

Interdisciplinary Collaboration for Communication Development in Children with Autism: A Qualitative Analysis

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Abstract: *This study aims to explore the process of interdisciplinary collaboration among parents, teachers, and therapists in developing the communication skills of children with autism. A qualitative approach with a case study design was employed. The participants consisted of ten parents, three teachers, and three therapists. Data were collected through interviews and document analysis, and analyzed in three stages: data reduction, data display, and conclusion drawing. The results indicated that collaboration among parents, teachers, and therapists functioned as a cooperative effort to enhance the communication skills of children with autism. Collaboration between parents and teachers involved joint program development, discussions and consultations, and the use of student liaison books. Meanwhile, collaboration between parents and therapists included designing therapy programs that incorporated parents' input, providing home-based programs, conducting educational sessions, and determining follow-up plans. Overall, the collaborative process among parents, teachers, and therapists contributed significantly to the success of communication development programs for children with autism.*

Keywords: *collaboration, interdisciplinary, autism, communication skills*

Abstrak: Penelitian ini bertujuan untuk mengetahui proses kolaborasi interdisipliner antara orang tua, guru, dan terapis dalam mengembangkan kemampuan komunikasi anak autisme. Pendekatan penelitian yang digunakan yakni kualitatif dengan desain penelitian studi kasus. Subjek penelitian terdiri dari 10 orang tua, 3 guru, serta 3 terapis. Proses pengumpulan data dilakukan dengan wawancara dan dokumentasi. Teknik analisis data dilakukan melalui tiga tahap yakni reduksi data, penyajian data, dan penarikan kesimpulan. Hasil penelitian menunjukkan bahwa proses kolaborasi antara orang tua, guru, dan terapis dilakukan sebagai bentuk kerja sama dalam mengembangkan kemampuan komunikasi anak autisme. Bentuk kolaborasi antara orang tua dengan guru meliputi pembuatan program bersama, diskusi dan konsultasi, serta buku penghubung siswa. Adapun bentuk kolaborasi antara orang tua dengan terapis meliputi pembuatan program terapi yang menyertakan pendapat orang tua, pemberian home program, sesi edukasi, serta penentuan program tindak lanjut. Proses kolaborasi antara orang tua, guru, dan terapis menunjang keberhasilan program pengembangan komunikasi anak autisme.

Kata kunci: kolaborasi, interdisiplin, autisme, kemampuan komunikasi

1. INTRODUCTION

Children with autism have developmental disorders in communication, interaction, and behavior. The characteristics of communication development disorders in children with autism include slow or no language development, marked by children who appear deaf, have spoken before but then lost the ability to speak, use words that do not correspond to their meaning, repeat meaningless words over and over again using language that is not understood by other people, speaking but not using it to communicate; and echolalia (Iswari & Nurhastuti, 2018). Autistic children experience difficulties in communication, both in receptive and expressive aspects (Noach, Noach, & Amseke, 2021). Communication disorders in autistic children can certainly be improved by conducting communication development interventions. This is in line with the results of preliminary research conducted at the Bina Anggita Special School for Autism, which showed that 9 out of 10 students in the Puntadewa class were able to communicate verbally, with 4 students able to communicate bidirectionally, 5 students able to communicate unidirectionally, and the rest tending to be nonverbal.

SLB Autis Bina Anggita organizes various programs to develop children's communication skills, such as special programs held twice a year, speech therapy, and massage and oral stimulation practices since kindergarten. Teachers in the classroom always actively involve students through verbal communication in each subject. Students are trained to discuss, respond to teachers and friends, greet, say hello, apologize, ask for help, and say thank you, imitate the teacher's words if they still use nonverbal language, and communicate their learning outcomes with friends. Communication skills are also developed through cooking activities by presenting the process and outing class activities.

Based on the results of interviews reinforced by the researcher's observations, teachers and parents collaborate to develop children's communication skills. Teachers and parents hold discussions where parents report on their children's progress at home, ask about their children's development at school, and discuss programs that children need to do at home. Teachers also write down the children's learning process in a communication book and explain the contents of the book in detail to parents. These discussions between teachers and parents build good and open communication. This communication greatly helps the collaboration between teachers and parents in optimizing children's communication development.

