

Group play therapy for the treatment of post-traumatic stress disorder in child victim of tsunami in Banten province

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Abstract. This study was motivated by the failure of coping and adaptation to traumatic experiences that cause a wide and deep snowball effect, long-term, and may not be irreversible, even in its extreme form will result in social deprivation, if ignored affects proximal and distal development such as personality, perception, self-representation, cognitive regulation, social skills, self-concept, and self-esteem and impulse control. The purpose of this study is to test the effectiveness of the implementation of group play therapy in dealing with PTSD victims of the tsunami disaster. The study uses a quantitative approach and a quasi-experimental method. The study participants were guidance and counseling teachers as many as 30 people and 25 students who carried out non-random sampling. The results based on t-test result value calculation $\mu_2 = 0.003$ for the value of $\mu_1 > 0.05$ then H_0 is not accepted, as such traumatic counseling through techniques group play therapy reduces the impact of posttraumatic stress disorder victims of the tsunami disaster in Banten Province. In addition, techniques group play therapy to deal with post-traumatic stress disorder tsunami victims in Banten Province, based on empirical test results on the PTSD dimension showed that H_0 was not accepted on the dimensions of IM1, IM4, IM5, and IM6, but the results of empirical tests on the dimensions of PTSD showed that H_0 is accepted in the IM2 and IM3 dimensions. Conclusion The effectiveness of techniques group play therapy to deal with PTSD victims of the Tsunami disaster in Banten Province, most of the high differences are in the IM1 dimension, and the smallest difference in the lowest is in the IM3 dimension.

Keywords: Post-traumatic stress disorder (PTSD), group play therapy

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INTRODUCTION

Post-traumatic stress disorder (PTSD) is a psychological disorder of an individual who experiences a traumatic event, one of which is a natural disaster, admitted that Indonesia has experienced an extraordinary disaster that has even reached an emergency (Forneris et al., 2013). Data on some natural disasters in 2018 and 2019 (National Disaster Relief Agency, 2019) can be seen in Table 1.

Traumatic experiences have a broad impact, not only on aspects physical, but also on aspects behavioral, emotional, psychological, and even psychosocial. Recent studies of war veterans, rape victims, refugees, hostage victims, disaster victims, and women who experience sexual and physical violence experience that the physical complaints experienced by trauma victims are numerous, often exceeding the pain received during traumatic events (Ehlers & Clark, 2000; Esearch et al., 2006; Lommen, Engelhard, Sijbrandij, Hout, & Hermans, 2013; Nakimuli-mpungu et al., 2013).

Based on empirical data the results of the interviews show that the psychological dynamics of behavior with 7 people displaced at the post of residents did not dare to go home because they were still haunted by the shadow of the tsunami at night. Most parents complained that they did not go home because they were afraid that the children would be hit by the waves "*takut ombak, Nanti gimana Kalau mati*", "*Saya takut air Masuk ke Rumah dan menenggelamkan mamah, bapa sama adek*", and "*takut gempa pokonya mah*". Psychological problems can arise after a disaster occurs in the span of months, years and even individuals die (Goodman, Miller, & West-olatumji, 2012).

Table 1. Data on some of the natural disasters in Indonesia from 2018 to 2019

Type of Disasters	Amount	Victims (persons)			Heavy Damage	House (unit)		
		Died & gone	Injures	Suffered & displaced		Damage Moderate	Damage Light	Awash
Flood	1,419	430	1,295	2,200,039	3,146	1,631	11,121	449,839
Landslide	1,167	238	237	44,119	1,355	731	2,301	56
Tidal Wave/Abrasion	60	3	12	116,030	124	64	93	26,642
Tornado	1,839	48	335	41,996	3,373	4,606	20,578	0
Drought	130	0	0	7,798,763	0	0	0	0
Forest Fire and Land	677	6	3	586	1	0	1	0
Earthquake	50	581	2,166	531,809	77,953	38,484	116,699	0
Tsunami	2	453	14,059	42,325	1,583	70	1,099	0
Earthquake & Tsunami	2	652	2,877	169,035	34,166	28,899	47,149	0
Volcano Eruption	63	0	56	71,157	0	0	0	0
TOTAL	5,409	2,411	21,040	11,015,859	121,701	74,485	199,041	476,537

