
Mentari's Guide Validation as a Guidelines in Teaching Bath Skills for Tunagrahita Children

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ABSTRACT

Bathing skill was an important skill that should be possessed by intellectual disability children so that they become independent. The result of preliminary study indicates that mothers of the intellectual disability did not have knowledge and skills in teaching children's bathing skill so they often help their children to take a bath. Based on the matter, it requires a guide to improve mothers' knowledge and skill in teaching bath skill for intellectual disability children. This research is aimed to perform the validation of MENTARI guide through content validation with professional judgment and empirical validation which uses one-group pretest-posttest. Wilcoxon's Signed Rank Test was utilized to test the score difference between knowledge and skill of teaching intellectual disability children to take a bath themselves. Nine mothers who have intellectual disability children become the participants. The research result indicates that MENTARI guide was contently and empirically valid. The guide has also satisfying content validity (Aiken's $V = 0,80-0,98$). The data analysis which utilizes Wilcoxon's Signed Rank Test indicates that there was an increase of score of bathing teaching knowledge and skill with $Z = -2,670$ and $p < 0,05$ for knowledge score and Z value = $2,670$ and $p < 0,05$ for bathing teaching skill score.

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1. Introduction

Mental retardation is the category that most often appears in children with special needs today. The Household Survey by UNICEF and University of Wisconsin (2008) states that mental retardation is a world problem with major implications, especially for developing countries. The survey results show that there are 52.4% of children aged 6-9 years who are in school experiencing disabilities or the inability to carry out daily activities independently. In Indonesia, based on Susenas for the 1st quarter of March 2011, the number of Indonesian children is 82.980.000. From this population, 9.957.600 children are children with special needs in the category of persons with disabilities. If these children are not properly cared for, it will become a burden to the state when they enter a productive age, namely the age of 15-25 years (Winarsih et al., 2013).

According to AAIDD (The American Association on Intellectual and Developmental Disabilities), mental retardation has limitations both in intellectual function and adaptive behavior, which is shown by limitations in conceptual, social and practical adaptive abilities (Hallahan, Kauffman, & Pullen, 2012). The American Psychiatric Association (2000) classifies mental retardation into four categories, namely 1) mild mental retardation (IQ 50-55 maximum 70), can be taught academically and requires little supervision in adaptive behavior, 2) moderate mental retardation (IQ 35-40 to 50-55), able to be trained for adaptive behavior and the ability to read and write simple, 3) severe mental retardation (IQ 20-25 to 35-40), requires total care assistance in adaptive behavior even requires protection from danger throughout his life, and 4) very severe or severe mental retardation (IQ below 20-25), requires full protection from those around him.

Based on the above categories, the categories of mental retardation that can still be developed for adaptive behavior are mild and moderate mental retardation. This is based on the consideration that cognitive limitations cannot be cured so that the treatment given to mentally retarded children must be more focused and prioritized to prepare children to act more independently in the environment according to the level of ability the child can achieve (Katz & Lazcano-Ponce, 2008; LaRue, Manente, Dashow, & Sloman, 2016).

Self-development skills are one part of adaptive behavior that can be developed in mild and moderate mentally retarded children. According LaRue, Manente, Dashow & Sloman (2016), it is explained that self-development skills are skills needed for individuals in carrying out daily activities and are related to independence. Many mentally retarded children can carry out daily activities independently, especially those who get support, structured guidance, and opportunities to get education according to their needs (Durand, & Barlow, 2013; (Nevid, Rathus, & Greene, 2014).

The results of a preliminary study conducted in five special schools spread across the Yogyakarta region (January-April 2017) show that learning related to self-care skills has not run optimally because it is still focused on academics. Low bathing skills are a common problem that is often found in mentally retarded children. In line with the findings of Udonwa, Iyam, Osuchukwu, Ofem, Etim, Ikong (2015), 37.59% of mentally retarded children often experience problems and limitations in personal hygiene or bathing. Bathing is a complex task covering various sub-tasks such as undressing to drying the whole body and often has its own challenges for individuals (Naik, Concato, & Gill, 2004; Ahluwalia, Gill, Baker & Fried, 2010). Ahluwalia, Gill, Baker, & Fried (2010) said that independence in bathing is usually interpreted as the absence of limitations in bathing or being able to do bathing activities without help from other people.