The interview results also show that parents have realized the extra roles they need to play. These roles include caring for, educating, nurturing, and providing affection by understanding the child's needs so that these functions can be carried out optimally (Hikma, 2022). Parents also play a role in determining the appropriate parenting style, because the appropriateness of the parenting style has a significant effect on the communication development of children with autism. The better the parenting style applied, the better the child's communication skills (Laksmi, Aristiani, & Sudarsana, 2019). Awareness of this role encourages parents to seek therapists to optimize their child's communication development, thereby establishing collaboration between parents and therapists. The forms of collaboration between parents and therapists to improve the communication skills of children with autism include creating and continuing programs based on mutual agreement, discussing the child's development, educating parents, and reporting progress. The results of this therapy are always communicated by parents to teachers to support the success of the child's communication development at school.

Collaboration between parents, teachers, and therapists plays a crucial role in the communication development of children with autism. Heward (2013) states that collaboration is the key to success in educational services for children with special needs. Collaboration is highly recommended in special education to achieve various goals, including determining appropriate services, providing instruction, ensuring support through professionals, and resolving student and program issues (McLeskey et al., 2017). Collaboration carried out by a group of professionals from various disciplines who function as a team but work independently, with the team's goals designed jointly, is a form of interdisciplinary collaboration (Gargiulo & Metcalf, 2021). Parents, teachers, and therapists at SLB Autis Bina Anggita each treat children independently, but the treatment is based on joint planning through good and open communication so that the collaboration between parents, teachers, and therapists at SLB Autis Bina Anggita is considered interdisciplinary collaboration.

Based on the above explanation, it can be seen that the collaboration between parents, teachers, and therapists in developing the communication skills of children with autism will be able to optimize communication development. Therefore, this research is important to describe in detail how interdisciplinary collaboration between parents, teachers, and therapists affects the communication development of children with autism.

2. METHOD

This study uses a qualitative approach. Qualitative research is a research method used to examine the natural conditions of an object, where the researcher is the key instrument, data collection techniques are carried out using triangulation, data analysis is inductive, and qualitative research results emphasize meaning rather than generalization (Abdussamad, 2021). In qualitative research, the process and meaning are emphasized with a theoretical basis used as a guide to produce consistency with the facts in the field (Ramdhan, 2021). The method used in this study is a case study. The case study method is a study that explores a problem with detailed limitations, in-depth data collection, and includes various

sources of information (Murdiyanto, 2020). This type of qualitative research with the case study method was chosen because this study aims to describe in detail the collaboration between parents, teachers, and therapists in the communication development of autistic children.

This research was conducted for 3 months at the Bina Anggita Autism Special School in Yogyakarta. The subjects in this study were 10 parents of autistic children with the criteria of being parents of autistic children at the Bina Anggita Autism Special School, parents of autistic children who are already able to communicate verbally or non-verbally, parents who play an active role in their children's development, and are willing to be research respondents; 3 therapists with the criteria of having provided or currently providing therapy to the children concerned both inside and outside of school, providing therapy to improve communication development, and willing to be research respondents; and 3 teachers with the criteria of being educators at SLB Autis Bina Anggita, teaching the autistic children concerned, and willing to be research respondents.

Data collection in this study was conducted through interviews and documentation. The research instrument, in the form of a parent interview guide, was developed from Rachma's (2016) study. The indicators in the instrument aimed to explore the collaborative process in developing communication in autistic children. Data validity techniques were carried out through source triangulation and member checking. The data analysis technique used Miles and Huberman's method, which includes data reduction, data display, and conclusion drawing/verification.

