

The Development of Play Therapy Model Based on Karonese Culture for Child Victims

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Abstract

This study aims to develop a play therapy model based on Karonese Culture to reduce the trauma of children after the eruption of Mount Sinabung. The approach in this study used a qualitative approach during preliminary study, design and model formulation. Quantitative approaches will be used when testing and validating models. The method used is 4D model: Define, Design, Develop and Disseminate. Under the trend category, the mean of child trauma is 111.00 and lies at intervals of 96 to 128. This suggests that child trauma belongs to high category. Based on the observation of Sinabung children, it is known that many of them are traumatized. The trauma to these children can be identified with some symptoms. Three things to note from the direct changes experienced by these children, namely: (1) Avoidance: avoid what is associated with the incidence of eruption; (2) Re-experiencing: traumatic events continue to reoccur in memory so that children often experience bad dreams; (3) Hypersoul: a visible trauma reaction. Children are often frightened when they hear the sound of explosions and loud shouts. Another sign is the emergence of regression in children where there is a decline in their development. Furthermore, children who are usually active tend to withdraw themselves from the environment, and conversely, a quiet child becomes active. Based on the findings, the instructional games will be designed with the stages of application design starting with the concept, designing, collecting materials, assembly, testing and distribution.

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INTRODUCTION

Indonesia is a region with many active volcanoes. These active volcanoes, when it erupts will remove the materials in it such as lava, gas, ash, and some other uncertain materials. This is called an eruption. This eruption can also be interpreted as the process of escaping oil and steam from the inside of the earth.

The process of eruption occurs because of the activity of magma in the bowels of the earth trying to get out to the surface of the earth. The very strong gas pressure, constantly pushing the magma out. This then pushes the magma to move up gradually. This unleashes the pressure that comes from within the earth will be even greater. This pressure holds a very strong force that make the surrounding rock layers become brittle and cracked. Then from this crack magma will spread out to the surface of the earth. Magma that goes to the surface of the earth is called an eruption event.

Karo Regency is one of the regencies in the province of North Sumatra, Indonesia, which capital is Kabanjahe City. The district has an area of 2,127.25 km² and the population of \pm 382,622 inhabitants. This regency is located in the Karo highlands which is part of the row of Bukit Barisan in North Sumatera. There are two active volcanoes located in this region, namely Mount Sibayak and Mount Sinabung.

One of the volcanoes which is Mount Sinabung, since September 15, 2013 began to erupt. Until now, the eruption is still happening so many of the residents who live around the foot of Mount Sinabung have to stay in the evacuation. During the evacuation many problems occur in their lives, especially in children, such as the delay of education process, the condition of evacuation location that is less conducive to health and sanitation, even the psychological development of children are also disrupted. These conditions make it difficult for children to actualize themselves in accordance with the needs of their development.

Based on preliminary observation of refugees in Jambur Tongkoh, it was found that during the evacuation many parents lost their jobs, some of them have started looking for new activities to earn a living and some return to their fields for replanting. This situation makes the parents do not have much time to supervise the development of their children during the evacuation. Children should learn to socialize by themselves in evacuation without being accompanied by their parents. Post-disaster eruption, children's motivation to study tends to decrease. In addition, they also have to move to schools locations close to their refugee camps. Based on the results of interviews with some of the victims of eruption, they tend to be less comfortable when faced with new school situations, teachers, and new people every time they migrate. They also have to accept the fact that they lost their homes, lost their favorite things, even lost family members. The hot clouds and volcanic dust they once saw also traumatized them psychologically. This makes them feel reluctant to play outside and tend to feel anxiety when they see a cloud of smoke.

The Family Welfare Coordinating Board (K3S) together with the Indonesian Red Crescent (BSMI) has conducted a child trauma refugee program at Istihrar Mosque, Karo. They guide children to activities that can be re-energizing, such as playing and singing or dancing competitions with local traditional music.