A boy normal age of six to eight years can already be taught to bathe although still need help from others, it is described as natural VSMS (social maturity test). In mentally retarded children, children are expected to be able to bathe themselves in grade 2 SD. Ardic, & Cavkaytar (2014) explain that bathing skills are the most basic skills and are needed in everyday life so it is better if these skills are taught at the elementary school level.

Katz & Lazcano-Ponce (2008) also stated that the ability of mentally retarded children to be independent in tasks such as bathing can develop depending on their opportunities to learn and exercise, cognitive capacity and the presence or absence of other developmental limitations such as cerebral palsy. Cavkaytar (2007) says that one approach that can be taken to teach mentally retarded children is to involve parents or primary caregivers as people who teach their children at home or other places.

Parents who are involved in the education and training of mentally retarded children can produce positive things for both mentally retarded children and parents because children can more easily learn certain skills (Batu, 2008; Mohsin, KhanDoger & Awan, 2011). Rowbotham, Carroll, Cuskelly (2011) explain one of the roles of parents in helping mentally retarded children take care of themselves, namely in terms of personal care (assistance in toileting and bathing). The results of the preliminary study found that parents did not have good knowledge and skills related to how to teach bath skills for mentally retarded children. This is shown by the behavior of parents who tend to help more often and do not provide opportunities for mentally retarded children to take bath activities independently. Lyen (Mangunsong, 2009) found that individuals who experience mental retardation are often assisted in carrying out their duties and taking care of themselves.

Children who have no disabilities can immediately understand and learn to bathe themselves when parents only provide examples a few times. It is different with mentally retarded children, children need a special and systematic way to learn certain skills, including bathing. Hardman, Drew, & Egan (2002) state that mental retardation has a slower ability to learn than normal individuals. This results in the slow absorption of information for them so that mental retardation requires systematic, clear and repetitive instructions in understanding new information.

Poor parental knowledge and skills also make parents not aware that bathing skills are a child's first step to develop their ability to be better at doing other tasks (Shenai & Wadia, 2014). Parents find it difficult to give instructions to children in the right way and always help children in bathing activities. This behavior which do parents make progress perkemba ngan child becomes ineffective (Idreez & Faize, 2014).

The cause of the lack of knowledge and skills of parents in teaching bathing skills for mentally retarded children is the lack of reference sources related to ways that parents can do to teach mentally retarded children to bathe appropriately. Joseph & Muthee (2016) state that about 60% of mentally retarded children do not have basic self-development skills because parents do not get proper training in dealing with mentally retarded children. Kaur (2005) also explains that teachers who lack knowledge cause children not to experience an increase in learning certain skills.

One of the media that can be given to parents is in the form of a guide. Guidelines on parenting are more effective at overcoming deficits in self-care skills at home and in the community than training from therapists to overcome the same (Kashima, Baker & Landen, 1988; Christensen & Jacobson, 1994). The guide contains steps in teaching bathing skills originating from a collaboration between the Indian government (National Institute for the Mentally Handicapped) and UNICEF entitled " Skill Training in The Mentally Retarded Persons: Bathing Package for Trainers " (Narayan & Kutty, 2001). Based on this, the researchers compiled a guide entitled MENTARI (Teaching the most skilled children in Indonesia) to teach bathing skills to mentally retarded children with a behavioral approach. Durand & Barlow (2013) say that teaching new skills, including bathing skills, is mostly done using a behavior approach . Forehand and Wierson (Wenar & Kerig, 2006) said that there are three aspects to be considered, namely the child's cognitive capacity, the task of child development and developmental context of a son d natural draw up an intervention approach to behavior .

Guidance is given in the form of psychoeducation without indirect training. Mother learns the material in the guide through an independent learning program, namely self-directed learning (SDL). SDL is often defined as independent learning where learners have the primary responsibility for planning, conducting and evaluating their own learning experiences (Caffarella, 2000). The choice of learning method using SDL takes into account the needs of parents, especially mothers, to learn certain material, namely how to teach bathing skills to mentally retarded children.

