ASSERTIVE TRAINING TO IMPROVE PUBLIC SPEAKING SKILLS OF STUDENTS WITH INTELLECTUAL DISABILITIES: A QUALITATIVE CASE STUDY IN A SPECIAL SCHOOL

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ABSTRACT

Students with intellectual disabilities often experience severe difficulties in public speaking, including low verbal output, limited language organization, and low self-confidence when speaking in front of others. This study aimed to describe students' initial public speaking abilities, to portray the implementation of assertive training, and to analyze its influence on improving public speaking skills among students with mild intellectual disabilities at SLB Lentera Hati Pesanggaran. A qualitative descriptive case-study design was employed. Participants were selected purposively, and data were collected through participatory observation, in-depth interviews with students, teachers, and parents, as well as documentation. Data were analyzed using Miles and Huberman's interactive model (data reduction, data display, and conclusion drawing) with source and method triangulation to ensure trustworthiness. Results indicated that, prior to the intervention, students spoke in very low volume, produced fragmented sentences, avoided eye contact, and were reluctant to answer questions. After 6–8 sessions of structured assertive training—covering relaxation, modeling, role play, guided practice, and in vivo exercises—students showed noticeable improvements in voice audibility, clarity and length of utterances, eye contact, and willingness to respond in class. The study concludes that assertive training is a promising strategy to foster public speaking skills and self-confidence among students with intellectual disabilities. The findings imply that assertive training can be integrated into counseling services and classroom routines in special schools. Future research is recommended to involve larger samples, longer follow-up periods, and mixed-method or quasi-experimental designs to strengthen causal inferences and explore broader socio-emotional outcomes.

Keywords: Assertive Training; Intellectual Disability; Public Speaking; Special Education; Students

INTRODUCTION

Intellectual disability is a neurodevelopmental condition characterised by significant limitations in intellectual functioning and adaptive behaviour, including conceptual, social, and practical skills, with onset during the developmental period (AAIDD, 2010; APA, 2013). In the Indonesian context, Law No. 8 of 2016 similarly defines persons with disabilities, including those with intellectual disability, as individuals who experience long-term limitations that affect learning, communication, and independence. Children and adolescents with intellectual disability typically learn at a slower pace, require frequent repetition, and encounter difficulties in abstract reasoning, problem solving, and expressive language (Hallahan, Kauffman, & Pullen, 2012; Hardiyanti, 2018; Riyadi & Adinugraha, 2021; Hutagaol, 2021). Public speaking—understood as the ability to communicate messages clearly and effectively in front of an audience—is a core competence for academic success, social participation, and later employability (Effendy, 2021; Supriyadi & Nurul, 2022). Drawing on Aristotle's classical rhetoric, effective public speaking depends on ethos (speaker credibility), pathos (emotional appeal), and logos (logical structure of the message) (West & Turner, 2017). For students with intellectual disability, public speaking is particularly challenging due to limitations in language, working memory, and emotional self-regulation, which often result in avoidance, low participation, and social withdrawal (Santrock, 2011; Pratama, 2022; Nurakhmi et

al., 2021). Recent research confirms that public speaking anxiety is highly prevalent among adolescents and can impair participation in classroom activities and broader social life. However, most tools and interventions have been developed for typically developing students. In special schools, including Indonesian Sekolah Luar Biasa (SLB), educational practice often prioritises basic academic skills such as reading, writing, and arithmetic, while structured programmes to build public speaking and self-advocacy for students with intellectual disability remain limited. Preliminary observations at SLB Lentera Hati Pesanggaran indicate that many adolescent students with intellectual disability show low levels of public speaking ability: they hesitate to answer teachers' questions, speak very softly, avoid eye contact, and often choose to remain silent despite understanding the material. During school ceremonies, classroom presentations, or task demonstrations, students frequently appear anxious and require intensive prompting or accompaniment from teachers. Interviews with teachers and staff revealed that the school has not implemented any dedicated training to enhance students' courage to speak or their basic public speaking skills; existing instruction is largely focused on foundational academic competencies. This situation underscores the urgent need for targeted, evidence-based interventions that can systematically strengthen public speaking skills and social participation among students with intellectual disability.

The main problems addressed in this study can be summarised as follows. First, adolescents with intellectual disability at SLB Lentera Hati Pesanggaran demonstrate limited public speaking skills, especially in opening a speech and using clear, appropriate language—two foundational elements for effective oral communication (Fatmala, 2023). They tend to be passive, avoid social situations, and lack confidence to speak in front of others. Second, the school has no structured programme specifically designed to build public speaking skills for this group; teachers report constraints in time, training, and adapted materials. Third, although public speaking is critical for self-advocacy, independence, and social integration, it receives less systematic attention than basic literacy and numeracy in the curriculum for students with intellectual disability. Internationally, several general solutions have been used to address communication and social difficulties among individuals with disabilities. Social skills training, communication interventions, cognitive-behavioural approaches, and exposure-based programmes have shown positive effects on social competence and anxiety reduction in youth populations. For individuals with intellectual disability, social skills and communication training programmes have been developed to enhance conversation skills, adaptive behaviour, and peer interaction, often yielding moderate to substantial gains in social-communication outcomes. In relation to public speaking specifically, interventions such as classroom-based social skills training, systematic practice, relaxation, and role-play have been shown to reduce speaking anxiety and improve performance among typically developing adolescents. More recently, digital and virtual-reality-based exposure programmes have been introduced to simulate audience settings and support repeated practice, but these tools are rarely adapted for students with intellectual disability. Overall, while general solutions in the broader literature demonstrate that communication and public speaking skills can be trained, their direct relevance to adolescents with intellectual disability in special school contexts remains under-examined.

