

TUGAS AKHIR

PUSAT EDUKASI DAN TERAPI ANAK PENYANDANG AUTISME DI YOGYAKARTA



Disusun oleh :

MC . VONNY SUSANTI

21 09 1328

**PROGRAM STUDI TEKNIK ARSITEKTUR
FAKULTAS ARSITEKTUR DAN DESAIN UNIVERSITAS KRISTEN DUTA WACANA
YOGYAKARTA
2013**

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pada tanggal 29 - 05 - 2013

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TUGAS AKHIR

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DI YOGYAKARTA**

Diajukan kepada Fakultas Arsitektur dan Desain Program Studi Arsitektur
Universitas Kristen Duta Wacana – Yogyakarta
Sebagai salah satu syarat dalam memperoleh gelar
Sarjana Teknik

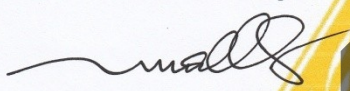
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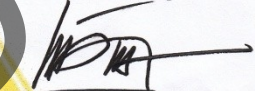
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Diperiksa di : Yogyakarta
Tanggal : 29 – 05 – 2013

Dosen Pembimbing I,

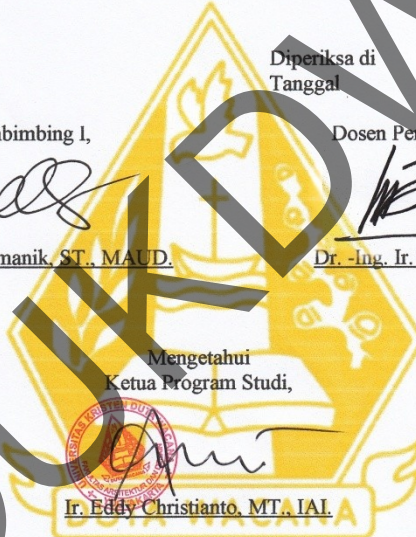
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PERNYATAAN KEASLIAN

Saya yang bertandatangan dibawah ini menyatakan dengan sebenarnya bahwa skripsi:

PUSAT EDUKASI DAN TERAPI ANAK PENYANDANG AUTISME DI YOGYAKARTA

Adalah benar-benar hasil karya sendiri. Pernyataan, ide, maupun kutipan langsung maupun tidak langsung yang bersumber dari tulisan atau ide orang lain dinyatakan secara tertulis dalam skripsi ini pada catatan kaki dan daftar pustaka.

Apabila dikemudian hari terbukti saya melakukan duplikasi atau plagiasi sebagian atau seluruhnya dari skripsi ini, maka gelar dan ijazah yang saya peroleh dinyatakan batal dan akan saya kembalikan kepada Universitas Kristen Duta Wacana Yogyakarta.

Yogyakarta, 29 - 05 - 2013.



MC. Vanny Susanti
21 09 1328



DAFTAR ISI

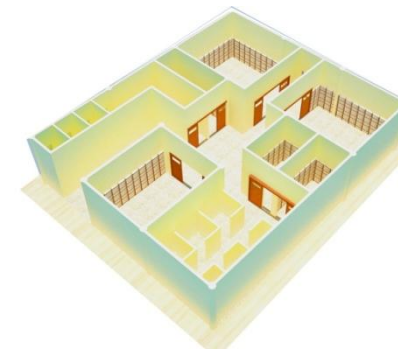
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INITIAL IDEA TO DESAIN CENTRAL EDUCATION AND AUTISM THERAPY CHILDREN IN YOGYAKARTA

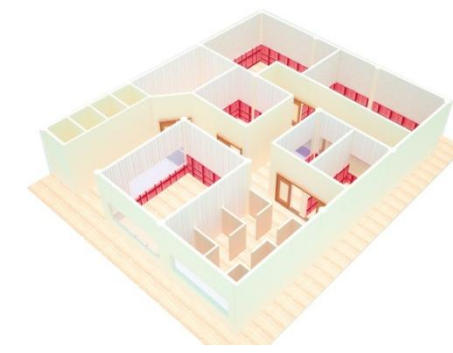
Currently the city of Yogyakarta has more than 500 children with autism. Autism itself is not a disease but a disorder in children characterized by the emergence of delays in cognitive, communication, interest in social interaction, and behavior. Children with autism need to be getting an education and therapy as early as possible to help children adapt to the surrounding environment. Therefore, there needs to be a place that can facilitate children to be able to get the education and therapy as needed.

According impaired sensory issues, autism can be divided into 3 (three) are: Hyper-Autism, Autism Interference-and Hypo-autism. Each type of disorder has sensory issues and education space needs different treatment. Thus, designing Central Education and Atism Therapy Children in Yogyakarta have to adjust to the presence of 3 different needs of children with autism.

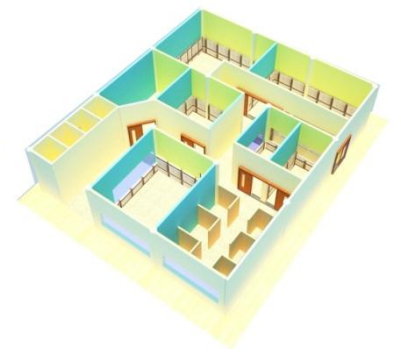
3 CLUSTER AUTISM ROOM'S DETAIL



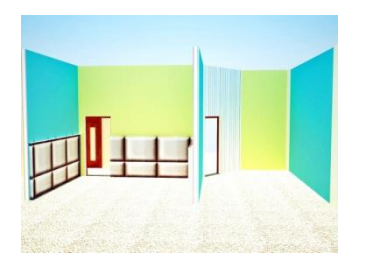
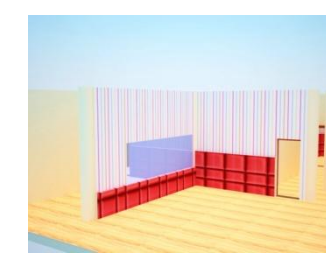
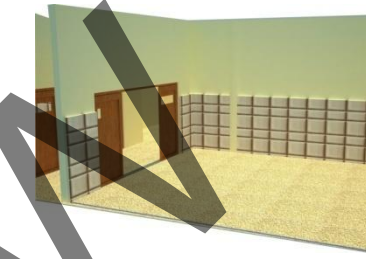
CLUSTER HYPER – AUTISM



CLUSTER HYPO – AUTISM



CLUSTER INTERFERENCE – AUTISM



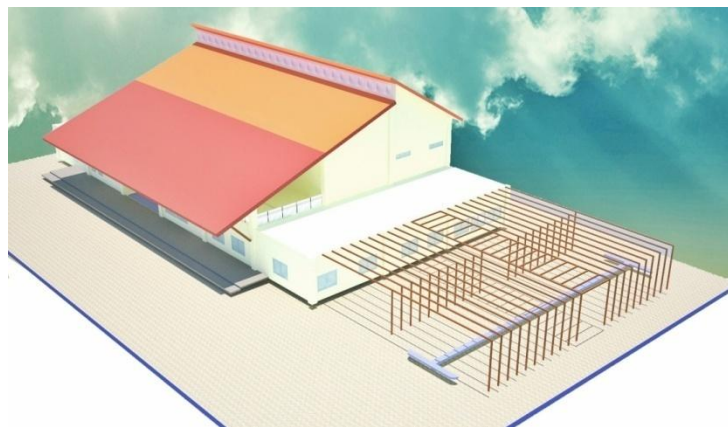
TRANSFORMATION DESIGN

Design building of Central Education and Atism Therapy Children in Yogyakarta is tailored to the main idea, which is classified in accordance privacy zone building mass and function. Mass of the building site is divided into three masses are:

1. Building mass surrounding the Medical Area, Public Araa, and placed in front of your area to make it more easily accessible to the public because besides also close to the entrance and exit the building.
2. Mass of the building which includes 3 clusters of autism are put behind a public building has a level of privacy because semi-public. The building consists of 3 masses that merged into a single cluster.
3. Mass building covers an area of service and therapy with high stimulus placed in the public area behind and parallel to the 3 clusters of autism, so access is easy to reach from all sides, but it still does not reduce the level of privacy.

CONCLUSION

The main purpose of designing Central Education and Atism Therapy Children in Yogyakarta are designing a building design that fit the needs of children with autism who have impaired sensory issues different buildings in order to function as a classroom and therapy could be useful for its users.



