



Traumatic Counseling For Children Affected By the Tsunami Disaster

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Abstract

The background of this research is the Sundanese Straits tsunami disaster in 2018 which caused casualties, death, serious injuries, minor injuries, loss of shelter, transportation, and materials. Survivors of the tsunami tragedy impacted psychological disorders in the form of post-disaster trauma. The purpose of this scientific research is to look at the psychological impact of post-disaster trauma experienced by children and the handling methods used through traumatic counseling. This is because children have weak mental or psychological conditions compared to adults in the face of trauma. The method used is a qualitative approach. Data collection techniques are interviews, documentation studies, and audio-visual information. The research location is in the area of Labuan Pandeglang, Banten. Respondents numbered 50 children, research conducted on December 24 2018 - January 30 2019 by two counselors from two universities in Banten. Data analysis is done by reviewing all primary data and forming interpretation data or propositions in the form of meaning. The findings of the research are survivors conducting traumatic counseling in children consisting of 4 stages, namely (1) physical health examination; (2) counseling using the traumatic healing method; (3) play therapy; (4) psychological assistance in the form of cognitive behavioral therapy (CBT) therapy. This research can provide recommendations to researchers in the future, especially those relating to the psychological handling of victims of natural disasters. This research is recommended to all survivors, volunteers, and counselors who are concerned with handling post-disaster trauma victims, not only for the tsunami disaster.

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INTRODUCTION

The tsunami disaster in the Sunda Strait waters in the provinces of Banten and Lampung provinces occurred on December 22, 2018 with a death toll of around 437 people, dozens of people missing, 33,721 refugees, and 14,059 people were injured. The number of damaged buildings, among others, 2,752 houses, 92 inns, 510 boats and ships, 147 vehicles and 2 dock and shelter facilities were also damaged based on the results of data from the head of the BNPB information and public relations data center (National Disaster Management Agency) on 31 December 2018 (Safitri & Irawan, 2018).

Sunda Strait Tsunami causes post-disaster trauma for the survivors of the event, trauma experienced by adults and also children, the main focus is that trauma experienced by children has a more severe impact than adults. Traumatic events occur especially in temporary refugee camps made with emergency tents. Food supplies and medicines that arrive late to victims in refugee camps are also a factor in the emergence of trauma for disaster victims.

Researchers looked at the psychological impact on victims of the Sunda Strait tsunami, researchers observed and found that many victims lost their homes, motorized vehicles, money, and others. For survivors, death is very traumatic. For children who are not psychologically prepared, seeing their parents die is a traumatic, soul-shaking event.

Trauma is an event or series of bad events that occur where a person's coping ability fails to process the emotional impact of such an event (Wright, 2018). Trauma can have long-term effects on a person's psychological condition, which results in changes in behavior and chronic mental health disorders. Trauma can be experienced not only in adults, but can also occur in children.

Psychological trauma is generally related to personal experience of an event that causes death or serious injury, or other physical threats. Widespread psychological trauma includes relational aspects such as serious threats not only to the physical, but related to a person. Psychological trauma is present at a moment that involves death, injury, or physical threat to another person, or knowing an unexpected or violent death, serious danger, or death threat or injury experienced by a family member or another person (Malizia, 2017) which until recent times has been directed towards the category of adults, today scholars need to turn their attention to children and adolescents who may undergo traumatic ex-

periences at different stages of their growth. There is a prevailing hypothesis that the narrow and partial cognitive processes of memory, attention and dysfunctional problem solving skills constitute the main problem of exposure to trauma, which also compromises the family equilibrium, taking into account that traumatic events are arbitrary and unpredictable. It is possible that dissociation phenomena and derealization emerge in response to a traumatic event. The specificity and complexity of the treatment of disorders resulting from traumatic development have prompted specialists of different orientations to formulate guidelines and treatment protocols to guide clinical work.”, “author”: [“dropping-particle”: “”, “family”: “Malizia”, “given”: “Nicola”, “non-dropping-particle”: “”, “parse-names”: false, “suffix”: “”}], “container-title”: “Sociology Mind”, “id”: “ITEM-1”, “issue”: “01”, “issued”: {“date-parts”: [“2017”]}, “page”: “11-25”, “title”: “The Psychological Trauma in Children and Adolescents: Scientific and Sociological Profiles”, “type”: “article-journal”, “volume”: “07”}, “uris”: [“http://www.mendeley.com/documents/?uuid=1a369589-0f4f-4752-8b78-11b23efcfc18”]}, “mendeley”: {“formattedCitation”: “(Malizia, 2017).

