

**SHAPING TECHNIQUES TO INCREASE INDEPENDENCE IN TAKING A BATH
FOR MIDDLE AGED ADULTS WITH MODERATE INTELLECTUAL DISABILITY
AT WISMA DEMPO**

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Abstract: *The problem that often occurs in people with intellectual disability is to be independent, namely in taking care of themselves such as bathing, dressing and toileting. The ability to take care of oneself is a basic skill that everyone must have. Independence is not depend on the help or support of other people which is characterized by being able to meet physical and psychological needs. The more someone can be independent, the higher their self-confidence and happiness, while the more they depend on others, the more they feel inadequate and disappointed. This research was conducted at Dempo Malang homestead. The research subjects were two moderately intellectually disabled female and middle aged adults who were not yet independent in terms of bathing. The purpose of this study was to find out whether shaping techniques can increase the independence of people with moderate intellectual disability at Wisma Dempo, Malang The research uses an experiment method. Research design is A-B-A with Single Subject Research approach. Data collection uses participant observation. The results show that the shaping technique can increase the bathing independence of two people with moderate intellectual disability.*

Keywords: *Shaping Technique, Independency in taking a bath, Moderate Intellectual Disability*

INTRODUCTION

The problem that often occurs in people with intellectual disability is the ability to be independent, namely taking care of oneself such as bathing, dressing and toileting. (Utami & Novitasari, 2022). This is because the mentally retarded experience intellectual limitations which have an impact on adaptive skills in daily life. (Adiatama, 2023). Everyone must have basic skills such as taking care of oneself, so independence is an important thing to train because with independence people can become more confident and responsible. (Rujiah, 2023). A similar opinion was expressed by Imansyah (2022) that independence training through the process of daily activities for people with disabilities is important to improve their performance.

Sepriana (2024) explains that independence is the ability to take care of or look after oneself without depending on the help of others. In theory, moderate mental retardation can be trained for certain skills and can be trained to take care of themselves or care for themselves independently and carry out daily work in their work environment with supervision (Mahendradewi, 2023). A similar opinion was expressed by Sepriana (2024) who stated that mentally retarded children can carry out physical self-care such as using the toilet, dressing and bathing, but the two female middle-aged subjects observed in September 2022 at Wisma Dempo were not able to take a bath themselves. They only can rub certain body parts with soap, while ears and neck, back and legs are not rubbed with soap. The results of the interviews that the researcher conducted with the caregivers showed the same result as the observations of the researcher.

The conditions experienced by the two moderate intellectually disabled females make them dependent on their caregivers and affect their performance and self-confidence, so that independence need to be trained. Independence, especially for people with intellectual disability, is influenced by a number of factors, including internal and external factors.

Based on Permatasari (2021) factors that can increase independence can be in the

form of providing interventions, namely by using shaping techniques.

The concept of independence, according to Frank, Avery, and Laman, has seven aspects, namely freedom, initiative, self-confidence, responsibility, self-assertiveness, decision making, and self-control, whereas according to Ali and Asrori, independence is influenced by genetic factors and parenting patterns (Sepriana, 2024).

Based on Permatasari (2021) factors that can increase independence can be in the form of providing interventions, namely by using shaping techniques. According to Khotimah (2021), shaping techniques are the gradual formation of new behavior by providing systematic reinforcement every time the expected behavior appears or meets the desired target in the form of verbal or non-verbal reinforcement (Khotimah, 2021). This is in line with research by Habsy (2024) and (Chairunnisa, 2020) which states that the shaping technique is the formation of behavior through gradual reinforcement of behavior that is close to the desired final form, with this technique it is easier for individuals to go through each session and succeed in mastering the behavior.

The independent variable chosen in this research is the shaping technique. The researcher chose the shaping technique because the training with the shaping technique refers to the characteristics of the child, so the shaping technique is suitable for certain subjects where the stages are divided into small steps so that the child can follow them. It is also suitable for people with moderate intellectual disability and through this shaping technique there is reinforcement every time they approach the desired target, so as to increase the independence of those with special needs (Maftuhah & Noviekayatie, 2020). In Permatasari (2021) forms of reinforcement can be real objects that can be touched and eaten. Other reinforcements can be in the form of signs such as applause and praise, as well as providing opportunities to be involved in activities such as recreation or watching TV to fill spare time (Permatasari, 2021). The hypothesis : Shaping technique can increase the independence of middle aged intellectually disabled people at Wisma Dempo. The purpose of this research is to find out if the

shaping technique can increase the independence of middle aged people with moderate intellectual disability at Wisma Dempo.