MAKET MODEL



CENTRAL EDUCATION AND AUTISM THERAPY CHILDREN IN YOGYAKARTA

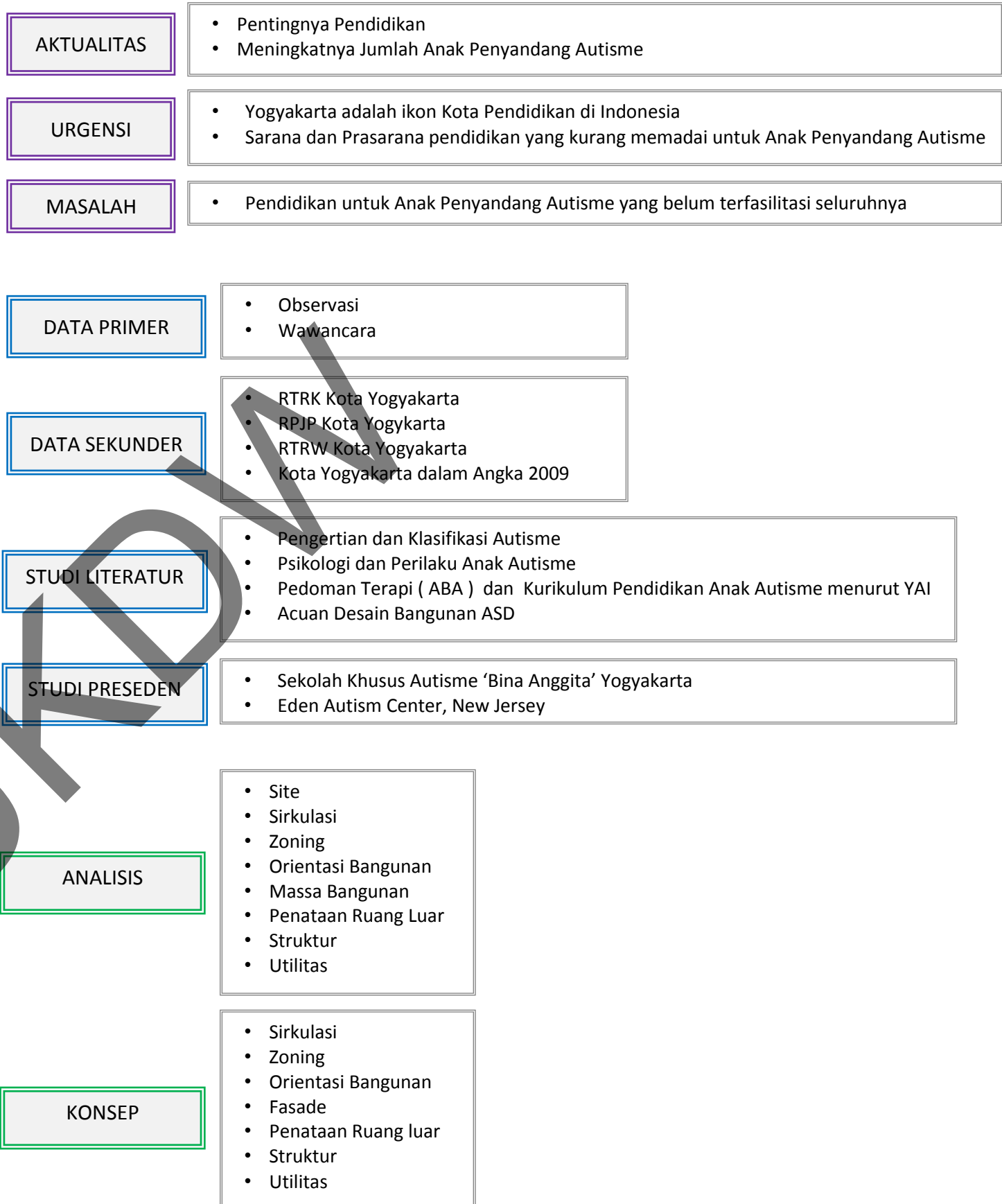
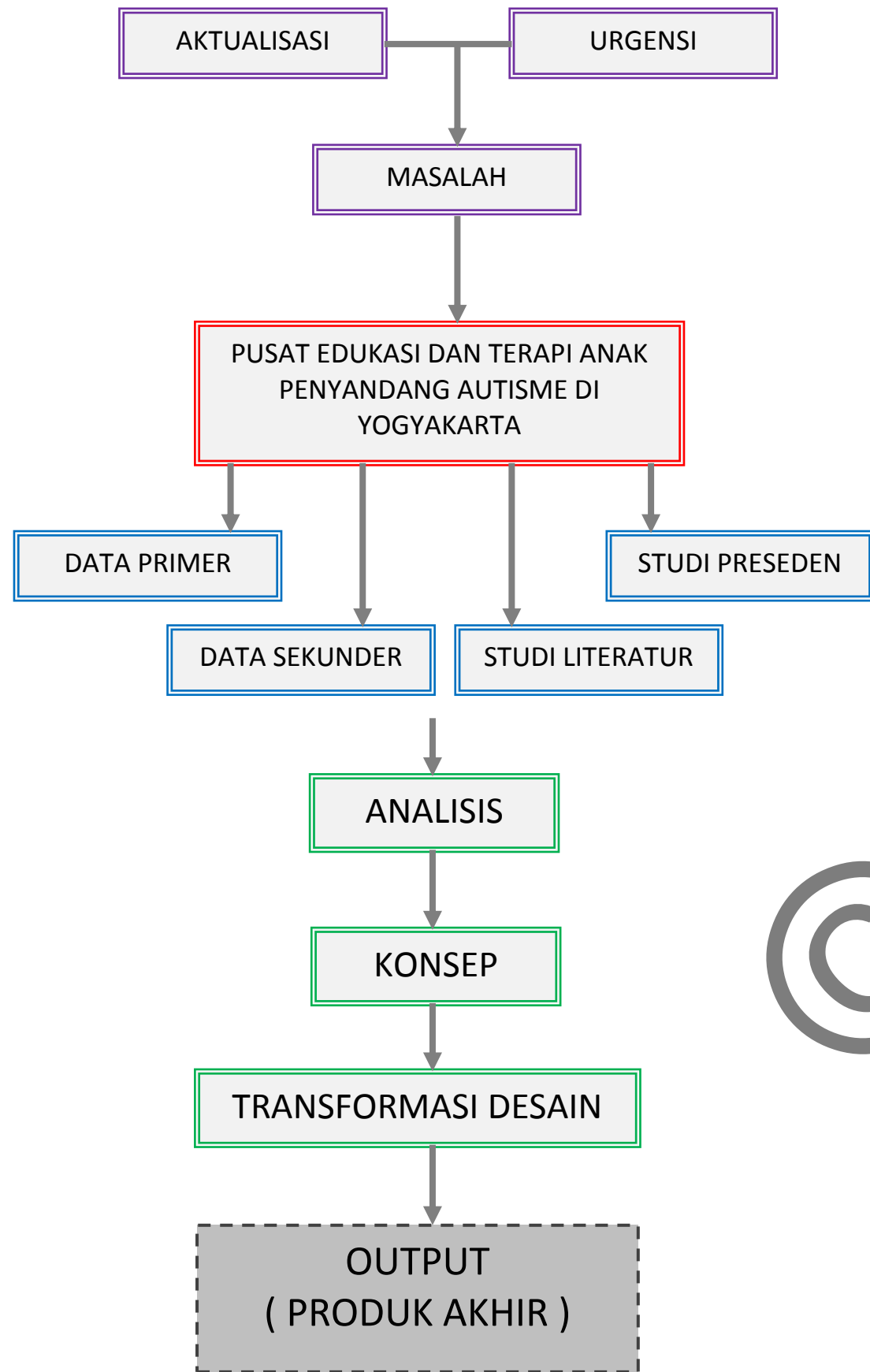
MC.VONNY SUSANTI / 2109.13.28

FAKULTAS ARSITEKTUR DAN DESAIN
JURUSAN ARSITEKTUR

Universitas Kristen Duta Wacana
Yogyakarta 2013



KERANGKA BERPIKIR



LATAR BELAKANG

STUDI KELAYAKAN

Persebaran Pendidikan dan Terapi Anak Penyandang Autis di D.I.Yogyakarta

Penduduk menurut Kelompok Umur dan Jenis Kelamin di Kota Yogyakarta
Population by Age Group and Sex in Yogyakarta City 2008

Kelompok Umur Month	Laki-laki Male	Perempuan Female	Jumlah Total
(1)	(2)	(3)	(4)
0 - 4	14,074	14,821	28,895
5 - 9	14,098	14,959	29,057
10 - 14	13,463	14,509	27,972
15 - 19	23,362	25,171	48,533
20 - 24	39,749	42,278	82,027
25 - 29	22,542	22,994	45,536
30 - 34	18,581	18,938	37,519
35 - 39	16,400	16,814	33,214
40 - 44	14,218	14,676	28,894
45 - 49	11,199	11,639	22,838
50 - 54	7,985	8,389	16,374
55 - 59	7,180	7,306	14,486
60 - 64	6,857	6,744	13,401
65 - 69	5,390	5,594	10,984
70 - 74	4,220	4,439	8,659
75 +	4,109	4,417	8,526
Jumlah/Total	223,227	233,688	456,915
2007	220,395	230,723	451,118

Sumber data : BPS Kota Yogyakarta
Source of data : BPS-Statistics of Yogyakarta City
Kota Yogyakarta Dalam Angka Tahun 2009

Penduduk menurut Kelompok Umur dan Jenis Kelamin di Kota Yogyakarta tahun 2008

Kelompok Umur	Laki-laki	Perempuan	Jumlah Total
0 - 4	14.074	14.821	26.895
5 - 9	14.098	14.959	29.057
10 - 14	13.463	14.509	27.972
Jumlah anak umur 0-14 tahun			85.924

Perhitungan Potensi Jumlah Penyandang Autisme dari umur 0-14 tahun

Perbandingan anak autis dengan anak normal = 1 : 150 – 200
(Sumber : Menkes,2008 & dr. Widodo, 2006)