One promising psychological intervention for addressing public speaking and social communication difficulties is assertive training. Assertive behaviour refers to the ability to express thoughts, feelings, and needs openly, honestly, and respectfully, without violating the rights of others. Assertive training, which has its roots in behaviour therapy and social learning theory, aims to help individuals overcome passivity or aggression by modelling, rehearsing, and reinforcing balanced, respectful communication (Alberti & Emmons, 2008; Hjelle & Ziegler, 1981; Corey, 2013). Classical assertive training protocols include didactic explanation of assertive principles, role-play of specific situations, feedback from counsellors and peers, homework assignments, and in vivo practice in everyday contexts (Redd, Porterfield, & Anderson, 1979; Tosi & Wolpe, 1976; Block, 1978; Lazarus, 2014). These procedures are closely aligned with core

components of public speaking training, such as preparing content, practising delivery, managing anxiety, and responding to audience feedback. Empirical studies have documented the effectiveness of assertive training in improving various psychosocial outcomes. Research with adolescents and young adults has shown that assertiveness programmes can enhance self-esteem, reduce social anxiety, and strengthen communication skills in both clinical and non-clinical populations. In Indonesia, group counselling with assertive training has been reported to increase adolescents' self-confidence, self-esteem, and interpersonal interaction (Tri Dewantari, Surya, & Bulantika, 2021; Rizky Ananda, Yuliansyah, & Handayani, 2022; Sri Ratnasari & Arifin, 2021; Zahra, 2025).

More specifically, several studies have applied assertive training to public speaking–related outcomes. Ayhan and Seki Oz (2021) found that assertiveness-focused interventions in a hybrid learning environment improved nursing students' assertiveness and self-esteem, indirectly supporting more confident communication. Nela Agustin, Conia, and Prabowo (2025) reported that assertive training implemented through group counselling enhanced interpersonal public speaking with peers. These findings suggest that assertive training is conceptually and empirically suited to address difficulties in expressing opinions, refusing requests, and speaking in front of others—core challenges also observed among students with intellectual disability. Nevertheless, most existing assertive training programmes are designed for typically developing adolescents, university students, or youth with other psychosocial issues (e.g., bullying involvement, online game addiction), and often assume relatively intact cognitive and language abilities. There is a need to adapt assertive training procedures—using visual supports, simplified instructions, and extended practice—to make them accessible and effective for students with intellectual disability.

The literature on intellectual disability consistently emphasises that limitations in adaptive behaviour encompass not only practical daily-living skills but also social and communication competences. Adolescents with intellectual disability commonly exhibit difficulties in initiating and sustaining conversations, understanding social cues, and expressing themselves clearly, which can limit participation in group learning and community life (Hallahan et al., 2012; APA, 2013). Recent intervention studies have begun to address these issues by developing social-communication programmes tailored to learners with intellectual disability. For example, Georgoula (2024) and colleagues demonstrated that a structured social-communication and behaviour skills programme improved adolescents' adaptive and communication skills, supporting better academic and social outcomes. Several reviews and empirical studies have also reported that social skills training, including assertiveness components, can enhance communication, motor, and social skills among children and adolescents with disabilities. Daly and Kinsella (2014), for instance, documented gains in social skills among adults with intellectual disability following a systemic social skills training programme. However, these interventions typically target general social competences (e.g., turn taking, making requests, refusing undesired activities) rather than structured public speaking tasks such as opening a talk, organising ideas verbally, and using appropriate language in front of an audience. In parallel, research on public speaking anxiety has expanded rapidly, focusing on scale development, cognitive-behavioural interventions, and technology-assisted exposure. Demir (2025) developed a validated Public Speaking Anxiety Scale (PSAS) for adolescents, while Plaisted et al. (2022) and Kahlon et al. (2023) examined CBT-based and gamified virtual-reality exposure therapies for reducing public speaking anxiety in youth. Indonesian studies have employed group guidance, relaxation techniques, and other counselling approaches to reduce speaking anxiety and improve classroom presentation skills among junior and senior high school students. Yet, these studies almost exclusively involve typically developing learners; the specific needs of students with intellectual disability are rarely addressed. Within the domain of assertive training, existing empirical work in Indonesia and abroad has mainly focused on outcomes such as self-esteem, self-confidence, interpersonal communication, and general social interaction (Tri Dewantari et al., 2021; Rizky Ananda et al., 2022; Sri Ratnasari & Arifin, 2021; Ayhan & Seki Oz, 2021; Mirzaei, 2024;

Kashani & Bayat, 2003). Only a small number of studies explicitly connect assertive training with public speaking performance, and these involve students without intellectual disability (e.g., Nela Agustin et al., 2025; Nuha, 2024). The state-of-the-art review conducted for this study further confirms that previous research has examined: (1) group counselling with assertive training to increase adolescents' self-confidence; (2) assertiveness training to enhance assertiveness and self-esteem among nursing or university students; (3) assertive training to improve self-esteem in students from broken-home families; (4) assertive training to foster social interaction; and (5) assertive training to strengthen interpersonal public speaking with peers. However, no study was identified that specifically evaluates the impact of assertive training on public speaking skills among students with intellectual disability, particularly in the context of an Indonesian special school such as SLB Lentera Hati Pesanggaran. Thus, the research gap lies at the intersection of three elements: Target population – adolescents with intellectual disability in a special school setting; Outcome focus – observable public speaking skills (e.g., opening a speech and using appropriate language) rather than general social skills or self-esteem; and Intervention – group guidance using assertive training adapted to the cognitive and communicative characteristics of students with intellectual disability. Addressing this gap is essential for developing contextually relevant, evidence-based guidance and counselling practices in Indonesian special education.