Childhood trauma can result in more complex, protracted, not easy because the events occur repeatedly, persistent, prolonged involving physical, emotional or mental neglect. The impact of a traumatic childhood event will be subjective and will differ from individual to individual (Wright, 2018). Trauma in childhood, which is also called by definition Post-traumatic stress disorder (PTSD) can cause greater psychological effects than those that occur in adults, because it is very important to know how the effects of psychological trauma occur in children, so that psychological trauma is not prolonged in adulthood.

Childhood trauma affects the post-traumatic stress disorder (PTSD). Stress that occurs after the tsunami disaster causes psychological and mental disorders in children. PTSD in children is a severe, chronic, and disturbing mental disorder. PTSD is seen in some children (and not others) after exposure to traumatic experiences involving actual or threatened injury to themselves or others. Traumatic experiences that lead to PTSD can include interpersonal violence, accidents, natural disasters, and injuries. For most young children with post-traumatic stress disorder (PTSD) or prominent PTSD symptoms, including those with complex PTSD, we recommend first-line treatment with trauma-focused psychot-

herapy (Brent, D. Cohen, 2019).

In general, children are more prone to prolonged trauma than adults, resulting in a decrease in mental quality which results in a decrease in quality of life (Nugroho et al., 2012). Children tend to experience PTSD more easily than parents. This is based on psychological factors that children have less ability to deal with danger than parents. It can be interpreted that the younger a person is, is less likely to be able to face danger, and tends to be more likely to experience PTSD (Nirwana, 2016). Geographically Indonesia is very potential to natural disasters which cause great loss, environmental damage and psychological effects. Besides, violence, such robbery, rapes, and bombing frequently took place in Indonesia. It is estimated that 1.50 % of population suffered from Post Traumatic Stress Disorder (PTSD).

Many reactions are displayed by children who have been exposed to traumatic events are observed by mental health professionals every day in their practice, like new fear is increasing, separation anxiety (especially in young children), sleep disorders, nightmares, sadness, loss of interest in normal activities, reduced concentration, decreased school work, anger, somatic complaints, irritability (APA, 2008). Almost all events are traumatic for a child if it happens unexpectedly, it happens repeatedly, someone is intentionally cruel, the child is not ready for it (Morin, 2019).

Healing trauma in children after a disaster event is experienced that requires a long and periodic process. Although this activity was carried out in a limited time, but the message delivered was able to be well received by children (Darmiany, 2019). Therefore counselors must provide counseling methods that are appropriate and appropriate for healing trauma of children. The application of counseling to children, has different developmental and behavioral characteristics from adults, therefore, this implicitly requires the provision of services in accordance with these characteristics, for children who experience post-disaster stress (Sholihat & Nasrullah, 2017).

The method of healing in children who experience post-traumatic stress disorder (PTSD) tsunami disaster can use traumatic counseling. Traumatic counseling is a counselor's effort to help clients who experience trauma through a process of personal relationships, so that clients can understand themselves in connection with the trauma problems they are experiencing and try to overcome them properly (Sutirna, 2013).

Traumatic counseling is an urgent need to help victims cope with the psychological burden suffered by the earthquake and Tsunami. High

psychological disorders due to the loss of loved ones, loss of family, and loss of work, can affect the emotional stability of victims. Those who are not mentally strong and impatient in the face of disaster, can experience a high level of mental disorder and lead to severe levels of stress, which in the future can make them forgetful or crazy. Counseling services are one of the efforts that is expected to be able to alleviate the traumatic state with insight, knowledge, skills, values, and attitudes as well as techniques and methods provided by the counselor, so that trauma sufferers can return to feeling effective everyday life (Saragi, 2017).

Stage of trauma counseling, carried out with the concept of knowing the early detection of an event that is important to be understood and considered by the helper so that described the various characteristics or types of trauma suffered by the victim, for example minor trauma, moderate trauma and severe trauma. However, not all events or experiences experienced by humans lead to trauma. Usually events and experiences are bad, scary, frightening or threatening to an individual's existence, then this condition is at risk of giving rise to a sense of trauma. Meanwhile, events and experiences are good or pleasant, people do not consider it a traumatic condition. The condition of trauma usually starts from a state of deep and continuing stress which cannot be overcome by the individual who experiences it (Rosada, 2017).

