APPLICATION OF PHONETIC PLACEMENT METHOD FOR ARTICULATION DISORDERS IN CHILDREN WITH INTELLECTUAL DISABILITIES: A SINGLE CASE STUDY

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Abstract

Introduction: Speech intelligibility is an important factor in verbal communication. Children with intellectual disabilities with intellectual disabilities will face difficulties in communicating due to reduced speech intelligibility. This condition will affect social skills, mental mental state, and academics. Articulatory misplacement is one of the factor that makes difficulties in articulation accuracy. Method: Using a single subject experiment, with one group pretest-posttest design. The participant was a 7-year-old girl with articulation disorder /n/ in the initial position of the word and had never received speech therapy. Data collection was conducted through interviews with the client’s parents, direct observation of the client, tests, and document studies. Speech therapy was conducted for 10 sessions with an emphasis on bilabial phonetic placement exercises. Perceptual assessment by comparing the ability to produce /n/ in the initial position of the word before and after therapy. Results: In the evaluation assessment, there has been no improvement in the client’s ability to produce /n/ in the initial position of the word. Conclusion: The use of the phonetic placement method to improve the ability to produce /n/ in the initial position of words has not been effective for children with intellectual disabilities in this case. Suggestion: It may be possible to increase the frequency of therapy to see more significant improvement, and adjust the therapy materials.

Keywords: articulation, intellectual disabilities, phonetic placement, speech intelligibility


Kata kunci: artikulasi, disabilitas intelektual, phonetic placement, kejelasan bicara

The Speech Therapy Journal (JAWARA) is a scientific journal containing publications on new ideas, theoretical and practical elaborations and case studies related to language disorders, speech, voice, dysfluency and swallowing. The existence of the JAWARA journal is a form of Akademi Terapi Wicara to participate in a scientific reference source for skills and services in the field of speech therapy, child development, special education, neurolinguistics and other scientific communities related to the rehabilitation of swallowing and communication functions.
INTRODUCTION

Communication is the exchange of information from sender to receiver, through codes that are mutually understood by both (1). Communication is essential in human life. Communication is carried out to convey ideas, thoughts, needs, and needs and become an intermediary to form relationships or relationships between people.

In people with intellectual disabilities, especially mild and moderate intellectual disabilities, verbal communication is the main communication (2). However, people with intellectual disabilities often have problems with verbal communication due to impaired speech production and/or impaired hearing. Furthermore, these problems will lead to miscommunication and difficulties insocial interaction, and wider consequences such as behavioral problems and isolation (3).

People with intellectual disabilities are very common to have problems with speech production. Even as people with intellectual disabilities grow older, disturbances in speech production that affect speech clarity will persist (3). According to Emerson, mentioning children with severe intellectual disabilities, as much as 80% find it difficult to develop effective speech skills (4).

Children with intellectual disabilities have more misinterpretation than children with disabilities. In people with intellectual disabilities, according to Robert and colleagues, documenting someone with Down syndrome has a reduction in cluster n consonants, deletions in final consonants, omissions in unstressed syllables, especially in multisyllable prefixes, and substitutions in consonants. Coppens-Hofman and colleagues say the difficulty in speaking is caused by gaps in speech motor planning or planning in the muscles to speak (3).

Speech therapy interventions are performed to improve a person's language and speech. The results of Alighieri et al's research, stated that articulatory placement errors, including how to produce sounds, require speech therapy intervention (5). As mentioned, people with intellectual disabilities have speech problems due to speech motor planning, which can be trained by speech therapy to reduce the severity of speech (2).

In this study, Therapist wanted to find out how effective speech therapy interventions are in children with intellectual disabilities, using the phonetic placement method, and target /m/ at the initial position of the word. Phonetic placement is known as the sensory-perceptual or motoric-based approach (6). This method aims to train articulation by instructing children in articulator placement to produce correct speech sounds (7). The target sound in this study was /l/ at the initial position of the word level with the vowel /a/. The choice of phonetic placement method in this study is because in several journal articles, phonetic placement is effective in increasing sound production ability in the bilabial sound collection (8) (9).
METHOD