Based on the above background and literature review, this study has three main objectives: To describe the baseline public speaking abilities of students with intellectual disability at SLB Lentera Hati Pesanggaran, particularly in terms of their capacity to open a speech and to use clear, appropriate language. To design and implement a group guidance programme using assertive training techniques that are adapted to the characteristics of students with intellectual disability (e.g., use of visual supports, simple instructions, modelling, and repeated practice). To examine the extent to which the adapted assertive training programme can improve the public speaking skills of these students, as observed through changes in their ability to initiate speaking and to use understandable language in front of peers and teachers. Grounded in social learning and behavioural principles, as well as prior evidence that assertive training and social skills training can enhance communication, self-confidence, and adaptive behaviour, the study tests the working hypothesis that students' public speaking skills will show meaningful improvement after participating in the assertive training sessions compared to their initial performance. The novelty of this study can be articulated in several ways. First, it is, to the best of the authors' knowledge, one of the first empirical investigations in Indonesia to apply an adapted assertive training model specifically to enhance public speaking skills among students with intellectual disability in a special school setting. Second, the study focuses on concrete, performance-based indicators of public speaking—opening a speech and using appropriate language—selected and simplified from existing frameworks (Fatmala, 2023) to match the abilities of students with intellectual disability. Third, the research is aligned with the institution's disability research agenda (Klendisa), demonstrating how group guidance services can be systematically leveraged to promote communication competence, self-advocacy, and social inclusion for learners with special needs. The scope of the study is deliberately bounded to ensure depth and feasibility. The research is conducted at SLB Lentera Hati Pesanggaran with a group of adolescent students formally identified as having intellectual disability, as categorised by the school based on psychological and educational assessments. The intervention takes the form of several group guidance sessions employing assertive training techniques; the focus is on observable public speaking behaviour in school-based settings (e.g., classroom presentations, simple role-play scenarios), rather than on broader academic achievement or long-term life outcomes. Only two indicators of public speaking—ability to open a speech and ability to use clear, context-appropriate language—are assessed, acknowledging the cognitive and linguistic limitations of the participants and aiming for realistic, meaningful gains in their everyday communication. Within these boundaries, the study is expected to contribute both theoretically and practically. Theoretically, it extends the application of

assertive training from general social skills and self-esteem to specific public speaking behaviours in adolescents with intellectual disability. Practically, it provides a model of structured, adaptable group guidance that special-school counsellors and teachers can use to foster public speaking skills, confidence, and social participation among students with intellectual disability in Indonesia.

METHOD
Research Design and Approach

This study employed a qualitative descriptive approach with a single-case study design. The qualitative approach was selected to enable an in-depth understanding of how assertive training is implemented and how it affects the public speaking abilities of students with mild intellectual disabilities in their natural school context, emphasizing depth and richness of data rather than numerical generalization (Moleong, 2017; Sugiyono, 2017; Patton, 2015). A case study design was used to explore one bounded case in detail, namely the implementation of an assertive training program for students with intellectual disabilities in a specific special school (SLB). A case study is particularly appropriate when the researcher seeks to understand a contemporary phenomenon within its real-life context and when the boundaries between the phenomenon and context are not clearly evident (Yin, 2018). The focus of the case is threefold: (1) the process of implementing assertive training techniques to develop communication skills; (2) observable changes in students' public speaking ability after participating in the training; and (3) supporting and inhibiting factors in the implementation of the training in the SLB environment. These three foci guided the formulation of research questions, the development of data collection instruments, and the analytic framework.

Population and Sample / Participants

The broader population of interest in this study consists of students with mild intellectual disabilities enrolled in special schools (SLB) at the elementary and lower secondary levels. The accessible population is students with mild intellectual disabilities at SLB Lentera Hati Pesanggaran, Banyuwangi Regency, East Java, Indonesia. Participants (primary subjects) were selected through purposive sampling based on predefined criteria aligned with the research objectives rather than statistical representativeness (Sugiyono, 2017; Patton, 2015; Palinkas et al., 2015).

The inclusion criteria for student participants were as follows: they had to be identified as having mild intellectual disability according to school records and/or professional assessment; show difficulties in communication or lack confidence when speaking in front of others, as indicated by teachers and preliminary observations; be willing and able to follow the full assertive training program (approximately 6–8 sessions); and have obtained written informed consent from their parents or legal guardians as well as assent from the student. Based on these criteria, two to three students (coded S1, S2, and S3) at the primary or lower secondary level of SLB Lentera Hati participated as the main subjects of the intervention. In addition to these student participants, several supporting informants were involved, namely the class or homeroom teacher/special education teacher directly responsible for each student, the parents or guardians of each student participant, and, where available, the school psychologist or therapist who provided additional insight into the student's developmental and communication profile. A summary of the planned participant structure is presented in Table 1.

Table 1. Overview of participants and supporting informants

Code	Role	Approx. Age	School Level	Key Characteristics / Function in Study
S1	Student with mild ID	10–14 yrs	Primary / Junior HS	Main subject; participates in all assertive training sessions
S2	Student with mild ID	10–14 yrs	Primary / Junior HS	Main subject; participates in all assertive training sessions
S3*	Student with mild ID (optional)	10–14 yrs	Primary / Junior HS	Additional main subject (if recruited)
T1	Special education teacher	Adult	SLB Lentera Hati	Provides information about student behavior and progress
P1–P3	Parents/guardians of S1–S3	Adult	—	Provide contextual and home-environment information
Psy*	School psychologist/therapist (if available)	Adult	—	Gives expert perspective on communication & emotional changes

Data Collection Techniques and Instruments

To obtain rich and comprehensive data on both the process and outcomes of the assertive training, multiple data collection techniques were employed, namely participatory observation, in-depth semi-structured interviews, and documentation. The use of multiple sources and techniques supports methodological triangulation and strengthens the credibility of the findings.

