# STEPS TO DO TRAUMA HEALING ON CHILDREN IN NATURAL DISASTER

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**Abstract**

*Natural disaster usually happen in our country. Disaster make the victim feel traumatic because lost their family and lost their friends. Children are surrounded by potential dangers everyday, but when an event threatens or causes harm to a person's emotional and physical well-being it becomes a traumatic event. Counselour can decrease the effect of disaster. the counselor can apply knowledge of psychological, sociological and developmental principles in emergency response. Research shows that in addition to parents, families and other caregivers, the school community plays an important role in helping children survive traumatic events. Children spend a large portion of their time in school and often think of it as the place they go to learn about the world. Because the memory of traumatic events can cause intense fear, anxiety and distress, people often want to escape or avoid anything associated with the trauma. Although avoiding reminders of the trauma provides temporary relief, it is one of the main reasons why some people don't recover. When people rely on avoidance to cope, they don't have the opportunity to come to terms with what happened to them or to develop skills that will help them feel safe when thinking about traumatic events.*

**Keywords**: Counseling, Trauma Healing, Children, Crisis Area

## Introduction

Across the nation and the world, crises happen every day. Some make headlines, such as large-scale natural disasters like the earthquake that devastated Japan this past year or human-caused atrocities like 9/11. But most fly below the national news radar-local fires, floods and car accidents that are smaller in scope but no less devastating to those who feel their impact firsthand. Counselors who haven't been trained in traumatology might assume that their role in the immediate aftermath of a disaster or crisis is no different than their traditional counseling role.

The impact phase of disasters is extremely variable according to the type of event. There is also great variability within events. One house can be destroyed while the one next door is left unscathed. There is a need to compare the different types of disaster and identify the differing role of the components of threat, exposure, loss and dislocation in the patterns of adjustment. Damage and destruction of homes and community are likely in any major disaster affecting areas of human habitation, and there may also be severe threat to human life. People's actions are usually geared to protection of the self and others, especially children, family members and those who are in any way weak and helpless. Several important issues arise with respect to impact: (1) People often experience the 'illusion of centrality', especially if they are isolated from others. They may feel

as though the disaster is happening just to them and may not realize that others have also been affected. (2) Altruism is frequent and people often place their own lives at risk to help or save others, sometimes even people who are strangers to them.

Children are one of the most vulnerable groups during and following a disaster. A disaster is a strange event that is not easily understood. It is emotionally confusing and frightening and results in children needing significant instrumental and emotional support from adults. Children, parents, and whole families in need of assistance are found at shelters, recovery centers, and other locations. A review of some basic principles and reminders from child developmental theory show how a child's current stage of development influences their behavior and their understanding of traumatic events associated with the disaster.

According Speier (2015) An abundance of popular press is available on the subject of children. Topical areas of interest include how to raise, parent, educate, and discipline children. It is important, especially when one is in a period of stress and turmoil, to step back from the issues at hand and assess the current situation from the perspective of life during non-crisis routine times. This is especially true when engaging children. The most important concept to remember is that children are different from adults; childhood is different from adulthood. As trained child health workers or disaster mental health outreach workers who encounter children as survivors of a disaster, the preceding statement seems with a moment's reflection as obvious. In fact, the reality is so obvious that it is often overlooked.

Counselors can collaborate with other emergency response groups as they engage in planning for different operational aspects during a disaster. For example, counselors in cooperation with coroners, law enforcement and public health can provide behavioral health planning for disasters involving mass fatalities. Trauma in this case is called (post-traumatic stress disorder PTSD), namely psychological disorders that occur and appear after a disaster occurs and more dangerous compared to stress experienced during a disaster Veitch and Arkelin into Rahmat (2018) If it is not detected and left without treatment, it can result in serious medical and psychological complications which permanent which ultimately disrupts social life as well patient work Flannery into Rahmat (2018).

Posttraumatic Stress Disorder (PTSD) is the diagnostic classification applied to individuals who manifest anxiety-related symptoms following exposure to an extreme traumatic stressor Nickerson into APPA (2012) . These stressors include violent personal assaults, natural or human-caused disasters, and accidents. Lifetime prevalence of PTSD estimated from communitybased studies in the United States is 8% (Nickerson into APPA (2012). The lifetime prevalence of PTSD among children and adolescents is estimated to be 6-10% in the general population.