Maka rata-ratanya = $150 + 200 / 2 = 175$

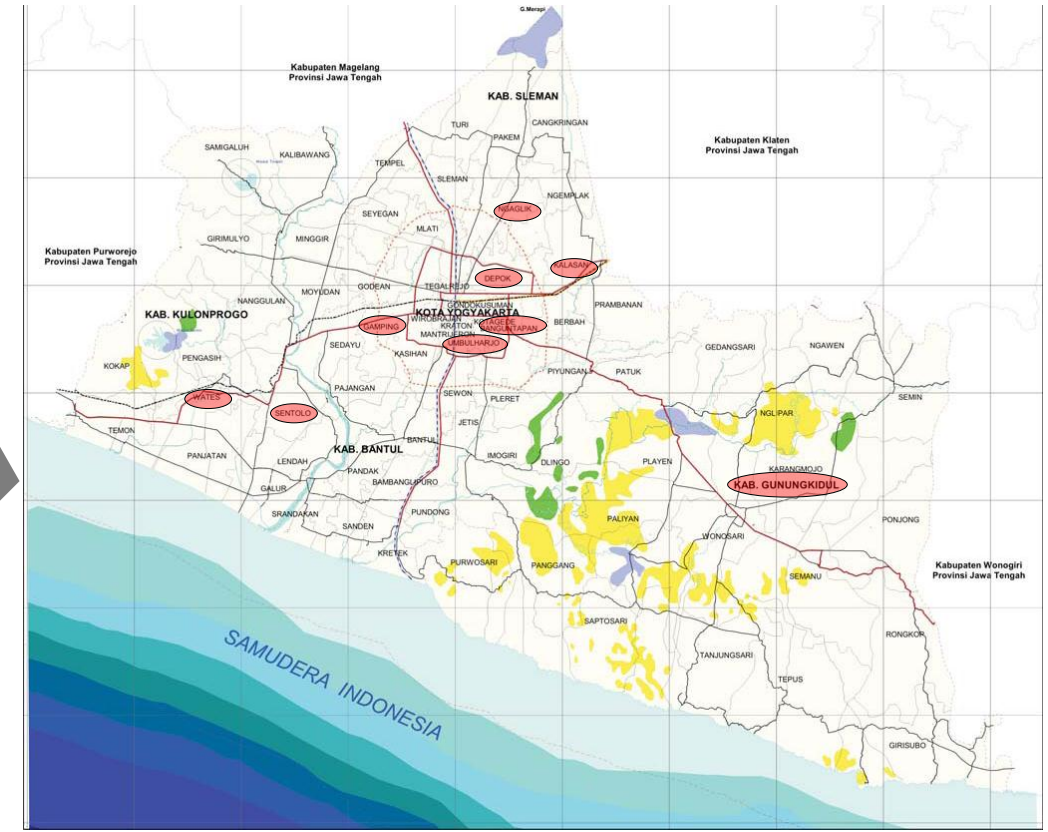
Jadi perbandingan rata-rata = 1 : 175 orang

Jumlah anak (umur 0-14 tahun) di D.I.Yogyakarta = ± 85.924 ribu jiwa

Potensi jumlah anak penyandang autisme

= jumlah anak (umur 0-14 tahun) x perbandingan

= $85.924 \times 1/175 = \pm 490$ orang anak



Sumber : Hasil Oahan Pribadi

Faktor Penyebab Tingginya Jumlah Anak Penyandang Autisme di Kota Yogyakarta

Polusi lingkungan

Kontaminasi Merkuri

Kontaminasi Vaksinasi

Keracunan Zat aditif

Virus CMV, Rubella, & Herpes

Kelainan Kromosom

Kekurangan sel otak pada Lobus *parentialis*
• Kelainan system *limbic* (sel neuron menjadi padat)

Banyaknya jumlah Anak Penyandang Autisme di D.I.Yogyakarta (± 490)

≠

(TIDAK SEBANDING)

Jumlah sarana pendidikan dan terapi Anak Penyandang Autis di D.I.Yogyakarta (± 10 SKA dengan total kapasitas ± 172 anak) (± 68 SLB Campur dengan total kapasitas ± 204 anak)

No	Nama Sekolah	Lokasi	Kapasitas
1.	SKA Bina Anggita	Banguntapan, Bantul	32
2.	SLB Dian Amanah	Ngaglik, Sleman	25
3.	Rumah sahabat	Mangkukusuman, Yogyakarta	13
4.	Citra Mulia Mandiri	Kalasan, Sleman	25
5.	SKA Fajar Nugraha	Depok, Sleman	16
6.	SLA Fredofius	Seturan, Yogyakarta	20
7.	Rumah Autistik ABA	Umbulharjo, Yogyakarta	16
8.	Yayasan Sayap Ibu	Condongcatur, Sleman	6
9.	SLB Suharjo Putro	Gunungkidul	9
10.	Putra Harapan Bunda	Wates, Kulonprogo	10
Jumlah			± 172

PROBLEM ?

Sumber : Kompas, 2010.

STUDI LITERATUR

Beberapa aspek penting dalam perancangan Pusat Edukasi dan Terapi Anak Penyandang Autisme :

- Klasifikasi Autisme
- Karakter Anak Autisme
- Pedoman Terapi (ABA) dan Kurikulum Pendidikan Anak Autisme menurut YAI
- Architecture Design Guidelines for Autism

AUTISME :

- ❖ Salah satu kelompok dari gangguan pada anak yang ditandai dengan munculnya gangguan dan keterlambatan dalam bidang kognitif, komunikasi, ketertarikan pada interaksi sosial, dan perilakunya (Veskarisyanti, 2008).

DESAIN LINGKUNGAN UNTUK ANAK AUTISME (Vogel, 2008) :

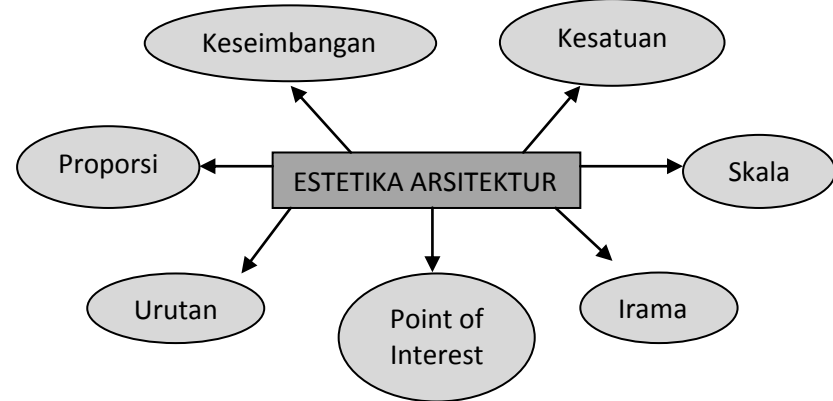
1. Fleksibel / Adaptable
2. Non-threatening
3. Non-distracting
4. Predictable
5. Controllable
6. Sensory-Motor attuned
7. Safety
8. Non-institutional

PEDOMAN TERAPI AUTISME

KURIKULUM ABA

KURIKULUM YAI

- Kemampuan Mengikuti Tugas/Pelajaran
- Kemampuan Imitasi (Meniru)
- Kemampuan Bahasa Reseptif
- Kemampuan Bahasa Ekspresif
- Kemampuan Pre-Akademik
- Kemampuan bantu diri



KARAKTER ANAK PENYANDANG AUTISME



Autism Society of America
7910 Woodmont Avenue, Suite 650 Bethesda, MD 20814-3015

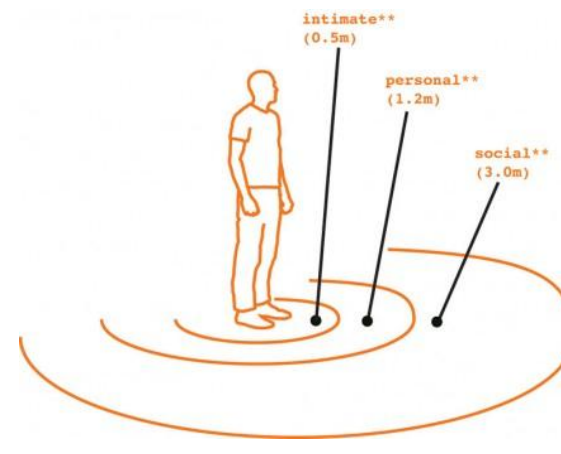
KLASIFIKASI

- Autistic Disorder Syndrome
- Asperger's Syndrome
- PDD-NOS
- Rett's Syndrome
- Childhood Disintegrative Disorder

		Sensory Issues																
		Auditory			Visual			Tactile			Olfactory			Proprioceptive				
		a	b	c	a	b	c	a	b	c	a	b	c	a	b	c		
ARCHITECTURAL ATTRIBUTE	Structure	A	1	2		1	2	1	2	1	2	1	2	1	2	1	1	
		B	3	4	3	3	4									4	3	
		C	5	6	5	5	6	5	6	5						6	5	5
		D						7									7	7
		E	8			8											8	8
	Balance	F	9	10		9	10	9							9	10	9	
		G						11									11	11
		H				12	13	13	12								13	13
		I				14	15	14									14	14
		J				17	18			18								
Quality	K	19			19	20												
	L	21	21	21														
	M		22					22	23									
	N										24	25	24					
	O				26	26	26		26						26	26		
Dynamic	P				27		27								27	27		
	Q	28			28		28								28	28		

Sensory Issues
a. Hyper b. Hypo c. Interference
Architectural Attributes
A. Closure
B. Proportion
C. Scale
D. Orientation
E. Focus
F. Symmetry
G. Rhythm
H. Harmony
I. Balance
J. Color
K. Lighting
L. Acoustics
M. Texture
N. Ventilation
O. Sequence
P. Proximity
Q. Routine

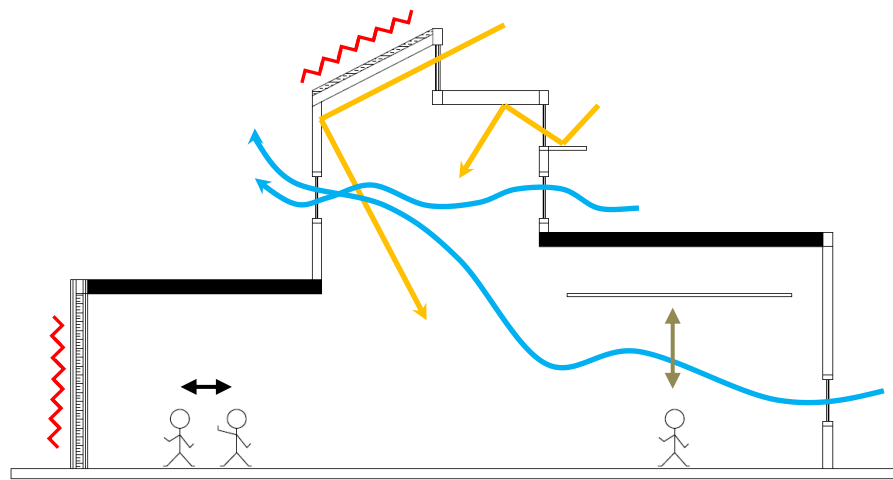
Sumber : Jurnal Concepts of Design Intervention for the Autistic User