Self-directed is proven as learning that can be applied easily, at an affordable cost and provides satisfactory results in learning the right way to improve the ability of parents to teach children with mental retardation (Feldman, 1994; Hudson, A. M., Matthew, J. M., Gavidia-Payne, S. T., Cameron, C. A., Mildon, R. L., Radler, G. A., & Nankervis, 2003). Learning with this strategy reduces dependence on external support , and strengthens involvement and motivation in the learning process (Agran et al., 2005).

Regarding the validation used to validate this guide, it refers to the validity used to validate the module. Russel & Johanningsmeier (1981) stated that a module is a series of lessons that contain a concept or material. Russel and Johanningsmeier stated that there are at least six stages of the module creation and development process, namely: 1) the module has specific goals or objectives, 2) is supported by a valid competency test tool, 3) analysis of subject characteristics, 4) design or learning method, 5) conducting experiments on the subject and 6) evaluating the learning process.

Guidebook validation is carried out in two stages, namely asking for input from competent experts in the field to be researched, then followed by conducting trials in a limited field. The first stage uses content validity. Content validity is the validity that is estimated through testing the appropriateness or relevance of the test content through rational analysis by a competent panel or expert judgment (Saifuddin Azwar, 2015). What is observed is whether the content contained in the guide is in accordance with the instructional objectives to be achieved, namely increasing the knowledge and skills of mothers related to teaching bathing skills to mentally retarded children.

The purpose of this research is to validate the MENTARI guidelines. The hypothesis in this study is that the MENTARI guidelines are content and empirically valid. Content valid means that the guide has material that can be understood by target users and is in accordance with the purpose of the preparation. Empirically valid means that the provision of MENTARI guidelines can increase the knowledge and skills of mothers in teaching bathing skills for mentally retarded children.

2. Methods

The independent variable in this study is the MENTARI guide (Teaching children with self-skills and skills in themselves), while the dependent variable in this study is the knowledge and skills of mothers teaching bathing skills to mentally retarded children.

The operational definition of the independent variable, namely the MENTARI guide is a guide in which there is material in the form of knowledge related to mental retardation, skills that can be taught to mentally retarded children, problems that usually occur when bathing, how to solve problems, choosing when to teach bath skills, teaching steps bath skills and tips on choosing rewards (gifts) for children. While the operational definition of the dependent variable is the mother's knowledge and skills to teach bathing skills to mentally retarded children, namely the knowledge and skills of mothers to teach bathing skills for mentally retarded children as measured by a knowledge test and skills checklist which are prepared based on the material in the guide.

2.1 Research subject

The following are the characteristics of the subjects in the study:

1. Mothers who have mentally retarded children who are in the mild and moderate category who are in grades 1-6 SDLB
2. Mother lives with the child and lives in Yogyakarta
3. Mother has a high school / vocational high school graduate level mini mall education
4. Mother has a score of knowledge teaching bathing skills in the medium category.
5. Mothers have never been involved in similar research related to teaching bathing skills to mentally retarded children

2.2 Research Instruments

The instrument that will be used in this research is

1. MENTARI's Guide (Teaching Skilled Children of Indonesian Joints).

This guide includes materials such as knowledge related to mental retardation, skills that can be taught to mentally retarded children, problems that usually occur when bathing, how to solve problems, choosing when to teach bath skills, steps to teach bath skills and tips on choosing rewards (gifts) for children (Association, 2000; Martin, G., & Pear, 2003; Narayan, J., & Kutty, 2001; Narayan, 2007; Peshawaria, R, & Venkatesan, 1992). This guide is equipped with pictures to make it easier for mothers to understand the material. This guide is validated by testing the content validity through expert judgment. Furthermore, the guidance that has been validated will be given to mothers who are the subject of research so that they can be studied and are expected to increase the knowledge and skills of mothers to teach their children bath skills according to the material in the guidelines.

2. Knowledge test

The knowledge test is prepared based on the material contained in the guide (Association, 2000; Martin, G., & Pear, 2003; Narayan, J., & Kutty, 2001; Narayan, 2007; Peshawaria, R, & Venkatesan, 1992) which includes 7 materials, namely related knowledge mental retardation, skills that can be taught to mentally retarded children, problems that usually occur when bathing, how to solve problems, choosing when to teach bath skills, steps to teach bathing skills and tips on choosing rewards (gifts) for children.