Psychological problems that arise in children, adolescents, and adults and even the worst psychological dynamics tendencies can be experienced by women (Goodman et al., 2012). The results of the study (Edgar-bailey, Kress, Edgar-bailey, & Kress, 2010) show that 3-15% of girls and 1-6% of boys experience PTSD, the behaviors exhibited by Children are disruptive, impulsive, not attention, low academic achievement, self-isolation and withdrawal of others, even behaviors regressive such as *enuresis*, *encopresis* and thumb sucking.

Various studies have shown that post-disaster psychological disorders can cause anxiety, depression, and post-traumatic stress disorder (Kar, 2011). Even the results of the study (Torres, Taknint, & Torres, 2015) individuals who have experienced trauma will show greater constant physical problems, including chronic pain, disorders gastrointestinal, headaches, and heart attacks (Nakimuli-mpungu et al., 2013).

Based on the phenomenon of posttraumatic stress disorder (PTSD) and study findings as revealed in the previous sub, it is suspected that the failure of coping and adaptation to the traumatic experience that causes a wide and deep snowball effect, long-term, and may not be able to be changed (irreversible) (Carter et al., 2013; Ozer, Best, Lipsey, & Weiss, 2003; Rosenberg, San, & Francisco, 2014). Even in its extreme form will result in social deprivation (social deprivation). Neglect of traumatic experiences and social deprivation can be continued psychosocial not only on themselves but also on society, and the next generation through their families and grandchildren (Armstrong, Shakespeare-finch, & Shochet, 2014; Carter & Sant-barket, 2015; Nakimuli-mpungu et al., 2013; Steil & Ehlers, 2000).

The results of Davis and Siegel study's (Dejong, 2012) if PTSD problems tend to be ignored affect proximal and distal development such as personality, perception, self-representation, cognitive regulation, social skills, self-concept, self-esteem and impulse control.

To reduce post-traumatic stress disorder (PTSD) based on the results of recent literature and research studies, it can be done through models cognitive behavior therapy explaining that individuals who take the CBT model can reduce post-traumatic syndromes including destructive thinking, deviant behavior, and feelings of guilt, and avoidance from others (Ehlers & Clark, 2000; Ehlers, Clark, Hackmann, Mcmanus, & Fennell, 2005; Esearch et al., 2006; Makinson & Young, 2012).

The traditional healers model which is correlated with ethnic, religious, and inter-cultural groups provides a place of intervention that fosters constructive mental or psychosocial health (Nakimuli-mpungu et al., 2013). The result of the study (Dejong, 2012) interventions for PTSD victims can be done through the scope of interventions in the form of education for the community, health care for families, interventions in the context of counseling can use self-help counseling (self-help group).

In a previous study, PTSD was more focused on the context of the psychological dynamics of individuals who are very sustainable and unique to follow up/deal with. This is following the government's call for handling PTSD through Law Number 24 the Year 2007 concerning Disaster Management, government regulation number 21 the Year 2008 concerning the implementation of disaster management, regulation of the head of the national disaster relief agency number 11 the Year 2000 concerning guidelines for post-disaster rehabilitation and reconstruction which affirm the importance of efforts for disaster relief. However, like the existing legislative instruments, it seems that these efforts have not yet produced optimal results so that a more effective and reliable educational model and strategy are needed and at the same time strengthen existing policy and legislative institutions.

Based on government policy as mandated by the National Education System of constitution Number 20 the Year 2003 to assist individuals article 1 section 1 which states that the counselor is one of the educational staff, meaning that the counselor is equal to other education staff, and has the same responsibility in organizing education. Based on the consideration of this reality, a comprehensive and systematic treatment is needed. This is due to the rapid changes in life that demand humans to provide training to guidance and counseling teachers to deal with tsunami victims in Banten Province.