METHODS

Subject: two middle aged intellectually disabled females who are and not yet independent in taking a bath. Study was done in January 2023 at Wisma Dempo .Research method used in this study is experiment research, the approach Single Subject Research with visual analysis and graph data to interpret the effect of treatment with ABA design. According to Meidina (2022) the ABA design was to determine the effect of treatment with three phases, namely baseline A1 was carried out three times, B as an intervention was carried out eight times and baseline A2 was carried out three times. The independent variable is shaping technique and the dependent variable is independence in taking a bath for middle aged intellectually disabled.

The objective of this study is to know if the Shaping Technique can increase bathing independence of middle-aged moderate Intellectually disabled at Wisma Dempo .

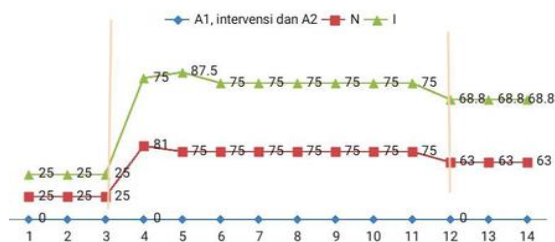
RESULTS

Table 1. Condition Length

Name	Baseline 1	Intervention	Baseline 2
N	3	8	3
I	3	8	3

The table above shows that baseline A1 was three sessions, intervention was eight sessions and baseline A2 was three sessions for both subjects

Picture 1. Direction Trend



Information:

▲ = subject I
■ = subject N

The blue color shows the A1 phase from 1 to 3, the intervention phase from 4 to 11 and the A2 phase from 12 to 14. The black vertical line shows the dividing line for baseline A1, intervention and A2.

The green and red graphs show that there is a tendency for baseline A1 to flatten and increases in the intervention phase and a decrease after intervention stopped at baseline A2 with a horizontal trend with a score of 63% for subject N and 68.8 for subject I. Thus there is still a change after the intervention stopped, namely 25% became 63%, so that it increased 38% for subject N and for subject I, it has increased 43.8%, namely from 25% to 68.8% after the intervention stopped.

Table 2. Mean level, upper limit and lower limit for bathing independence of “N”

A1	Intervention	A2
25 25 25 MI ba bb 25 27 23	81 75 75 75 75 75 75 75 ml ba bb	63 63 63 ml ba bb
	76 80 72	63 67 58

Table 3. Mean level upper limit and lower limit for bathing independence of “I”,

A1	Intervensi	A2
25 25 25 MI ba bb 25 27 23	81 87,5 75 75 75 75 75 75 75 MIba bb	68,8 68,8 68,8 MIba bb
	77 80 72	69 79 64

In Tables 2 (subject N) and 3 (subject I) it can be seen that the score in the baseline phase A 1 with a mean level (ml) of 25%, upper limit (ba) 27% and lower limit (bb) 23%, this indicates that the 25% score is stable data because it is between the upper and lower limits. In the intervention process [subject N] there was one unstable data point, namely 81% in table 2 because it was above the upper limit [80%]. The mean level is 76% in table 2 and, the lower limit is 72%.A2 for table 2 shows stable data with a score of 63% so the data can be used because it is between the upper limit (ba) 67%, lower limit (bb) 58%. The percentage of A1 baseline phase are in the stability range : $P = q/n = 3/3 \times 100\% = 100\%$. The calculation results in the baseline

phase = 100%, so the data is stable. The percentage of data points in the intervention phase are in the stability range : $P = q/n = 7/8 \times 100\% = 87.5\%$, so the data is stable. According to Prahman (2021) data is said to be stable if a percentage of 80% and above is obtained. The percentage of A2 baseline phase are in the stability range : $P = q/n = 3/3 \times 100\% = 100\%$. The calculation results in the baseline phase = 100%, so the data is stable.

In table 3 [subject I] the score in phase A1 (25%) is stable because it lies between the upper limit (27%) and lower limit (23%). In table 3 (subje t I) shows stable data after intervention stopped (A2) = 68.8% because it lies between the upper limit (ba) = 79% and lower limit (bb) = 64%.