The process of compiling a knowledge test is carried out in two steps, namely the validity of the test content and testing on subjects with similar characteristics to the research subject. The validity of the contents of this knowledge test involved 23 evaluators with criteria, namely Professional Psychology Masters Students who had passed the Psychology Measuring Instrument Construction course. The results of the content validity test using the Aiken's V method showed that the Aiken's V coefficient of knowledge tests with a total of 45 items ranged from 0.83 to 0.94. This shows that the knowledge test has conformity with the measurement objectives.

The next stage is to conduct field trials on mothers with similar characteristics to the research subjects. Field trials were carried out on 42 mothers with mentally retarded children in 3 special schools in the Yogyakarta region. The test results analyzed using ITEMAN (tm) version 3.50 software show that there are 20 items that have item discrimination power below 0.30 with a reliability coefficient of 0.85. Thus, it can be concluded that the knowledge test is valid and reliable enough to measure the mother's knowledge in teaching children with mental retardation to bathe.

3. Bathing Teaching Skills Checklist

The bath teaching skills checklist is structured based on how to teach children bathing skills (Narayan, 2007; Martin & Pear, 2003). The validity of the contents of this skill checklist involved 23 evaluators with criteria, namely Professional Psychology Masters Students who had passed the Psychology Measuring Instrument Construction course. The results of the content validity test using the Aiken's V method showed that the coefficient of Aiken's V skill checklist ranged from 0.88 to 0.95. This shows that the skill checklist in teaching bathing for mentally retarded children has good content validity.

4. Evaluation Sheet

An evaluation sheet will be given to the research subjects at the end of the session. This sheet is used to find out the responses of research subjects regarding the implementation of the research both benefits and suggestions for improvement as well as the subject's responses to the MENTARI guidelines.

5. Manipulation Checks

Manipulation checks are instruments used to prove research procedures have been valid. Through the manipulation check, it was found that the changes that occurred in the research subject were the influence of the treatment given not from other variables (Myers & Hansen, 2012). The manipulation checks used in this study were in the form of a diary of self-study programs made by the research subject to monitor their independent learning activities. This is done to ensure that changes in subject knowledge and skills are the result of studying each material in the guide.

2.3 Research design

This research is a quasi-experimental study using a one-group design that only involves giving a variety of independent variables to a group of subjects. The one-group design used was the one-group pretest-posttest design. This design was chosen because the number of research subjects was limited. The evaluation of this guide was carried out by comparing the pretest and posttest scores, both in the knowledge and skills of mothers in teaching and skills before and after studying the MENTARI guide.

2.4 Data analysis

Data analysis in this study is divided into two, namely analysis for content validity and validation analysis through empirical tests on the subject. The analysis of the validity of the contents of the guide was carried out on the results of professional judgment using the Aiken's V formula. The empirical manual test data on the subject were processed using a nonparametric statistical test, namely the Wilcoxon Signed Rank Test. The diaries kept by the mothers were also qualitatively analyzed as evidence of the learning that the mothers did at home.

3. Findings and Discussion

3.1 Validate the Contents of the Guide

Content validation was carried out by providing theoretical backgrounds, guidelines and assessment sheets to 4 assessors who were deemed to meet the criteria. The assessment sheet is in the form of scoring 1-5 to assess based on the content component, general assessment, grammar, and appearance. MENTARI guidelines have good content validity in terms of content components, general assessment, grammar and appearance. This can be seen from the Aiken's V coefficient of all components, which ranges from 0.78 to 0.98. According to Azwar (2016) Aiken's V coefficient of more than 0.5 means that the content is acceptable and considered satisfactory. There are some improvements that the researchers made to the guidelines based on the qualitative evaluation results of the assessors, namely: (1) changing the type and size of the letters to make them easier to read, (2) improving the use of sentences in example sentences that mothers can use into sentences more positively, (3) reduce explanations which are mostly written to become pictures to make it easier for the subject to understand the material, (4) clarify the flow of how to teach bathing in part 6 of the material.

3.1 Guide Validation through Empirical Tests on Research Subjects

The next stage after obtaining the content validity of the guides and other instruments, the researcher tested the guide on the subject to determine the effect of the guide on the knowledge and skills of mothers in teaching bath skills for mentally retarded children. Researchers involved 9 subjects in this study. The test for the difference in the change in the score of knowledge and skills in teaching the bath skills of mentally retarded children to the research subjects was carried out by using a nonparametric statistical test, namely the Wilcoxon Signed Rank Test. The results can be seen in table 1.