One of the most effective methods often used in child counseling is play therapy. The Association for Play Therapy (2008) has defined play therapy as "the systematic use of a theoretical model to establish an interpersonal process, where trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development." Play therapists watch for patterns and themes in children's play in order to make responses that produce therapeutic movement and ultimately catharsis (Landreth, 2002). As John A. B. Allan (1997) has noted,

the difference between play and therapy is the therapist's ability to think analytically about everything that is going on in the session verbally, nonverbally, and symbolically in the child's play and artwork.

Play therapists must be responsive to their clients' culture, and as the field grows globally, the application of Western play therapy theories and practices in other cultures is another area of concern. Several play therapy trainers who provide instruction in a wide variety of countries have noted that the dynamics of issues—such as sexual abuse, family violence, and alcoholic parents—dealt with in therapy there are very similar to those in the United States. Nevertheless, individuals who either provide training in other countries or cultures or return to their own after training abroad must consider cultural differences. While some cultural adjustments—like types of toys and materials—are easily accomplished, others are difficult to identify (Homeyer and Morrison, 2008)

Several recent works have addressed cultural considerations in play therapy broadly (Gil and Drewes, 2005; Schaefer, McCormick, and Ohnogi, 2005), or have specifically illustrated the need for concern. In 2001, Shu-Chen Kao and Landreth described how helping children grow and develop within the belief system of their particular culture may mean changing how play therapists work with them. For example, "returning responsibility" is a common therapeutic response used by play therapists, as in, "You can choose," or "That's something you can decide." This helps children develop, among other things, individualism. However, individualism is a Western value, and so Kao and Landreth suggested rephrasing these facilitative responses in ways that would help Chinese children learn to rely on self in relationship to others. Another example is the participation of extended family members in the therapy. Traditional Hispanic families may have in the family system many adults who expect to be involved in meetings with the play therapist, both in consultations and in therapy.

Furthermore, Mary Vicario et al have outlined an innovative approach to working with children who have experienced trauma in their primary relationships. Relational-Cultural Play Therapy (RCPT) blends the empathic, empowering RCT work of the Jean Baker Miller Institute with the instinctive, relationship-focused play therapy outlined by Moustakas (1997), Axline (1974), and Landreth (1991, 2002, 2012) to create an innovative new mode of treatment. This blended approach also aligns the newest research from the field of neurobiology with Gil's (2011) trauma-focused play therapy to forge a potent amulet against posttraumatic stress symptoms. Moreover, it stated that implications for the use of RCPT go beyond play therapy with children. When RCPT is expanded to other expressive interventions, such as art and music, this approach can be used as a way to heal traumatic experiences with adolescents and adults with developmental disabilities, as well as adults who have experienced early, preverbal trauma. Further implications include school-based and filial-based interventions. For example, the first and fourth authors have used an RCPT filial RCT Play Therapy 115 approach with foster parents to increase parenting capacities. The second and third authors have used RCPT in school settings. Involving school counselors, teachers, families, mentors, and other caregivers creates a relational community, in which children who have experienced relational trauma are kept safe but can also maintain and develop mutually empowering relationships. Although there is strong anecdotal support for this approach, what is needed next is empirical evidence of its effectiveness.

Based on the formulation of the problem, the objectives in this study are as follows: (1) to know the empirical condition of children who are in evacuation camp post-eruption of Mount Sinabung; (2) to design the play therapy instructional games that will be developed to help children after the eruption of Mount Sinabung; (3) to implement play therapy instructional games that will be

developed to help children of eruption of Mount Sinabung; (4) to know the effectiveness of play therapy instructional games that will be developed in helping children after the eruption of Mount Sinabung.

In general, this research is expected to generate findings that provide benefits to the continuing implementation of education of children victims of eruption of Mount Sinabung. The findings of this study are also expected to: (1) assist teachers in the implementation of teaching and learning process, especially in developing the ability of emotional stability of learners; (2) to improve institutional and school policies related to the utilization of local culture to contribute optimally for better education improvement for the community; (3) being a reference for researchers in developing technology as a tool of learning based on local culture; (4) as a reference for other researchers who will develop technology-based learning.