Guidance and counseling are an integral part of education, the perspective of handling post-traumatic stress disorder (PTSD) representing individuals should facilitate the stages of physical, social, emotional, and spiritual development that occur during post-disaster can develop back in a constructive direction or optimal development. Relation to guidance and counseling, that guidance and counseling have the same function of helping, realizing its potential, and providing individuals to develop ways of thinking and acting constructively. Efforts to deal with PTSD are examined from several models of approaches related to individual success in reducing PTSD, namely using traumatic counseling through group play therapy (Kuttikat, 2015; Nakimuli-mpungu et al., 2013).

The study of play in children can explain the relationship between cognitive-affective and interpersonal processes (Ehlers & Clark, 2000; Ehlers et al., 2005) argues that by observing the game process, the counselor can see the expression of many processes, namely cognitive processes, affective processes, and interpersonal processes. The basic consideration of using group play therapy is play therapy that interventions can have two general types. The first type is intervention as a medium for change, meaning that the process of playing in therapy is used to cause change. For example, the expression of emotions in play activities on clients who experience a traumatic event allows the emergence of emotions and emotional integration. Both of these can provide benefits for children diagnosed with PTSD (Goodman et al., 2012).

METHODS

This study uses a quantitative approach which is an approach to test certain theories by examining the relationships between variables. Quantitative approaches generally have a strict and consistent structure from the introduction, literature review, theoretical foundation, research methods, research results, and discussion (Creswell W. John, 2009)

The method used a quasi-experimental method, this study used a control group and the experimental group, but not at random (non-random assignment) to enter participants into two

groups (Creswell W. John, 2009). The design used in quasi-experiments is the nonequivalent control group design.

In both groups, conducted pretest and posttest were. The experimental group (A) was in the treated form of Group Play Therapy (X), while the control group (B) was not treated by the researcher.

Population and Sample

The populations of this study were 62 teachers and students in several Anyer areas affected by the tsunami. The following details in the number of samples in handling tsunami victims in Banten Province can be seen in table 2.

Table 2. *Total of samples of tsunami disaster victims in banten province*

Demographics		Teacher	Student	N
Gender	Male	13	9	22
	Female	24	16	40

Sampling in this study using non-probability samples. The technique sampling used is purposive sampling with a strategy homogeneous sampling. Homogeneous sampling is a selection strategy sample where each sample has the same characteristics or characteristics.

RESULTS

Potential Post-Traumatic Stress Disorders in Teachers and Students

The results of the study examined empirical data on the profile of potential post-traumatic stress disorder in teachers and students of Tsunami Disasters in Banten Province based on demographics, the prevalence of post-traumatic stress disorder in teachers and students used as footing and consideration to obtain and develop responsive services using a traumatic counseling approach through techniques group play therapy to deal with PTSD victims of the Tsunami disaster in Banten Province.

Table 3. *Total of potential post traumatic stress disorders in teachers and students based on demographics, gender, and age*

		gender, and age				
No	Demographics	Teacher	Student	N	Proportion	
1	Gender	Male	13	9	22	35.48
		Female	24	16	40	64.52
2	Age	<16 Years		23	23	37.10
		18-22 Year		2	2	3.22
		23-27 Year	8		8	12.08
		28-32 Year	12		12	19.4
		33-37 Year	7		7	11.3
		38-42 Year	4		4	6.43
		43-47 Year	3		3	4.83
		48-52 Year	2		2	3.22
		>52	1		1	1.62

The results of the study describe empirical data on the number of potential post-traumatic stress disorders in teachers and students based on gender and age demographic. In general the number of potentials that experience post-traumatic stress disorder most women experience more post-traumatic stress disorder and most are in the age range of 28 -32 years in Teachers and ranges <17 in students. Specifically, the number of potentials experiencing post-traumatic

stress disorder victims of the Tsunami disaster in Banten Province can be seen in Table 3. Table 3 shows the number of potential post-traumatic stress disorders for teachers and students based on gender and age demographics, a total of potential post-traumatic stress disorders for teachers based on gender seen the proportion of women experiencing more post-traumatic stress disorders, based on age post-trauma spread from age 28-32 years by 19.4%, ages 23-27 years by 12.08%, ages 33-37 years by 11.3%, ages 38-42 years by 6.43%, 43-47 years by 4.3%, ages 48 - 52 years by 3.22% and age > 52 years by 1.62%.