Table 1. Description of Research Respondents

Subject	Subject Initials	Child/Student Initials	Subject Code
Parents	DH & ERH	AKM	P1
	ASJM & MP	AZRM	P2
	KH & MD	KWH	P3
	LDS & NS	QDK	P4
	SM & RRD	MHA	P5
	GT & VPM	KWG	P6
	MBG & IE	MHZ	P7
	FA & FY	AFA	P8
	SK & SR		
	PHL & MMY	AFAR	P9
IY & MS	ZAD	P10	
Therapist	EMS	AFA, AFAR, & MHA	TR1
	SF	AZRM	TR2
	RT	KWG	TR3
Teacher	ANA	KWH, AFAR, AFA, KWG, MHZ, & AZRM	TC1
	SA	MHA	TC2
	ERV	AKM & ZAD	TC3

3. RESULT AND DISCUSSION

In the process of developing communication skills in autistic children, teachers play an important role, especially when providing communication interventions at school. However, limited time at school often makes teachers feel that they are not able to provide communication interventions to the fullest extent possible. Therefore, teachers and parents collaborate as a solution to maximize the provision of interventions at school and at home. Parents explained that collaboration with teachers is one of the processes of monitoring their children's development. Collaboration with teachers takes the form of communication between parents and teachers. This is in accordance with P1, one of the parents:

"If I communicate with TC1, what's happening today, what we're learning today, it just clicks naturally. Later, if TC1 tells me something, TC1 doesn't explicitly tell me what to do, but if AKM can already express this, then I'll understand. okay, that means I have to repeat this at home so

that AKM can develop gradually. If he can do it at school, then I will add to it at home so that he understands. The communication book is important to me because it lets me know AKM's agenda for the day" (P1, interview on February 12, 2024).

TC3 collaborates with parents by creating joint programs, synchronizing learning at school and at home, building good communication and closeness, and reporting learning activities through the communication book or directly. This is in line with TC3, which states that:

"There is a lot of cooperation, starting from creating the program together with parents, then the learning process at school and at home must be the same, which clearly builds good communication or closeness with parents, and reports learning activities through the communication book and directly" (TC3, interview on February 27, 2024).

SLB Autis Bina Anggita provides a communication book, which is very helpful for parents to know their children's activities at school as well as the obstacles they encounter during learning. Parents then review the notes in the communication book and try to apply them at home. If there are things that are unclear, parents will contact the teacher and vice versa. This is in accordance with P3, which states that:

".....later at home I will check the communication book, so we use communication, he goes to school until later at home it is reviewed and repeated, continuing from school" (P3, interview on February 12, 2024).

In collaborating with parents, teachers always strive to be open so that parents do not feel hesitant when communicating with teachers. This is in accordance with TC2, which states that:

"There are always consultations every three months, then there is also parenting, teachers also usually ask Mrs. Sukinah, TC1, or Mr. Yasin. If the child has a problem, we try to be open with the parents, yes, the point is that between teachers and parents, we are mutual" (TC3, interview on February 27, 2024).

The next collaboration is the creation of a program with the teacher. The creation of the program begins with an analysis of the child's potential. One of the teachers created a program with the parents according to the child's potential. For example, P9 created a program with the parents to create a YouTube channel for the child that discusses reviews of cars, cell phones, or recipes, which are the child's potential and interests. The teacher created this program to hone the child's communication and public speaking skills. In this case, the child was very cooperative and diligent in creating content. In every communication-specific program lesson, the child always created a content plan and then immediately worked on it. Other programs created by teachers and parents to develop children's communication skills include communication comics, communication groups on WhatsApp, singing and playing musical instruments, incorporating communication into all lessons, and combining communication programs with parents and child therapists. This is in line with TC1's statement that:

"Right after school, using a communication book, we talk about activities at school and ask how things are at home. We solve problems together. Sometimes parents make requests, such as MHZ talking constantly, giving him work to do, because he likes to play with his cell phone and learn to type on WhatsApp, but it becomes a daily routine. Communication practice usually involves asking what he is doing first. The medium can be online. there are communication groups like AFAR and AFA, which are essentially communication practice sessions, usually using AFA voice notes. The medium can be online or in person. AFAR also involves learning to create content for YouTube. For KWG, I ask the parents what they want to focus on, and they say KWG communication, so every lesson includes communication, practicing asking questions. Creating a program together with parents, if AZRM is combined with a therapist for AZRM, the key is communication with parents, we have to know what parents want" (TC1, interview on February 20, 2024).