Play therapy is a therapeutic process that uses the game as a therapeutic medium for easy viewing of a child's natural expressions that cannot be expressed in verbal language because the game is an entrance into the world of children (Hatiningsih, 2013).

Cattanach (Thompson at al, 2004: 407) suggests some basic concepts of play therapy, namely: (1) play is a child's way of understanding the world of children; (2). aspects of development in play are the way children discover and explore their identities; (3) the child may experiment with imaginative choices and avoid consequences such as when in the real world; (4) games in appropriate situations and conditions can be meaningful as physical activity as well as therapy.

Thompson at al, (2004: 407) mentions that the use of Play Therapy is done on the grounds that play is a medium that children use to actualize themselves. Further, Landreth (1991); Moustakas (1998); Schaefer (1993), mentions playing as a symbolic language of a natural child to express emotions and everyday experiences, even playing is the child's healing process (Thompson at al, 2004: 407).

Kottman (2001) summarizes three benefits of play therapy for children: (a) assisting the child's developmental process, with minimal verbal interaction (Albon, 1996); (b) the child gains a lot of freedom to choose, increases the fantasy and imagination of the child, provides the child with the means to express feelings, gain understanding and make changes (Bradley & Gould, 1993); (c) facilitate counselors to build relationships with children, as well as in training children's social skills (Kottman, 2001).

Play therapy is a counseling approach derived from several existing counseling theories. The counseling process is focused on re-living the experiences of childhood. These experiences are subsequently reconstructed and used as a foothold in solving client problems.

According to Klein, the game can be used to know the desires, fears and fantasy of the child. For him the game is a very effective tool for interpreting symbolic language conveyed by children through symbolic language in game sessions (Thompson at al, 2004: 98). The game affects therapy through various paths. According to Neubauer (Thompson at al, 2004: 99), games can affect mental activity, consciousness or unconsciousness, in which there are delusions and hopes. The game is also a physically observable activity. In short, the game is an exploration, a means to animate the will to try. Counselors play a role in terms of establishing and maintaining relationships with children, developing empathy and understanding.

It is believed intervention to adjust treatment programs is more valuable for children with behavioral problems, during the pre-school. Since cognitive development of preschool children occurs faster than their language development, a method which helps as much speak as them should be adopted for treating children. The play is one of the ways to help the child speaks. Children show their feelings through play, unfold their relationship, reveal dreams and reach self-actualization (Ansari, 2008). Play-therapy and

the therapeutic interventions derived from the play are a new intellectual school (Drewes, 2006). According to Landreth (1991; cited by Mc Guire, 2000), play-therapy is derived from the attempts of psychoanalysts in the treatment of children. Play-therapy is a consulting procedure which attempts to communicate with the child and to solve his/her problem through the toys (Snow, Hudspeth, Gore & Seale, 2007). This kind of therapy allows the child to express his/her feelings and communicate with the problematic conditions through the play. In group play-therapy, children are able to learn some things about themselves, because they are allowed to communicate with the play, which is their natural language. They became aware of the importance of some problems; such as individualism and uniqueness, participation and fellowship, creativeness and genuineness. For many children, group play-therapy provides experiences similar to the structure of the family and acceptance by them (Sweeney & Homeyer, 1999).

Many studies have confirmed the effectiveness of play-therapy on the disturbed behaviours of children. One of these studies is a trans-analysis, which was performed by Bratton, Ray, Rhine & Jones in 2005. The result of this study showed that, children who had received play-therapy outperformed 80 percent better than children, who had not received these services. Play therapy also is widely used to treat children's emotional and behavioural problems because of its responsiveness to their unique and varied developmental needs (Oconnor & Braverman; 1997).