Trauma counseling services to the principle is needed by all victims congratulations on experiencing stress and major depression, both parents and children. Children need help to be able to look at his future and build new hope with conditions new ones too. For parents, trauma counseling services will help they understand and accept current reality of life; for further able to forget all

tragedy and start a new life. Next to stabilize emotional condition, counseling services trauma for ideal parents too provide skills that can made the initial capital to start life new with jobs new corresponding owned capacity and power support the environment. Therefore, they can go through as soon as possible live independently so they not constantly relying on his life to others, including to the government. To achieve effectiveness services, trauma counseling is carried out with two format, namely format individual (for level victims stress and depression are severe), and format group (for individuals who are burdened the psychological level is still moderate) Before the implementation of counseling services given, step first is

Create sense of security Weaver into Nickerson (2009). For individuals who experience trauma, this world feels insecure and comfortable. Therefore, they need it other people can give protection and comfort in them, so they feel no alone in this life. Creation such security can be done with hold games that can encourage individuals to forget for a moment the traumatic event he experienced.

## Results and Discussion

### Disaster

The term "disaster'' refers to an occurrence of some events that cause widespread damage and destruction. Related terms include catastrophes and calamities. Sometimes there is a preference for the term "complex humanitarian disasters or emergencies.'' This term is often used in wartime situations when there is a breakdown or collapse of societal resources including medical, agricultural, commercial or economic, political, military, and so forth. In general, disasters are divided into two different types or categories based upon the cause. Natural disasters are those associated with "natural'' acts over which there may be no human control other than the preventive or anticipatory responses to the event. In some instances there are warnings and in others there is a sudden onset. Human-made disasters are those associated with human-related accidents, violence, and failures in safety and security systems (e.g., nuclear meltdown in Chernobyl, USSR; poisonous fume leakages from Union Carbide Plant in Bhopal, India; the 9/11 terrorist attack). Of course, a disaster can have both natural and human-made components. Hurricane Katrina was itself a natural meteorological event, but the devastation of New Orleans was greatly exacerbated by failure of the human-built levee system and the inadequate post-disaster government response. (Gonzalez, 2008)

### Cultural Competence

The term cultural competence has emerged in the last decade as a popular way to encourage helping professionals to acquire knowledge and skills. (1) Disaster Types; Natural Disasters Human-caused Disasters Avalanches Catastrophic Disasters (i.e., Massive destruction) (2) Droughts Earthquakes Floods Hurricanes Ice and Hail Storms Insects (e.g., Locusts) Mudslides Tsunami (Tidal Wave) Typhoons. (3) Volcanic Eruptions Accidents in Communities or Work Sites Ecological Destruction (e.g., Acid Rain, Global Warming) (4) Nuclear Leaks and Meltdowns Oil Spills (Wells and Ships) Secondary Disasters (e.g.,

unemployment, violence, rioting) (5)Terrorist Attacks Toxic Waste Spills (6) Transportation Accidents (e.g., Air, Sea, Train) War and (7) Civil Destruction Acts.

**PTSD**

According to the DSM-IV-TR, PTSD is caused by exposure to an extreme traumatic stressor. This exposure may involve directly experiencing, witnessing, or learning about a traumatic event. The types of stressors that may generate PTSD involve actual or threatened death, serious injury, and/or other perceived threats to an individual's physical integrity APPA into Nickerson (2009).

According Nawangsih (2014) While diagnostic criteria for post-stress stress regulation (PTSD), based on Diagnosis and Statistical Manual of Mental Disorders III-Revised (DSM III-R), can show one's traumatic condition is as the following: People who experience external events ordinary, and felt very pressing all people. The traumatic event is on a regular basis settled can be experienced through the way recalled the events on a daily basis repeated and very annoying, repeated dreams of events the burden mind, feeling or a sudden act like that the traumatic event occurred Again, the soul pressure is very much because it is fixed on the event symbolize or resemble her traumatic. Avoidance against trauma-related impulse or paralysis that reacts with general situation (which was not there before trauma that). Condition this can't be shown with at least 3 (three) of the conditions : an attempt to avoid the idea or feeling that related to the trauma, effort to avoid activities or Symptoms of increased alert about settled (not before trauma) indicated by 2 (two) of symptoms: difficult to enter phase sleep or maintain that sleep enough, iritable or irritable, difficult to concentrate, very alert, reaction excessive shock, reaction vulnerable when faced with events which symbolizes or resembles aspects of traumatic events.