Parents stated that they felt greatly assisted by the collaboration with teachers in developing their autistic child's communication skills. This aligns with P2's statement:

"Here, cooperation is very helpful, ma'am. We are also tired, ma'am. Therapy alone is not effective, even though it must be done regularly, and therapy sessions are only short. The program is designed to be carried out not only at the therapy center but also at school and at home, because I think therapy alone is not enough..." (P2, interview on February 12, 2024).

Teachers also feel greatly assisted because it facilitates the implementation and decision-making of appropriate programs to develop children’s communication skills. This is stated by TC1, TC2, and TC3:

“Yes, it helps teachers in creating programs. We are shown by the parents what the focus is, and then what hasn’t been focused on yet” (TC1, interview on February 20, 2024).

“It is very helpful and the results are significant. The children have improved and their development is faster” (TC2, interview on February 20, 2024).

“It is very helpful, ma’am. Without cooperation, there would be no success, ma’am, because at school it is only a few hours, while at home it is longer. The activities are continued at home” (TC3, interview on February 27, 2024).

Based on the above explanation, it can be concluded that the collaboration between teachers and parents includes reporting in the communication book, communication and closeness, consultation and discussion with teachers, creating programs with teachers according to the children's potential, continuing the teacher's program, and synchronizing learning at school and at home. The collaboration is very helpful for teachers and parents.

Table 2. Findings on Teacher-Parent Collaboration

Aspect	Data
Parent-teacher collaboration	<ol style="list-style-type: none"> 1. Communication via the communication book 2. Communication and closeness 3. Consultation and discussion with teachers 4. Creating programs with teachers according to the child's potential 5. Continuing the teacher's program 6. Synchronizing learning at school and at home 7. This collaboration is very helpful for teachers and parents.

In developing the communication skills of autistic children, parents always try to make many efforts, one of which is taking their children to therapists. Seeing the complex developmental problems of autistic children, including communication development, parents must ensure that the efforts made are able to maximize their children's communication development. Simply coming to a therapist and leaving their children to be given therapy is not enough to maximize their children's communication development. Collaboration between parents and therapists is necessary. This is because therapy sessions with therapists only last approximately 30-60 minutes, while children spend most of their day with their parents. This is in line with P1, who said:

“Therapy only lasts half an hour, and if the child is fussy, it's not effective. So, the program must be repeated at home to continue expanding their vocabulary” (P1, interview on February 12, 2024).

Collaboration between parents and therapists is an effort to align therapy activities with the child's activities at home. The process of collaboration between parents and therapists includes determining the therapists involved, determining the duration of implementation, formulating a joint program, monitoring by therapists, evaluation and follow-up, as well as conducting training, discussions, and providing information related to the communication development of children with autism.

Based on interviews conducted with parents, therapists involved in developing the communication skills of children with autism include:

- a. Speech therapists play a role in providing therapy to overcome speech problems. Most parents entrust their children to speech therapists to develop their communication skills. The parents who involve speech therapists are P1, P2, P4, P5, P6, P7, P8, P9, and P10.
- b. Occupational therapists, according to parents, are able to develop children's communication because communication is always included in their practice. Parents who involve occupational therapists are P2, P4, and P9.

- c. Behavior therapists use ABA methods, and ABA therapists provide therapy that covers many aspects, including communication, compliance, and academics. The parents who involve behavior therapists are P3.
- d. ABA therapy for children is highly structured. Therapists have reporting documents similar to child development reports. The parents who involve behavioral therapists are P3.
- e. The behavioral therapist uses the floor time method with the child from P6 along with the child's twin sibling, both of whom are children with autism spectrum disorder.
- f. Physical therapists provide hydrotherapy to children from P7 who have experienced developmental setbacks.
- g. Physical therapy is also provided by P4 to reduce the child's hyperactivity.

Table 3. Findings of Therapists Involved

Aspect	Data
Therapists involved	1. Speech therapist 2. Occupational Therapist 3. Behavioral therapist 4. Physical Therapist

During the course of therapy, all parents collaborate with therapists over varying periods of time. However, the intensity of collaboration between parents and therapists varies. Some parents are even very close to their therapists, so that they are in constant communication and discussion regarding their child's development. The duration of the collaboration ranges from 2 months, 1 year, 2 years, 3 years, 4 years, and 8 years.