Another study showed that play therapy has had a positive impact on general behavioural problem's internalizing problems, externalizing behavioural problems, self-concept, self-efficacy depression, anxiety, and treatment compliance (Ray, Schottelkork, & Tsai, 2007). In the research, Showfer used of 15 techniques based on cognitive behavioural play therapy. Some of these plays consist of take wood, watch ring, slow motors, and.... These plays led to decrease severity of

hyperactivity and attention defect's symptoms in children with 4 to 12 years old (Hall, 2002). Other research also proved that play therapy effect on solving these children's problems during 7 month (Blinn, 2000). Play therapy increase level of their functions and abilities when they faced with socially acceptable behaviours (Hanser, et al, 2000). Play therapy also causes to control their impulsivity (Pankespp, 2007). Plays address cognitive skills are effective for treating this disorder (Jeffrey & Dione, 2011).

Instructional games is an interactive multimedia model developed on the basis of enjoyable learning. Criswell in Darmawan, D (2013: 193) states "instructional games are the type of training simulation. Like simulation, they require the student to act in a problem situation ". Learning is designed as learners participate in the game presented through certain simulations required for students able to apply all their learning experiences in solving the problem in question. The overall learning procedure in this game model consists of the main menu, program instructions, game content, and evaluation.

Instructional games are designed with a challenging and fun game pattern. The entire game in principle has a basic component that is used as a reference to generate motivation by bringing up creative ideas to arrive at the end of the game. According to Rusman (2012), instructional games are divided into three components as follows:

Introduction: the goal is to establish the stages of the game and ensure students will understand what to do. If the opening is less interesting, it will lose its learning objective, because students may only concentrate on solving nonessential problems from instructional games themselves. In the opening there are usually titles or titles, goals, rules, directions for use, and game options.

Body of instructional games: this section includes: scenarios, game levels, game players, game rules, challenges in goal achievement, curiosity, positive competition, meaningful relationship between players and learning, ability to fight, win or lose, choice of

game, steps to take, turns, activity types, interactions in play.

Closing: in closing the game to watch out for is: to tell who the winner is by giving the best score, reward good things such as: money, food, or additional games for free, providing information especially with feedback for players in game enhancement in individual appearance, and last closing.

In developing instructional games, one of the first steps required is the creation of a flowchart. According Darmawan, D (2013: 63), "flowchart is designing the flow model thinking program content". In any workflow design or information processing it should be based on a communicative flowchart visualization. The goal for the flow and path of the process of work something can be easily understood and passed and followed the user as a whole and meaningful. Further, Darmawan, D (2013: 194) adds that "flowcharts are important, the flowchart must be able to show the flow or course of learning".

METHODS

This study is a research development using model development of 4D Thiagrajan model. According to Sugiyono (2011: 407) research and development method is a research method used to produce a particular product, and test the effectiveness of the product. This research is oriented towards product development where the development process is described as thoroughly as possible and the final product is evaluated. The development process is related to the activities at each stage of development.

The research location used in this research is SD Negeri Simacem Bekerah No 047175, Siosar Village Brand District Tanah Karo Regency, North Sumatra Province. The implementation of the study was conducted in February 2017 until November 2017.

Subjects in this study were students class I, II, and III SD Negeri Simacem Bekerah No 047175, Siosar Village as many as 45 students. Research subject was determined

by purposive sampling as one kind of nonprobability sampling technique.

The type of model development that will be applied is the 4-D model proposed by Thiagarajan, Semmel, and Semmel that are modified into four stages: first phase of definition, second stage of design, third stage of development, and fourth stage of dissemination.

RESULTS AND DISCUSSION

Initial Condition of Children Post-Eruption

Post-eruption, many children victims of eruption who experienced trauma yan prolonged. Trauma in psychological terms indicates a state of shock and depression by an event that left a relatively long time on the victim. Data on the initial conditions of eruptive children of Mount Sinabung were obtained by using the Geneva Emotion Wheel Rating. Distribution of respondents by sex can be seen in table 1 below.

Table 1. Distribution of Respondents by Sex

Sex	Total	Percentage
Male	14	31,11 %
Female	31	68,89 %
Total	45	100 %

Based on the above table, most respondents were respondents with female gender as many as 31 people (68.89%), the rest of respondents with male gender as many as 14 people (31.11%). The data above shows that respondents with female gender are more dominant.