**Children's emotional disaster**

When a child is exposed to a disaster, the emotional responses can range from minimal distress to inattention, fear, lack of enjoyment (anhedonia), anxiety, and depressed mood, to symptoms of re-experiencing, avoidance, hypervigilance, and disruptive behavior. In many instances these symptomatic reactions are considered normal responses to a traumatic experience and are time-limited. Children, however, may also have significant impairment and chronic symptomatology. Asemphasized in the GAP Humanitarian Intervention Guide, children in humanitarian emergencies are often exposed to major losses and/or potentially traumatic events. Such events trigger a wide range of emotional, cognitive, behavioral and somatic reactions. People with severe reactions are particularly likely to present to clinical services for help. Clinicians need to be able to distinguish between reactions that do not require clinical management, and those who need clinical management. Transient reactions for which people do not seek help and that do not impair day-to-day functioning (beyond what is culturally expected in case of bereavement) do not need clinical management. In these cases, health providers need to be supportive, help address the person's need and concerns, and monitor whether expected natural recovery occurs. People with acute stress or grief may present with a wide range of non-specific psychological and medically unexplained physical complaints. Recognize that help seeking maybe a poor indicator of need various factors including shame, fear of

consequences, actual physical barriers may lead people in need to not seek services or resist being identified as in need of help.

**PTSD in School**

PTSD is of particular interest to educators because its symptom severity and school performance appear to be linked. For example, in a sample of 11- to 14year-olds, students with severe to very severe PTSD had significantly lower grade point averages (GPAs) than students whose PTSD was described as moderate. Further, following a group intervention designed to address traumatic stress consequences, reductions in PTSD symptoms were associated with improvements in students' GPAs Saltzman, Pynoos, Layne, Steinberg, & Aisenberg, into Nickerson (2009). Additional data indicate that when adolescents with this disorder are compared to those without PTSD (including those who have been exposed to crisis events but do not have PTSD), they score significantly lower on measures of academic achievement Saigh, Mroueh, & Bremmer into Nickerson (2009) . In the classroom, complications associated with PTSD may include difficulty concentrating, inattention, irritability, aggression, or being withdrawn. Such classroom behaviors may result in declines in academic performance and increases in disciplinary referrals.

**Diagnose PTSD**

The essential features of a DSM-IV-TR PTSD diagnosis include: (a) exposure to a traumatic event and intense fear, hopelessness, or horror in response to it; (b) persistent re-experiencing of the event; (c) persistent avoidance of stimuli associated with the trauma; and (d) persistent symptoms of increased arousal. After trauma exposure, the duration of these symptoms must occur for more than one month and the disturbance must result in clinically significant distress or impairment across social, occupational, and other areas of functioning.

**Crisis Counseling Goals**

One approach to considering the goals for work with children in crisis is to consider tasks the children must accomplish if they are to manage the crisis situation successfully and emerge intact. Moos and Schaefer into Sandoval (2013) identify five major adaptive tasks as follows.

1. Establish the meaning and understand the personal significance of the situation. The child must come to view the event personally. He or she must realize all of the short- and long-term ramifications of what has occurred and assign it a meaning. This meaning will undoubtedly be limited by the child's cognitive and emotional development.
2. Confront reality and respond to the requirements of the external situation. The child must marshal resources in order to maintain his or her remaining social roles. The victim still must go to school, play in the neighborhood, and be part of a family in spite of the crisis.
3. Sustain relationships with family members and friends as well as with other individuals who may be helpful in resolving the crisis and its aftermath. The child, particularly, must depend on others for assistance in dealing with the crisis situation. The child must keep lines of communication open to parents and friends and look to them for support. Where adult authorities are involved,

such as other school personnel, or medical or social agency helpers, the child must be able to cooperate and use the assistance rendered.

4. Preserve a reasonable emotional balance by managing upsetting feelings aroused by the situation. The powerful emotions stemming from a crisis must be mastered. Through a combination of appropriate expression and the use of strategies to manage or block the full impact of the event, children can achieve a sense of hope that will enable them to continue functioning.
5. Preserve a satisfactory self-image and master a sense of competence. The child must search for new roles in which to be competent or return to old arenas where he or she has been successful in the past in order to achieve a sense of competence. Because many crises threaten a sense of self, the individual must work particularly hard to find compensating ways to feel good about the self.