Gambar : Personal Space & Territoriality

#	Design Guideline	Suggested Objective and User
1.	High enclosure and containment	1) to reduce external visual and acoustical distraction for the hyper-auditory and hyper-visual 2) to provide tactile stimulation via tight spaces and containment for the hypo-tactile 3) to create visual focus in cases of visual interference 4) to reduce olfactory intrusion via ventilation for the hyper-olfactory
2.	Low enclosure and openness	1) to increase opportunities for acoustical stimulation for the hypo-auditory 2) to provide visual stimulation for the hypo-visual 3) to reduce sense of containment for the hyper-tactile
3.	Low ceilings and moderate proportions	1) to reduce echoes for the hyper-auditory 2) to reduce visual distortion and illusions of space for the hyper-visual 3) to promote balance for the hypo and interference-proprioceptive 4) to create a more acoustically controllable environment for the interference
4.	High ceilings and exaggerated proportions	1) to increase echoes and auditory stimulation for the hypo-auditory 2) to create visual illusionary stimulation for the hypo-visual 3) to stimulate the proprioceptive sense of space for the hyper-proprioceptive auditory
5.	Use of intimate scale	1) to reduce echoes for the hyper-auditory 2) to create a controllable auditory environment for the interference auditory 3) to create a controllable and manageable space for the hyper and interference visual 4) to increase tactile stimulation from boundary proximity for the hypo-tactile 5) to increase proprioceptive stimulation from boundary proximity for the hypo-proprioceptive 6) to create a controllable environment for the interference auditory and proprioceptive
6.	Use of open scale	1) to create auditory stimulation through echoes for the hypo-auditory 2) to create visual stimulation through spatial expanse for the hypo-visual 3) to relieve over stimulation from spatial boundaries for the hyper-tactile and hyper-proprioceptive
7.	Orientation towards external views and elements of interest	1) to create focus and attraction for the hypo-visual 2) to instill balance and direction for the hypo-proprioceptive
8.	Use of activity focus to organize space	1) to increase attention span and reduce distractibility for the hyper-auditory and visual 2) to create a behavioural and geometric point of reference for the hypo and interference proprioceptive
9.	Symmetrical organization	1) creates predictability for the hyper-visual 2) creates acoustical balance for the hyper-auditory 3) increases sense of centre and balance for the hypo and interference proprioceptive 4) creates a controllable environment for the interference visual
10.	Asymmetrical organization	1) creates auditory and visual stimulation for the hypo-auditory and visual 2) creates proprioceptive stimulation for the hypo-proprioceptive
11.	Use of visual or spatial rhythm	1) to create visual stimulation and tracking opportunities for the hypo-visual 2) to create predictability and coherence to the spatial environment for the hypo and interference
12.	Visually harmonious space with no contrast or discord	1) to create a visually neutral space for the hyper-visual 2) to create a neutral tactile space for the hyper-tactile
13.	Visually unharmonious space using accents and contrasts	1) to create visual stimulation for the hypo and interference visual 2) to create proprioceptive stimulation for the interference and hypo-proprioceptive
14.	Use of dynamic and statically balanced spaces	1) to create orientation and stability for the hyper-proprioceptive and visual as well as the interference proprioceptive and visual
15.	Use of unbalanced spaces	1) to create visual stimulation for the hypo-visual
16.	Use of bright colours	1) to create visual stimulation for the hypo-visual
17.	Use of neutral colours	1) to create serenity for the hyper-visual
18.	Use of warm colours	1) to create psychological warmth for the hypo-tactile
19.	Indirect natural lighting	1) minimize glare and distracting views for the hyper-visual 2) less distracting than buzzing artificial light for the hyper-auditory
20.	Direct natural lighting and views	1) creates visual stimulation for the hypo-visual
21.	Noise and echo-proofing	1) creates a conducive environment for the hyper-auditory 2) removes the distracting opportunity of self-stimulation through echoes for the hypo-auditory 3) creates a neutral auditory background for the interference auditory
22.	Use of smooth textures	1) calms the hypo-tactile 2) creates echo and reverberation stimulation for the hypo-auditory
23.	Use of rough textures	1) stimulates the hypo-tactile
24.	Cross-ventilation	1) reduces smells and odours for the hyper-olfactory
25.	Enclosed ventilation	1) may help contain scents during aromatherapy for the hypo-olfactory
26.	Organized compartmentalization using visual cues	1) helps orient and adjust the hyper-visual 2) helps stimulate to action the hypo-visual 3) helps organize the interference visual 4) creates necessary boundaries for the hypo-tactile 5) helps orient the hypo and interference proprioceptive
27.	Spatial organization according to sensory characteristics	1) helps orient and adjust the hyper-visual 2) helps organize the interference visual 3) helps orient the hypo and interference proprioceptive
28.	Use of one-way circulation patterns to capitalize on routine	1) helps orient and adjust the hyper-visual 2) helps organize the interference visual 3) helps orient the hypo and interference proprioceptive 4) helps create predictability in general across the spectrum, particularly the hyper-auditory

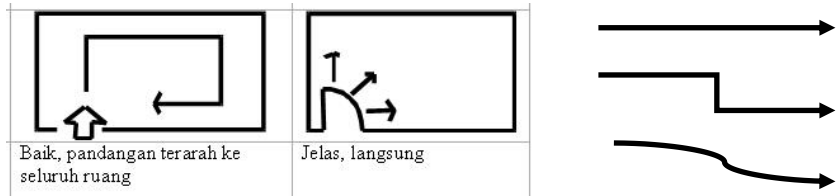
HYPER-AUTISM



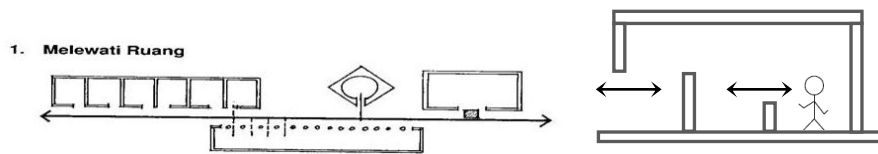
- Pencahayaan Alami Tidak Langsung
- Cross-ventilation
- ~ Dinding/Atap Peredam Kebisingan
- ↔ Jarak Intim
- ↕ Langit-langit Rendah



Gambar : Jendela Clerestory

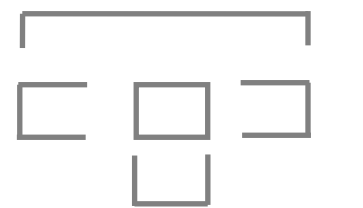


Gambar : Pandangan Terarah dan Sirkulasi Satu Arah

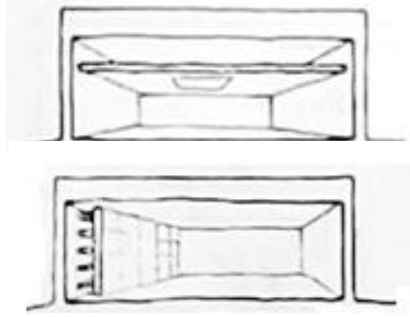


Gambar : Sirkulasi Melewati Ruang yang berulangi

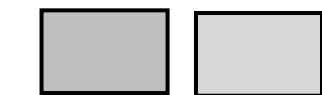
Gambar : Orientasi Pandangan Terbuka



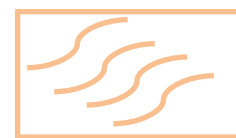
Gambar : Organisasi Ruang Terbuka dan Simetri



Gambar : Pencahayaan Buatan yang Merata pada Ruang



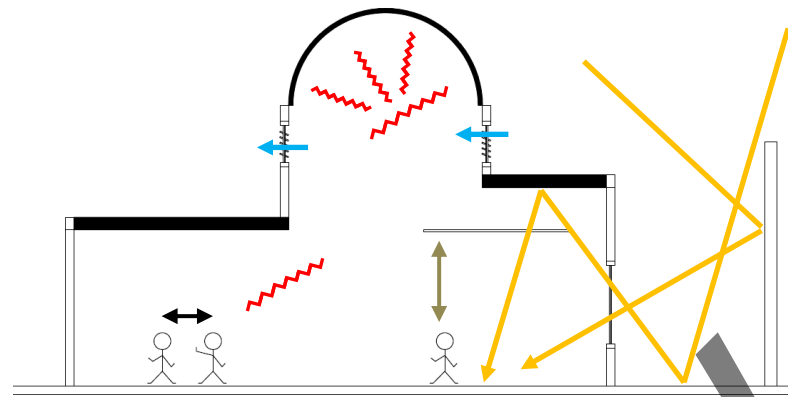
Gambar : Penggunaan Warna Senada / Tanpa Kontras



Gambar : Tekstur Material Halus

HYPO-AUTISM

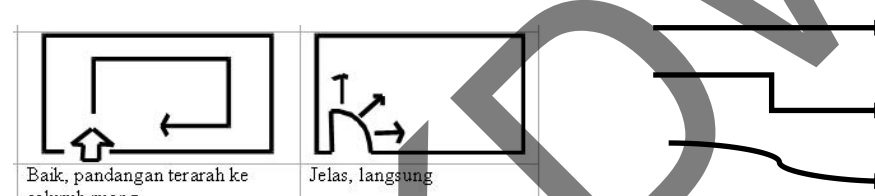
Gambar : Tekstur Material Kasar



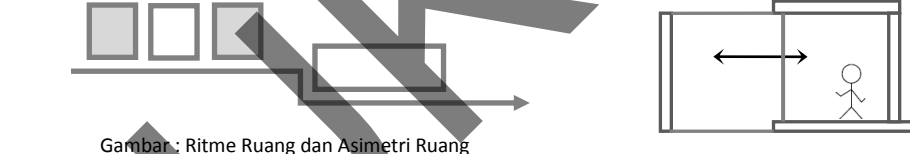
- Pencahayaan Alami Langsung
- Enclosed-ventilation
- ~ Atap Berkubah Pembuat Gema
- ↔ Jarak Intim
- ↕ Langit-langit Rendah



