problem described, the results of various studies related to the influence of self-management techniques and also because self-management has not used in an effort to reduce blindness behaviour in blind children at SLB-A YKAB Surakarta.

Self-management techniques can be implemented as an effort to reduce blindness behaviour. It is used by providing opportunities for individuals to regulate their behaviour and change their behaviour for the better through several stages, namely the stage of self-monitoring or self-monitoring, the stage of self-confirmation, cancellation or penalty stage. Hence, problems faced by students can most likely be solved. Based on exposure to blindness behaviour experienced by students and efforts to reduce behaviour and the use of self-management techniques at SLB-A YKAB as a technique in behaviour modification, the researcher proposes research with the title "Reducing Blindism Behavior with Self-Management Techniques for Visually Impaired Students in Class VIII at SLB-A YKAB Surakarta".

2. Research method

This research was carried out at SLB-A YKAB Surakarta. This school focuses on handling of student with visual impaired from elementary to high school. The basis for the researchers to take this school as the research location are: There is a student (DWDS) with visual impaired at SLB-A YKAB Surakarta who meet the criteria to become subjects in this

study, several methods have been applied to reduce blindness behaviour to students at this school, but has not shown reducibility, therefore the researcher apply the self-management technique to reduce blindness in students.

A quantitative approach with an experimental method of single subject research was used in this study. Researchers chose the A-B design in this study, thus it is mandatory determine the target behaviour to be minimized or maximized. In this study, modifications behaviour was done by reducing the behaviour of blindness in student with visually impaired. The stages of this research design are arranged on a logical basis, namely: displays a repetition in the target behaviour at least two stages, namely the baseline stage (A) and the intervention stage (B). The measurement of the frequency of the target behaviour is measured by the time has been determined to produce stable data, and the data is the database data or baseline data (A), if the database has been obtained, then it is proceeded to the intervention stage (B). At the intervention stage, the researcher performs certain treatments on the target behaviour by apply self-management techniques. Observation and data recording were in the form of frequency and duration of the appearance of the target behaviour and were carried out simultaneously with intervention. The observation and recording aims to determine the effect of treatment on changes in the target behaviour. Direct observation as data collection technique were used in this study. The direct observation was carried out by recording data at the time of the incident took place. This kind of record keeping is fundamental in conducting research related to behaviour modification. An event logging was used in the data logging, by marking (tally) on the observation sheet during the end of the observation period.

In addition, content validity was also applied. According to Susanti (2013) content validation is used to know how well the test is used to assess the representation of material to be tested. The validity test consists of content validity, construct and criteria. Content validity is the type of validity used in this study, content validity is the validity estimated by testing the feasibility or relevance of the content which is done rationally by the expert judgment (Azwar, 2015). Experts are also involved in this validity test: measurement experts, blind experts, and linguists. Experts were selected from lecturer at Sebelas Maret University, Surakarta, who have the relevant competencies and qualifications. This study applies an interrater test technique, which is a test that involves several raters to evaluate the same subject, in the form of Interclass Correlation Coefficient (ICC) with SPSS 25.

Data analysis techniques that was used in this study was visual data analysis, which consists of internal and external analysis between conditions. Analysis in conditions refers to changes in data on baseline and at the time of intervention, while the analysis between conditions was carried out to see any changes between conditions, such as the conditions in baseline and intervention. Sunanti (2005) explained that there are six things that must be analyzed under conditions, namely the length of the condition, the trend stability, directional trend estimation, stability level, data trail, and level of change. Meanwhile, in

the visual analysis between conditions, there are five things that must be analysed, namely changes in the direction of the trend and its effects, number of variables changed, level changes, stability and data changes overlap. In analyzing changes between conditions, stable data prior to the stage of analyzing conditions must be obtained. Data analysis result in the form of a graph of the change in blindism in each session, were then compared and explained.