This study used a quantitative approach with Single Subject Research (SSR). Single Subject Research (SSR) is an experimental study that aims to see and evaluate a certain intervention of the behavior of a single subject with repeated assessments for a certain time. Research with SSR aims to see the effect of an intervention given repeatedly to ensure behavior change of the study subjects (10). The sole subject in this study was a 7-year-old girl client in Kebon jeruk, West Jakarta. The experimental design used in this study was one group pretest-posttest design, which used one subject (single case) and measured ability before treatment or therapy (pretest) and after therapeutic treatment (posttest). The design can be seen as follows:

![Figure 1. One Group Pretest-Posttest Design](image)

Information:
- T1: Experimental Group before being given articulation training treatment (pretest)
- X: Application of articulation exercises
- T2: Experimental group after being given articulation exercise treatment (posttest)

Research instruments in the form of tools selected and used by Therapist in collecting data so that research becomes systematic. Data collection techniques used in this study were interviews with clients' parents, observation of clients' speech, motor, and sensory skills, and various tests. Data collection techniques can be seen in Table 1 below:

<table>
<thead>
<tr>
<th>No.</th>
<th>Data Collection Techniques</th>
<th>Instruments</th>
<th>Respond</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Interview</td>
<td>Wal Interview Form and Inform Consent</td>
<td>Client's parents</td>
<td>Obtain data on: identity, prenatal, natal, postnatal data, communication skills, speech language development, motor, behavior, social relationships, and family medical history.</td>
</tr>
<tr>
<td>2.</td>
<td>Observation</td>
<td>Observation Form</td>
<td>Client</td>
<td>Obtain data on: general condition, motor skills, sensory abilities, language skills, speech skills, voice abilities, rhythm abilities fluency, ability of speech organs, respiratory ability, ability to swallow, behavior, balance and impression of intelligence.</td>
</tr>
<tr>
<td>3.</td>
<td>Auditory</td>
<td>PBSA Test</td>
<td>Client</td>
<td>Obtain data on: word-level language</td>
</tr>
</tbody>
</table>

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Data that has been collected through these instruments, then analyzed to conclude the diagnosis of the client's speech language disorder. The results of the diagnosis will then conclude the appropriate handling of the intervention, according to the modality or ability of the client. From the results of the analysis conducted by the researcher, the client intervened to reduce the articulation error /m/ at the initial position of the word using the phonetic placement method. Therapy will be carried out for 10 sessions with a duration of 45 minutes and 1 session is carried out to evaluate the client's ability after therapy.

**Case Description**

Based on data obtained from interviews with clients' parents, clients are 7-year-old girls. The client was the second of three children. The client was born at 24 weeks. When pregnant with the client, ibu client does not realize that the womb has two fetuses. When the gestational age reaches 20 weeks, the client's mother is unable to stand. The client was born at 6 months gestational age by sectio caesarean. The client's birth weight is 1800 grams and height is 43 cm. For 5 days the client gets treatment in the incubator. In addition, during one day the client has also experienced a condition where bilirubin levels increase, and cause the client's skin to be kuning. The development of speech language is explained from interviews with the client's parents as follows: reflex vocalization that occurs until the client's age reaches 8 months, babbling at the age of 13 months, falling at the age of 16 months, ekolalia stage at the age of 18 bulan, and reaches the stage of true speech at the age of 20 months. The client's parents also explained that the client still has many articulation errors at the age of 7 years.
Intervention

Therapeutic Goals

The intervention given to the client aims to enable the client to improve the articulation ability of /m/ at the initial position of the word by imitation, without any articulation errors such as substitution, omission, distortion, and addition, as many as five items, namely cook, rose, enter, eat, and tiger.

Therapy Materials

Therapy is selected based on the client's ability or modality. The results of the assessment stated that the client had a modality to purse his lips. In the tests that have been performed, the client experiences articulation problems in the consonant /m/. From the analysis dida pat, the researcher's target is to improve the client's articulation ability in producing /m/ at the initial position of the word level with the vowel /a/, as many as 5 items, namely eating, entering, roses, and tigers.

Therapy Methods

Phonetic placement is a method that improves the placement of speech devices, modifies the airway, and speech when speaking. The main purpose of this method is to provide as many instructions as possible for the placement of speech instruments and how to place the airflow emitted when phoning a sound (7). In addition, Phonetic placement is useful for clients who have difficulty in placing articulators in a variety of different speech sounds (8)

Therapeutic Steps

This therapeutic step comes from Hegde. This therapeutic step is used for problems with the placement of articulators in the voiced nasal bilabial consonant /m/ (11). Here are the therapeutic steps:

1) Exemplify sound production several times; direct attention to the position of articulation; emphasize nasal resonance; Ask the client to feel the nasal vibrations.