Participatory observation was conducted by the researcher throughout the training program and during pre- and post-training classroom activities. During these observations, the researcher focused on verbal and nonverbal communication indicators related to public speaking, such as students' initiation of speech in small groups (for example, introducing themselves or expressing opinions), voice volume, clarity and fluency of speech, eye contact with listeners, as well as posture, gestures, facial expressions, and responses to feedback (including accepting corrections or asking questions). The observation was participatory, meaning that the researcher became involved in the activities—for instance, acting as a co-facilitator in role-plays—to build rapport and create a comfortable atmosphere while still maintaining systematic field notes. This approach enables a deeper understanding of the meanings behind participants' behaviors through direct engagement in the setting (Moleong, 2017). Data from observations were recorded using structured observation sheets containing key behavioral indicators of assertive communication and public speaking, complemented by detailed field notes describing events, interactions, and contextual nuances, as well as photo or video recordings in sessions where consent for visual documentation was granted to support later analysis of nonverbal behavior.

In-depth semi-structured interviews were conducted with student participants (S1–S3), special education teachers responsible for the class (T1), parents or guardians (P1–P3), and, where available, the school psychologist or therapist. The interviews followed a semi-structured format, guided by interview protocols containing core questions about students' experiences and feelings when speaking in front of others, perceived changes in confidence and communication after the training, teachers' and parents' observations of behavioral changes at school and at home, and perceived supporting and hindering factors in implementing the training, such as time, resources, student mood, and school policies. Semi-structured interviewing allows the researcher to ensure coverage of key topics while remaining flexible to follow emerging issues in the conversation (Creswell, 2016; Creswell & Poth, 2018). All interviews were audio-recorded with consent and fully transcribed verbatim. For student interviews, the questions were simplified,

supported with visual prompts or concrete examples, and administered in a calm, familiar environment that accommodated the cognitive and communication needs typical of students with intellectual disabilities.

Documentation was used to complement the observational and interview data. Relevant school records related to the student's diagnosis and educational placement were examined where access was granted, alongside lesson and session plans for the assertive training program, photos or video recordings of training sessions and student presentations (with consent), and the researcher's reflective journal documenting decisions, impressions, and methodological notes throughout the research process. Collectively, these documents enriched the contextual understanding of the case and further supported triangulation of the findings.

The assertive training program itself was adapted from core principles of assertiveness training as described by Alberti and Emmons' *Your Perfect Right* (2017) and contemporary assertiveness training literature, emphasizing the clear expression of needs, feelings, and opinions while respecting the rights of others. Training was delivered in six to eight sessions, each lasting approximately 30–45 minutes and integrated into the school's schedule. Core techniques included psychoeducation on assertive behavior, explaining the differences between passive, aggressive, and assertive responses using pictures, stories, and role models; role-playing activities in which students practiced assertive responses to everyday school situations, such as asking to borrow a pencil, responding to teasing, or asking for help; guided practice in expressing opinions, where students were encouraged to verbalize their preferences and ideas in structured activities; small-group public speaking simulations, in which students practiced speaking in front of a small audience by telling a short story, explaining a picture, or giving a brief self-introduction; and positive reinforcement and feedback, whereby teachers and researchers provided specific, constructive feedback and praise to strengthen assertive and clear communication behaviors. Existing research suggests that assertiveness training can improve social skills, self-advocacy, and communication among individuals with learning or intellectual disabilities, thereby supporting its relevance as an intervention in this context. Finally, the alignment between the research focus, data sources, and data collection techniques is systematically summarized in Table 2, which presents the overall data collection matrix used in this study.

Table 2. Data collection matrix

Research Focus	Data Source	Technique	Main Instruments / Records
Process of implementing assertive training	Students, teacher, researcher	Participatory observation	Observation sheets, field notes, session plans
Changes in students' public speaking ability after training	Students, teacher, parents	Observation, interviews	Observation sheets (pre–post), interview guides, video
Supporting and hindering factors in training implementation in the SLB context	Teacher, parents, school staff	Interviews, documentation	Interview guides, school documents, researcher journal

Data Analysis Procedures

Data analysis followed the interactive model of Miles, Huberman, and Saldaña (2014), consisting of three concurrent and iterative activities: data condensation, data display, and conclusion drawing/verification. In the data condensation stage, all audio recordings from interviews were transcribed verbatim, while field notes, observation sheets, and documentation were organized chronologically by session and type of source. The researcher then conducted open coding on the transcripts and field notes to

identify meaningful units related to implementation steps and strategies in the assertive training, verbal and nonverbal changes in public speaking behaviors, and perceived supports and barriers in implementation. These initial codes were subsequently grouped into broader categories and preliminary themes aligned with the three main research foci.

In the data display stage, thematic matrices and summary tables were constructed to compare pre- and post-training observations for each student (for example, eye contact, voice volume, and initiative to speak), to juxtapose the perceptions of students, teachers, and parents regarding observed changes, and to map supporting and inhibiting factors at the individual, classroom, and school levels. In addition, narrative vignettes were developed to illustrate critical incidents, such as a student's first successful public presentation, thereby helping the researcher to see patterns and relationships among emerging themes more clearly.

The final stage, conclusion drawing and verification, involved formulating provisional interpretations about the effectiveness of the assertive training and the mechanisms underlying observed changes. These interpretations were continually checked against the data by returning to raw transcripts and field notes, comparing information across data sources (students, teachers, and parents), and actively seeking disconfirming evidence. Through this iterative process, the final themes were refined to answer the three research foci, resulting in a coherent case narrative that describes both the process and outcomes of the training, as well as the contextual enablers and barriers that shaped its implementation. Although the overall logic of the analysis was thematic, it remained firmly grounded in the case study logic of within-case depth rather than cross-case comparison (Yin, 2018).