The state of the art of this research is 1) field observations by the research team from Mathla'ul Anwar University; 2) collaboration with the Ministry of Social Affairs; 3) interviews with a team of child psychologists; 4) documentation study consisting of photos of field activities, video documentaries and others; 5) designing a counseling procedure, namely play therapy for children affected by the tsunami; 6) create a play therapy program such as praying together, fairy tales, sports, and others; 7) final data analysis.

The purpose of this research is to help the psychological recovery of children victims of the Sunda Strait tsunami using traumatic counseling. Counselors help with play therapy methods, prayer, exercise, and others, with the hope that the children will return to normal with good psychological conditions.

METHOD

The method used in this study is a qualitative approach. Qualitative research is a research effort in understanding how an individual or group

experiences symptoms of a particular phenomenon, using an exploratory approach to scientific methods in producing temporary findings and developing how understanding of humans, places, and types of certain groups (Johnson, RB. & Christensen, 2014).

Qualitative research is a type of research whose findings are not obtained through statistical procedures or other forms of calculation (Strauss & Corbin, 2007). The purpose of qualitative research is to understand the condition of a context which refers to a detailed and in-depth description of the condition portrait in a natural context (Nugrahani, 2014). Research result Qualitative is more meaningful than generalization (Suryana, 2010).

The researcher acts as a key instrument in this research study. The presence of researchers in the field through several procedures and stages, namely how initial observations in the field occur, how to adapt to the environment or field conditions, and establish good relationships or familiarity with subjects that must be studied (Riswanto et al., 2017) the culture values of Dayak ethnic that reflects on Huma Betang philosophy consists of four main values, they are togetherness, honesty, equality and tolerance. They are aimed to actualize society life of the Middle Kalimantan that full of peace, safety and harmony. Counselor absorbs the culture values to actualize multikultural competency on counselor.”, "author": [{"dropping-particle": "", "family": "Riswanto", "given": "Dody", "non-dropping-particle": ""}, {"dropping-particle": "", "family": "Mappiare-AT", "given": "Andi", "non-dropping-particle": ""}, {"dropping-particle": "", "family": "Irtadji", "given": "Mohammad", "non-dropping-particle": ""}, {"dropping-particle": "", "family": "", "given": "", "non-dropping-particle": ""}], "container-title": "JOMSIGN: Journal of Multicultural Studies in Guidance and Counseling", "id": "ITEM-1", "issue": "2", "issued": {"date-parts": [{"2017}], "page": "215", "title": "Kompetensi Multikultural Konselor pada Kebudayaan Suku Dayak Kalimantan Tengah", "type": "article-journal", "volume": "1"}, "uris": [{"http://www.mendeley.com/documents/?uuid=530054a9-4689-4eda-8465-a6161f6942ba"}], "mendeley": {"formattedCitation": "(Riswanto et al., 2017).

The research location is in the area of Labuan Pandeglang located at the social service post, when the research was conducted on December 24 2018 - January 30 2019, the field research was conducted by two counselors from two

universities in Banten, while respondents numbered 50 children, namely victims after the Sunda Strait tsunami disaster who survived and stayed temporarily in a refugee camp.

Data collection techniques used include interviews, documentation, audio visual information. Qualitative researchers must collect a variety of important data, namely interviews, observation, documentation, and audio-visual information (Creswell, 2014).

Analysis of data in qualitative techniques involves checking, sorting, categorizing, evaluating, comparing, synthesizing, and interpreting code and data and reviewing raw data that has been recorded (Neuman, 2014). Analysis of data in qualitative yields the final results in the form of interpretation data or propositions which are inferred from all primary research data.

The results of field data analysis indicate that child victims of the Sunda Strait tsunami need psychological assistance. The results of the preliminary analysis showed that the parents' unpreparedness to guide their children was caused by the parents looking for the remaining assets from the tsunami, parents focused on saving motorized vehicles, important documents, clothes, etc., causing the children to be abandoned in the evacuation camp.

The results of the second analysis, many victims need medical assistance, parents are not ready to guide their children, perhaps because of physical fatigue, many victims are short of supply of medical drugs, so the physical and psychological conditions of children are very worrying. Parents need more medical assistance, leading to neglected children's condition.

The results of the third analysis, in conducting traumatic counseling, the play therapy method is very suitable for the condition of children compared to other methods, this is evidenced by the very fast recovery of the child's psychological condition. Children are expected to forget the tsunami incident, with the play therapy method implemented by the research team, this can be seen from the body language of the children who are not sad, not angry, do not cry, and are always happy.

