

THE ROLE OF OCCUPATIONAL THERAPY IN PROMOTING INDEPENDENCE AMONG CHILDREN WITH INTELLECTUAL DISABILITIES

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ABSTRACT

Occupational therapy is a type of intervention provided to children with physical, mental, and cognitive disabilities to improve their ability to perform daily activities independently. This study aims to examine the application of occupational therapy on the development of independence in children with intellectual disabilities, as well as differences in the development of independence among two research subjects at the Samarinda Autism Service Center. This study adopted a qualitative approach with data collection methods including observation, semistructured interviews, and documentation. The study subjects consisted of two children with intellectual disabilities aged 7–10 years, selected using purposive sampling. The results indicate that occupational therapy plays a positive role in enhancing the independence of children with intellectual disabilities, particularly in self-care aspects such as eating, using writing utensils, and toileting. Differences in the level of independence development are influenced by the duration of therapy and parental support at home.

Keywords: Mentally Disabled, Independence, Occupational Therapy

INTRODUCTION

Children are the future of a nation; if children are healthy, the nation will be strong and prosperous (Febrianti, 2017). Every parent hopes to have a perfect child, as children can be a source of harmony in a relationship (Iskandar & Indaryani, 2020).

Early childhood encompasses the age range of 0 to 8 years, which is a crucial period in an individual's growth and development. During this stage, children undergo rapid development across various domains, such as physical, cognitive, language, social-emotional, and moral. Neurological studies indicate that a child's brain development reaches approximately 80% by age 8, so this period is often referred to as the "golden age" (Maulana et al., 2018). Children are quite sensitive at this age and have a strong potential to explore; their curiosity is immense (Jantrika & Marlina, 2021) Therefore, young children require appropriate stimulation and intervention so that their developmental potential can grow optimally.

However, not all children develop according to the expected developmental milestones. One group of children experiencing developmental delays is children with intellectual disabilities. Children with intellectual disabilities are those with an intellectual ability below average (IQ < 70), accompanied by limitations in adaptive functioning, such as learning, communication, and the ability to adapt to the social environment (Maulidiyah, 2020) . Supported by the Peden M. Oyegbite K. Ozanne-Smith J. Hyder A.A. Branche (2021), which states that intellectual disability is characterized by significant limitations in both intellectual functioning and adaptive behavior.

Generally, children with special needs do not develop in the same way as typical children (Susanti & Ramadhani, 2024). Therefore, children with intellectual disabilities need to receive occupational therapy to optimize or enhance their development (Ilah Padhila et al., 2023). The purpose of this therapy is to help children achieve optimal function and capacity (Mahmuda & Sujarwanto, 2008). Occupational therapy plays a crucial role in enhancing the independence of children with intellectual disabilities. Novak & Honan (2019), state that occupational therapy interventions can significantly improve functional independence in children with developmental disabilities.

In line with this, Widyorini et al., (2019) states that children with intellectual disabilities face difficulties with abstract thinking and problem-solving, and take longer to master a skill It is important to classify children with intellectual disabilities, as there are significant individual differences among them. Apriyanto in (Graces Maranata, Dina Rotua Sitanggung, Stefani Hagelara Pakpahan, 2023) children with intellectual disabilities can be divided into three categories: (1) *bedil*, or mild intellectual disability; (2) *imbisil*, or moderate intellectual disability; and (3) severe and profound intellectual disability. These differences in ability levels affect the child's potential to participate in education as well as their level of independence. In general, children with intellectual disabilities face challenges in self-care aspects, such as eating, dressing, maintaining personal hygiene, and using public facilities, thus requiring structured and ongoing intervention (Wahyuni & Ngea, 2023) . Children with intellectual disabilities also face challenges with behavioral and language regulation, so they require assistance with daily activities (Pandudinata et al., 2018).

Independence is a crucial aspect of development for children with intellectual disabilities. Independence is defined as an individual's ability to perform activities and make simple decisions without being fully dependent on others (Makrifatul et al., 2021). For children with intellectual disabilities, independence serves not only as an educational goal but also as a key foundation for improving quality of life, self-confidence, and social participation. However, the independence of children with intellectual disabilities does not develop naturally without stimulation, practice, and environmental support, particularly from families and educators (Putra et al., 2022).