2) Instruct the child to continue buzzing (hum), and while opening his mouth, this will produce /m/ di where the client can form /m/.

3) Alternatively, teach the child to take a deep breath through the nose, shut his mouth, and let air escape through the nose while saying "ah" this may produce /m/.

4) The /m/ form of this manipulation.

Judging Criteria

Pre test and post test will be done before and after the intervention or therapy is carried out. The client's success rate will be measured by comparing the client's abilities before and after therapy. The improvement of client ability is measured based on the formula described by Moh. Nazir, as follows:
Table 2. Moh. Nazir Theory Formula

<table>
<thead>
<tr>
<th></th>
<th>PRE TEST</th>
<th>TREATMENT</th>
<th>POS TEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>T0</td>
<td>initial test</td>
<td>X</td>
<td>final test</td>
</tr>
</tbody>
</table>

Information:
- T0: initial test
- X: Implementation of therapy
- T1: final test

At each point in the pre-test and post-test will be assessed with certain criteria. These criteria are:
- Point 0: the client is unable to pronounce sounds without substitution, omission, distortion and addition (SODA)
- Point 1: the client is able to produce the target sound without SODA

The success rate is determined by comparing the values of the pre-test and post-test. Therapist will declare success in cases with the following criteria: a) successful (points 7 – 10), b) quite successful (points 3 – 6), and c) unsuccessful (poin 0 – 2).

RESULT AND DISCUSSION

The results of interviews with the client's parents obtained information that the client was born prematurely through cesarean section at 24 weeks of gestation. The client's body weight is 1800 grams, with a length of 43 cm. The client undergoes intensive treatment in the incubator for five days. Clients have also experienced conditions in which bilirubin levels in the blood exceed normal limits for a day.

Preterm birth and very low birth weight can be the cause of children born with intellectual disabilities. In a journal written by Iqbal and friends, explain that babies born very low can cause intellectual disability in infants (12). In addition, a study conducted in Norway, children born at less than 32 weeks gestational age, had a 6.9 times higher risk of having intellectual disability compared to babies born normally. In the same study, Therapist also stated that babies born prematurely weighing between 1500 grams and 2400 grams, had a 2.3 times higher risk of having intellectual disabilities compared to children born with normal weight (13).

The client was born at 24 weeks, where the gestational age in the third trimester is a crucial time in the baby's brain development. Karyadi said that, the second and third trimesters of pregnancy are closely related to the development of intelligence, because at 15 to 20 weeks gestation the brain experiences rapid growth. The brain experiences rapid growth (brain growth support) for the first time during the third trimester of pregnancy (14). Where in this trimester neuron cells in the cerebrum divide and divide rapidly. Fetal development that stops at the age of 24 weeks can be a major factor in the client's brain development.
being inhibited, and cause the client to have intellectual disability. The client also experienced jaundice also called jaundice, a condition in which bilirubin increases the baby's blood circulation. Jaundice can cause damage to the brain, and can be a trigger for deafness, cerebral palsy, and intellectual disability (15). According to RSUP dr. Soeradjini Tirtonegoro (RSST), the presence of hyperbilirubin is a sign of deafness, speech disorders or intellectual disabilities in infants (16).

Based on data obtained from document studies, clients have taken IQ tests at Pelni Hospital West Jakarta on July 23, 2018, the client obtained a total IQ of an estimated ≤ of 65 on the Wechsler Scale, included in the classification of intellectual disabilitiesktual (17). The classification of IQ according to the Wechsler Scale can be seen as follows:

<table>
<thead>
<tr>
<th>Classification</th>
<th>IQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Superior</td>
<td>&gt; 130</td>
</tr>
<tr>
<td>Superior</td>
<td>120 - 129</td>
</tr>
<tr>
<td>High Average</td>
<td>110 - 119</td>
</tr>
<tr>
<td>Average</td>
<td>90 - 109</td>
</tr>
<tr>
<td>Low Average</td>
<td>80 - 89</td>
</tr>
<tr>
<td>Borderline</td>
<td>70 - 79</td>
</tr>
<tr>
<td>Intellectual Disability</td>
<td>≤ 69</td>
</tr>
</tbody>
</table>