**Principal in Crisis Counseling**

In working with a pupil in crisis:

1. Begin counseling immediately. By definition, a crisis is a time when a child is in danger of becoming extremely impaired emotionally. The longer the pupil remains in a hazardous situation and is unable to take action, the more difficult it will be to facilitatecoping and a return to equilibrium (Nadler & Pynoos into Sandoval (2013). When a person remains in a state of confusion without any kind of human support, anxiety and pain are sure to result. However, following a disaster, psychological counseling may not be appropriate in the first month (Watson, Brymer, & Bonanno, 2011). Instead attending to safety and comfort issues, and other practical life issues, should take precedence until the child is settled.
2. Be concerned and competent. The pupil will need a certain amount of reassurance during a crisis situation. The more the counselor can present him or herself as a model of competent problem solving and demonstrate the process of taking in information, choosing between alternatives, and taking action, the more the child will be able to begin to function appropriately. This higher functioning will come about both from a sense of safety and security and from observing a clear model. The counselor does not call attention to his or her competence but keeps it in the background as the counseling goes on. Competence is also enhanced by the counselor being sensitive to cultural issues both in the child's family and in the school as a whole.
3. Listen to the facts of the situation. Before proceeding, the counselor must carefully gather information about the events leading up to the crisis, eliciting as many details as possible. Not only will solutions come from these facts, but also concrete knowledge of the situation will put the pupil's behavior into perspective-is this child behaving rationally or irrationally? Such a determination allows the counselor to judge the severity of the crisis and to proceed accordingly.
4. Reflect the individual's feelings. The counselor should explicitly focus the discussion on the pupil's affective experience and encourage its appropriate expression. The objective here is not only to create empathetic understanding, but also to legitimize affect. The child must learn that feelings can be discussed and are an important part of problem solving. By reflecting feelings the

counselor also "primes the pump" in that it gives the counselee a way to begin and continue exploring what occurred. Reflecting feelings is an important strategy to make psychological contact Slaikeu into Sandoval (2013). Koocher and Pollin into Sandoval (2013) identify eight fears associated with a medical crisis that must be expressed and dealt with: fear of loss of control, loss of self-image, dependency, stigma, abandonment, isolation, death, and expressing anger.

5. Help the child realize that the crisis event has occurred. Do not accept the child's defensiveness or let the mechanisms of denial or other defensives operate and prolong the crisis situation unnecessarily. Some denial may actually be coping, in that it gives the child a chance to be desensitized to what has occurred. Prolonged or complete denial may not lead to coping. Encourage the pupil to explore the crisis events without becoming overwhelmed. By asking appropriate, well-timed questions, the counselor can control the pace of exploration. Roberts into Sandoval (2013) suggests questioning to determine previous coping methods and dangerousness or lethality.
6. Do not encourage or support blaming. This strategy also is a way of avoiding the pupil's defensiveness and of encouraging coping. If one can put blame aside, and focus on what has occurred, the child may more quickly move on. Dwelling on being a victim leaves one in a passive position rather than moving on to an active role. The focus should be shifted to self-esteem issues and internal strengths rather than remaining oriented toward external causation and guilt. Do not give false reassurance. The counselor should always remain truthful and realistic, even though it is tempting to offer unrealistic comfort. The individual in crisis will always suffer anxiety, depression, or tension, and the counselor must acknowledge

that the discomfort will probably continue for some time. At the same time, it is possible to provide some sense of hope and expectation that the person will ultimately overcome the crisis. The counselor should be clear that there will always be scars and tenderness resulting from a crisis. Nevertheless, the child or adolescent will be able to get on with his or her life eventually, and may even develop new strengths.

Recognize the primacy of taking action. The individual will need real assistance in accomplishing everyday tasks during the time of crisis. Every crisis counseling interview should have as an ultimate outcome some action that the client is able to take. Restoring the client to the position of actor rather than victim is critical to success, because taking effective action helps to restore a sense of self.

**Treatment**

There were many trauma healing techniques or methods which could be applied to the victims of Mount api eruption who had PTSD (Fatwa, 2014) This research implemented five methods namely visualization, *pal* and *gum*, *tai* acupressure, and massage accompanied by Javanese traditional music. Training modules of trauma healing hods used refers to the manual of CAPACITAR Trauma Recovery and Transformation written by Patricia hes Cane. It consists of 5 methods or sessions.