RESULT AND DISCUSSION

Field counselors on duty at the disaster site work together with the psychosocial support service team (LDP) of the Indonesian Ministry of Social Affairs, assisted by volunteer teams such as the Social Workers Service Team (Sakti Peksos), the Family Hope Program (PKH) team and the

police and the TNI to cope with and provide assistance to victims after the tsunami disaster.

The impact of psychological trauma on children after the Sunda Strait tsunami disaster caused complexity of the problem that must be cured immediately. This is motivated by psychological factors of childhood that are not ready to accept psychological shocks caused by an event, a tragedy, a life-threatening bad event. This is certainly different from the psychological condition of adults who are ready to accept a bad event or tragedy, at least at the level of the event or tragedy the trauma healing process is faster for adults, when compared to children.

The trauma of the Sunda Strait tsunami disaster in childhood causes post-traumatic stress disorder (PTSD), children begin to show symptoms of disturbing traumatic psychological shocks. The common symptoms of PTSD in children are (1) Avoiding situations that make them recall traumatic events; (2) Having nightmares or flashbacks about trauma; (3) Recalling trauma; (4) Acting impulsively or aggressively; (5) Often feel nervous or anxious; (6) Experiencing emotional numbness; (7) Having difficulty focusing in school (Smith, 2019).

Post-traumatic stress disorder experienced by children needs to get help handling quickly so that trauma can heal faster. Counselors came to help recover the post-disaster trauma condition to the victims especially to children.

Professional counselors provide assistance to tsunami victims assisted by novice counselors. Thus novice counselors get assistance in providing counseling services from professional counselors and following instructions and instructions from those who are more experienced.

In traumatic counseling, counselors apply principles related to their duties in the field. Counselors must strategize how basic principles should be given to children, in other words in order to provide appropriate treatment to children, as a whole that relates to their physical, mental, and psychological, with the aim that the healing process can run faster.

Principles for supporting traumatized children include: providing a safe environment; support children and caregivers to understand the relationship between traumatic experiences and cognitive difficulties; develop and support positive relationships in the lives of children; offering children care-oriented trauma-specific interventions; maintain interventions throughout childhood; and ensuring cognitive difficulties are handled separately (McLean, 2016).

Counselors also pay attention to social and

cultural aspects when providing assistance or assistance to children affected by natural disasters. Socio-cultural factors are very important in order to avoid conflicts that result in the failure of the traumatic counseling process in children. The importance of culture-based counseling for victims who experience post-traumatic stress disorder so that cultural biases do not occur which cause the counseling process to not work effectively (Safitri & Irawan, 2018).

The results of field observations conducted by the counselor, based on interview notes, show that the psychological condition of children in the refugee camp gets different treatment from parents and adolescents. Children are separated from parents and adolescents when they receive treatment for traumatic counseling, the number of children who take psychological treatment is around 50 people, using the psychological first aid (PFA) method by the field counselor.

Trauma to children has physical and psychological effects, therefore the first step that must be taken by the counselor is to look at the physical health impact on children who have PTSD. Counselors can check the health of children or ask for medical help available. Checking the physical health of children affected by disaster victims is very important before the counselor conducts counseling or traumatic healing.

The results of field observations and interview notes, obtained data that the medical team involved in handling tsunami victims came from the Health Office, Indonesian Red Cross (PMI), while the medical assistance was sufficiently available at the refugee camp, the obstacles faced were lack of sanitation facilities such as toilets, and cleaning facilities used for victims in refugee camps.

The second step is taken by the counselor after examining the health of PTSD children is to provide counseling services through traumatic healing. Trauma healing is given at the level of emergency assistance, namely the fulfillment of an individual's mental health from the stress experienced due to the approaching disaster. While recovery takes a long time depending on the individual during the trauma healing process (Widyastuti et al., 2019).

Approaches that can be taken as a form of trauma healing include providing initial psychological assistance, which is listening but not asking many questions. The point is to provide space for the victim to convey the fear experienced. Trauma healing is to prevent prolonged trauma. Therefore, it is important to do it every day rou-

tinely (Darmiany, 2019). Trauma healing is done with strategies according to age groups such as children with games and entertainment such as singing together and coloring pictures and traditional games according to the region (Shalahudin et al., 2019).