3. Result and discussion

This research using an A-B study design consisting of a baseline phase (A) and the intervention phase (B). The process carried out to obtain data in research by applying participant observation and systematic nonparticipant in the base and intervention phases. The first phase in this research is the baseline phase to collect prefix data which is used as a guide in reference to whether the intervention to be carried out will have influence in reducing blindism behaviour. Base phase was done in a total of four sessions with a duration of one hour, then proceed with the intervention phase. This phase was implemented a total of eight sessions lasting 90 minutes each session. This research data was generated through systematic observation with an event recording instrument. This observation was carried out by two observers, excluding the researcher.

3.1 Baseline (A)

This stage is the initial observation activity to take notes frequency of target behaviour, namely blindism before intervention. The baseline stage was carried out until the data obtained were stable. Observations were made for four sessions. Observer uses frequency measurements by recording the occurrence of blindism behaviour on the incident recording sheet and duration recording sheet with a duration interval of five minutes.

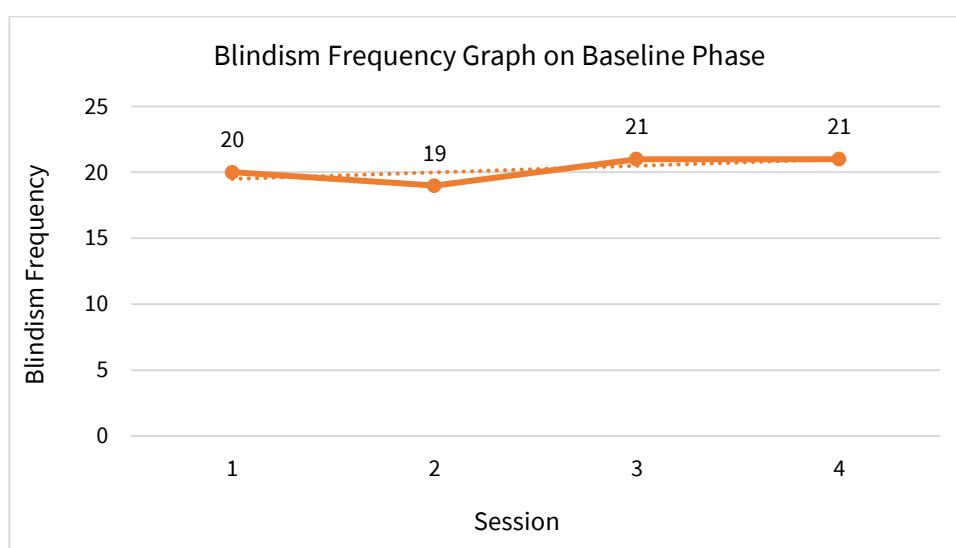


Figure 1. Frequency of Blindism in Baseline Phase

3.2 Intervention (B)

The intervention was carried out for eight sessions with 90 minutes per session. Data collection was carried out on intervention stage with participant and non-participant observation carried out by rater to note the frequency of blindness occurred during the intervention.