(17)

**Language Skills**

The results of the Auditory Language Comprehension (PBSA) ability examination obtained information that the client did not understand adjectives, clues, pronouns, people, time descriptions, morphology, grammar and syntax so that the client was difficult to answer PBSA correctly. In the PBSA assessment standard, the ability to understand the language of kien is equivalent to the age of <3 years where the age is 7 years. According to Paul, children with intellectual disabilities have difficulty discriminating against tasks because they pay less attention to the dimensions of stimuli than they need to distinguish them (18). According to Kenneth, ages 6 - 7 years, children can understand the concept of time and can use morphology as an appropriate marker (19).

**Articulation Ability**

Based on the results of interviews with the client's mother, the client has not been able to produce the sounds /æ/, /sl/, /l/, /t/, /ŋ/, and /d/. Then, based on the results of an articulation test conducted on 69 word items, the client was able to imitate normal word-level speech on 27 of the 69 items tested. However, the client experienced 29 omission articulation errors, namely in the consonant sounds /p/-, /b/-, /m/-, /m/-, /ŋ/-, /l/-, /d/-, /n/-, /l/-, /g/-, /g/-, /h/-, /l/-, /θ/-, /s/-, /z/-, /l/-, /ʃ/-, /f/-, /θ/-, /θ/-, and /d/. In addition, the client also has articulation errors in the form of substitutions of 12 phonemes, namely in the consonant sounds /pl/, /fl/, /l/, /l/, /l/, /l/, /l/, /l/, /l/, /l/, /l/, and /l/.

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The choice of /m/ in this study is because /m/ is one of the first sounds that can be produced by children, namely at the age of 2-3 years (19). While the vowel /a/ is a vowel that is low, back, and not round. The position of the tongue when producing the /a/ sound is low and the lower jaw is very open. The speaker's lips are open and not round (7).

Therapist have carried out therapy where Therapist intervene in speech therapy as many as 10 therapy sessions. The responses from the results of therapy in klien can be seen in the following table 4:

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Stimulus</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 and 2</td>
<td>Opener: 1. Therapist asks the client to sit opposite each other 2. Therapist asks the client to pray first 3. Therapist break the ice to provide a sense of comfort, such as having a conversation first or Therapist invite to play Core activities 1. Therapist describes the activities to be carried out 2. The researcher provides a picture 3. Therapist asked about the card 'what is this going on?' 4. Therapist gives an example of how to produce /m/ 5. Therapist asks the client to feel nasal vibrations 6. Therapist asks the client to buzz (hum), if the client is unable to buzz then Therapist tries to close the client's mouth 7. Ask the client to open his mouth and teach /ma/ 8. Therapist asks the client to teach the word /cook/</td>
<td>Opener: 1. The client is cooperative, can be conditioned and sit opposite the researcher 2. Clients can follow asked to pray 3. Clients become happier and more relaxed when Therapist play Core activities: 1. The client is willing to listen when Therapist explains 2. The client notices some of the images Therapist provides 3. The client did not answer the researcher's questions 4. The client pays attention and is willing to follow the researcher's instructions when producing /m/ 5. The client wants to feel the nasal vibration when Therapist points the client's hand to the client's or researcher's nose 6. The client follows the researcher's instructions to buzz, with the researcher's hand holding the client's lips 7. The client buzzes and Therapist open the client's mouth, then the client says /ma/ 8. The client has not been able to produce /ma/ when Therapist asks to teach the word /cook/</td>
</tr>
<tr>
<td>3 and 4</td>
<td>Opener: 1. Therapist asks the client to sit opposite</td>
<td>Opener: 1. The client is cooperative,</td>
</tr>
</tbody>
</table>
each other
2). Therapist asks the client to pray first
3). Therapist break the ice to provide a sense of comfort, such as having a conversation first or Therapist invite to play

Core Points:
1). Therapist describes the activities to be carried out
2). The researcher provides a picture
3). Therapist asked about the card 'what is this going on?'
4). Therapist gives an example of how to produce /m/
5). Therapist asks the client to feel the nasal vibration.
6). Therapist asks the client to buzz (hum), if the client is unable to buzz then Therapist tries to close the client's mouth.
7). Ask the client to open his mouth and teach /ma/
8). Therapist asks the client to teach the word /m/