Therefore, handling traumatic healing must be the focus. Based on the important factors in handling traumatic healing in children, volunteers bring up an idea in the form of a comprehensive education program, such as dealing with emotional, intellectual and spiritual issues for children victims of natural disasters (Nugroho et al., 2012).

The initial stages of the counselor in conducting traumatic healing in children who experience PTSD include, not in a hurry to ask questions related to tragedy, due to mental and psychological conditions of children different from adults. Counselors must first try to provide comfort, sincerity, and security. After the counselor can provide comfort and security to children, the next step is to ask how the initial experience or tragedy of the tsunami disaster, to determine what treatment is right for them.

Victims were asked to explain how the initial experience of tragedy can shape their psychological and interpersonal functions to evaluate and provide appropriate care that is suitable for the needs and capacities of counselors. By recognizing the effects of childhood interpersonal trauma, counselors will be better able to validate survivors of traumatic experiences. Especially with the help of novice counselors, social workers who are safe and sincere, collaborating to be able to provide services that are warm, safe, and empathic environment so as to help counselors in fostering a new conception of interpersonal relationships with victims (Dugal, C. Bigras, N. Godbout, N. Belanger, 2016).

The next stage in conducting traumatic healing is the counselor identifying the types of character or personality of the child, which aims to facilitate the process of providing treatment to them. In general, there are 2 types of human personality types, namely introverts and extroverts. Then the counselor's step is to determine which child's personality is including introverts and which ones are extroverts.

This is based on research conducted, that children who have introverted personality have a higher level of PTSD compared to children with extroverted personality types, it can be concluded that children who still experience PTSD are those who have introverted personality (Azizatul Avivah et al., 2019). Based on these results, the

counselor can identify that children who have introverted personality types are more prone to experiencing PTSD compared to children with extroverted personality types, this aims to facilitate counselors in providing treatment according to the child's personality type.

The third step is giving treatment through play therapy. Play therapy as a form of counseling can be defined as one of the potential efforts to help reduce the traumatic symptoms of early childhood disaster victims. Early childhood victims of a traumatic disaster if not immediately identified and addressed will have a negative effect on their development (Rohmadheny et al., 2016).

Play therapy is a type of therapy that can work well, especially for young people who struggle to communicate their reactions to trauma and an understanding of what is happening. Counselors with social workers play using art therapy, games, and other interventions to help children process trauma and deal with life toughly (Smith, 2019).

Play therapy is based on the concept of play as a way of communication so that children can express the nature they have, so adults can intervene and create feelings of comfort and new things for children, in order to overcome their problems (Widyastuti et al., 2019). This explains that playing is the most effective communication tool to be used as a trauma healing treatment in children, because play therapy is appropriate for the age of development of children.

Play therapy is based on a systematic theoretical framework. Play therapy is arranged based on psychological theories and counseling, such as psychoanalysis, client centered, gestalt, cognitive behavior, and so on. Play therapy emphasizes the strength of the game as a tool to help clients who need help. The purpose of using play therapy is to help clients prevent and overcome psychological problems as well as assist the achievement of growth and development in accordance with their developmental tasks optimally.

The basic concept that can be used in play therapy is to refer to the following hypotheses: (1) Play is one way that can be used in understanding the world of children; (2) The aspect of development in play activities is the way children find and explore their identity; (3) Children can experiment with various imaginative choices and avoid the consequences such as when in the real world; (4) Playing on the right situation and condition can be meaningful as a physical activity as well as therapy (Nawangsih, 2016) natural disasters events cause loss of life, moreover a deep sor-

row and fear for the victims. They were in a state of very uneasy, very scared, never-ending anxiety, and become prone to panic. These conditions called post-traumatic stress disorder (PTSD).

Play therapy is done comfortably, where very few rules or restrictions are imposed on children. The aim is to help children learn to express themselves in healthier ways, be more respectful and empathetic, and find new and more positive ways to solve problems (Scheftel, 2016). This explains that an important concept in playing therapy is comfort for children as the main goal, which is indicated by a few rules in the game, so that children can develop imagination and express themselves, and learn to empathize and be independent.

Results of field observations and interview notes, indicate that the form of play therapy games performed by counselors to children including playing while having fun, reciting the Qur'an together, praying, and so on. Play therapy sessions are conducted from 8 am to 12 noon, then the second session is from 2 pm to 4 pm. The number of children who take play therapy is around 50 people.