Table 1.
Wilcoxon Signed Rank Test scores of knowledge and skills

Source	Z	P
Knowledge in teaching bath skills for mentally retarded children (<i>pretest to posttest</i>)	-2,670	0.008
Skills to teach children with mental retardation (<i>pretest to posttest</i>)	-2,670	0.008

The results above indicate that there is a significant difference in knowledge scores from pretest to posttest with a value of $Z = -2.670$ and $p < 0.05$ and a significant difference in skill scores from pretest to posttest with a value of $Z = -2.670$ and $p < 0.05$. Meanwhile, to see the effect size through Rosenthal's calculations (Field, 2013), the result is an effect size of 0.89 (89%) both on knowledge and skills. This shows that the MENTARI Guide has an influence of 89% on increasing knowledge and skills in teaching bathing skills for mentally retarded children in the research subject.

In addition to the analysis described above, the researcher also asked research subjects to provide an evaluation of the MENTARI guidelines. In general, the results of the evaluation provided by the research subject are 1) material and explanations and pictures are very supportive and easy to practice because they are accompanied by examples, 2) the MENTARI guide provides very useful and helpful information for the subject in understanding mentally retarded children, especially how to teach proper bathing in children more easily, 3) the subject will practice teaching bathing to children in accordance with the correct stages so that the child is able to bathe on their own, this is based on the subject's desire so that the child is aware of cleanliness and more independent.

3.3 Journal of Research Subjects

The diary of the research subjects was carried out as a manipulation check. Manipulation checks are instruments used to prove research procedures have been valid. Through the manipulation check, it was found that the changes that occurred in the research subject were the influence of the treatment given not from other variables (Myers & Hansen, 2012). Based on the subject's diary records, it is known that the increase in the score of knowledge and skills of each subject in teaching bathing skills for mentally retarded children occurs as a result of studying the MENTARI guide according to the time given, which is for two days. This is shown from the summary of the material that has been studied by each subject and the results of the behavior change interview conducted by the subject before and after studying the MENTARI guide.

Testing the results of the validation of the contents of the MENTARI guide, it was found that Aiken's V results ranged from 0.78 to 0.98. According to Azwar (2016) the value of Aiken's V which is in the range of 0.5 means that the content is acceptable and considered satisfactory. This shows that the material from the guide is in accordance with the purpose of the preparation, namely to teach mentally retarded children bathing skills and the guide can be used properly on the research subject.

Analysis using the Wilcoxon Signed Rank Test showed the value of $Z = -2.670$ and $p < 0.05$ for a score of knowledge and the value of $Z = -2.670$ and $p < 0.05$ for scoring skills. These results indicate that there is a significant difference in the knowledge and skills of teaching children with mental retardation to bathe by mothers who are the research subjects. Meanwhile, to see the effect size through Rosenthal's calculations (Field, 2013) the result is an effect size of 0.89 (89%) both on knowledge and skills. This shows that the MENTARI Guide has an influence of 89% on increasing the knowledge and skills of research subjects.

The hypothesis in this study is that the MENTARI guidelines are content and empirically valid. Content valid means that the guide has material that can be understood by target users and is in accordance with the purpose of the preparation. Empirically valid means that the provision of MENTARI guidelines can increase the knowledge and skills of mothers in bath teaching skills for mentally retarded children.

The success of this research is influenced by the process of preparing the MENTARI guide. The preparation of these guidelines has referred to the steps of designing, developing and validating guidelines according to Russel & Johanningsmeier (1981), including 1) the existence of specific objectives that clarify the targets that must be achieved by the subject, namely increasing knowledge and skills in teaching children with mental retardation to bathe, 2) tools valid and reliable tests to evaluate the conditions before and after treatment, such as the knowledge test which has Aiken's V coefficient ranging from 0.83 to 0.94, item discrimination power above 0.3 and reliability 0.85 as well as a skill checklist that has a coefficient Aiken's V ranges from 0.88 to 0.95, 3) analysis and determination of subject characteristics as needed, such as education level, the results of the pretest knowledge in teaching bathing skills in the same category, willing to participate in all activities and have never participated in similar activities