Table 4. Findings on the Duration of Collaboration

Aspect	Data
Duration of collaboration	2 months - 8 years

The collaboration between parents and therapists took the form of creating joint programs and continuing programs from therapists. Some therapists always invited or asked parents about their requests regarding improving their children's communication development. This was done by P2 and P6, who always made requests to therapists regarding programs related to aspects that needed improvement. P2 requested TR2 to provide occupational therapy while gradually training the child's two-way communication to be more focused. P6 requested TR3 to provide therapy that encourages the child to communicate more so that the child is more interested in communicating and more focused in two-way communication. This is a statement from P6 who said:

"Yes, that's in line with the parents' request. We asked for two-way communication because KWG's difficulty lies in two-way communication, so that's why interaction with peers is combined with its counterpart..." (P6, interview on February 15, 2024).

This statement differs from TR3, who stated that the program request had not been carried out by P6. This is in line with TR3, who said:

".....her mother is active in asking questions and sharing information when, for example, there are difficulties or obstacles, or when there are observations about what KWG is. Her mother is active in asking questions about what we think should be done and what her mother should do so far. If there is a special program, for example, we ask for a program for that purpose, but it is not available yet. But asking and finding out what should be done, for example, what kind of communication media tools should be made, the parents ask" (TR3, interview on March 19, 2024).

The collaboration between parents and therapists to develop children's communication consists of providing a home program to be carried out at home or continuing the program provided by the therapist. The program created by TR1 together with the parents consists of a program to practice receptive and expressive language comprehension and articulation, depending on the child's condition. This is a statement from TR1 who said:

"Yes, there is a form of collaboration used to improve the child's communication skills by providing a home program to be taught again at home, such as therapy material provided during therapy sessions that can be continued at home. The program consists of receptive, expressive, and articulation language comprehension exercises depending on the child's condition" (TR1, interview on February 20, 2024).

The form of therapy training, knowledge sharing, and discussions conducted with parents is the provision of education after the therapy session is complete and ongoing discussions, so that when parents encounter difficulties in continuing the program at home, they can do what they have been taught. This is a statement from T2 and T3, who said:

"Yes, all autistic children who undergo therapy with me have what is called an education session, which provides programs to be carried out at home. When parents experience difficulties in handling their children at home, they can do what they have been taught" (TR2, interview on February 15, 2024).

"Okay, so far for KWG therapy, I provide the intervention because my position is as a therapist. It is indeed an ongoing discussion. The form of collaboration we do is continuous discussion after therapy is completed or before therapy is completed. In certain months, we conduct evaluations. So, the nature and form of the collaboration is done in meetings after therapy is completed, before therapy, or during evaluations. So, all programs, all activities, everything that will be done in the case is known to the parents, and the parents are also allowed to ask questions, inquire, or provide feedback, explaining the child's condition at home and when performing those activities." (TR3, interview on March 19, 2024).

Table 5. Findings on the Form of Collaboration

Aspect	Data
Form of Collaboration	<ol style="list-style-type: none"> 1. Creating a joint program based on parental requests and the child's needs 2. Advising parents to continue the program at home 3. Ongoing discussions 4. Home program 5. Educational sessions

The implementation of the program by parents at home will certainly be monitored by therapists. Monitoring by therapists involves discussing the progress of the child's communication development based on the child's latest abilities as recorded in the therapy activity report. This is in accordance with P6, which states that:

"After each session, every 16 sessions there is a consultation with the therapist and psychologist, so we discuss the progress of KWG during therapy and the goals to be achieved in the next session" (P6, interview on February 15, 2024).

P6's statement aligns with TR3, which states that:

"Evaluations are conducted after 2 months. Follow-up on the program after completing a two-month session involves determining what actions need to be taken next" (TR3, interview on March 19, 2024).

Typically, therapists first inquire about the child's progress at home, but some parents report the child's progress before the therapist conducts monitoring. This is consistent with P4's statement that:

"Yes, sometimes I'm the one who reports the progress first" (P4, interview on February 13, 2024).