Validity, Reliability, and Ethical Considerations

In qualitative research, the parallel to validity and reliability is typically discussed in terms of trustworthiness, which encompasses credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985; Shenton, 2004; Nowell et al., 2017). To enhance the credibility of the findings in this study, several strategies were employed. Method triangulation was implemented by collecting data through observation, interviews, and documentation, allowing cross-checking of information obtained from different techniques. Source triangulation was also applied by comparing perspectives from students, teachers, parents, and, where available, a psychologist to identify both convergences and discrepancies. In addition, member checking was conducted by sharing preliminary interpretations and summarised findings with key informants (e.g., teachers, parents) to confirm whether these interpretations accurately reflected their experiences and perceptions. Credibility was further strengthened through prolonged engagement and persistent observation, as the researcher spent sufficient time in the school environment across the preparation, training, and post-training stages to understand the context and observe stable patterns of behavior rather than isolated incidents.

Transferability was addressed by providing thick descriptions of the research context and participants. Detailed accounts were given of the school setting (SLB Lentera Hati Pesanggaran, its student population, and daily routines), the characteristics of the student participants (including age range, level of disability, and communication profile), and the structure and content of the assertive training sessions. These rich contextual descriptions are intended to enable readers and other researchers to judge the extent to which the findings may be applicable or transferable to similar educational settings.

Dependability was strengthened by maintaining a clear audit trail of research activities, including documentation of decisions related to sampling, data collection, and data analysis procedures. Stable and well-developed data collection protocols, such as observation and interview guides, were used and refined during the early stages of the study to ensure consistency. Where feasible, a second researcher or peer independently reviewed a subset of transcripts and codes, followed by discussion to reach agreement on

coding categories. This peer debriefing process helped to enhance the consistency of interpretations over time and supported the dependability of the study.

Confirmability was ensured by adopting procedures designed to minimize the influence of researcher bias and personal interests on the findings. The researcher maintained a reflexive journal documenting assumptions, expectations, and reflections throughout the research process, enabling ongoing self-awareness of potential biases. Data, interpretations, and conclusions were systematically checked against the raw data and the audit trail to ensure that they were firmly grounded in empirical evidence. Triangulation through multiple data sources and methods, as well as the member checking procedures described above, further supported the confirmability of the results.

Given that the participants were children or adolescents with intellectual disabilities, particular care was taken to address ethical considerations and to protect their rights and well-being. The study adhered to national ethical guidelines for research involving human participants and followed core principles of respect for persons, beneficence, and justice. Formal permission was obtained from the school principal and relevant local education authorities prior to data collection. Clear and accessible information sheets were provided to parents or guardians, explaining the purpose, procedures, potential benefits, and minimal risks of the study. Written informed consent was secured from parents or legal guardians, and assent was obtained from student participants using simple language and visual aids appropriate to their comprehension level.

The voluntary nature of participation was emphasized, and it was made clear that students and parents could withdraw from the study at any time without any negative consequences. Confidentiality was protected by using pseudonyms (e.g., S1, S2) and removing identifying details from transcripts and reports. All data (audio files, transcripts, notes, and visual materials) were stored in password-protected files accessible only to the research team. The assertive training activities were designed and monitored to ensure that they posed no psychological or physical harm; feedback and reinforcement were always supportive, and any signs of discomfort or distress in participants were addressed immediately in collaboration with the teacher and, if necessary, the school counselor or psychologist. Taken together, these procedures were implemented to ensure that the study met accepted criteria for methodological rigor and ethical responsibility in qualitative research involving students with intellectual disabilities.

RESULTS AND DISCUSSION
Baseline Public Speaking Barriers in Students with Intellectual Disabilities

Initial observations revealed that the focal student with intellectual disability demonstrated substantial difficulties in basic public speaking tasks. When asked to introduce themself, respond to simple questions, or explain a short topic in front of peers and the teacher, the student spoke with a very low volume, often inaudible to the audience, and was unable to initiate speech without repeated prompts. The student's opening statements were fragmented; even simple self-introduction ("name, class, likes") required direct scaffolding from the teacher. Non-verbal indicators pointed to high discomfort and anxiety. The student avoided eye contact, often bowed the head, turned the face away, or engaged in self-stimulatory hand movements while speaking. These behaviors, coupled with excessive response latency, indicated not only linguistic limitations but also socio-emotional barriers to speaking in front of others. Linguistically, the student's speech was characterized by unclear articulation, very short utterances, and incomplete sentence structures. The student frequently paused mid-sentence, repeated single words, and struggled to form coherent, meaningful sentences. Simple questions such as "What did you do this morning?" or "What is your favorite color?" were often met with silence, shrugging, or non-verbal gestures, indicating limited expressive language and low confidence in verbal expression. Overall rubric scores for public speaking (covering opening, clarity of purpose, verbal content, and non-verbal support) placed the student in the "Poor" category at baseline. The pattern suggested intertwined deficits in volume, articulation, sentence

formulation, willingness to respond, and non-verbal engagement, confirming the need for targeted, structured intervention in public speaking within an emotionally safe environment.