Prevalence of Post-Traumatic Stress Disorders in Teachers and Students

Analysis of the prevalence of post-traumatic stress disorder in teachers and students victims of the earthquake and tsunami sunda strait in Banten province in 2019. Based on data analysis of the prevalence of post-traumatic stress disorder most of them have physical aspects problems of 54.05% in female teachers. Also, most of the symptoms of PTSD in the aspect of IM1 were the reappearance of traumatic events by 59.46%. While the analysis of the prevalence of post-traumatic stress disorder data on students mostly had G1 aspects, namely physical problems of 56% in female students and most of the symptoms of PTSD in the IM5 aspect were experiencing to avoid others or isolate themselves by 56% in female students. In detail, the prevalence of posttraumatic stress disorder in teachers and students can be seen in Table 4.

Table 4. *Prevalence of post traumatic stress disorders in teachers and students in banten province*

No	Component	Reaction Problems and Symptoms of PTSD	Teachers				Students			
			Male		Female		Male		Female	
			N	%	N	%	N	%	N	%
1	G1	No	4	10.81	4	10.81	0	0.00	2	8.00
		Yes	9	24.32	20	54.05	9	36.00	14	56.00
2	G2	No	5	13.51	8	21.62	2	8.00	3	12.00
		Yes	8	21.62	16	43.24	7	28.00	13	52.00
3	G3	No	5	13.51	15	40.54	2	8.00	6	24.00
		Yes	8	21.62	9	24.32	7	28.00	9	36.00
4	G4	No	10	27.03	14	37.84	7	28.00	3	12.00
		Yes	3	8.11	10	27.03	2	8.00	13	52.00
5	G5	No	6	16.22	10	27.03	3	12.00	6	24.00
		Yes	7	18.92	14	37.84	6	24.00	10	40.00
6	IM1	No	9	24.32	2	5.405	4	16.00	9	36.00
		Yes	4	10.81	22	59.46	5	20.00	7	28.00
7	IM2	No	3	8.11	17	45.95	4	16.00	9	36.00
		Yes	10	27.03	7	18.92	5	20.00	7	28.00
8	IM3	No	9	24.32	17	45.95	4	16.00	6	24.00
		Yes	4	10.81	7	18.92	5	20.00	10	40.00
9	IM4	No	2	5.41	19	51.35	5	20.00	8	32.00
		Yes	11	29.73	5	13.51	4	16.00	8	32.00
10	IM5	No	8	21.62	13	35.14	2	8.00	6	24.00
		Yes	5	13.51	11	29.73	7	28.00	14	56.00
11	IM6	No	9	24.32	9	24.32	4	16.00	6	24.00
		Yes	4	10.81	15	40.54	5	20.00	10	40.00

Descriptions: G1: Symptoms of Physical Problems; G2: Symptoms of Emotional Problems; G3: Symptoms of Mental Problems; G4: Symptoms of Behavioral Problems; G5: Symptoms of Spiritual Problems; IM1: Reappearance of traumatic events; IM2: Events re-experienced; IM3: Experiencing stress creates negative thoughts and avoidance; IM4: There is an emotional reaction; IM5: Experiencing to avoid others or isolate themselves; IM6: Disruption of inactivity and feeling helpless

Table 4 shows the prevalence of post-traumatic stress disorder in teachers and students victims of the tsunami disaster in Banten Province in 2019 found indications of experiencing post-traumatic

stress disorder that can be used as a temporary reference and need to search for statistical testing of study hypotheses that the prevalence of experiencing any problems and symptom aspects PTSD in the teacher group compared to the student group. In general, the tendency of the prevalence of post-traumatic stress problems in male teachers is seen from their spread in physical, mental, emotional, spiritual and behavioral aspects, while the prevalence of post-traumatic stress symptoms in male teachers as seen from the proportion spreads in the symptoms of emotional reactions, events experienced again, experienced to avoid others or isolate themselves, and tend to be the same proportion to the symptoms of the reappearance of a traumatic event, experiencing a feeling of distress causing negative thoughts and avoidance and the disruption of inactivity and feeling helpless.