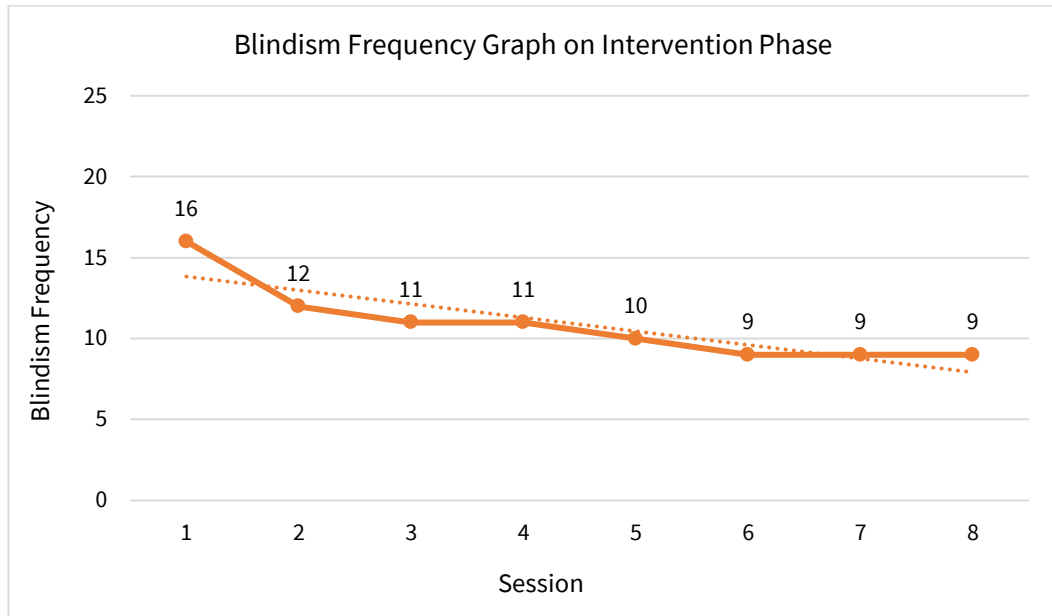


Figure 2. Frequency of Blindism in Intervention Phase

3.3 Data Analysis

The obtained data was analyzed using visual graph analysis, includes analysis in conditions and analysis between condition. The results of the analysis are shown in Tables 1 and 2.

Table 1. Analysis in Condition

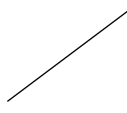
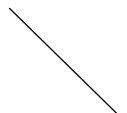
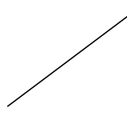
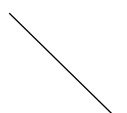
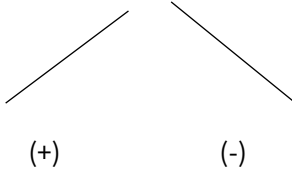
No.	Condition	Baseline	Intervention
1	Length of condition	4	8
2	Estimated trend direction	 (+)	 (-)
3	Stability	100% (Stable)	87,5% (Stable)
4	Data trend	 (+)	 (-)
5	Stability level and range	Stable 21-19	Stable 16-9

Table 2. Analysis between Condition

No.	Condition	B/A
1	Variable number changed	1
2	Changes in trend direction and their effects	
3	Stability trend change	Stable to stable
4	Level change	21-9 (-12)
5	Data overlap	0%

3.4 Discussion

The effect of self-management techniques to reduce blindism behaviour in DWDS can be observed by comparing data in Figure 1 and in Figure 2. The figure shows a decrease in the frequency of target blindism behaviour possessed by DWDS before the intervention and when the intervention occurred. Observations were carried out in two phases, namely the baseline phase which was carried out for 4 sessions and the intervention phase which was carried out for 8 sessions. The steps taken by researchers in this intervention are to invite students to communicate the results of their observations of blindism behaviour referring to baseline data. This discussion is a sign of the start of intervention with self-management techniques. This stage is referred to as the self-monitoring stage which lasts 15 minutes, consisting of; rational explanation by the researcher, discriminating against the target of behaviour in order to identify the presence or absence of behaviour, both disguised and overt, recording responses using the principle of pre-behaviour monitoring.

After completing the self-monitoring stage, DWDS self-contract on the goal setting worksheet was settled up. The implementation of observation and provision of stimulus-control can be carried out after the self-monitoring and self-contract stages are carried out which last 60 minutes. After obtaining the observation data in this intervention phase, the researcher mapped the behavioral targets, displayed the data and analyzed the data, this step lasted 15 minutes to provide opportunities for self-support for DWDS and to compare the blindism behavior data with the goals or standards that DWDS had made in the goals setting worksheet. The last step in the self-management technique is the provision of self-rewards referring to the comparison of the analyzed observation data with the goals setting worksheet whether it is in accordance with the stated goals or not.

All steps in this self-management technique have been carried out for 8 phases until the blindism behaviour is reduced and stable. Based on the analysis applied to each phase described above, shows that the use of self-management techniques can be used as a breakthrough to reduce blindism behaviour in DWDS blind students. This refers to the data that can be seen in figure 1, which shows an increase in blindism behaviour. In the

baseline phase of session 1 the frequency of DWDS blindness behaviour was 20 times in a duration of 60 minutes, then in session 2 it was 19 times, then increased to 21 in session 3 and session 4. The average frequency of DWDS blindness was 20.25 times. The trend of blindness frequency at baseline is increasing. The antecedent or cause of the increasing frequency of blindness in DWDS is caused by the emotions that arise and the conditions that support the behaviour arise such as students feeling ignored by the environment, feeling depressed, students hearing their favourite songs or movies. This DWDS blindness behaviour has become a habit and there is no environmental effort to reduce this blindness behaviour.