The fourth step that is done by the counselor is treatment through CBT (Cognitive Behavioral Therapy) or TF-CBT. Trauma-focused Cognitive Behavioral Therapy (TF-CBT) was developed for children who suffer from symptoms of post-traumatic stress disorder (PTSD). The consequences of traumatic events, including PTSD, are more commonly studied among adults; However, traumatic exposure and PTSD symptoms can also occur in children, indicating the need for therapy for children with PTSD.

Children may have lower emotional awareness than adults and may struggle to effectively express certain emotions. Children may also have a poorer understanding of their symptoms or why they experience the symptoms they have. Finally, some concepts in general care for PTSD in adults may be too difficult for children to understand. Bearing this in mind, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) was developed (Tull, M. & Gans, 2019)

Cognitive Behavior Therapy (CBT) explores the relationship between thoughts, emotions and behavior. This shows a directive, time-limited, structured approach that is used to treat various mental health disorders. It aims to reduce pressure by helping patients to develop more adaptive cognition and behavior. CBT is the most researched and empirically supported psychotherapy method. This strong evidence base is reflected in clinical guidelines, which recommend the treat-

ment of many common mental health disorders. The effectiveness of CBT for many psychiatric conditions is supported by a meta-analytic and systematic review (Fenn & Byrne, 2013).

TF-CBT is considered a cognitive-behavioral treatment. This means that most of them overcome PTSD symptoms by targeting maladaptive and unhealthy thoughts and behaviors experienced by victims. For example, TF-CBT can help children modify inaccurate beliefs that lead to unhealthy behavior. TF-CBT is also unique because it combines interventions for parents or caregivers to help the therapy process of children. Children and parents each participate in therapy; first separately and then in a joint session. Parents learn stress management techniques, healthy parenting techniques, and better ways to communicate with their children. TF-CBT recognizes that the support of parents or caregivers is very important for children's recovery (Tull, M. & Gans, 2019).

Based on the explanation and definition that has been described regarding TF-CBT, the next step taken by the counselor is to provide concrete stages of how the healing process of PTSD children through treatment designed by the counselor. Treatment designed by the counselor aims to heal faster in PTSD children, by combining various methods and components from experts.

TF-CBT lasts about 15 sessions and each session can last 60 to 90 minutes. TF-CBT overcomes the symptoms of PTSD by bringing children and parents / caregivers through the following components: (1) Psychoeducation and childcare skills. Therapists provide information to children and parents about events or tragedies and the types of symptoms that arise in response to traumatic events of this kind. Parents are taught ways to manage behavioral problems effectively, as well as how to communicate better with their children; (2) Relaxation. Children are taught how to manage their anxiety through relaxation; (3) Expression and regulation emotional. Therapists help children and parents in how to manage emotions associated with abuse in a healthy and effective way. For example, children are taught how to identify and express their emotions, and do exercises that calm themselves when experiencing intense emotions; (4) Overcoming the mind. Children are helped in identifying maladaptive thoughts about sexual abuse (for example, self-blame) and how to deal with these thoughts; (5) Creation of trauma narrative. Children are brought through exposure exercises, such as talking about the event or writing about the event. Children can also make symbolic representations of the event through drawing or

playing; (6) In vivo exposure. The therapist gradually reminds the child of trauma reminders so that the child learns how to effectively manage their fear responses, and reduce avoidance behavior; (7) Joint parent-child sessions. Parents and children work together to improve communication and learn how to discuss abuse in a healthy and therapeutic way; (8) Stay safe and maintain recovery. Therapists provide children and parents with information about how to be safe in future situations, so as to avoid future abuse. Information on how to maintain and continue the recovery process is also discussed (Tull, M. & Gans, 2019).

CBT (Cognitive Behavioral Therapy) counseling for tsunami victims in the Sunda Strait is carried out in six stages: first, engage clients, services begin by creating a comfortable, empathetic and respectful and warm relationship between counselor and counselee. Second, Assess the problem, person and situation. at this stage the counselor conducts an assessment of the problem, other people and situations to find out the background and level of problem counselee. Third, Prepare the client for therapy, The counselor prepares the counselee for therapy, provides motivation to change and explains the process. Fourth, Implementing the treatment program, counselors try to change the maladaptive and dysfunctional beliefs of counsees who have been victims of the tsunami disaster to be healthy or normal again. Fifth, Evaluative progress, the counselor assesses the extent of progress and changes that have been achieved. Sixth, prepare the client for termination, at this final stage the counselor needs to provide reinforcement, and notify the possibility of repetition of events that cause traumatic, so that they can resolve the problem independently or self help / self counseling (Rimayati, 2019).