Results of Tests on the Effectiveness of Traumatic Counseling through Techniques Group Play Therapy to handle Post-traumatic Stress Disorder

Empirical data about the effectiveness of group play therapy to handle post-traumatic stress disorder, from empirical testing of effectiveness to a description of the effectiveness of techniques group play therapy for dealing with post-traumatic stress disorder.

Testing of group play therapy to handle post-traumatic stress disorder on teachers and students of tsunami victims in Banten province used the t-test. The use of a t-test with the aim of decision making in hypothesis testing. The following table 5 describes the data regarding empirical tests of techniques group play therapy to handle post-traumatic stress disorder in the experimental and control groups.

Table 5. Test results of the effectiveness of traumatic counseling through group play therapy techniques for treating post traumatic stress disorder

No	Variable/Dimension	Mean Rank			p		Decision*
		Experiment	Control	G	1-tailed	2-tailed	
1	PTSD	-5.23	-1.43	-3.8	0.05	0.003	Significant
2	IM1	-2.93	-1.20	-1.73	0.05	0.021	Significant
3	IM2	-1.27	-1.45	0.18	0.05	0.502	No Significant
4	IM3	-1.80	-2.13	0.33	0.05	0.548	No Significant
5	IM4	-2.23	-1.37	-0.86	0.05	0.032	Significant
6	IM5	-2.87	-1.32	-1.55	0.05	0.018	Significant
7	IM6	-2.14	-1.57	-0.57	0.05	0.013	Significant

PTSD: General Outcomes Posttraumatic stress disorder; IM1: Reappearance of a traumatic event; IM2: Events experienced again; IM3: Experiencing stress causes negative thoughts and avoidance; IM4: There is an emotional reaction; IM5: Experiencing to avoid others or isolate themselves; IM6: Disruption does not do activities and feel helpless

Based on the t-test, the results of the calculation of the value of $\mu_2 = 0.003$ because the value of $\mu_1 > 0.05$ then H_0 is not accepted, thus traumatic counseling through techniques group play therapy has the effect of reducing posttraumatic stress disorder victims of the tsunami disaster in Banten Province. In addition, group play therapy techniques to deal with post-traumatic stress disorder tsunami victims in Banten Province, based on empirical test results on the PTSD dimension showed that H_0 was not accepted on the dimensions of IM1, IM4, IM5, and IM6, but the results of empirical tests on the dimensions of PTSD showed that H_0 is accepted in the IM2 and IM3 dimensions.

The effectiveness of techniques *group play therapy* to handle PTSD victims of the Tsunami disaster in Banten Province, most of the high differences are in the IM1 dimension, and the smallest difference in the lowest is in the IM3 dimension. Judging from the difference in the average ranking of PTSD handling spreads in six dimensions with the order IM1, IM4, IM6, IM5, IM2, and IM3.

The findings of the study, the highest average difference in the dimensions of IM1 of -1.73, IM4 of -0.86, and IM6 of -0.57, which means teaching and practicing traumatic counseling techniques can handle PTSD victims of the tsunami disaster that significantly changes the victims.