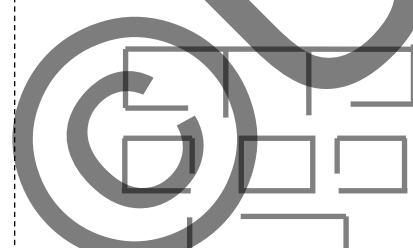
Gambar : Pencahayaan Langsung



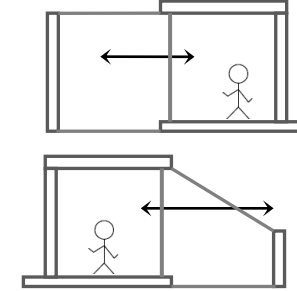
Gambar : Pandangan Terarah dan Sirkulasi Satu Arah



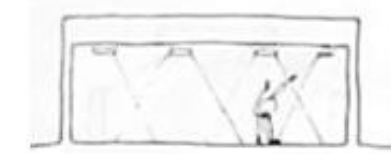
Gambar : Ritme Ruang dan Asimetri Ruang



Gambar : Organisasi Ruang Terbagi-Bagi



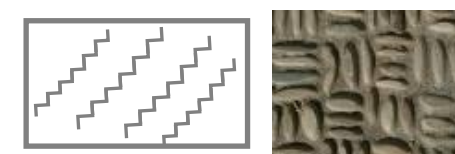
Gambar : Pandangan Keluar Ruang Terbuka



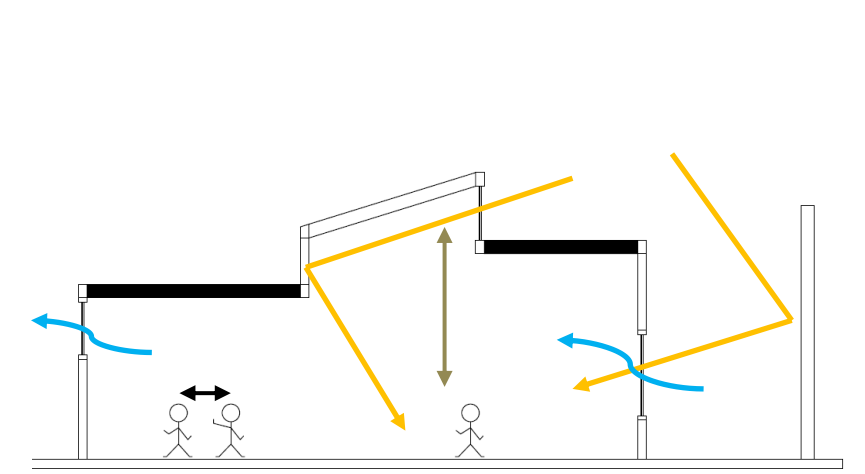
Gambar : Pencahayaan Buatan dengan Fokus



Gambar : Penggunaan Warna Kontras



INTERFERENCE - AUTISM



- Pencahayaan Alami Langsung & Tidak Langsung
- Cross-ventilation
- ↔ Jarak Intim
- ↕ Langit-langit Tinggi
- ~ Kontrol Kebisingan

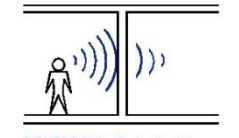
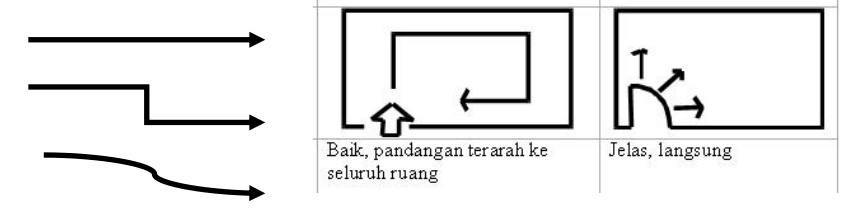


FIGURE 2. Noise Reduction between two spaces by a dividing wall.



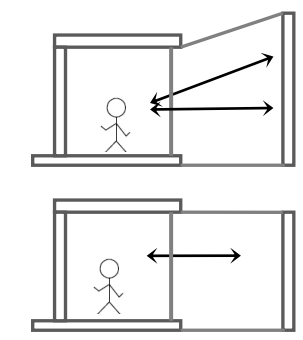
Gambar : Pandangan Terarah dan Sirkulasi Satu Arah



Gambar : Ritme Ruang dan Asimetri Ruang



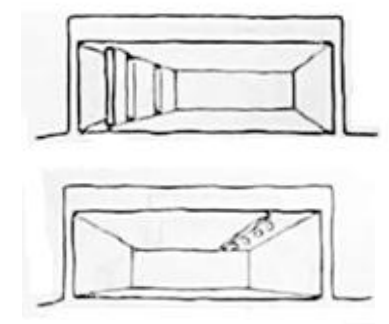
Gambar : Penggunaan Warna Kontras



Gambar : Pandangan Keluar Ruang Terbuka



Gambar : Tekstur Perpaduan Kasar dan Halus



Gambar : Pencahayaan Buatan yang Menegaskan Ruang

Sumber : Buku Pedoman Konsep

STANDART MEDICAL ROOM

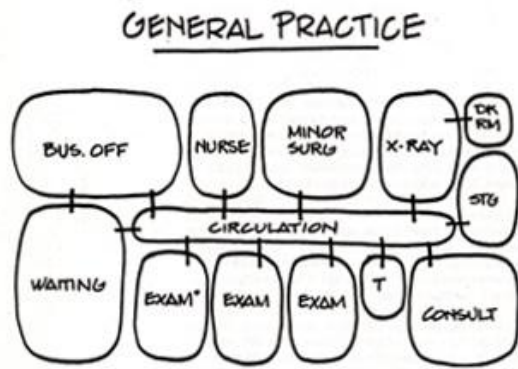
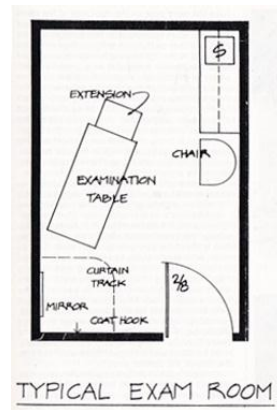
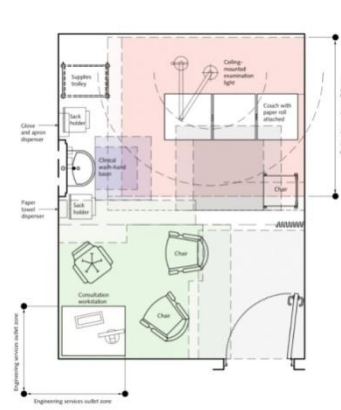


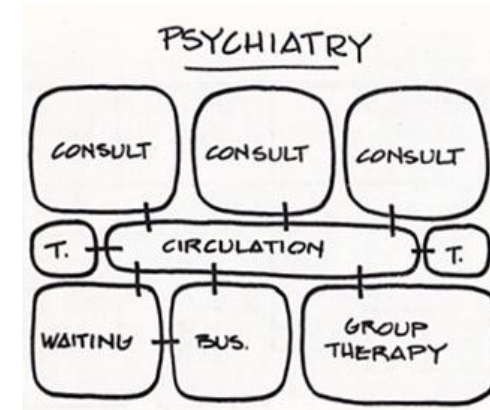
Fig. 3-1. Schematic diagram of a general practice suite.
Sumber : The Design of Medical and Dental Facilities



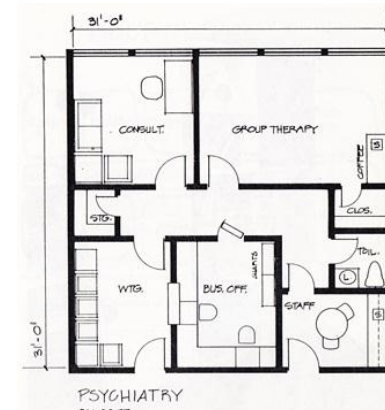
TYPICAL EXAM ROOM
Sumber : The Design of Medical and Dental Facilities