Table 6. Monitoring Findings

Aspect	Data
Monitoring	<ol style="list-style-type: none"> 1. Child progress discussions 2. Reporting

The results of the monitoring are then evaluated and followed up by the therapist. The therapist's evaluation consists of an analysis of the child's communication skills that need to be improved. The evaluation is carried out by analyzing the child's communication skills at the last meeting, followed by

follow-up with a program tailored to the child's current abilities. If the child does not show improvement, the therapist will provide the same program as before. This is in accordance with TR2, which states that:

"Yes, for example, from the last meeting, he has completed my review, he is okay, I will continue to the next level for the program, but if, for example, it is not in accordance with the last one and he does not regress, then he will remain stagnant there for the program" (TR2, interview on February 15, 2024).

Evaluation and follow-up are also conducted by analyzing the child's abilities that need improvement and planning a program to achieve the next target. This aligns with P1, which states:

"Usually evaluated, the AKM is still lacking in this area, Ma'am. The follow-up involves consistently stimulating the AKM to learn new words and understand the surrounding environment" (P1, interview on February 12, 2024).

Table 7. Evaluation Findings

Aspect	Data
Evaluation	1. Analyzing the abilities that need to be improved 2. Planning the next program

The success of parent-therapist collaboration in developing children's communication is supported by providing therapy training for parents to implement at home, therapist discussions with parents, and providing knowledge about the communication development of children with autism. In this case, therapists have different approaches in their implementation. Therapists provide knowledge, training, and discussions through education after therapy sessions, progress reports, or collectively. This is stated by P1, P2, and P3, who say:

"Personally, no, but in groups or collectively, yes. So collectively, I've done it once or twice when I was still actively undergoing therapy. There was training to learn new vocabulary..." (P1, interview on February 12, 2024).

"Yes, because I've been with this therapist for a long time, so communication is easy. After therapy, I chat with the therapist about the therapy and AZRM's progress. At the hospital, there are medical records, so we already know the achievements so far" (P2, interview on February 12, 2024).

"Yes, we are doing this, ma'am. If you want to continue training at home so you can do this more often, for example, when we are learning about transportation, we can show him lots of pictures of transportation and ask him questions" (P3, interview on February 12, 2023).

Therapy training, knowledge sharing, and discussions were conducted through education after therapy sessions, providing videos on how to do therapy at home and explaining how parents should treat their children during therapy at home. This is in accordance with TR2, which states that:

"Yes, all autistic children who undergo therapy with me have what is called an education session, which provides programs to be carried out at home. Yes, at that time I said, 'If you want to teach like this, you have to do it step by step, don't do it all at once. Sometimes children don't know how to do it, so they only know the end result. try doing it like this.' I recorded a video of that and sent it to the mother, so I can show her how to do it, and then she can pass it on to the mother or the classroom teacher so it's consistent. I just want to make sure it's the same, so at home, they can just repeat it again to ensure consistency" (TR2, interview on February 15, 2024).

TR3 conducts therapy training, knowledge sharing, and discussions through meetings involving other parents. So during these meetings, parents join with other parents. This aligns with TR3's statement that:

"In addition to small discussions after therapy and bi-monthly evaluations, there are parent meetings where parents usually join other parents" (TR3, interview on March 19, 2024).

Thus, it can be concluded that the collaboration process with therapy is carried out by parents as a form of collaboration in developing communication skills. This collaborative process includes steps such as involving several therapists who help improve the child's communication, creating and continuing the program, discussing the child's progress, analyzing the skills that need to be improved and planning follow-up, as well as providing knowledge, therapy training, and discussions through education after therapy, collective education, and progress reports.

Table 8. Findings from Therapy Training, Knowledge Provision, and Discussions

Aspect	Data
Therapy training, knowledge provision, and discussions	1. Education from therapists 2. Parent meetings

Based on the presentation of the results, it is known that the success of communication development in autistic children cannot be separated from the collaboration between parents, teachers, and therapists. Collaboration between parents, teachers, and therapists affects the effectiveness of communication development interventions for children with autism. This is in line with Olson et al.'s statement in Gargiulo & Metcalf (2021) that providing effective services to children with special needs requires meaningful collaboration among professionals. Friend & Bursuck (2012) also said that collaboration can take the form of meetings with teachers and working with other professionals. This is in line with the findings in the study where parents regularly discussed their children's progress with teachers and collaborated with therapists in implementing communication development programs for children.