One form of intervention considered effective in enhancing the independence of children with intellectual disabilities is occupational therapy. Occupational therapy is an activity-based therapy aimed at improving an individual's functional abilities, particularly in activities of daily living (Pradipta & Dewantoro, 2019). This therapy focuses on the development of fine motor skills, coordination, self-care skills, and adaptive abilities that support children's independence (Panzilion et al., 2020).

The urgency of this study stems from the fact that many children with intellectual disabilities still exhibit a high level of dependence in daily activities, despite having received educational and therapeutic services. Furthermore, the implementation of occupational therapy in various specialized service institutions has not been fully supported by in-depth empirical studies, particularly those that describe the therapeutic process and outcomes in a contextual manner (Rokhman & Rohmah, 2019). Based on the results of initial observations at the Samarinda Autism Service Center, it was found that some children with intellectual disabilities still experience difficulties in aspects of independence, such as eating on their own, using writing utensils, and using the restroom without assistance.

Furthermore, previous studies have predominantly focused on the general effectiveness of occupational therapy in improving children's motor skills and basic functional activities. However, limited attention has been given to how occupational therapy is implemented in real-world service settings and how it simultaneously influences self-care independence and behavioral regulation. These two dimensions are essential components of adaptive functioning in children with intellectual disabilities, as they significantly determine their ability to manage daily life.

In addition, empirical studies based on direct field observations particularly within disability service agencies remain scarce. This gap highlights a discrepancy between theoretical developments and actual practices in the field. Therefore, there is a need for research that not only evaluates outcomes but also provides a comprehensive understanding of the implementation processes, including the challenges and contextual dynamics involved in occupational therapy interventions.

Based on this gap, the present study aims to examine in depth the implementation of occupational therapy in fostering independence among children with intellectual disabilities. The findings are expected to contribute empirically to the development of occupational therapy practices and provide practical insights for teachers, therapists, and parents in supporting children's independence more effectively.

METHODS

This study is a qualitative case study focusing on the application of occupational therapy to the development of independence in children with intellectual disabilities within the context of a specific service. This approach was chosen to gain a deep understanding of the therapeutic process and contextual behavioral changes in the subjects. Although the number of subjects is limited, this study is not intended to be generalized but rather to provide an in-depth empirical description as a reference for future research.

This study employs a descriptive qualitative approach. In descriptive qualitative research, this refers to the description of social conditions, events, and phenomena that are the subject of the study. The analysis involves the evaluation, analysis, and comparison of research findings (Charismana et al., 2022). The research subjects consisted of two children with intellectual disabilities, identified by the initials M and P, who were participating in an occupational therapy program at the Samarinda Autism Service Center. The subject selection technique used purposive sampling, with the criterion being children with intellectual disabilities who were undergoing routine occupational therapy.

Data collection was conducted through direct observation of the therapy process, focusing specifically on aspects of self-reliance in daily tasks and behavioral regulation. Semi-structured interviews were conducted with therapists and parents to gather information about the therapy process, changes in the child's behavior, and supporting and hindering factors. Additionally, documentation of the child's progress including developmental records compiled during therapy and reports on therapy activities was used as supporting data.

The data analysis in this study follows the interactive analysis model proposed by Miles et al. (2014), which comprises three main stages: data reduction, data presentation, and drawing conclusions. The analysis process occurred continuously throughout the study. Data reduction was conducted by selecting, focusing on, and simplifying the information most relevant to the research focus to ensure a more systematic analysis. Subsequently, the data is presented in the form of descriptive narratives to illustrate patterns in the application of occupational therapy toward the independence of children with intellectual disabilities. Data is synthesized by considering the interrelationships among observational findings, interviews, and documentation to achieve a deeper and more accurate understanding.

To ensure the validity of the data, this study employed several validity and reliability techniques, namely source triangulation, methodological triangulation, and member checking. Source triangulation was conducted by comparing the results of observations, interviews, and documentation to obtain more accurate data and avoid bias in interpretation. Methodological triangulation was applied by using various data collection techniques to confirm the consistency of findings and strengthen the research results. Member checking was conducted by confirming with informants (therapists and parents) to ensure that the researcher's interpretation aligned with the informants' intentions, thereby enhancing the credibility of the data.

This research approach is expected to provide a clearer picture of the application of occupational therapy in fostering independence among children with intellectual disabilities at the Samarinda Autism Service Center. Additionally, this study is expected to serve as a reference for educators and parents in fostering independence among children with intellectual disabilities.