Gambar : Consulting exam room double sided 2
Sumber : spaceforhealth.nhs.uk



Sumber : The Design of Medical and Dental Facilities



Sumber : The Design of Medical and Dental Facilities

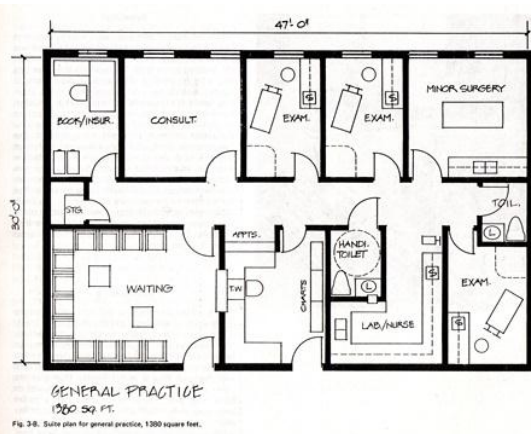
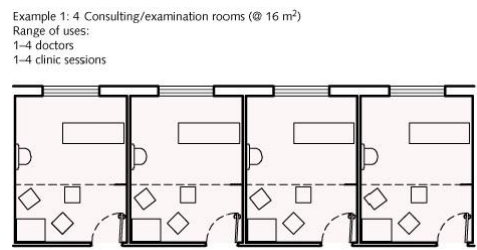
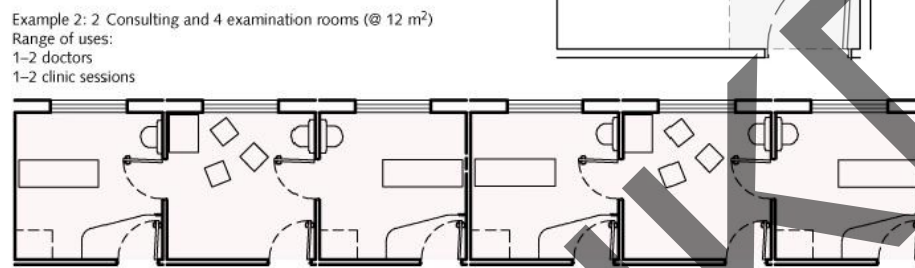


Fig. 3-8. Suite plan for general practice, 1300 square feet.
Sumber : The Design of Medical and Dental Facilities

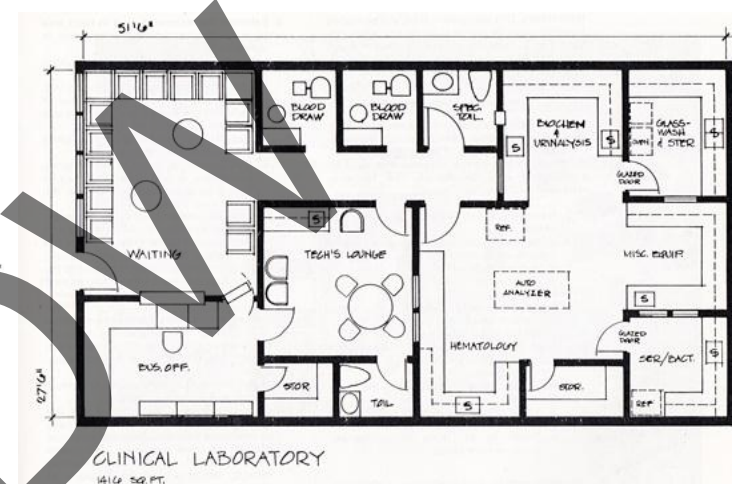


Example 1: 4 Consulting/examination rooms (16 m²)
Range of uses:
1-4 doctors
1-4 clinic sessions

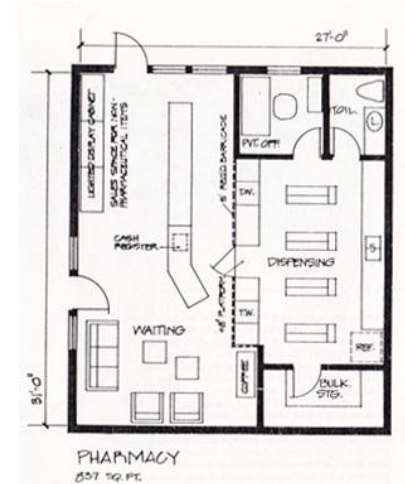


Example 2: 2 Consulting and 4 examination rooms (12 m²)
Range of uses:
1-2 doctors
1-2 clinic sessions

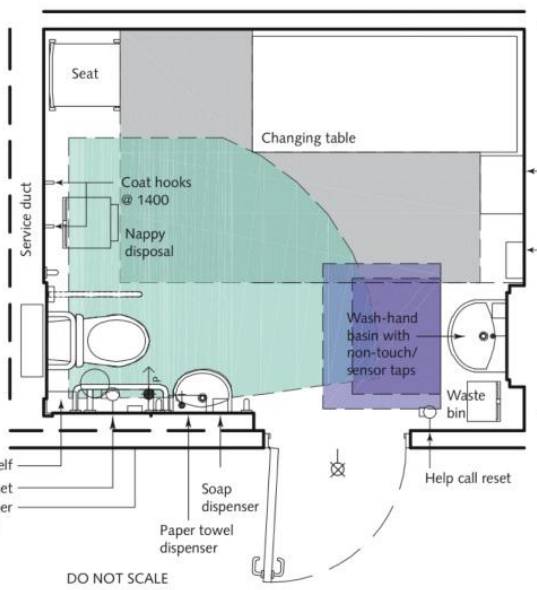
Sumber : spaceforhealth.nhs.uk



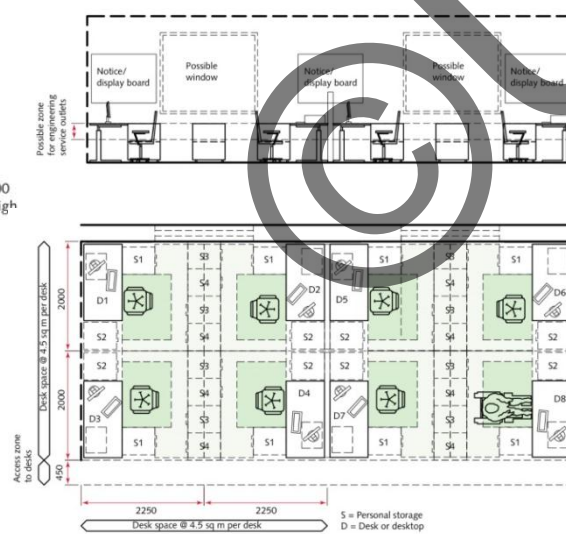
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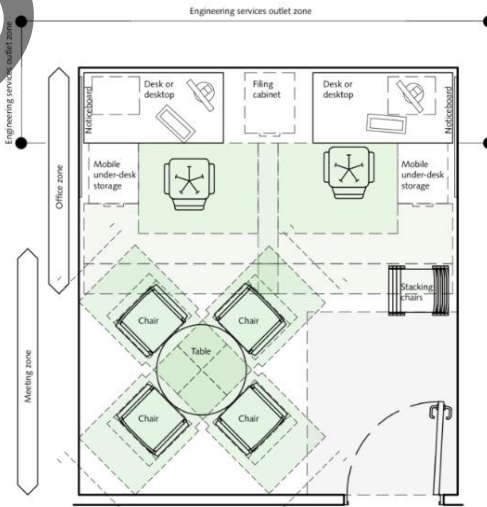
Sumber : The Design of Medical and Dental Facilities



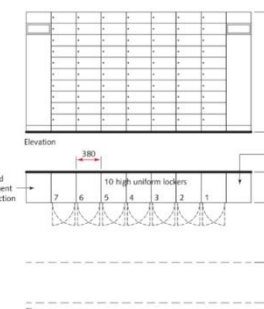
Gambar : Changing room with toilet
Sumber : spaceforhealth.nhs.uk



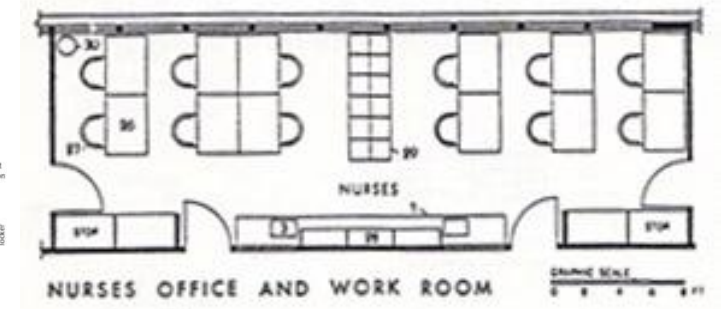
Gambar : Admin Workstation
Sumber : spaceforhealth.nhs.uk



Gambar : Office meetingroom
Sumber : spaceforhealth.nhs.uk

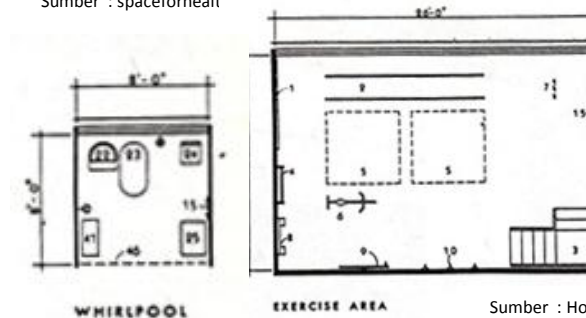


Gambar : Uniform exchange area
Sumber : spaceforhealth



Sumber : Hospitals, Clinics and Health Centers

1. Work counter with cabinets below
2. Lavatory with gooseneck spout and knee control
3. Sink with gooseneck spout and knee control
26. Single pedestal desk
27. Executive chair
28. Wall cabinet
29. Clothes locker, 15" x 15" x 60"
30. Wastepaper receptacle



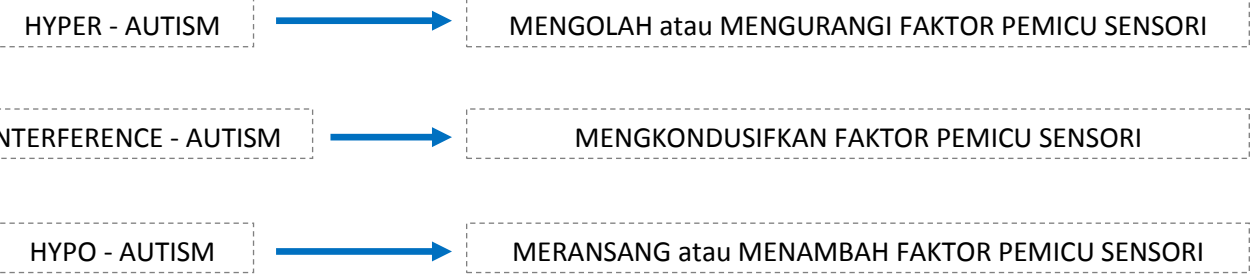
Sumber : Hospitals, Clinics and Health Centers