- The first method is visualization. Visualization is given through hand movement and touching for listening to our body. Although we get stressed and life difficulties, we have ability to nurture ourselves, to calm and relax our soul and bodies. Listening to our body means learning to feel what is happening at the moment. The next stages of visualization can be seen in the module.
- The second is *Pal* and *Gum* method. In this method, there are eight exercises to balance and enhance our body's energy and to eliminate the tension. They are very useful and appropriate for individuals who get stressed due to trauma. The detail stages can be seen in the module.
- The third is *Tai Chisarana*. It is stress and trauma healing that brings balance and harmony of body, mind and spirit. *Tai Chi* is able to build stamina and strength which is often lost in individuals who get trauma. The detail stages of this method can be seen in the module.
- The fourth is accupressure method. This method uses finger pressure on specific points to open life energy blockages in our body. The result of the research revealed acupressure could help effectively lose the symptoms of stress due to trauma such as restlessness, anxiety, insomnia, abdominal pain, headache, and pain all over the body. Acupressure points can be used when the symptoms of trauma and stress appear or if it is practiced every day it can maintain smooth flow and the balance of energy to the entire body to prevent the symptoms of stress. The detail stages can be seen in the module.
- The fifth is massaging method. One of the effects of stress due to trauma is having strong feeling or emotions. The emotion flows through our bodies such as feeling of afraid, angry, anxious, sad etc.

How to cope with raging emotion is by admitting it and doing something to free the energy blockage and balance the energy from the emotion. One way to release the blockage and balance the energy is by having massage techniques on fingers, shoulders, neck, head, etc. Massage stimulates the body's energy to flow smoothly, become healthy and balance all systems in the body. The detail stages can be seen in the module.

**Psychoeducation with Parents and Teachers**

Providing psychoeducation after a traumatic event is a widely advocated crisis intervention. Information to be shared with teachers and parents may include general information about crises, children's responses, and ways to help children cope Brock & Jimerson into Nickerson et al. (2009). Even a short meeting with staff where the principal and mental health professional acknowledge feelings, provide clear, accurate information, describe safety and security measures being taken, and outline the plan for the day can be helpful in preparing teachers to feel supported and, in turn, be ready to help their students Klingman & Cohen into Nickerson et al. (2009).

Allowing opportunities for parents to receive information, ask questions, and consult with school staff about how to help their children after a crisis results in better coping and fewer problems for children over time Pynoos, Steinberg, & Goenjian into Nickerson et al (2009). There are a number of resources available to guide parents in helping their child after a traumatic event (see Appendix).

Parents should be educated about the types of behaviors that are typical in response to a traumatic situation so that they do not mistake typical responses for ADHD, oppositional behavior, or depression. In addition, they should be given guidance on the signs and symptoms of PTSD. The information provided in Chapters 2 and 4 can also be used to develop psychoeducational programs that inform caregivers of the risk factors and warning signs of PTSD.

Parents can also be taught appropriate ways to manage these responses and facilitate healthy coping of their children. It is critical to remind caregivers that children take their cues from the adults around them and that adult PTSD predicts a greater likelihood of child PTSD (Green et al into Nickerson et al (2009). Therefore, helping parents to monitor their own reactions and get the help they need to model appropriate ways of managing their responses is vital. Caregivers should also be advised that letting the child express his or her thoughts and feelings when ready is better than avoiding the subject or pressing the child to share before he or she is ready. It is also important for parents to strive to make certain their child has an expectation of safety, although this should be based on factual information so that the perception is realistic. Parents and caregivers should also minimize repeated exposure to the trauma through watching the event on TV, as this has been correlated with increased symptomatology.

Although the main focus of psychoeducation is to educate parents and teachers to help children, it is also important that the session(s) end with a brief summary of how the adults can help themselves and support each other. It is also valuable if a list of resources, including support services for both children and the adult caregivers, in addition to contact numbers, is provided to caregivers. The caregivers will have a lot to do following an event and the easier the mental health professionals can make it for the adults in regards to helping with the logistical aspects of providing support services, the more the caregivers can focus on helping the children.

**Conclusions**

Best Practice:

1. The impact phase of disasters is extremely variable according to the type of event. There is also great variability within events
2. Counselors can collaborate with other emergency response groups as they engage in planning for different operational aspects during a disaster. For example, counselors in cooperation with coroners, law enforcement and public health can provide behavioral health planning for disasters involving mass fatalities.
3. implemented five methods namely visualization, *pal* and *gum*, *tai* acupressure, and massage accompanied by Javanese traditional music. Training modules of trauma healing hods used refers to the manual of CAPACITAR Trauma Recovery and Transformation written by Patricia hes Cane.
4. Parents can also be taught appropriate ways to manage these responses and facilitate healthy coping of their children.

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