RESULTS AND DISCUSSION

This study aims to describe the implementation of occupational therapy and the development of independence in children with intellectual disabilities at the Samarinda Autism Service Center. The study subjects consisted of two 7-year-old children with intellectual disabilities, identified by the initials M and P. The children's independence was assessed using several indicators, including self-care skills, the ability to follow instructions, and fine motor skills that support daily living activities. Based on the results of observations, interviews, and documentation, it was found that the implementation of occupational therapy was conducted in a structured and continuous manner. Each therapy session was designed based on the needs and abilities of each child. The therapist provided functional activities, such as self-care independence exercises and independence exercises in daily tasks. The therapist also regulated the children's behavior during therapy activities.



Self-Care Independence

Self-care independence refers to an individual's ability to meet basic needs such as eating, bathing, dressing, and personal hygiene. Self-care is an important part of the development of children with intellectual disabilities (Bahren Nortajulu, Susianti, 2020).

Based on the results of observations and interviews, the development of self-care independence differed between the two subjects. In the early stages, subject M demonstrated the ability to perform self-care activities with progressively less assistance. At the start of the observation period, M required verbal guidance and light physical assistance while eating, such as guidance on how to hold a spoon correctly. After several occupational therapy sessions, M was able to hold a spoon independently and feed themselves without physical assistance, although they still required occasional verbal guidance. This progression indicates a shift in the intensity of assistance from physical to verbal.

In contrast, subject P required fairly intensive physical and verbal assistance with self-care activities during the early stages of observation, particularly when eating and grooming. In subsequent therapy sessions, P began to show a willingness to attempt these activities independently, though still required direct supervision from the therapist. The changes observed in P were reflected in an increase in the duration of engagement in these activities without resistance.

To clarify the research findings, data on children's developmental independence are presented in a table that systematically illustrates changes in each subject's abilities

Table 1. Progress in Self-Care Independence

Aspect	Subject	Initial Condition	Progress	Final Condition
Eating	M	Physical assistance (holding a spoon)	Verbal assistance	Independent
Eating	P	Full physical assistance	Physical+verbal assistance	Beginning to independent
Drinking	M	Verbal assistance	Independent	Independent
Drinking	P	Physical assistance	Verbal assistance	Beginning to independent

Based on the table above, it is evident that both subjects have made progress toward independence, with Subject M showing faster progress than Subject P, particularly in the areas of self-care and the ability to follow instructions. In addition to the various stimulation activities provided, another factor influencing a child’s motor skills is the support from their surrounding environment. Numerous studies have highlighted the impact of the surrounding environment on children’s intelligence and motor development (Amalia, 2016). These findings align with (Rokhman et al., 2011) which states that occupational therapy effectively enhances self-care independence through repetitive practice and the habituation of functional activities. Nasution (2025) also stated that consistent self-care practice can improve the quality of life for children with special needs.

(Therapy & Framework, 2014) also states that occupational therapy focuses on enhancing an individual’s participation in activities of daily living (ADL) through a meaningful activity-based approach. This approach enables individuals with intellectual disabilities to develop adaptive skills gradually. The independence of children with intellectual disabilities can be developed through repeated and structured practice (Una et al., 2023).

Independence in Daily Tasks

In terms of independence in daily tasks, such as using writing utensils and following simple instructions, subject M was able to complete tasks in a relatively shorter amount of time. Observations indicate that M can follow two to three simple instructions in sequence, such as picking up a pencil and drawing as directed. Developmental documentation shows improved handeye coordination during writing and drawing activities.

Meanwhile, Subject P showed slower progress in this area. Initially, P often stopped the activity before the task was completed and required repeated instructions. The therapist also noted that subject P usually needed the instructions repeated two to three times before starting the task, although sometimes P would stop halfway through. In subsequent therapy sessions, P was able to complete a simple task with consistent verbal guidance. Nevertheless, P still required a longer adaptation period compared to subject M.

Table 2. Motor Skills Abilities

Indicator	Subject M	Subject P
Holding writing utensils	Stable	Still needs assistance
Simple drawing	Able to follow patterns	Needs repeated guidance
Hand-eye coordination	Well-coordinated	Well-coordinated
Completing tasks	Able to work independently	Needs supervision

Occupational therapy plays a key role in enhancing the independence of children with intellectual disabilities. Through structured and repetitive activities, children can learn to perform daily tasks independently. Research by Luthfiyah et al., (2025) shows that occupational therapy is effective in improving the daily living skills of children with intellectual disabilities. This is supported by Ginting et al., (2023), who states that occupational therapy helps children achieve independence in their daily lives.