1. Posture Mirror
2. Parallel Bars
3. Steps
4. Stall Bars
5. Gym Mat
6. Stationary Bicycle
7. Sayer Head Sling Attached to Ceiling
8. Puller Weights
9. Shoulder Wheel
10. Gym Mat Hooks

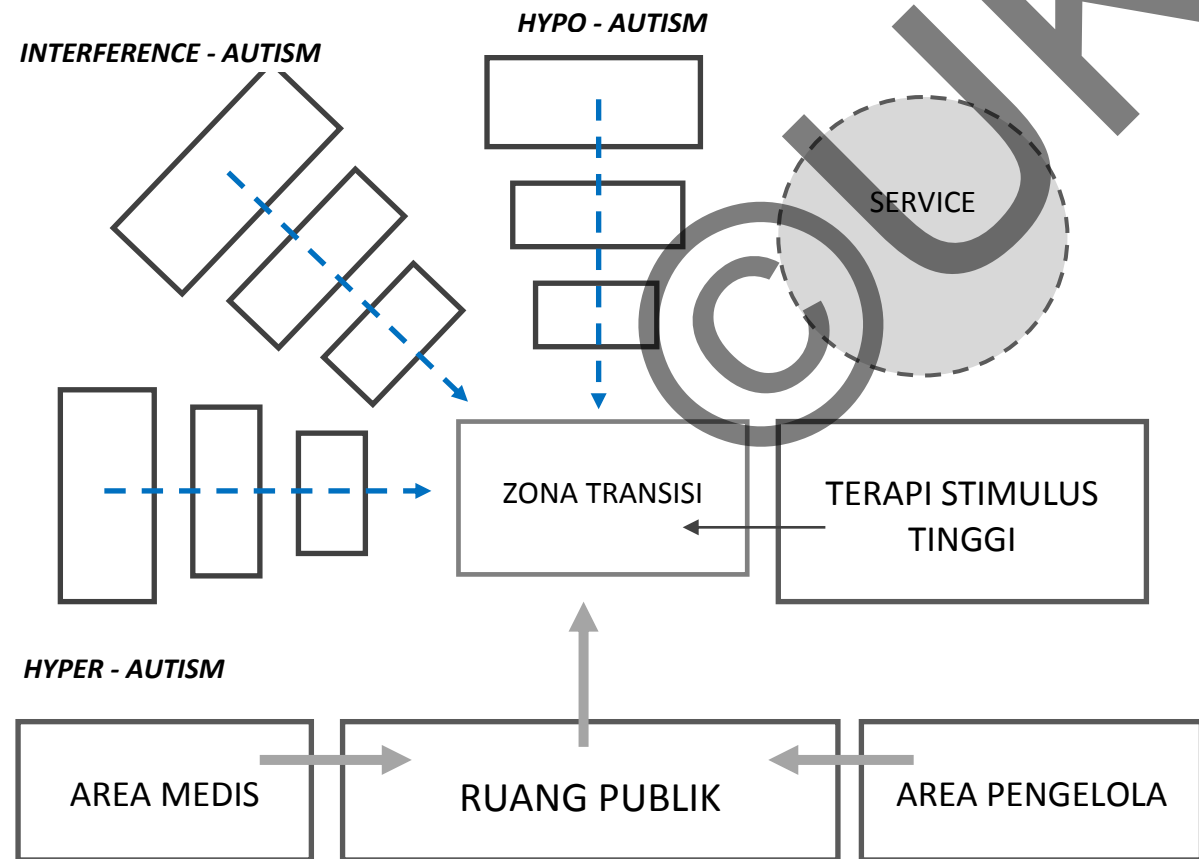
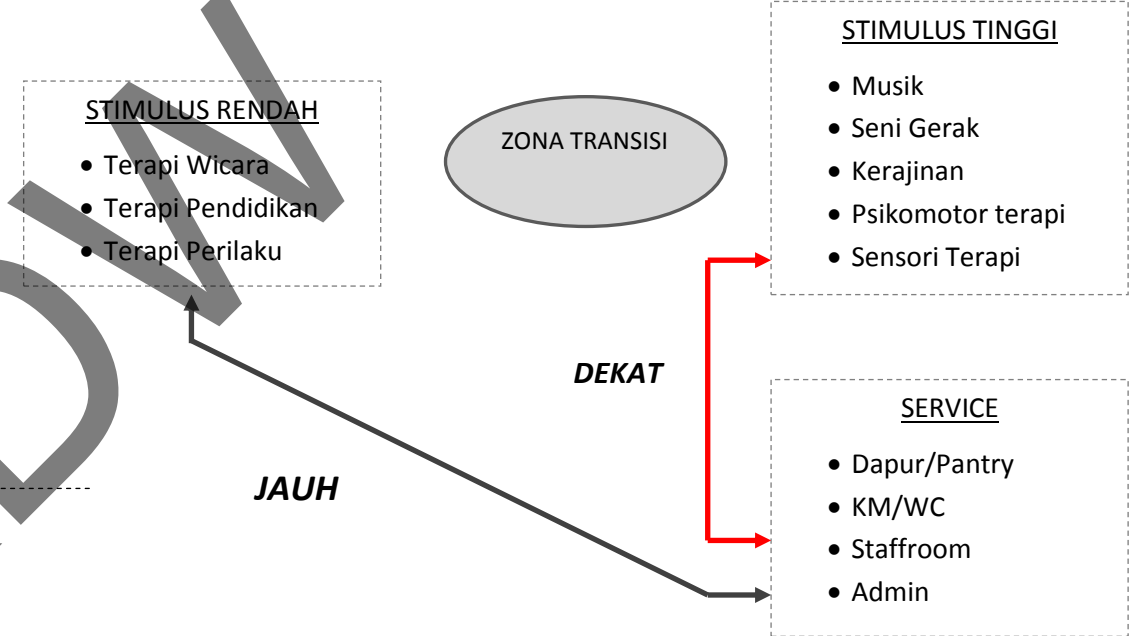
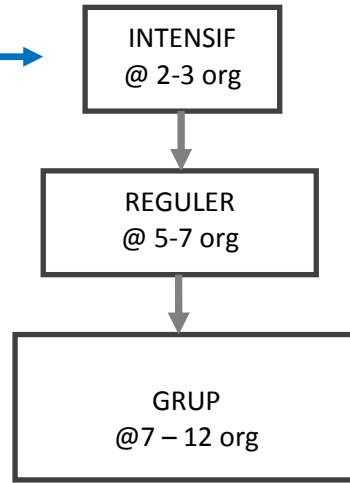
KONSEP PERANCANGAN

KONSEP ZONASI SENSORIK AUTISTIC

Menurut Mostafa (2008), setiap individu autis memiliki kelompok kebutuhan sendiri dari masing-masing masalah sensorik yang berbeda, dari yang hipo, hiper, serta gangguan autis.



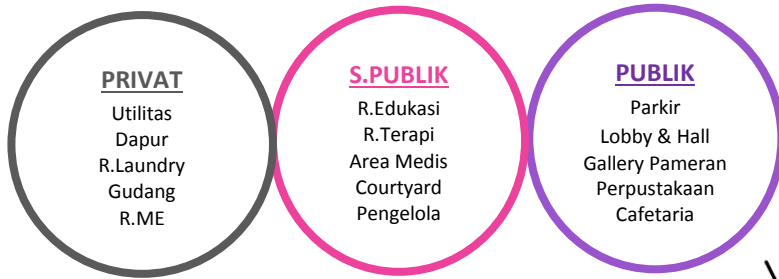
TUJUAN DARI TERAPI AUTISM :
 BUKAN MENYEMBUHKAN tetapi MEMBANTU ANAK BERPROSES UNTUK BISA SAMPAI PADA AMBANG BATAS KEMAMPUAN ANAK BISA MENYESUAIKAN / MENEMPATKAN DIRI PADA LINGKUNGAN NORMAL.



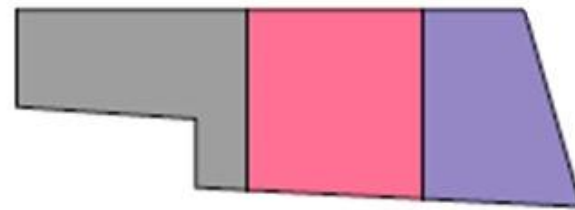
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KONSEP PERANCANGAN