Distribution of respondents by age can be seen in table 2 below.

Table 2. Distribution of Respondents by Level of Education

Ages	Total	Percentage
7-8	1	2,22 %
9-10	35	77,78 %
11-12	9	20 %
Total	45	100 %

Based on the above table, the most respondents were respondents with the age of 9-10 years old as many as 35 people (77.78%), and the lowest respondents were 7-8 years old as many as 1 person (2.22%) . These data indicate that the respondents in this study were the majority aged 9-10 years.

Based on statistical analysis, the child trauma data had a score range of 82 to 135. The scores indicated that the child's trauma had an average of 111.00; standard deviation of 12,043; median of 110.00; and mode of 109.

The frequency distribution of the trauma score is presented in the table below.

Tabel 3. Child Trauma Frequency Distribution

No	Interval	Frequency	Relative frequency (%)	Relative frequency Down cumulative (%)
1.	127 – 135	4	8,89	100
2.	118 - 126	9	20	91,11
3.	109 – 117	15	33,33	71,11
4.	100 – 108	12	26,67	37,78
5.	91 – 99	2	4,44	11,11
6.	82 – 90	3	6,67	6,67
Jumlah		45	100	

Under the trend category, the mean child trauma of 111.00 lies at intervals of 96 to 128. This suggests that child trauma belongs to the high category.

Based on the observation of Sinabung children, it is known that many of them are traumatized. The trauma to these children can be identified with some symptoms. Child trauma will not always lead to sadness, it can also be seen from a significant change in attitude. Three things to note from the direct changes experienced by these children, namely: (1) Avoidance: avoid what is related to the incident of eruption; (2) Re-experiencing: traumatic events continue to reoccur in memory so that children often experience bad dreams; (3) Hypersoul: a visible trauma reaction. Children are often frightened when they hear the sound of explosions and loud shouts. Another sign is the emergence of regression in children where there is a decline in its development. The child returns to bedwetting while it has long since abandoned it. Finally, there is a change in the opposite nature. Children who are usually active to withdraw from the environment, and conversely, a quiet child becomes active.

Designing Model

Stages of application design begin with concept, design, collecting material, assembly, testing and distribution (Binanto, 2010: 259). Game concept description is as follows:

1. Title: Remang (Play with Ame and Ngat);
2. User: Specifically for elementary students of class I, II, and III, but in general may be played by the public. Game users are assumed to have used computers and know Bahasa Indonesia;
3. Game Type: Instructional games which is one method in learning with interactive multimedia based computer;
4. Game Making Techniques: Games with illustration techniques and animation techniques where the illustration techniques of each image in the game is a 2 dimensional modeling made on Adobe Flash by using Pencil Tool as the main tools;
5. Image: Using .png and .jpg formatted files created using Adobe Photoshop and Adobe Flash software;
6. Audio: Using .mp3 and .wav file taken from www.youtube.com and converted to .mp3 and the recording of the researcher;

7. Animation: Animation using .swf formatted files created with Adobe Flash using 2D Graphics;

8. Software Authoring: Adobe Photoshop to process images, Adobe Flash and Adobe After Effect to create animations;

9. Output: Games application output is in the form of CD fragment (Compact Disk).

CONCLUSION

Based on the results of research, it can be concluded as follows:

1. Based on the observation, it is known that the children of the eruption suffer high trauma and need help.

2. Based on the results of interviews with teachers students are still experiencing

psychological trauma due to disaster sinabung.

3. Schools and educational institutions have traumatized healing for recovery of school age psychology with various methods such as play therapy, relaxation and disaster knowledge with learning media.

4. Children need help to anticipate their trauma through instructional games.

5. Plan the next stage of research, will do a limited model trial and extensive testing. After that will be validation expert. So the end result of this research is the model of play therapy instructional games based on local culture.

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