Furthermore, 4) learning designs or methods based on self-directed learning are proven to be effective for improving knowledge and skills in adults (Feldman, 1994; Hudson, A. M., Matthew, J. M., Gavidia-Payne, S. T., Cameron, C. A., Mildon, R. L., Radler, G. A., & Nankervis, 2003), 5) Experiments on subjects involving 9 research subjects in one group, 6) Learning evaluation, which is to see the effect of learning on the subject and the application process in a real setting, namely by analyzing the results of knowledge tests, skill checklists before and after treatment, evaluation of subjects and notes daily made by the subject during the learning process. The existence of an evaluation given by the subject can be used as a reference for improvement before the guide is re-applied.

The increase in the score of knowledge and skills in teaching bathing for mentally retarded children is influenced by the learning process with self-directed learning. Hiemstra (1994) explains that self-directed learning is a form of learning process in which individuals have the main responsibility to involve aspects of planning, implementation and self-evaluation. The MENTARI guide was given to mothers to study for two days. The subject begins by planning the time that will be spent studying the guide. The subject tries to spend two days studying the entire material in the guide. Agran et al., (2005) stated that learning with self-directed learning enables individuals to regulate their desires related to the frequency of learning they do.

The success of self-directed learning is also inseparable from the subject's desire to obtain new information. The need to obtain this knowledge increases the subject's motivation to be actively involved in the learning process, namely by studying the guidelines provided (Caffarella, 2000). The subjects

involved in this study felt that the guidance provided could add new information that was not previously known, such as the right way to teach bathing skills to mentally retarded children.

Supporting media in the form of illustrated images in the guide also plays a role in increasing the score of subject knowledge and skills. The illustrations are made according to the material theme of teaching bathing skills and are equipped with information regarding the goals to be achieved in each material and the steps in delivering them. Subjects can also teach bathing skills by showing these illustrated images to their children. McMary & Sarah (2005) explain that mentally retarded children need concrete materials to learn real situations in conceptualizing the information taught.

The diary made by the subjects was also used as a manipulation check in this study. Manipulation checks are instruments used to prove research procedures have been valid. Through the manipulation check, it was found that the changes that occurred in the research subject were the influence of the treatment given not from other variables (Myers & Hansen, 2012). Based on the diary made by the subject, it can be seen that all the subjects studied the guidelines given according to the specified time. The results of the diary, the average subject took 90 to 120 minutes to study all the material in the guide.

This research is inseparable from several limitations found in the field. The first limitation of the study is the measuring tool in the form of a skills checklist. The skill checklist used to measure the skills of new research subjects was limited to content validation of professional judgment, but no previous trials were carried out on subjects with similar characteristics to the research subject. This skill checklist is also filled in by the subject himself and the researcher cannot directly observe the skills because both during the pretest and posttest data collection, it is not the time for the child to take a bath and the child refuses to do roleplay activities because the building rapport is not intertwined between the researcher and the child. The researcher tried to minimize it by conducting interviews to ensure that the subject did indeed apply the method of teaching bathing to children. The second limitation of the study is the limitations in the use of the one-group research design. This makes the increase in knowledge and skills that occur in the subject cannot be compared with other groups such as the untreated group to ensure that the increase occurs because of the treatment given in this study. Researchers try to minimize this limitation by asking the subject to make a diary as evidence that the subject is carrying out independent learning activities properly. The limitation in this design is also the absence of a follow-up to see the consistency of changes in knowledge and skills experienced by the subject. The third limitation of the study is the time the subjects practiced teaching bathing skills to children for only one day. This makes the subject unable to directly practice all the material described in the guide to children. In addition, there were some children who refused to follow instructions that made it difficult for the subject to follow the appropriate teaching guidelines. Thus it takes a longer time for the subject to be able to practice all the material in the guide so that the subject can skillfully teach bathing to mentally retarded children.

4. Conclusion

Based on the results of the research and discussion described above, it can be concluded that the MENTARI guide is both content and empirically valid, that is, it has material that is satisfactory, understandable and has conformity with the purpose of preparation and is able to increase the knowledge and skills of mothers who have mentally retarded children in teaching bath skills. On the other hand, this guide cannot be recommended for general use in the community because there are still various limitations and require further research as an improvement.

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