The stages of the self-management technique in this study include self-monitoring, positive reinforcement (self-reward), contract or agreement with oneself (self-contracting) and mastery of stimuli (stimulus control). The self-monitoring stage is carried out with a duration of 15 minutes, 60 minutes of observation and analysis of 15 minutes of observation. In the intervention phase, blindness behaviour decreased compared to the baseline phase, this can be seen and compared between figure 1 and 2. The behaviour of blindness in the intervention session 1 was 16 times. In session 2, DWDS's blindness behaviour decreased to 12 times. Sessions 3 to 4 shows stable blindness behaviour with a frequency of behaviour as much as 11 times. Session 5 display frequency decrease of blindness behaviour to 10 times. The 6th, 7th to 8th sessions of blindness shows stable frequency of 9 times. In the intervention phase, there was a gradual decrease in the frequency of blindness behaviour. The average frequency of DWDS blindness behaviour in the intervention phase was 10 times. The trend of the frequency of appearance of blindness behaviour during the intervention phase is decreasing, because DWDS has understood the rewards if he does not achieve the goals he agreed on and it is not liked by the students, therefore the DWDS students try to restrain their behaviour so that they are not given the rewards that they have agreed to. According to Ratna (2012) the purpose of self-management techniques in counselling is to empower clients to be able to master and manage their own behaviour so that during the intervention phase, the behaviour in DWDS can be decreased.

4. Conclusion

Based on the discussion, it can be concluded that the use of self-management techniques can reduce blindness behavior in class VIII blind people at SLB-A YKAB Surakarta.

5. Suggestion

This study highlights some suggestions for the students, the educators, and the future researchers. First, students are expected to be able to maintain behavioural changes after this research is completed and when an intervention is given for other behaviours, students can adapt more quickly to changes. Second, the educators can modify this technique, if you want to apply it to other students. And the last, Further researchers are advised to use this study as a reference in handling reducing blindness

behaviour in the blind and researchers are expected to be able to modify or develop this technique with more diverse research subjects.

References

- Arikunto, S. (2013). *Prosedur Penelitian: Suatu Pendekatan Praktik*. Jakarta: Rineka Cipta.
- Azwar, S. (2015). *Sikap Manusia: Teori dan Pengukurannya*. Yogyakarta: Pustaka Pelajar.
- Corey, G. (2005). *Teori dan Praktek Konseling & Psikoterapi*. Bandung: PT. Refika Aditama.
- Cormier, L.J & Cormier, L.S. (1985). *Interviewing Strategies for Helpers*. 2nd ed, California: Brooks / Cole Publishing Company.
- Darmadi, H. (2014). *Metode Penelitian Pendidikan Sosial*. Bandung: Alfabeta.
- Desmita. (2010). *Psikologi Perkembangan Peserta Didik*. Bandung: Remaja Rosdakarya.
- Ellis, R. J. (1988). Self-Monitoring and Leadership Emergence in Groups. *Personality and Social Psychology Bulletin*, 14(4), 681–693.
- Gie, T.L. (2000). *Manajemen dan Motivasi*. Jakarta: Balai Pustaka Aksara.
- Glick, P., DeMorest, J. A., & Hotze, C. A. (1988). Self-Monitoring and Beliefs about Partner Compatibility in Romantic Relationships. *Personality and Social Psychology Bulletin*, 14(3), 485–494.
- Gunarsa, S.D. (1996). *Konseling dan Psikoterapi*. Jakarta: BPK Gunung Mulia.
- Hallahan, Kauffman, & Pullen. (2014). *Exceptional Learner an Introduction Special Education*. USA: Pearson Education.
- Jones, J. & McFall, W. T. (1977). A Photometric Study of the Color of Healthy Gingiva. *Journal of Periodontology*, 48(1), 21–26.
- Kanfer, F.H. (1980). *Self-management Method*. In *Helping People Change*. 2nd ed., New York: Pergamon Press.
- Komalasari, G., Wahyuni, E. & Karsih. (2011). *Teori dan Teknik Konseling*. Jakarta Barat: Indeks.
- Korir, B.C. (2015). Challenges Encountered by Student with Visual Impairment and Teachers in an Integrated School Environment: A Case of Integrated Secondary School in Kericho District, Ainamoi Division, Kenya. *International Journal of Education, Learning and Development*. 3 (8), 28-40.
- Makhfud. (2011). Hubungan Antara Manajemen Diri Dengan Prokrastinasi Akademik Pada Siswa Aktifis BEM IAIN Sunan Ampel Surabaya. *Psikologi Pendidikan dan Bimbingan*, 10, 40-52.
- Mardapi, D. (2012). *Pengukuran, Penilaian, dan Evaluasi Pendidikan*. Yogyakarta: Nuha Medika.
- Nursalim, M. (2013). *Strategi & Intervensi Konseling*. Jakarta: Indeks.