CONCLUSION

The tsunami in the waters of the Sunda Strait in 2018 caused many victims and losses such as casualties, missing victims, injured victims, lost homes, means of transportation, property. Among the impacts felt by survivors in the aftermath of the tsunami were trauma, especially those affecting children. To overcome this, counselors are present and provide traumatic counseling to children affected by the disaster.

The counselor devised appropriate methods and strategies for healing children, especially mental and psychological healing related to their trauma. The treatment given by the counselor to carry out traumatic counseling consists

of 4 stages, namely (1) physical health checks on children; (2) counseling using the traumatic healing method; (3) play therapy; (4) psychological assistance in the form of Cognitive Behavioral Therapy (CBT) therapy.

This research can provide advice and recommendations to researchers in the future, especially relating to the psychological handling of victims of natural disasters. This research is very useful for counselors in developing traumatic counseling methods for disaster victims' children. This research also develops scientific psychology, especially early childhood counseling.

REFERENCES

- APA. (2008). *Children and Trauma Update for Mental Health Professionals*. <https://www.apa.org/pi/families/resources/children-trauma-update>
- Azizatul Avivah, E. M., Novickayati, I., & Meiyunrariningsih, T. (2019). Efektivitas Play Therapy Untuk Menurunkan Gejala Ptsd Pada Anak-Anak Korban Puting Beliung Ditinjau Dari Tipe Kepribadian. *PSIKOSAINS (Jurnal Penelitian Dan Pemikiran Psikologi)*, 14(1), 56. <https://doi.org/10.30587/psikosains.v14i1.933>
- Brent, D. Cohen, J. S. (2019). *Approach to Treating Post-traumatic Stress Disorder in Children and Adolescents*. <https://www.uptodate.com/contents/approach-to-treating-posttraumatic-stress-disorder-in-children-and-adolescents>
- Creswell, J. W. (2014). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches* (Fourth Ed). Sage Publications, Inc.
- Darmiany. (2019). Pgsd Untuk Negeri: Terapi Bermain Sebagai Bentuk Trauma Healing Bagi Anak-Anak Korban Gempa Lombok. *Jurnal Pendidikan Dan Pengabdian Masyarakat*, 2(2).
- Dugal, C. Bigras, N. Godbout, N. Belanger, C. (2016). *Childhood Interpersonal Trauma and Its Repercussions In Adulthood: An Analysis of Psychological and Interpersonal Sequelae*. <https://www.intechopen.com/books/a-multidimensional-approach-to-post-traumatic-stress-disorder-from-theory-to-practice/childhood-interpersonal-trauma-and-its-repercussions-in-%09adulthood-an-analysis-of-psychological-and>
- Fenn, K., & Byrne, M. (2013). The key principles of cognitive behavioural therapy. *InnovAiT: Education and Inspiration for General Practice*, 6(9), 579–585. <https://doi.org/10.1177/1755738012471029>
- Johnson, RB. & Christensen, L. (2014). *Educational Research: Quantitative, Qualitative, and Mixed Approaches* (5th ed). Sage Publications, Inc.
- Malizia, N. (2017). The Psychological Trauma in Children and Adolescents: Scientific and Sociological Profiles. *Sociology Mind*, 07(01), 11–25. <https://doi.org/10.4236/sm.2017.71002>
- McLean, S. (2016). *The Effect of Trauma on The Brain*

