PLAY THERAPY AS A METHOD OF TRAUMA HEALING IN PTSD CHILDREN VICTIMS OF FLOOD DISASTER IN WEST MARTAPURA, SOUTH KALIMANTAN

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Abstract: Banjar Regency was recorded as the area most affected by flooding and the West Martapura District was the sub-district area that suffered the most damage. Children as disaster victims who are prone to PTSD, they need to get serious treatment so that the consequences are not prolonged and hamper their development. One form of intervention that can be applied to restore the psychological condition of children affected by disasters is counseling through play therapy. This study aims to analyze the effectiveness of Play Therapy as a Trauma Healing Method in Children With PTSD Flood Disaster Victims. The research design used a quasi-experimental one pre-post test group research design. The research subjects were 35 children with mild to moderate PTSD based on the PLC C version of the PTSD questionnaire, aged 4-6 years. The study was conducted for 5 weeks with various play therapy media and the intervention was carried out for 3 weeks. The results showed that there was a significant difference between the scores of the pretest and posttest scores on the PTSD questionnaire (p = 0.000) with the Wilcoxon test after trauma healing with the play method was performed. The conclusion of the study was trauma healing with the play therapy method is effective for treating pediatric patients with PTSD victims of the post-flood South Kalimantan.

Keywords: Trauma Healing, Play Therapy, PTSD, Flood, Children, PTSD Questionnaire
INTRODUCTION

Based on data from the National Disaster Management Council from the official BNPB website (bnpb.go.id) as of January 17, 2021, it was reported that 10 districts/cities in South Kalimantan were affected by flooding. In total, 24,379 houses were flooded and 39,549 residents evacuated. Banjar Regency was recorded as the Regency area most affected by flooding with 11,269 people displaced. Martapura Barat sub-district is the sub-district area that suffers the most damage to infrastructure.

Disaster victims often experience psychological disorders in the form of post-traumatic stress disorder (PTSD). PTSD in general can be cured if it can be detected immediately and get the right treatment. If it is not detected and left untreated, it can lead to serious medical and psychological complications that are permanent in nature which will eventually interfere with the social life and work of the sufferer. The most vulnerable group to post-disaster trauma is children. Children who are victims of disasters have unique characteristics, so they require forms of intervention that are in accordance with their characteristics and stages of development so that the post-traumatic stress disorder they experience can decrease. Rahman mentioned that disaster victims can continue to live normally, with healing trauma recovery. Masykur (2006) said that playing is a good therapeutic medium for children. This is also supported by research conducted by Mukhadiono et al. (2016) showed that play therapy can be used as a program to deal with the psychological impact of disaster victims. Research from Latif (2020) showed play therapy is proven to be effective in reducing post-earthquake trauma in children aged 6 to 12 years, which at this age is stated to be an age prone to prolonged trauma.

Because of those data, special handling is needed regarding trauma healing after the flood disaster for school-age children to prevent further physical and psychological damage and have an impact in the future. The aim of this research is to determine the effectiveness of play therapy on trauma healing in PTSD children who are victims of the flood disaster on the banks of the Martapura river.

RESEARCH METHODS

These research was quantitative studied with a quasi-experimental one pre-post test group research design. The research subjects were children who were victims of the flood disaster in West Martapura. The sampling technique used a purposive sampling technique so that a sample of 35 people who met the inclusion criteria (aged 4-6 years indicated experiencing mild to moderate PTSD based on the results of the pretest score of the PLC-C version of the PTSD questionnaire; score > 24) and exclusion (not experiencing severe mental disorders). The research was conducted for 5 weeks in June – July 2021, these following activities have been carried out:

1. 1st Week ; determination of PTSD diagnosis and severity at the beginning before intervention based on scores obtained from interviews with children
2. 2nd Week ; to intervene 1st week. In the application, the child is asked to draw a traumatic/ unpleasant event/event that has been experienced, then ask the child to tell the picture he made.
3. 3rd Week ; 2nd Week of the intervention was given puzzle games with different levels of complexity.
4. 4th week : 3rd week of intervene. Play therapy is the plasticine game. Children are asked to make free shapes according to their imagination.
5. 5th week: PCL assessment posttest - PTSD score after play therapy intervention was carried out for 3 weeks.
The data obtained were analyzed by Wilcoxon test with a 95% confidence level, with a p value < 0.05 said to be significant.