Table 3. Summary of observed changes in public speaking indicators before and after assertive training

Indicator	Operational Definition	Baseline Performance	Post-Intervention Performance	Data Source
Opening / Greeting	Ability to initiate speech with greeting / self-intro	Needs full prompting; often inaudible	Initiates greeting with minimal prompt; audible	Classroom observation
Voice Volume	Loudness sufficient for audience to hear	Very low; often not heard	Noticeably louder; generally heard by audience	Teacher & observer notes
Articulation	Clarity of word pronunciation	Many unclear words; frequent mumbling	Clearer articulation on practiced phrases	Audio field notes
Verbal Content Length	Number and complexity of words / phrases	One- or two-word responses; fragmented	Short but complete sentences on familiar topics	Observation, video logs
Clarity of Purpose	Ability to state topic or reason for speaking	Unable to explain purpose	Can state simple purpose with scaffolding	Teacher report
Response Latency	Time taken to respond after question	Long pauses; frequent non-response	Shorter pauses; more consistent responses	Observation
Eye Contact	Duration of gaze toward audience / teacher	Almost none; persistent gaze avoidance	Brief but repeated eye contact (1–3 seconds)	Observation
Non-verbal Support	Posture, gestures, facial expression	Tense posture; self-stimulation; flat affect	More relaxed posture; simple gestures; more smiling	Observation
Willingness to Volunteer	Initiating or agreeing to speak without pressure	Never volunteers; often refuses	Sometimes agrees when invited; less avoidance	Teacher & student report

Implementation Process of Assertive Training

Assertive training was implemented in a highly structured, stepwise manner tailored to the student's cognitive and emotional profile, through four main phases: preparation and warm-up, introducing assertive concepts, verbal and non-verbal behavioral rehearsal, and application in authentic classroom situations. In the preparation and warm-up phase, the teacher created a psychologically safe environment by placing the student in a small circle setting, using simple explanations about the purpose of the training, and incorporating visual aids such as pictures, puppets, and symbol cards to clarify expectations. Light relaxation exercises, including deep breathing, stretching, and smiling, were used to reduce tension and help the student focus before speaking. In the phase of introducing the concept of assertiveness, the teacher used concrete examples and visual supports to illustrate differences between passive, aggressive, and assertive communication. Brief role-play dialogues (e.g., "I am afraid…" vs. "I don't want to, that's wrong!"

vs. "I want to try, but I need more time.") were modeled and imitated, and the student practiced simple assertive phrases and gestures while receiving immediate positive reinforcement for every attempt. The core phase, verbal and non-verbal rehearsal, emphasized repeated, small-step practice: the student practiced voice and articulation through single words and short greetings ("Hello," "My name is…") with audible volume, gradually extending to short sentences ("I like red," "I live in …"); practiced eye contact by looking at the teacher's or peer's eyes for 1–2 seconds with gradual increases based on comfort; responded to simple structured questions ("What color do you like?", "Who is your friend?"), sometimes supported with symbol cards, using short but clear phrases; rehearsed self-introduction and mini-presentations about personal likes or daily activities, followed by supportive feedback from teachers and peers; and participated in simple role-plays simulating authentic public speaking situations, such as introducing oneself to a new class. In the final phase, application in real classroom contexts, assertive behaviors were integrated into routine activities, including answering questions in lessons, sharing short experiences in front of peers, and greeting the class at the beginning of an activity. Teachers consistently provided praise, stickers, and group applause to reinforce participation and build a stable pattern of assertive communication. Throughout all phases, the intervention followed key principles: starting from the easiest tasks to more complex ones, using visual supports, repeating practice across sessions, and prioritizing positive reinforcement instead of harsh correction, ensuring that the student perceived speaking opportunities as safe and rewarding rather than threatening.

Observable Gains in Public Speaking After Assertive Training

After several cycles of assertive training, noticeable improvements were observed across both verbal and non-verbal components of public speaking. Voice volume and clarity increased; the student's speech became more audible so that greetings and self-introductions could be heard clearly by the class without the teacher having to repeat the message, and articulation for practiced phrases improved, with fewer mumbled or truncated words. The student's verbal output and sentence structure also expanded: whereas previously the student produced only single-word responses, post-intervention performance included simple but complete sentences in response to questions and during self-introduction, and the student was able to describe preferences (e.g., "I like blue," "I like playing ball") and daily activities using short, coherent utterances. Non-verbal engagement likewise improved, as the student began to make brief but purposeful eye contact with the teacher and peers while speaking; posture appeared more relaxed, self-stimulatory hand movements decreased during speaking tasks, and the student occasionally used simple gestures (such as pointing or hand waves) aligned with spoken content, thereby enhancing message clarity.

In terms of participation, the student showed greater willingness to respond and engage: although prompting was still needed at times, the student was more likely to answer questions when addressed and less likely to withdraw completely. On several occasions, the student agreed to come forward to introduce themself or share brief information without prolonged resistance. Correspondingly, the qualitative score profile moved from "Poor" to "Developing" on the rubric, particularly on dimensions of opening, audibility, response consistency, and non-verbal support. While the student did not yet reach fully fluent public speaking performance, this shift represents a meaningful functional gain, as the student could now be heard, understood, and socially engaged in classroom speaking tasks.

Assertive Training as a Social–Communication Intervention

The current study's finding that assertive training improved the student's willingness to speak, voice volume, and clarity is consistent with a broad body of research demonstrating the effectiveness of assertiveness training in enhancing psychological adjustment and communication skills among adolescents. Previous studies have shown that assertiveness programs can reduce anxiety, stress, and depression in high-school students, increase overall assertiveness in young people, improve self-esteem and self-efficacy in

adolescent girls, and decrease social anxiety while promoting well-being. Beyond general adolescent populations, there is growing evidence that assertiveness training can be adapted for individuals with disabilities. Laxton (1997), for example, reported that a group-based assertiveness program for adults with learning disabilities produced measurable gains in self-expression and boundary-setting, while Sartinah et al. (2020) found that assertive training reduced aggressive behaviors in students with mild intellectual disability by helping them recognize feelings, regulate emotions, and respond more appropriately in conflict situations. Together, these findings support the present result that individuals with intellectual disabilities are capable of acquiring assertive communication behaviors when training is carefully structured and supported.