- Palmer, S. (2011). *Konseling dan Psikoterapi*. Yogyakarta: Pustaka Pelajar.
- Rahardja, D. (2013). *Psikososial Anak Luar Biasa*. Modul Jurusan Pendidikan Khusus Fakultas Ilmu Pendidikan, Universitas Pendidikan, Indonesia.
- Ratna, L. (2012). *Teknik-Teknik Konseling*. Yogyakarta: Deepublish.
- Rizky, M.F. & Wijastuti, A. (2017). Mereduksi Perilaku Blindism Melalui Kegiatan Prktikum Menggunakan Beaker Glass Braille Pada Penguasaan Konsep Pengukuran. *Jurnal Pendidikan Khusus*, 2, 1 – 13.
- Romanczyk, R. G. (1984). Micro-computers and Behavior Therapy: A Powerful Alliance. *The Behavior Therapist*, 7(4), 59–64.
- Rudiyati, S. (2002). *Pendidikan Anak Tunanetra*. Yogyakarta: Universitas Negeri Yogyakarta.
- Salim & Syahrums. (2012). *Metodologi Penelitian Kualitatif*. Bandung: Citapustaka Media.
- Scholl, G.T. (2003). *Foundations of Educations for Blind and Visually Handicapped Children and Youth*. USA: American Foundation for the Blind.
- Siyoto, S. & Sodik, A. 2015. *Dasar Metodologi Penelitian*. Yogyakarta: Literasi Media Publishing.
- Smart, A. (2010). *Anak Cacat Bukan Kiamat: Metode Pembelajaran dan Terapi untuk Anak Berkebutuhan Khusus*. Yogyakarta: Ar-Ruzz Media.
- Somantri, S. (2007). *Psikologi Anak Luar Biasa*. Bandung: PT. Refika Aditama.
- Sukmadinata, N. (2012). *Metode Penelitian Pendidikan*. Bandung: Rosida
- Sugiyono. (2010). *Statistika untuk Penelitian*. Jakarta: Alfabeta.
- Sugiyono. (2013). *Metode Penelitian Kuantitatif, kualitatif, dan R&D*. Bandung: Alfabeta.
- Sunanto, J., dkk. (2005). *Pengantar Penelitian Dengan Subyek Tunggal*. Jepang: Criced University of Tsukuba.
- Sunardi. (2010). *Konsep Dasar Modifikasi Perilaku*. Jurusan Pendidikan Luar Biasa Fakultas Ilmu Pendidikan, Universitas Pendidikan, Indonesia
- Suryana. (2010). *Metodologi Penelitian: Model Praktis Penelitian Kuantitatif dan Kualitatif*. Buku Ajar Perkuliahan UPI, Bandung.
- Sutjihati, S. (2012). *Psikologi Anak Luar Biasa*. Bandung: Refika Aditama
- Tarsidi, D. (2007). *Dampak Ketunanetraan terhadap Perkembangan Keterampilan Sosial Anak*. Universitas Pendidikan Indonesia.
- Tarsidi, D. (2010). *Bimbingan Konseling untuk Perkembangan Kompetensi Sosial Anak Tunanetra*. Bandung: Rizqi Press.