Collaboration between teachers and parents is needed to maximize special communication programs both at home and at school. This is reinforced by Jwinarti, Upara, Andriani (2024), who state that collaboration between parents and teachers is carried out as a form of participation by parents and teachers in supporting children's physical and social development by monitoring the extent of their progress. Forms of collaboration between parents and teachers include creating joint programs, good communication (discussions and consultations), and student liaison books. Special communication programs created by teachers together with parents are tailored to the child's potential and interests. Information about the child's potential and interests is obtained from parents and observations made by teachers of the child.

The special program created is in the form of AAC (Augmentative and Alternative Communication). The AAC program is designed based on the assessment results. Teachers present the AAC program in the form of pictures, writing, sound, and even utilizing the internet. The program is then implemented continuously and sustainably, not only during the implementation of the special communication program, but also applied in every learning activity. The AAC created together will continue to be carried out by parents at home as a form of intervention based on recommendations and monitoring from teachers. The AAC program is able to train children to communicate, making it easier for them to express their desires and feelings and facilitating their daily activities, especially those related to interactions within the family and community. This is reinforced by Evarahma's (2022) opinion, which states that Augmentative and Alternative Communication (AAC) is a medium, method, and means used by children with communication barriers to help them communicate well and fluently with the people around them.

In addition, the school also facilitates parenting activities every 3 months and scheduled consultations every 1 month. Parenting is carried out by inviting experts, then parents are given the opportunity to consult with the experts. Scheduled consultations are conducted by inviting parents to discuss their children's development, areas that need improvement, and any obstacles their children face during learning at school. This collaboration greatly helps parents in caring for their children, including providing communication exercises at home.

Collaboration with therapists takes the form of working together to design therapy programs and communication development interventions. Collaboration with parents involves many therapists, including speech therapists, occupational therapists, behavioral therapists, and physical therapists. The therapies provided by therapists include speech therapy, occupational therapy, floor time behavioral therapy, ABA therapy, and hydrotherapy.

The collaboration involves creating a program together with therapists and continuing the program from therapists. The design of a child's therapy program should always involve parents in order to obtain the appropriate therapy program. According to Siron, Firliyani, & Chairunisa (2020), in the implementation of therapy, parents must work together synergistically in order to improve development in a good and focused manner. As a continuation of therapy at home, therapists will provide a home

program. According to Rizky, Noor, & Fadhila (2020), collaboration between therapists and parents influences and supports the success of therapy in the form of consultations regarding the child's therapeutic development and the provision of a home program that allows parents to understand their child's development and how to teach or train their child at home so that the child practices not only at the therapy center.

Therapy activities at the therapy center alone are not sufficient to maximize the child's communication development. This is because therapy sessions are only short. Therefore, parents must continue the program at home. The implementation of continued therapy at home is supported by the provision of therapy training, knowledge related to the communication development of children with autism, and discussions between parents and therapists. Therapy training, knowledge related to the communication development of autistic children, and discussions are carried out by therapists in educational sessions after therapy, conducted collectively, and reported by therapists. This is in line with the implementation of physiotherapy at WKCP (Wahana Keluarga Cerebral Palsy), which provides therapeutic education classes for parents so that it is not only therapists who provide therapy but also parents who provide assistance. In this case, therapists always explain the movements performed, their benefits and procedures, the number of repetitions required, the correct positions, and at the end of the meeting, parents are given homework (Saffanah, 2019). The provision of therapy training, knowledge related to the communication development of autistic children, and discussions with parents by therapists makes it easier for parents to continue the therapy program at home.

Furthermore, therapists also provide monitoring and evaluation for program follow-up. Monitoring conducted by therapists involves discussions regarding the child's progress. The evaluation conducted by therapists involves analyzing the child's abilities that need to be improved and then planning the next program. The implementation of monitoring and evaluation is in line with the statement by Strnadová et al. (2022) that in the implementation of education for children with special needs, parents and the collaboration team need to carry out continuous monitoring and evaluation to see the effectiveness of the strategies applied.