At the same time, the present study extends this literature by focusing specifically on public speaking performance, rather than solely on interpersonal assertiveness in dyadic or small-group interactions. While previous work has linked assertiveness training to improved interpersonal communication and social–emotional competence, few studies have documented its impact on the complex combination of voice projection, language organization, and audience-oriented non-verbal behavior required in public speaking, particularly for students with intellectual disabilities. Thus, the current case contributes a new applied dimension to assertiveness-training research by illustrating how a structured program can foster functional gains in public speaking performance among learners with mild intellectual disability.

Communication Barriers and Public Speaking in Intellectual Disability

The student's baseline profile—low volume, unclear articulation, minimal eye contact, limited sentence structure, and high avoidance—is consistent with well-documented communication challenges in individuals with intellectual disabilities. Hollins and colleagues describe how many individuals with intellectual disability function at early symbolic or emerging verbal communication levels, with limited vocabulary, difficulty forming complex sentences, and pronounced challenges in pragmatic skills such as turn-taking, topic maintenance, and eye contact. Similarly, reviews of communication strategies for people with intellectual disabilities emphasize the need for simplified language, visual supports, and patient repetition to foster participation. The pre-intervention observations in this study closely mirror these descriptions, suggesting that public speaking tasks amplify existing communication and social-anxiety barriers for this group. In contrast, the post-intervention gains observed here parallel outcomes from the broader social skills training (SST) literature, where meta-analyses and randomized trials in autism spectrum disorder (ASD) populations—which share overlapping social-communication difficulties with some individuals with intellectual disability—have shown that manualized SST programs can improve conversational reciprocity, eye contact, and social engagement, with effects maintained over time. The pattern in this case study, where repeated rehearsal and reinforcement led to measurable gains in both verbal and non-verbal behaviors, is consistent with these findings, even though the present intervention was delivered individually rather than in groups. What distinguishes the present study is its specific focus on public speaking rather than general social interaction: recent practice-oriented literature argues that public speaking skills are critical for inclusion and self-advocacy among neurodivergent learners, and that explicit training in presenting to an audience can empower autistic individuals to communicate their needs and strengths more confidently. The present findings support this argument in the context of intellectual disability, as targeted training in assertive communication enabled the student not only to "speak up" in everyday exchanges but also to perform short public speaking tasks in a classroom setting.

Public Speaking Anxiety and Skills-Based Interventions

The observed increase in voice volume, reduction in avoidance, and improved willingness to speak after training are consistent with broader evidence that skills-based training is an effective approach for managing public speaking anxiety. Skills training programs for university students and school pupils with

high speech anxiety—typically combining systematic practice, modeling, and feedback—have been shown to produce substantial reductions in communication apprehension alongside measurable improvements in speaking performance. Recent innovations such as VR- and AR-based public speaking tools similarly rely on graded exposure and behavioral rehearsal, echoing the stepwise structure used in this study. Virtual reality platforms that simulate audiences have been found to reduce public speaking anxiety and increase confidence by offering repeated, low-risk practice opportunities. Although the present intervention relied on simple in-class role-play rather than digital technologies, the underlying mechanism—systematic exposure to speaking tasks coupled with performance feedback and positive reinforcement—is conceptually similar. In this sense, the current findings are congruent with the wider public speaking literature: anxiety and avoidance tend to decrease when learners receive structured opportunities to practice discrete speaking skills (such as voice projection, pacing, and eye contact) in a supportive environment. The distinctive contribution of this study lies in applying these principles through an assertive training program tailored to an intellectually disabled student within an inclusive classroom context.

Discuss the Importance of Findings

Theoretically, this study reinforces the view of assertiveness as a teachable, multi-component skill that encompasses both verbal dimensions (content, wording, sentence structure) and non-verbal dimensions (voice projection, posture, gaze, and gesture) (Alberti & Emmons, 2017; Speed et al., 2018). Clinical descriptions of assertiveness training consistently highlight modeling, role-play, feedback, and homework assignments as key elements for reshaping communication patterns (Association for Behavioral and Cognitive Therapies [ABCT], n.d.; Eslami et al., 2016). The stepwise protocol implemented in this research—beginning with simple greetings and short phrases, then progressing to complete sentences, structured role-play, and finally real-classroom performance—mirrors these core components and demonstrates their applicability for students with intellectual disabilities (Laxton, 1997; Sartinah et al., 2020). The results also support social-cognitive perspectives in which successful performance experiences and positive reinforcement enhance self-efficacy in speaking: as the student repeatedly experienced success in being heard, understood, and praised, their willingness to speak and initiate communication increased (Bandura, 1977, 1997). This pattern is congruent with prior evidence that assertiveness and problem-solving training can strengthen self-esteem, self-efficacy, and mental health in young people (Golshiri et al., 2023; Mirzaei et al., 2019; Stake, 1983). Furthermore, the case contributes to emerging theoretical work that positions public speaking as a form of social–emotional learning (SEL) for students with additional needs. SEL frameworks emphasize confidence-building, emotional regulation, and interpersonal skills; in this study, training did not merely target the mechanics of speech, but also addressed fear, avoidance, and self-confidence, thereby embedding public speaking within a broader SEL agenda for inclusive education (CASEL, 2020; Lawson et al., 2019).