RESULT AND DISCUSSION

The research results of univariate data can be seen in table 1.

Table 1. Univariate Data Research Results

| Data Variable | Unit (person) | percentage (%) |
|---------------|---------------|----------------|
| Respondent number | 35 | 100 |
| Sex           |              |                |
| Boy           | 18           | 51.4           |
| Girl          | 17           | 48.6           |
| Age           |              |                |
| 4 year        | 10           | 28.6           |
| 5 year        | 10           | 28.6           |
| 6 year        | 15           | 42.8           |

Based on the data table 1, it is known that gender in this study does not affect children experiencing PTSD due to post-flood trauma. These results are similar to the results of the study conducted by Green et al in Roussous et al\(^8\) which stated that in their study there was no significant difference between sex and the severity of PTSD. In contrast to the DSM IV / Diagnostic Statistical Manual of Mental Disorders which states that one of the factors that influence the occurrence of PTSD is biological factors, especially gender and age at the time of experiencing a traumatic event.\(^9\) In this study, it is possible that there are still many influencing factors that cause this situation, such as the level of education, socioeconomic and personality characteristics that have not been explored.

Another results of the study found there were a tendency that the younger person is, more likely to experience of PTSD. This is in accordance with DSM IV / Diagnostic Statistical Manual of Mental Disorder which states that one of the factors that influence the occurrence of PTSD is biological factors, especially age at the time of experiencing a traumatic event.\(^9\) This result similiar with the research result of Citra AP et al\(^10\) which stated the younger age, the faster the impulsive behavior that affects the incidence of PTSD.

Table 2. Bivariate Data Research Results

| Value                     | Pretest | Postest | P value (Wilcoxon) |
|---------------------------|---------|---------|--------------------|
| Lowest Questionnaire Score | 31      | 17      | 0.000*             |
| Highest Score Questionnaire Score | 65 | 29 | |
| Mean                      | 35.06   | 22.29   |                    |
| Standard Deviasi          | 4.94    | 9.53    |                    |

Note: * p < 0.05 (significant)

The lowest and highest scores were scored from each pretest and posttest using the PLC C version of the PTSD questionnaire which can be applied in general to any traumatic event. By means of the assessment adding up all the items from each of the 17 question items to get a total severity score (range = 17-85) with 17-29 being the limit indicating little to no severity.

The pretest value indicates the condition of the child for the first time before the intervention in the form of trauma healing with the play games method which was carried out for 3 weeks. The pretest score is 31-65 with a mean value of 35.06, indicating that these children are indicated to have mild to moderate PTSD.\(^9\) This indicates the condition of the flood disaster 7 months earlier left psychological trauma to the children affected by the flood. PTSD generally occurs 1 month or more after the traumatic event occurred. Trauma is a serious physical or emotional event that causes substantial physical and psychological damage to a person over a relatively long
Disaster victims often experience psychological disorders in the form of post-traumatic/disaster stress disorder called post-traumatic stress disorder (PTSD). Disaster victims experience trauma due to death or loss of close people, loss of property, or loss of their main livelihood, such as the destruction of rice fields or gardens which have been their source of livelihood so far. The groups of people who are most vulnerable to post-disaster trauma are the children. This is in line with the research conducted by Putri A (2017) on children who were victims of landslides in Banjarnegara Regency who experienced psychological trauma with various taste disturbance behaviors such as easy crying, whining, sleep disorders, friendship problems, decreased concentration, irritability, health problems, and excessive fear when it rains.

Post-test scores showed PTSD symptoms in children after trauma healing interventions in the form of play therapy were carried out for 3 consecutive weeks. In week 1 of the intervention, the child was given play therapy using a picture book, the child was asked to draw a traumatic/unpleasant event/event that he had experienced in the picture book, then the child was asked to tell the picture he made. In the 2nd week of intervention, puzzle games with different levels of complexity were given. This game functions as cognitive therapy to stimulate cognitive abilities, helping children change irrational beliefs that interfere with emotions and daily activities. The 3rd week of the intervention was a plasticine game. Children are asked to make free shapes according to their imagination and tell what is made of the plasticine. From the posttest scores, the scores ranged from 17 to 29 and the average value was 22.29, meaning that there was an increase in the pretest value compared to the posttest score after trauma healing intervention with play therapy method was performed in children with mild to moderate PTSD.