KONSEP ZONING HORIZONTAL

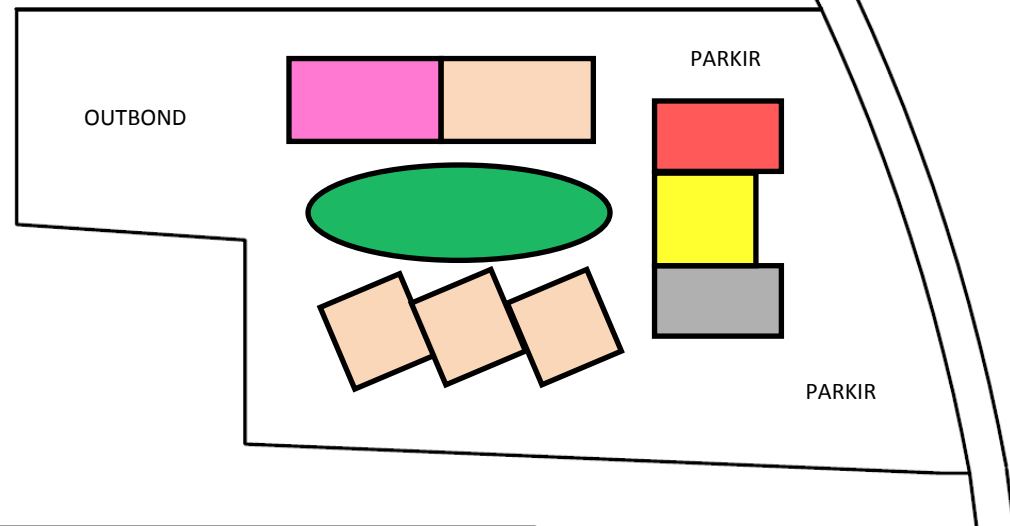


KLASIFIKASI SIFAT FUNGSI

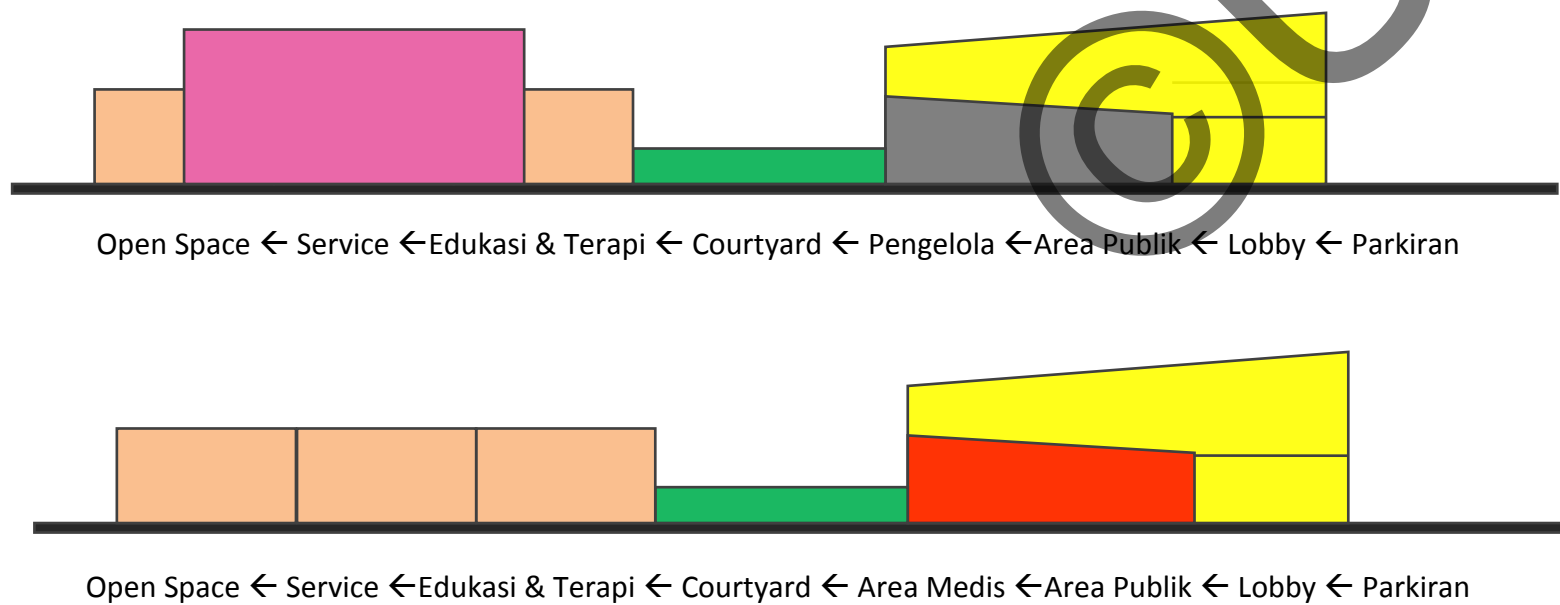


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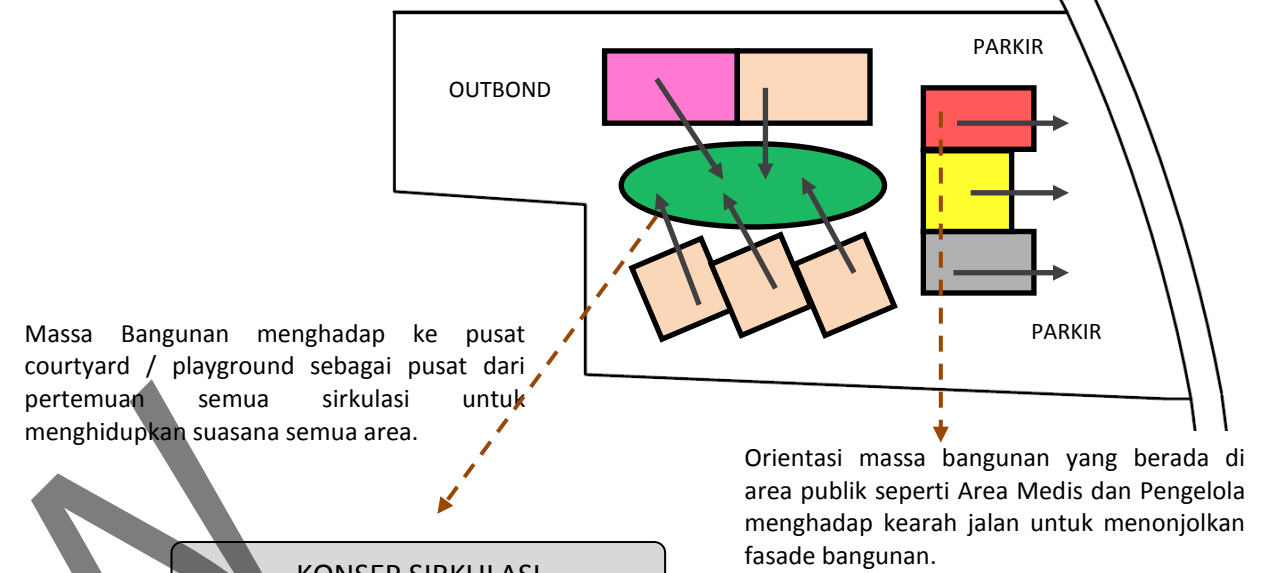
- Ruang Edukasi dan Terapi
- Area Medis
- Pengelola
- Area Publik
- Courtyard
- Area Teknikal & Service



KONSEP ZONING VERTIKAL

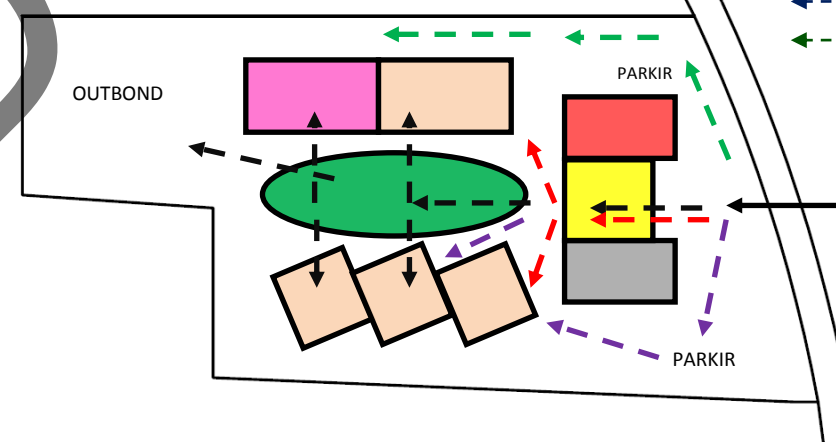


KONSEP ORIENTASI MASSA BANGUNAN

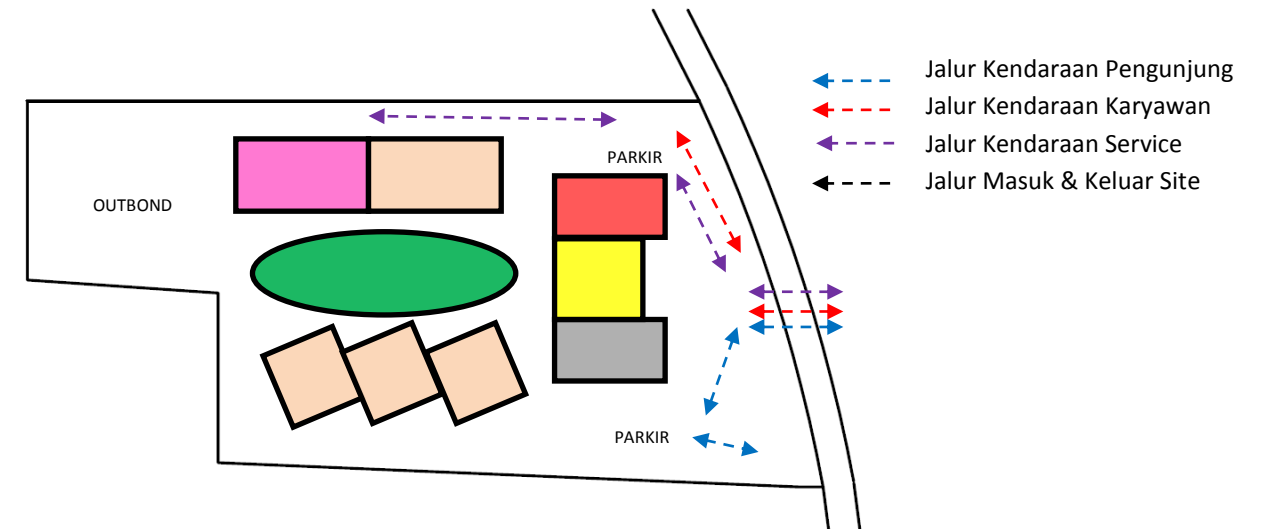


KONSEP SIRKULASI

Konsep Sirkulasi Manusia



Konsep Sirkulasi Kendaraan



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