DISCUSSION and CONCLUSIONS

The findings are psychological problems arising at the age of children, adolescents, and adults, even the tendency of the worst psychological dynamics can be experienced by women (Goodman et al., 2012; Tay, Rees, Chen, Kareth, & Silove, 2015). The result of the study (Farmer, Bay, & Pb-e, 2011; Nakimuli-mpungu et al., 2013) show that 3-15% of women and 1-6% of men experience PTSD, the behaviors shown are disturbing, impulsive behavior, not attention, low academic achievement, self-isolation and withdrawal of others, even behaviors regressive such as *enuresis*, *encopresis* and thumb sucking. The tendency of the most potential post-traumatic stress disorder in women does not require the possibility of various factors that cause high post-traumatic stress disorder in victims of the tsunami disaster in Banten Province. Factors from 1) the state before a natural disaster occurs or the potential for experiencing anxiety disorders before a disaster occurs, 2) the tendency of anxious behavior, negative perceptions and family dysfunction that is less harmonious, 3) the loss of family members or friends who have physical injuries severe (Pregled, Banovi, & Bjelajac, n.d.; Rawlings-way, 2012; Trickey, Siddaway, Meiser-Stedman, Serpell, & Field, 2012).

The tendency of the prevalence of post-traumatic stress problems shows students are more at risk of experiencing PTSD problems compared to teachers, while the symptoms of post-traumatic stress indicate female teachers are more at risk of experiencing PTSD symptoms compared to students on the re-emergence of traumatic. The findings show that students are in cognitive development who have not thought about negative possibilities that occur in the future, while in teachers or adult development who should be able to think abstractly and be able to think about the possible negative impacts of disasters in the future (Esearch et al., 2006; Ji, Np, Andrew, Cooper, & Lewis, 2013; Kinzie & Health, 2015)

The National Institute of Mental Health (NIMH) of the United States explains that individuals who experience PTSD can feel fear or even stress even though they are no longer in danger, the tendency for PTSD symptoms can vary greatly between adolescents and adults depending on the traumatic event itself, its severity, duration, and age of development of the individual at the time of trauma. The behavioral tendencies shown by individuals are impulsive behavior, inattentiveness, low academic achievement, and self-isolation. PTSD symptoms experienced by individuals can be displayed through behavior and thinking when playing through pictures, stories, joker, or monster fears and even separation anxiety (Bennett, Beck, & Clapp, 2009).

The findings show that group play therapy has a significant overall effect on effective PTSD management, this is based on the play process can intrinsically encourage the desire to have fun, even the activities carried out are dynamic and voluntary processes of individual behavior (Ehlers et al., 2005; Ogawa, 2018), besides that playing is a natural expression of the individual who gives expression his feelings and fantasies, even as a means of expressing problems and conflicts within him, thus, playing can be categorized as cathartic media (Ogawa, 2018).

The results of the study (Ogawa, 2018; Trickey et al., 2012) argue that play therapy interventions can have two general types. The first type is intervention as a medium for change, meaning that the process of playing in therapy is used to cause change. For example, the expression of emotions in play activities in individuals who experience traumatic events allows the emergence of emotions and emotional integration. Both of these can provide benefits for individuals diagnosed with PTSD. The second type is interventions that strengthen the playing process. For example, when individuals express uncontrolled emotions, through developing storytelling and narrative abilities it is expected to help children regulate their emotions (Celik, 2019; Cloitre, Miranda, Stoval-mccough, & Han, 2002).

Traumatic counseling through technique group play therapy has the effect of reducing posttraumatic stress disorder victims of the tsunami disaster in Banten Province, empirical test results on the PTSD dimension showed that Ho was not accepted in the dimension of traumatic event reappearance, emotional reactions, experiencing to avoid others or isolate self, and disorders do not do activities and feel helpless, but the results of empirical tests on the dimensions of PTSD show that Ho is accepted at the dimension of events experienced again and experiencing a sense of stress raises negative thoughts and avoidance. The effectiveness of techniques group play therapy to deal with PTSD victims of the Tsunami disaster in Banten Province, most of the high difference is the dimension of the reappearance of traumatic events, and the lowest fraction of the lowest is in the dimension of experiencing a sense of stress-causing negative thoughts and avoidance. Judging from the average difference in the rank of PTSD treatment spreads in six dimensions in the order of the reappearance of traumatic events, emotional reactions, disruption of activity and feeling helpless, experiencing to avoid others or isolate themselves, events experienced again and experiencing stress creates negative thoughts and avoidance.

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