Cover:
1). After finishing today’s therapy, Therapist ask the client to pray

Opener:
1). The client cooperative, can be conditioned and sit opposite the researcher
2). Clients can follow asked to pray
3). Clients become happier and more relaxed when Therapist play

Core activities:
1). The client is willing to listen when Therapist explains
2). The client notices some of the images Therapist provides
3). The client did not answer the researcher's questions
4). The client needs to obey and is willing to follow the researcher's instructions when producing /m/
5). The client wants to feel the nasal vibration when Therapist points the client's hand to the client's or researcher's nose
6). The client follows the researcher's instructions to buzz, with the researcher's hand on the client's lips
7). The client buzzes and Therapist open the client's mouth, then the client says /ma/
8). The client has not been able to produce /ma/ when Therapist asks to teach the word /m/

Cover:
1). The client wants to follow when Therapist asks the client to pray
<table>
<thead>
<tr>
<th>7 and 8</th>
</tr>
</thead>
</table>
| **Opener:**
| 1). Therapist asks the client to sit opposite each other  
2). Therapist asks the client to pray first  
3). Therapist break the ice to provide a sense of comfort, such as having a conversation first or Therapist invite to play |
| **Core activities:**
| 1). Researcher explain the activities to be carried out  
2). The researcher provides a picture  
3). Therapist asked about the card ‘what is this going on?’  
4). Therapist gives an example of how to produce /mA/  
5). Therapist asks the client to feel nasal vibrations.  
6). Therapist asks the client to buzz (hum), if the client is unable to buzz then Therapist tries to close the client's mouth.  
7). Ask the client to open his mouth and teach /mA/  
8). Therapist asked the client to imitate the word /eat/  
9). Therapist asks the client to teach the word /eat/ |

| 8 |
| **Opener:**
| 1). The client is cooperative, can be conditioned and sit opposite the researcher  
2). Clients can follow asked to pray  
3). Clients become happier and more relaxed when Therapist play |
| **Core activities:**
| 1). The client is willing to listen when Therapist explains  
2). The client notices some of the images Therapist provides  
3). The client did not answer the researcher's questions  
4). The client pays attention and is willing to follow the researcher's instructions when producing /mA/  
5). The client wants to feel the nasal vibration when Therapist points the client's hand to the client's or researcher's nose  
6). The client follows the researcher's instructionsto buzz, with the researcher's hand holding the client's lips  
7). The client buzzes and Therapist open the client's mouth, then the client says /mA/  
8). The client has not been able to imitate the speech given by the Therapist when Therapist points the client's hand to the client's or researcher's nose |

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Cover:
1. After finishing today's therapy, Therapist ask the client to pray

Core activities
1. Therapist describes the activities to be carried out
2. The researcher provides a picture
3. Therapist asked about the card 'what animal is this?'
4. Therapist give examples of how to produce /m/
5. Therapist asks the client to feel nasal vibrations.
6. Therapist asks the client to buzz (hum), if the client is unable to buzz then Therapist tries to close the client's mouth.
7. Ask klien to open your mouth and teach /ma/
8. Therapist asks the client to imitate the word /tiger/
9. Therapist asks the client to teach the word /tiger/

Cover:
1. After finishing today's therapy, Therapist ask the client to pray

Therapist, but when Therapist provides correction the client can produce a target sound /ma/ in the word /eat/
9). The client has not been able to produce the target sound /ma/ when Therapist asks to teach the word /eat/, but if corrected the client is able to produce the target sound /ma/ in the word /eat/

Cover:
1). Klien will follow when Therapist asks the client to pray

Opener:
1). Therapist asks the client to sit opposite each other
2). Therapist asks the client to pray first
3). Therapist break the ice to provide a sense of comfort, such as having a conversation first or Therapist invite to play

Core activities:
1). The client is cooperative, can be conditioned and sit opposite the researcher
2). Clients can follow asked to pray
3). Clients become happier and more relaxed when Therapist invite them to play