Inter-Condition Analysis:

- The dependent variable was independence in taking a bath of subject N and subject I
- Direction Trends show a good impact (+).
- Changes in Stability Trends in this study indicate that changes that occur from the baseline A1 phase to the intervention phase and to baseline A2 phase are stable to stable.
- Level Change

For subject “ N “ [table 2] the data point in the last session of the baseline A1 phase was 25 and the data point in the first session of the intervention phase was 81 so that there was an increase of 56 % . In the A2 phase, it decreased, namely 75-63, but there was still an increase compared to A1, namely $63 - 25 = 38\%$. For subject “I “in table 3 the data point in the last session of the baseline phase [A1] was 25 and the data point in the first session of the intervention phase was 75 so that a difference of 50 was obtained . For the A2 phase there was a decrease to 68,8 but there was still an increase when compared to A1 : $68,8 - 25 = 43,8 \%$. The percentage of Overlapping in both subjects is 0. The smaller the data overlap percentage, the better the effect of the intervention on the target behavior.

DISCUSSION

The results of the hypothesis obtained that the shaping technique can increase the

independence of people with moderate intellectual disability at Wisma Dempo. This is important because the ability to take care of oneself is a basic skill that everyone must have. The more someone can be independent, the higher his / her self-confidence and this affect happiness, while the more they depend on others, the more they feel inadequate and disappointed. So it's also important to increase the independence of dressing and toileting, but the subjects can dress themselves well and toileting isn't a problem.

This research is in accordance with the results of previous studies, including research by Khotimah (2021) which shows that shaping techniques can increase students' learning independence. Maftuhah & Noviekayatie (2020) in their research shows that shaping techniques can increase the independence of teenagers with cerebral palsy to move independently. Habsy's research (2024) shows that shaping techniques are effective in children's learning and independence processes.

Maftuhah & Noviekayatie (2020) in their research showed that shaping techniques can increase the independence of adolescents with cerebral palsy to move independently.

From this research, the two subjects were not yet able to independently bathe or make their own decisions. This is in accordance with the theory stated in Sepriana that independence is influenced by intellectual abilities where both subjects experience moderate mental retardation so that they are hampered in taking initiative and making decisions. (Sepriana, 2024).

According to Sepriana (2024), independence is also influenced by physical condition, this is appropriate in the field where subject I during the intervention experienced pain in the left leg so it was quite difficult to rub her feet.

According to Sepriana (2024), the dimension of independence includes emotional abilities, which are related to managing emotions and aspects of self-control. In the research, subject N was more likely to whine and break down when given intervention, so this affected the results, where their independence score was lower than subject I.

To increase the independence the researcher using shaping techniques because it refers to the characteristics of the child, so

the shaping technique is suitable for the two subjects, where some of the stages are divided into small steps so that children can follow them. It is also suitable for people with moderate intellectual disability and through this shaping technique there is reinforcement every time they approach the desired target, so that it can increase the independence of those with special needs (Maftuhah & Noviekayatie, 2020). The shaping technique in this study is a method of forming behavior, namely independence in taking a bath with four indicators, namely rubbing the ears and neck with soap, rubbing the back and legs and toes with soap..

The researcher provide reinforcement every time the subject approaches the target, namely in the form of praise and gifts in the form of soap, nightgowns, and the opportunity to watch TV, this is in accordance with the theory based on Permatasari (2021). For example when the subjects can soap around her ears, neck, back and feet they are given praise at that time and afterwards they were given nightgowns or soap or they can watch TV.

Giving reinforcement during interventionis decreasing with the aim that the subject is trained to be more independent without depending on assistance or gifts. The score decreased after the intervention stopped, but there was still an increase, this can be seen from the score [in subjects N and I 25%, before intervention – baseline A1] and after intervention stopped, subject N had a score of 62.5% and subject I had a score 68, 75. From this data it can be seen that subject N experienced an increase of 37.5% and subject I experienced an increase in independence of 43.75% after given intervention.

The limitations of this research is that it limits to independence in taking a bath, while there are more aspects of independence that need to be explored. With these limitations, it is suggested for future research to examine using shaping techniques with different subject characteristics and researchers who are interested in the same research topic as this study can consider different subjects and other intervention techniques to increase the independence of people with moderate intellectual disability.

CONCLUSION

Based on the results of the discussion and previous research, it can be concluded that the shaping technique has an influence on the independence of middle aged intellectually disabled persons where the shaping technique can increase the independence of them in taking a bath. This is showed by the data points in the baseline condition A1 before the intervention: the two subjects were not yet independent. In the intervention phase (B) there was an increase in taking a bath, and in the A2 phase [after the intervention stopped] there was a decrease, but there was still an increase compared to “before the intervention” . The limitations of this study is that this study not discuss in detail about the steps given when shaping was applied to the subjects. It's necessary also to do some research according to the behavior the subjects showed during the practice of the shaping technique.

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