This supports the view (Pradipta & Dewantoro, 2019) that occupational therapy emphasizes the strengthening of fine motor skills and functional abilities through meaningful activities and repetitive practice. Even though they have the ability to complete the assigned tasks, they may fail because they have difficulty maintaining their focus while working on them (Jacob et al., 2021). Motivation is one of the keys to encouraging children to maintain their focus while completing assigned tasks (Adibsereshki et al., 2015).

Internationally, Winnie Dunn (Dunn, 2019) states that the integration of sensory and motor skills is crucial in helping children complete daily tasks. Additionally, Gary Kielhofner (Trakoli, 2010) in the Model of Human Occupation (MOHO) explains that an individual’s success in performing activities is influenced by habits, motivation, and performance capacity developed through repetitive practice.

Table 3. Assistance Level Changes

Subject	Initial	Intermediate	Final
M	Physical assistance	Verbal assistance	Independent
P	Full physical assistance	Physical + verbal assistance	Verbal assistance

Behavior Regulation During Therapeutic Activities

Emotional regulation refers to an individual’s ability to control their emotions and behavior. According to Mazefsky et al., (2018), difficulties with emotional regulation are commonly observed in children with developmental disabilities. This indicates that children with intellectual disabilities require specialized interventions to help them manage their behavior (Pouw, 2019)

Behavioral regulation was observed through the child’s ability to remain engaged in therapeutic activities without exhibiting significant resistance. At the beginning of the observation, Subject M occasionally exhibited restless behavior, such as shifting sitting positions. However, during the therapy session, M was able to persist in the activities until completion with structured breaks, such as a brief rest

period after finishing a set of tasks. Observations showed that after such breaks, M could resume the activities without exhibiting significant avoidance behavior, although still requiring light verbal guidance from the therapist.

In subject P, behavioral regulation during the early stages of observation was characterized by a tendency to exhibit resistance to therapeutic activities, such as avoiding contact with the equipment used, leaving the seat, and taking longer to begin activities. During therapy sessions, P often required repeated instructions and light physical assistance to remain engaged in the activities. In subsequent observations, P began to be able to sustain therapeutic activities for longer durations, although this was still accompanied by more frequent rest breaks compared to subject M. Observation data indicated a decrease in the frequency of avoidance behaviors, such as leaving the seat; however, P still required direct supervision to complete activities through to the end.

Table 4. Behavioral Regulation Table

Aspect	Subject M	Subject P
Focus during therapy	Increasing	Beginning to increase
Restless behavior	Decreasing	Still present
Duration of participation in activities	Long	Gradually increasing
Response to instructions	Quick	Requires repetition

These differences indicate that behavioral regulation develops gradually. As noted by the development of children with special needs is greatly influenced by individual readiness and the consistency of interventions. Therefore, the findings of this study indicate that the development of independence does not occur instantly but through a process of repeated practice; the intensity of assistance (physical, verbal, independent) can serve as an indicator of development; and each child's response to therapy varies according to the child's characteristics. This reinforces the theory that occupational therapy focuses on activities of daily living as a means of building adaptive independence (Pradipta & Dewantoro, 2019).

In addition, Martins & Zhang (2019) explained that targeted therapeutic activities can help children manage their emotions and reduce maladaptive behaviors. Through sensory-based occupational therapy, children can better manage their emotions and behavior (Schaaf et al., 2018).

CONCLUSION

Furthermore, previous studies have predominantly focused on the general effectiveness of occupational therapy in improving children's motor skills and basic functional activities. However, limited attention has been given to how occupational therapy is implemented in real-world service settings and how it simultaneously influences self-care independence and behavioral regulation. These two dimensions are essential components of adaptive functioning in children with intellectual disabilities, as they significantly determine their ability to manage daily life. In addition, empirical studies based on direct field observations particularly within

disability service agencies remain scarce. This gap highlights a discrepancy between theoretical developments and actual practices in the field. Therefore, there is a need for research that not only evaluates outcomes but also provides a comprehensive understanding of the implementation processes, including the challenges and contextual dynamics involved in occupational therapy interventions. Based on this gap, the present study aims to examine in depth the implementation of occupational therapy in fostering independence among children with intellectual disabilities. The findings are expected to contribute empirically to the development of occupational therapy practices and provide practical insights for teachers, therapists, and parents in supporting children's independence more effectively.

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