From the results of the Wilcoxon test, p value = 0.000, which means that there is a significant difference in the PTSD questionnaire scores before and after trauma healing intervention with the play therapy method. This shows that trauma healing with the play therapy method is effective in improving mild to moderate PTSD to a normal state. The results of this study are in accordance with the results of Mukhadiono's research (2016) which showed that there were significant differences in the intervention group with PTSD scores before and after play therapy (p = 0.001) in children affected by landslides in Banjarnegara Regency. In the control group there was no significant difference in PTSD scores before and after play therapy (p = 0.163). The impact of natural disasters on children was also studied by Dhito Dwi Pramardika et al (2020) showing similar results. This study aims to determine the difference in the effect of trauma healing on children who were victims of landslides and flash floods in Belengang Village, Sangihe Islands Regency, North Sulawesi Province who were given play therapy and those who were not given intervention (control). Trauma that occurs after natural disasters will be felt by all ages, the trauma felt by children is different from adults. Children tend to be traumatized more easily than adults because they do not have self-identity maturity and the ability to cope with stress is still limited so that if psychological trauma occurs in children, there will usually be a cessation of emotional development. Considering that early childhood is more difficult in dealing with traumatic events because of their limitations in terms of life experience problems, problem solving skills and limitations in expressing their feelings and needs. The trauma healing process is
influenced by these factors, including: a) Characteristics of children (age, gender, b) Personality. c) Availability of social networks and support. The existence of assistance provided by workers d) Previous experience e) Direct exposure or media exposure to disasters. f) Parental distress and g) Severity.

Trauma healing for disaster victims is given to ease the burden on children's minds, reduce tension or fear, erase memories that make trauma related to disasters, fade children's memories of disasters they have experienced, and make their mood more relaxed, and better recover. mental state of the child. In the end, the child's life can return to normal in a few days or weeks after the terrible event.\textsuperscript{18,19} Types of psychotherapy treatment for Post Traumatic Stress Disorder (PTSD) include 3 types, namely: anxiety management, cognitive therapy and exposure therapy. In anxiety management, the therapist will teach several skills to help better cope with PTSD symptoms through: 1) relaxation training, which is learning to control fear and anxiety systematically and relaxing major muscle groups, 2) breathing retraining, which is learning to breathe with the stomach. slowly, relax and avoid breathing in a hurry that causes feelings of discomfort, even physical reactions that are not good such as heart palpitations and headaches, 3) positive thinking and self-talk, namely learning to eliminate negative thoughts and replace them with positive thoughts when dealing with stressful things (stressors), 4) assertiveness training, which is learning how to divert our minds when we are thinking about things. things that stress us out.\textsuperscript{9}

Play therapy is an alternative treatment that is quite effective to help overcome PTSD symptoms in disaster victims.\textsuperscript{19} Defines play therapy or play therapy as a psychotherapeutic approach used for children aged 3 to 12 years to help them explore their lives and be able to freely express their thoughts and feelings while playing.\textsuperscript{18}

In this study using play therapy media with the types of games in the form of coloring, forming puzzles and playing with plasticine. This is in line with the research of Mukadino et al (2016) who used the same type of game and the results of his research showed similar results.\textsuperscript{6} In Pramadika's research (2020) there are many methods in play therapy that can be used for trauma healing in PTSD children, namely: coloring, singing and dancing, and competitive games such as playing marbles, balloons, rubber, snakes and ladders, and compiling puzzles.\textsuperscript{14} Therapy can be done individually or in groups. The usual techniques are: creative visualization, story therapy, drama - role play), puppets and masks, sand playing, drawing or coloring, music – singing, dancing and moving and playing with clay/plasticine.\textsuperscript{20}

CONCLUSION

Trauma healing with the play therapy method is quite effective for treating children suffering from PTSD due to the flood disaster in west martapura

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