Opener:
1). The client is willing to listen when Therapist explains
2). The client notices some of the images Therapist provides
3). The client did not answer the researcher's questions
4). The client pays attention and is willing to follow the researcher's instructions when producing /m/
5). The client wants to feel the nasal vibration when Therapist points the client's hand to the client's or researcher's nose
6). The client follows the researcher's instructions to buzz, with the researcher's hand holding the client's tips
7). The client buzzes and Therapist open the client's mouth, then the client says /ma/
8). The client cannot imitate the speech that Therapist gives, but if corrected the client is able to produce the target sound /ma/ in the word /tiger/
9). The client has not been able to produce /ma/ when Therapist asks to teach the word /tiger/, but if the
The client followed the therapy for 10 sessions, but the client's articulation ability in producing /m/ at the initial position of the word has not improved. All five items are imitated by the client with the /m/ omission at the initial position of the word. Comparison of the results of the initial test evaluation and the client's final test can be seen in Table 5.

### Table 5. Evaluation Results

<table>
<thead>
<tr>
<th>No</th>
<th>Initial Test</th>
<th>Final Test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Stimulus</td>
<td>Ch 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Response</td>
</tr>
<tr>
<td>1</td>
<td>Cook</td>
<td>See also</td>
</tr>
<tr>
<td>2</td>
<td>Enter</td>
<td>Atu</td>
</tr>
<tr>
<td>3</td>
<td>Rose</td>
<td>Awa</td>
</tr>
<tr>
<td>4</td>
<td>Eat</td>
<td>See also</td>
</tr>
<tr>
<td>5</td>
<td>Tiger</td>
<td>Aca</td>
</tr>
</tbody>
</table>

**Total Score**: 0

The client has an error articulating the /m/ emission at the initial position of the word at the beginning of the test or the final test that has been performed. According to Paul and Courtenay, people with intellectual disabilities have more frequent articulation errors than normal children and are inconsistent, and the most common articulation error is the removal of consonants (20). As research has been conducted by Yulidar and Agustina, states that articulation errors that often occur in children with intellectual disabilities are emissions, followed by substitutions, and distortions (21). The phonetic placement method itself has been reported several times to be successful in overcoming articulation errors in bilabial consonants such as /m/. Research conducted on cleft lip children who have been operated on using the phonetic placement method was successfully carried out with the POA (place of articulation) group or the same articulator placement, namely in the bilabial consonant sound group. In this study, the duration of therapy was 16 sessions with a frequency of therapy 2 sessions a week for 2 months with therapy time per session of 45 minutes. The percentage of clarity of client articulation increased from 5% to 25% after the phonetic placement therapy (8). In addition, there is a study conducted by Hayati and Iswari, using the same method on the bilabial consonant sound group for clients of deaf children, with the...
aim of improving clarity in bilabial consonants. The percentage showed that the client improved in articulation ability in bilabial consonants by the percentage from 0% to 66.67% in 11 sessions. Both studies show that the phonetic placement method can be effective and successful in meetings of more than 10 sessions. From this explanation, the frequency of therapy affects the success of using the phonetic placement method on the target of bilabial consonant sounds (9).

Failure of therapeutic interventions may also be due to the client's ability to absorb information. People with intellectual disabilities are most likely to have problems with short term memory (STM) skills. Children who have STM disorders in producing long words (22). Other sources say, children with poor STM, easier to remember words that are short like (pet, glass) than long words like (Friday, harpoon). In addition, children who have problems with STM have limitations in retaining information, approximately 5 to 8 items, but can also vary more depending on characteristics of the targeted item (23). While in this study, the stimulus provided has a KVKVK pattern that is difficult for clients to follow.

CONCLUSION
This study used the phonetic placement method on a 7-year-old girl client who had an intellectual disability with a target /m/ at the initial position of the word declared unsuccessful. The need for repetition (drill) and reinforcement is needed in children with intellectual disabilities.

SUGGESTION
The therapy material should start from a word with one syllable to make it easier for the client to produce the targeted sound. The need for repetition and reinforcement in the implementation of therapy. The increase in the frequency of therapy given affects the success in therapy. The idea used by Therapist should use a medium that the client can see so that the client can know the image of the word. Further research is needed to determine the effectiveness of the Phonetic Placement method on intellectual disabilities to increase references to research in the field of Speech Therapy.

THANKS YOU SPEECH
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BIBLIOGRAPHY


