



Original Article

Empowering Stakeholders in Therapeutic Communication for Children with Special Needs: A Case Study at Special Harmony Inclusive School, Jakarta

Zera Edenzwo Subandi¹, Surianto^{2✉}, Yesica Yuliani Clara³, Shannen Cleverin Janeardie⁴

^{1,2,3,4} Faculty of Social Sciences and Humanities, University of Bunda Mulia

Correspondence Author: suriantoacunk@gmail.com ✉

Abstract:

Established in September 2023, the Lentera Cita Karya Foundation aims to address the educational and therapeutic needs in an inclusive community for children with special needs by providing holistic services through the Special Harmony School in North Jakarta. The school offers tailored education for children with Autism Spectrum Disorder (ASD) and intellectual disabilities (including Down syndrome), incorporating therapeutic support such as speech therapy, occupational therapy, sensory integration, and parent-teacher skill development programs. Despite these efforts, the implementation of therapeutic communication remains a challenge for facilitators, including teachers and therapists. Issues include limited understanding of effective verbal and non-verbal communication strategies, emotional expression, and appropriate interaction in both medical and non-medical settings. To address these challenges, a community engagement program was conducted involving 12 participants, consisting of inclusive education teachers, therapists, and parents. The program utilized a Focus Group Discussion (FGD) method, followed by expert-led sessions conducted by university lecturers. Over three separate sessions, participants engaged in thematic discussions on therapeutic communication, followed by structured presentations designed to enhance their conceptual and practical understanding. The initiative identified three major challenges: communication between therapists and children with special needs, the children's communication with their environment, and persistent societal stigma. The program succeeded in improving participants' awareness, emotional sensitivity, and basic therapeutic communication strategies applicable in inclusive educational settings.

Keywords: Therapeutic Communication, Community Service, Children with Special Needs, Inclusivity



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Introduction

Children with special needs (CSN) are individuals who experience developmental, physical, emotional, or cognitive challenges. Among these, Autism Spectrum Disorder (ASD) remains one of the most prevalent conditions, characterized by impairments in communication, social interaction, and behavior. In Indonesia, the number of children with special needs continues to rise. As of 2024, over 40,000 inclusive schools have enrolled CSN; however, only 14.83% of these schools are equipped with specialized teachers to meet the students' unique educational needs. The estimated number of CSN exceeds 2 million nationwide, though exact figures remain uncertain ([Antaranews, 2024](#)).

Founded in September 2023, the Lentera Cita Karya Foundation was established to respond to the urgent need for accessible and appropriate education and care for CSN. Through the Special Harmony School, the foundation provides inclusive and holistic education for children with ASD and intellectual disabilities such as Down Syndrome. Communication technique during teaching may vary, but the method should be adjusted by the characteristic of the audience, especially CSN as the students ([Surianto et al., 2025](#)). The school also contributes to social empowerment by creating employment opportunities for inclusive education teachers and enhancing their professional welfare. Special Harmony School adopts Curriculum of "Indonesia Merdeka", emphasizing character development and competency-based learning tailored to the needs and interests of each student. Beyond academics, the school integrates clinical services including speech therapy, occupational therapy, sensory integration, music therapy, and programs for both parents and educators ([Bernhard, Howell, & Bray, 2024](#)).

Despite these supports, challenges persist in implementing therapeutic communication in inclusive school settings. Regardless of the chosen communication method, teachers within the foundation must be equipped to deliver instruction with an awareness that communication plays a pivotal role in the learning processes of children ([Al Hakim & Azis, 2021](#)). These challenges include limited facilitator understanding of effective verbal and non-verbal strategies, emotional expression, and the delivery of care in both medical and non-medical contexts ([Jones, 2022; Smith et al., 2023](#)). Therapeutic communication requires adaptation to each child's communication profile and emotional state ([Karisa, 2019; Surianto & Edenzwo, 2024](#)).

Given the communication barriers and societal stigma faced by CSN, a community service program (PKM) was developed. This initiative addresses three key problems: (1) therapeutic communication between therapists and CSN, (2) the ability of CSN to communicate with their surroundings, and (3) negative stigma from society. This program also aligns with the academic implementation of two university-level courses: Communication Theory and Communication Ethics & Philosophy ([Abayeva et al., 2024](#)).

Methods

This community engagement program was carried out using a Focus Group Discussion (FGD) method, followed by expert-led presentations delivered by university lecturers. The first FGD session involved one therapist and four inclusive education teachers, who engaged in guided discussions on selected topics related to therapeutic communication. The session concluded with a presentation and collective reflection. Initially, four therapists were scheduled to attend the first session; however, three were unable to participate due to scheduling conflicts. These participants were rescheduled for the final FGD session.



Figure 1. FGD of Teachers and Therapist

The final FGD included four parents of children with special needs. As in previous sessions, participants discussed the same thematic content and received a concluding lecture on therapeutic communication. The last FGD involved the three therapists who were previously unable to attend. All three sessions covered identical topics and instructional materials, ensuring consistency in content delivery across participant groups.



Figure 2. FGD of Parents of Children with Special Needs.

In each FGD, the community engagement team also conducted short, targeted educational briefings tailored to each stakeholder group. Therapists received guidance on how to implement more effective therapeutic communication strategies in clinical and educational settings. Teachers were encouraged to develop more adaptive and empathetic communication practices within the classroom ([Flannery & Wisner-Carlson, 2020](#)). Meanwhile, parents were advised on the importance of sustained emotional support and active involvement in their children's learning and development.