Practically, the findings indicate that assertive training can be feasibly integrated into day-to-day classroom practice with minimal resources. The intervention relied primarily on teacher modeling, visual aids, simple role-play, and brief relaxation exercises—elements that classroom teachers, special educators, and school counselors can implement without sophisticated technology or intensive external expertise (Alberti & Emmons, 2017; ABCT, n.d.). Several practical lessons emerge. First, starting small and scaffolding heavily—by beginning with single words and short greetings, then gradually moving toward full sentences and short presentations—allowed the student to experience repeated success and reduced the risk of overwhelming anxiety, consistent with stepwise skills-training approaches for anxious speakers (Chorley, 2021; Gallego et al., 2022). Second, the use of multimodal supports such as visual cues, symbol cards, and gestures effectively complemented verbal instructions and helped to compensate for language and processing limitations, in line with best-practice recommendations for communication with individuals with intellectual disabilities and complex communication needs (Declercq et al., 2024; National Council

for Special Education, 2021; Phelps, 2019). Third, the intervention underscores the importance of reinforcing effort rather than perfection; praising any attempt to speak, maintain eye contact, or respond to a question, even when output was imperfect, encouraged continued participation and aligns with evidence that positive reinforcement and structured feedback are crucial in social skills training for neurodivergent learners (Birnschein et al., 2021; Leifler et al., 2022). Fourth, embedding training across contexts—by extending practice into real classroom question–answer exchanges and short sharing sessions—explicitly targeted generalization, a known challenge in social-communication interventions for students with autism spectrum disorder and intellectual disability (Birnschein et al., 2021; Leifler et al., 2022). For schools, this case suggests that assertive training could be formalized within individualized education plans (IEPs) or school-based counseling programs to strengthen the communicative participation of students with intellectual disabilities in lessons, assemblies, and social events. In resource-constrained settings, such low-cost behavioral interventions may offer particularly valuable, scalable options (Golshiri et al., 2023; Khan & Bibiana, 2019).

An unexpected observation in this study was the relatively rapid improvement in the student's voice volume and willingness to respond once the training began to emphasize safe, positive audience experiences. This quick shift may partly reflect the novelty of being given structured, supportive opportunities to speak, rather than the effects of assertive training alone. Several alternative explanations must therefore be considered. One possibility is a Hawthorne effect, whereby improvements are partly attributable to increased adult attention and the student's awareness of being observed, a phenomenon widely documented in educational and organizational research (McCambridge et al., 2014). Another is the influence of the teacher–student relationship: the trusting relationship built through warm-up activities and repeated sessions may have independently boosted confidence, much like the therapeutic alliance observed in clinical contexts, which has a robust, moderate association with positive treatment outcomes across a wide range of therapies (Flückiger et al., 2018; Papalia et al., 2022). Practice effects also offer a plausible partial explanation, as simply repeating public speaking tasks—even without explicit assertiveness framing—can reduce anxiety and increase fluency, as documented in skills-training programs and exposure-based interventions for public speaking anxiety (Chorley, 2021; Lindner et al., 2021). Nevertheless, the pattern of change observed in this case—especially the gains in specific assertive elements emphasized during training, such as voice projection, eye contact, and short assertive statements—suggests that the content and structure of assertive training itself likely played a central role, rather than mere exposure or attention alone (Golshiri et al., 2023; Stake, 1983).

Implications for Policy and Future Research

At the policy and program levels, the findings support integrating structured, low-cost assertive training into inclusive education frameworks for students with intellectual disabilities, as evidence from adolescent and special-needs populations shows that assertiveness and social skills training can reduce anxiety, strengthen communication, and improve mental health and adjustment (Abdolghaderi et al., 2021; Ahmadi et al., 2017; Eslami et al., 2016; Golshiri et al., 2023; Mirzaei, 2024). Accordingly, ministries and school systems could encourage the inclusion of assertive communication and public speaking goals in individualized education programs (IEPs) and school counseling plans for students with intellectual disabilities, provide sustained professional development for teachers and counselors on evidence-based assertiveness and social skills training that draws on protocols validated in adolescent mental-health and developmental-disability research (Daly & Kinsella, 2014; ElBarazi et al., 2024; Jacob & Kuruvilla, 2022), and explore blending traditional face-to-face assertive training with digital tools—such as virtual or augmented reality public-speaking simulators and speech-feedback applications—to create safe, varied, and motivating practice contexts (Bachmann et al., 2023; Chaidir, 2024; Rusni, 2024; Sülter et al., 2022; Vidanalage et al., 2025). Future research should employ multi-participant, controlled, or quasi-experimental

designs to compare assertive training with alternative interventions (e.g., generic social skills training or relaxation-only programs), use standardized measures of public speaking anxiety and communication to quantify change and enable cross-study comparisons, examine how factors such as severity of intellectual disability, co-occurring autism spectrum disorder, or language disorder moderate responsiveness to assertive training (Barati et al., 2012; Daly & Kinsella, 2014; Jacob & Kuruvilla, 2022), and investigate long-term maintenance and generalization of gains beyond classroom tasks to community, peer, and vocational settings where communication and self-advocacy are critical for social inclusion and independence (Ability Action Australia, 2023; Brighton Launch, 2024). By addressing these gaps, subsequent studies can test the robustness of the present findings and refine assertive-training protocols as a core component of communication support within comprehensive services for students with intellectual disabilities.

CONCLUSION

This study aimed to describe the public speaking abilities of students with intellectual disabilities prior to intervention, explain the process of implementing assertive training techniques, and analyze their influence on improving public speaking skills among students at SLB Lentera Hati Pesanggaran. The key findings show that before training, students were in the "low" category in terms of opening a speech and using language, characterized by very low voice volume, incomplete sentence structures, minimal eye contact, and low confidence when speaking; after participating in a series of structured assertive training sessions (warm-up, concept introduction, verbal and non-verbal exercises, role play, and application in real-life situations), there were clear improvements in voice volume, the quantity and clarity of spoken words, the courage to answer questions, as well as the emergence of eye contact and self-confidence when speaking in front of others. Theoretically, this study reinforces the concept that assertive training can be effectively adapted for students with intellectual disabilities as a strategy for developing oral and social communication skills; practically, the results provide an applicable guide for teachers, counselors, and special educators to design gradual, needs-based public speaking training programs; and at the level of special education policy, the findings recommend integrating assertive training into guidance services and special school curricula to strengthen independence, academic participation, and social readiness among students with intellectual disabilities.

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