- Development of Children Evidence-Based Principles for Supporting The Recovery of Children in Care.* <https://aifs.gov.au/cfca/publications/effect-trauma-brain-development-children>
- Morin, A. (2019). *Treating The Effects of Childhood Trauma.* <https://www.verywellmind.com/what-are-the-effects-of-childhood-trauma-4147640>
- Nawangsih, E. (2016). Play Therapy Untuk anak-anak Korban Bencana Alam Yang Mengalami Trauma (Post Traumatic Stress Disorder/PTSD). *Psymphatic: Jurnal Ilmiah Psikologi*, 1(2), 164–178. <https://doi.org/10.15575/psy.v1i2.475>
- Neuman, W. (2014). *Social Research Methods: Qualitative and Quantitative Approaches-Seventh Edition* (Seventh ed). Pearson Education limited.
- Nirwana, H. (2016). Konseling Trauma Pasca Bencana. *Ta'dib*, 15(2). <https://doi.org/10.31958/jt.v15i2.224>
- Nugrahani, F. (2014). *Metode Penelitian Kualitatif - dalam Penelitian Pendidikan Bahasa* (1st ed). Cakra Books.
- Nugroho, D., R, N., Rengganis, N., & Wigati, P. (2012). Sekolah Petra (Penanganan Trauma) Bagi Anak Korban Bencana Alam. *Jurnal Ilmiah Mahasiswa*, 2(2), 97–101.
- Rimayati, E. (2019). Konseling Traumatik Dengan CBT: Pendekatan dalam Mereduksi Trauma Masyarakat Pasca Bencana Tsunami di Selat Sunda. *Indonesian Journal of Guidance and Counseling: Theory and Application*, 8(1), 55–61. <https://doi.org/10.15294/ijgc.v8i1.28273>
- Riswanto, D., Mappiare-AT, A., & Irtadji, M. (2017). Kompetensi Multikultural Konselor pada Kebudayaan Suku Dayak Kalimantan Tengah. *JOMSIGN: Journal of Multicultural Studies in Guidance and Counseling*, 1(2), 215. <https://doi.org/10.17509/jomsign.v1i2.8320>
- Rohmadheny, P. S., Setianingrum, I., & Saputra, W. N. E. (2016). Layanan Konseling Krisis Bagi Anak Usia Dini Korban Bencana. *Prosiding Seminar Nasional "Konseling Krisis,"* 10–16.
- Rosada, U. D. (2017). Layanan Konseling Traumatik Bagi Korban Bencana Banjir Di Jakarta. *Prosiding Seminar Bimbingan Dan Konseling*, 1(1), 381–389. <http://pasca.um.ac.id/conferences/index.php/snbk>
- Safitri, N., & Irawan, D. D. (2018). Crisis and Disaster Counseling: Peran Konselor Terhadap Korban Yang Selamat Dari Bencana Alam. *Educational Guidance and Counseling Development Journal*, 1(2), 66. <https://doi.org/10.24014/egcdj.v1i2.6053>
- Saragi, M. P. D. (2017). Konseling traumatik. *Uinsi*, 04, 92–97.
- Scheftel, S. (2016). *Psychology Today-Play Therapy* (p. 11). <https://psychologytoday.com/intl/therapy-types/play-therapy%3Fampes/>
- Shalahuddin, I., Maulana, I., & Eriyani, T. (2019). Trauma Healing in Children of Flash Flood Victims in Cimanuk River Garut Regency in September 2016 [Trauma Healing pada Anak Korban Banjir Bandang Sungai Cimanuk Kabupaten Garut Pada September 2016]. *Proceeding of Community Development*, 2, 634. <https://doi.org/10.30874/comdev.2018.320>
- Sholihat, I., & Nasrullah, D. D. (2017). *Konseling pada anak korban bencana alam: play therapy perspektif*. 3, 119–125. <http://jambore.konselor.org/>
- Smith, K. (2019). *PTSD in Children and Adolescents.* <https://www.psycom.net/ptsd-in-children-and-adolescents>
- Strauss & Corbin. (2007). *Dasar-dasar Penelitian Kualitatif: Tata Langkah dan Teknik-teknik Teoretisasi Data. Terjemahan Shodiq & Muttaqien.* Pustaka Pelajar Offset.
- Suryana. (2010). *Metodologi Penelitian: Model Praktis Penelitian Kuantitatif dan Kualitatif.* Universitas Pendidikan Indonesia.
- Sutirna. (2013). *Bimbingan Konseling: Pendidikan Formal, Nonformal, dan Informal* (1st ed). CV. Andi OFFSET.
- Tull, M. & Gans, S. (2019). *Trauma-Focused Cognitive Behavioral Therapy for Kids.* 10. <https://www.verywellmind.com/trauma-focused-cognitive-behavioral-therapy-2797665>
- Widyastuti, C., Widha, L., & Aulia, A. R. (2019). Play Therapy Sebagai Bentuk Penanganan Konseling Trauma Healing Pada Anak Usia Dini. *Hisbah: Jurnal Bimbingan Konseling Dan Dakwah Islam*, 16(1), 100–111. <https://doi.org/10.14421/hisbah.2019.161-08>
- Wright, A. (2018). *7 Psychological Impacts of Surviving Childhood Trauma.* <https://themighty.com/2018/08/childhood-trauma-symptoms/>