Figure 3. FGD of the Therapists

In total, 12 participants took part in the program, including therapists, inclusive education teachers, and parents. Each session emphasized open dialogue, shared experiences, and reflective learning to strengthen participants' understanding and application of therapeutic communication within inclusive school environments.

Results & Discussion

Participants, consisting of therapists, teachers, and parents from Special Harmony School, attended a FGD and a session on therapeutic communication. The participants unanimously agreed on the relevance and usefulness of the training, reflected in a perfect score of 4 (on a 4 point scale) in the feedback provided by all 12 participants. During the FGD, it became evident from the questions posed by the facilitator that the majority of participants had limited understanding of how therapeutic communication is implemented and how it supports the needs of children with special needs. However, following the training, participants reported acquiring new knowledge that could be applied to better support and accompany children with special needs in their educational and developmental journey.

The evaluation instrument used by the implementation team was a questionnaire consisting of four indicators of source credibility: educational value, objectivity, accountability, and transparency ([Girsang, 2018](#)). These four indicators were employed to measure participant feedback regarding the resource person during the community service activity (PKM). The results are as follows:

No	Components	Scorings
1	Educative	4
2	Objective	3,92
3	Accountable	3,67
4	Transparent	3,83
(n) Respondents		12
(n) Trainers		3

Table 1. Trainers' evaluation from participants.

The table above indicates that stakeholders gave high ratings to the facilitators who delivered the training session following the FGD. Teachers, therapists, and parents consistently expressed that the community development facilitators were able to provide impactful and meaningful training.

Conclusion

The three FGDs conducted by the community service team yielded both supportive and contradictory findings. Each FGD was held for 90 to 120 minutes to facilitate efficient and focused discussion, ensuring that the conversation remained aligned with the core topic, namely the effectiveness of implementing therapeutic communication. In general, the first FGD involved school teachers who interact most frequently with CSN, the second involved therapists serving as medical professionals in the school setting, and the third engaged parents of CSN.

The first FGD with teachers highlighted the critical need for a high level of patience and moral support for educators working with CSN. Participants emphasized that the quality of teacher to student relationships is a key factor in enhancing the effectiveness of communication during instruction. These findings also supported by [Sider & Morvan \(2017\)](#), that teachers of inclusive school need special method to the development of CSN. The teachers collectively agreed that educational progress in school would be more attainable if parents provided consistent support and accompaniment to their children at home. As a result, the teachers recommended increased parental involvement outside the school environment. One notable finding is that teachers unanimously recognized storytelling as an effective modality for engaging with CSN, as it incorporates both visual and psychomotor elements that enhance cognitive processing and maintain student attention ([Surianto et al., 2025](#)).

In the second FGD, therapists reported that they frequently observed fluctuating developmental progress among CSN. Variations in cognitive, affective, and psychomotor abilities were noted to differ significantly from one child to another. As mentioned by [Subandi & Febianca \(2020\)](#), people with special needs may give various output towards their communication process. The primary challenge faced by therapists was parental disagreement with certain therapeutic methods employed, despite those same parents simultaneously expecting more significant developmental outcomes. This situation often placed therapists in a conflicting position of being required to demonstrate progress without full cooperation or trust from the child's guardians.

The third FGD focused primarily on the emotional challenges faced by parents in accepting their children's conditions as individuals with special needs. Nonetheless, most parents expressed a strong desire for inclusive environments that foster independence in their children. Some parents still held aspirations for their children to eventually pursue higher education in mainstream institutions. Furthermore, many parents indicated that they believed the primary responsibility for supporting CSN lies with professionals—namely, teachers and therapists—as experts in the field. As mentioned by [Parella et al., \(2024\)](#), parents of CSN are strongly encouraged to provide consistent and intensive support beyond the school setting, as parental involvement has been shown to play a critical role in reinforcing therapeutic and educational interventions.

From these FGDs, the community service team identified notable contradictions in the perspectives of various stakeholders. Each stakeholder group tended to perceive effectiveness as contingent upon the active involvement of others. However, to implement therapeutic communication effectively, stakeholders must prioritize the holistic

development of CSN rather than focusing on the extent of involvement or influence of other parties.

Suggestion

It is imperative that therapists and educators working with CSN adopt an integrated, interdisciplinary approach to therapeutic communication, grounded in evidence-based practices. Therapists are encouraged to engage in continuous professional development focused on enhancing their communicative competence, particularly in conveying therapeutic objectives to caregivers with clarity, empathy, and cultural sensitivity. Concurrently, educators should be equipped with specialized training in therapeutic pedagogical strategies that foster relational trust and emotional safety in learning environments. The establishment of structured communication frameworks, such as case conferences, interdisciplinary consultation protocols, and reflective communication logs—may facilitate alignment between therapeutic and educational goals, thereby promoting more coherent and effective support for CSN.

For foundations, academic institutions, and community engagement teams, it is recommended to institutionalize therapeutic communication as a foundational element within capacity-building initiatives. Strategic collaborations between academic experts in communication sciences, medical humanities, special education, and clinical psychology are essential in developing standardized training modules and assessment instruments tailored to diverse stakeholder needs. Furthermore, scholars and practitioners should prioritize empirical research that examines the long-term impact of therapeutic communication interventions on child development outcomes, caregiver satisfaction, and institutional efficacy. Dissemination of such findings through peer-reviewed platforms and translational knowledge exchange will be critical in advancing best practices and informing policy frameworks across educational and clinical contexts.

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