The therapy program to develop communication skills is carried out from 2 months to 8 years of age. Most respondents underwent therapy for a very long time, but with uncertain therapy intensity. Therapy requires a long time and process to improve children's communication. This is in line with the opinion of Leki, Tat, & Barimbing (2019) that long-term therapy will improve children's speaking skills.

The findings and discussion above show that the success of autistic children's communication development does not depend on one party alone, but is the result of planned and continuous collaboration between teachers, parents, and therapists. The involvement of various parties with different backgrounds and expertise reflects a complementary cross-disciplinary synergy. Therefore, the collaborative relationship that is built can be interpreted in the context of interdisciplinary collaboration. In this case, the collaboration team consists of teachers, parents, and therapists; teachers, parents, and therapists discuss to plan the program; teachers and therapists carry out periodic evaluations and monitoring; teachers, parents, and therapists share information with each other; parents carry out interventions at home according to the program from therapists and teachers, therapists develop communication skills based on teacher reports through parents, and teachers provide interventions according to the program from therapists; teachers act as liaisons between schools and parents; parents act as liaisons between teachers and therapists. In accordance with the main characteristics of interdisciplinary collaboration in (Gargiulo & Bouck, 2017) and (Gargiulo & Metcalf, 2021) that: interdisciplinary collaboration arises due to dissatisfaction with multidisciplinary models that are too separate; in this model, each expert still conducts independent evaluations, but the results and intervention plans are developed through joint discussion and planning; team members share information and work toward a coordinated and integrated plan; some services (e.g., physical therapy and speech therapy) are still provided separately but within the framework of a joint plan; parents usually interact with the entire team or its representatives, and special education teachers act as coordinators or main liaisons.

Collaboration between teachers, parents, and therapists in supporting the communication development of children with autism illustrates the practice of interdisciplinary collaboration. Interdisciplinary collaboration refers to collaboration across complementary fields of expertise to

achieve the common goal of improving the communication skills of children with autism. In this case, teachers, parents, and therapists have different but interrelated roles. Teachers play a role in the design and implementation of educational programs at school, parents are the main liaisons who continue the intervention at home, while therapists provide medical and rehabilitative interventions according to the child's needs.

This collaboration creates synergy that strengthens the effectiveness of the intervention. Teachers and parents coordinate in developing Augmentative and Alternative Communication (AAC) programs so that the implementation of programs at school can continue at home. Therapists provide support through therapy designed based on professional assessments. In addition, therapists provide home programs and conduct monitoring and evaluation together with parents to ensure that the child's development is going according to plan. Activities such as parenting, regular consultations, and therapy education serve as a platform for communication between professions and roles, strengthening the continuity of services.

Therefore, interdisciplinary collaboration in this context is interpreted as integrated collaboration between the fields of education, health, and family to provide comprehensive intervention for children with autism. Through this collaboration, professionals and parents can better understand the child's needs, making therapy, intervention, and learning more effective. Sustained interdisciplinary synergy is the key to achieving optimal communication development in children with autism.

4. CONCLUSION

Based on the findings of the study, it can be concluded that interdisciplinary collaboration between parents, teachers, and therapists is a key factor in the successful development of communication in children with autism. This collaboration allows parents, teachers, and therapists to play complementary roles. Parents and teachers work together through joint program development, discussions and consultations on child development, communication books, and parenting sessions facilitated by the school. The results of discussions with parents also form the basis for teachers to create AAC (Augmentative and Alternative Communication) programs. Meanwhile, parents and therapists work together through the design of therapy programs, the provision of home programs, the provision of therapy training from therapists to parents, and the monitoring and evaluation of program follow-ups. The cross-disciplinary synergy in this interdisciplinary collaboration creates continuity in the implementation of communication development programs at home, school, and therapy centers. This supports the optimization of communication skills in children with autism. The findings in this study can be used as a reference for further research on collaborative intervention models to develop communication skills in children with autism.

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