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**Enhancing The Role of Holistic Care Approach  
For Better Health Status in The Clinical  
and Community Setting**



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**Faculty of Health Sciences  
UNIVERSITAS dr. SOEBANDI**



## SESSIONSPEAKERS

1. **Dr.MadehaSaeed, MD**  
UnitedStateOfAmerica  
Empoweringand HelpingFamilies Heal&PreventDiseaseThrough HolisticCare
2. **Prof.Dr.MohdNazilSalleh**  
Malaysia  
EmpowermentofIR4.0&Society5.0inMedicalTechnologyHowardsBetterHealthcare
3. **Prof.Dr.AyanoKit,MPH**  
Japan  
MaternityHealthin Japan
4. **MadihaMukhtarRN,RM,BSN,MSN**  
Pakistan  
HolisticHealthCareServicesinRuralAreasofPakistan
5. **Assoc.Professor DrMohdFadly**  
Dr(C). YugiHariChandraPurnama,S.Kep.,Ns.,M.Si Indonesia  
ImplementationandOutcomesofComplementaryTherapyinIndonesia

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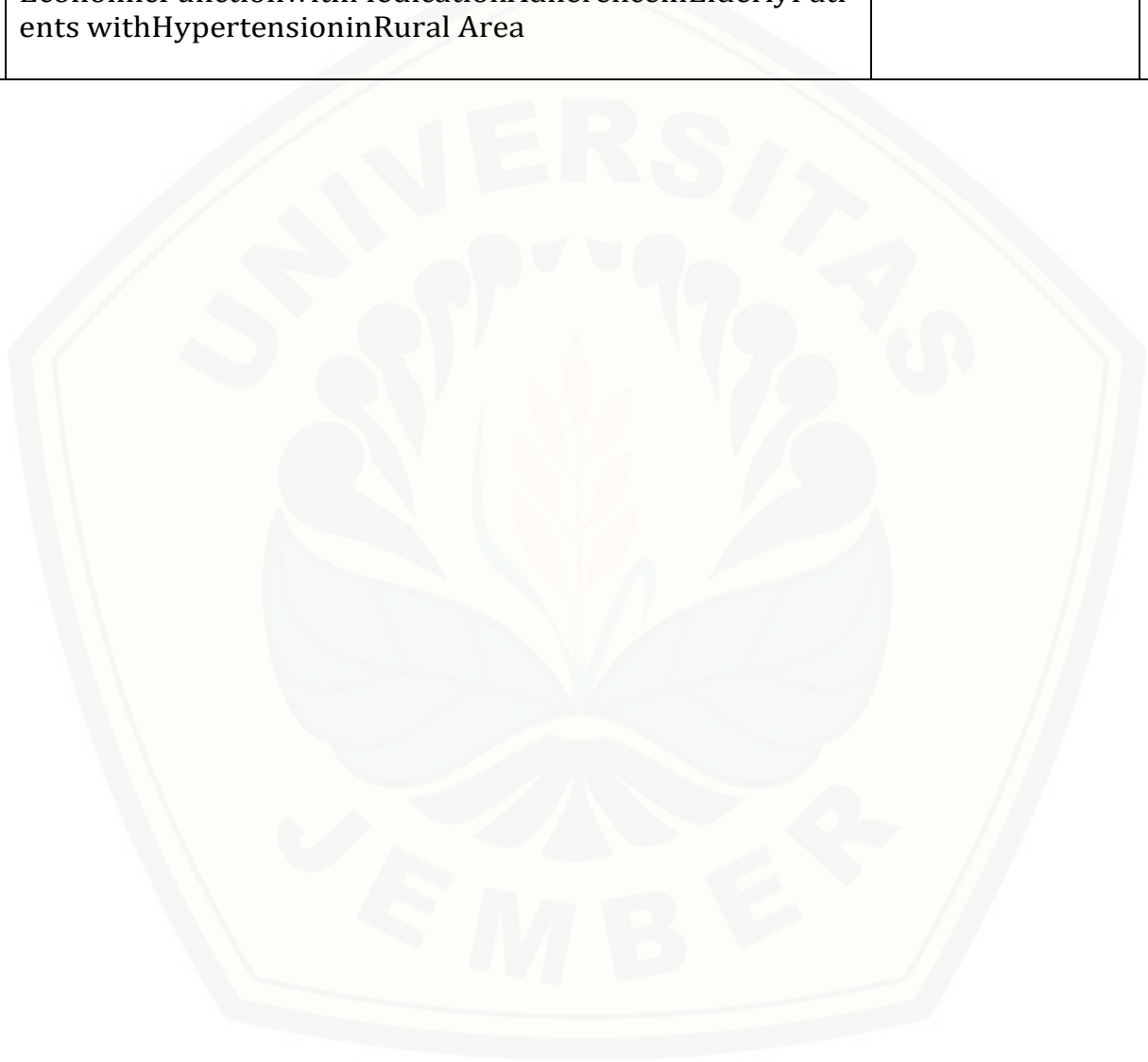
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## NURSING INTERVENTION FOR POST TRAUMATIC STRESSDISORDERPASCADISASTER

<sup>[1]</sup>Primasari Mahardhika Rahmawati, <sup>[2]</sup>Suhari, <sup>[3]</sup>Dwi Ohta Pebriyanti,  
<sup>[4]</sup>R. Endro Sulistyono  
<sup>[1]</sup>Faculty of Nursing, University of Jember  
<sup>[1]</sup>[ns.primahardhika@unej.ac.id](mailto:ns.primahardhika@unej.ac.id)

### Abstract

Disaster is an event or series of events that threatens and disrupts people's lives and livelihoods caused, both by natural factors and/or non natural factors as well as human/social factors, resulting in human casualties, environmental damage, property objectloss, and psychological impact (Hebble,1975). This study aims to determine nursing interventions that can be carried out or given to a person or community who has been traumatized by a disaster. The method used in this study is a systematic literature review obtained from journal articles in the last 10 years. The databases used in this researchare Google Scholar, Scopus, Pubmed, and also Science Direct. The assessment used is based on the Joanna Briggs Institute (JBI) Critical Appraisal Tools. The screening process used the PRISMA guidelines method and 10 journal articles were obtained. Based on the results of the study it was found that interventions that can be carried out after experiencing a disaster a disaster are resilience, psychosocial support, positive coping strategies and mental health counseling. Some of the interventions obtained are expected to be able to provide benefits in dealing with post-disaster events experienced by the community.

*Keywords:* Nursing Intervention, Post Disaster, PTSD

## I. INTRODUCTION

Perubahan Climate change is a form of global threat that will have a negative impact on all countries in the world without exception for Indonesia. Some of the effects of climate change include increasing average temperatures, changing rainfall patterns, rising sea levels, increasing extreme temperatures such as heat waves, and various natural disasters such as droughts, hurricanes, floods and forest fires (2).

The series of natural disasters that have occurred in the world have claimed hundreds of victims dead, missing, and injured. Large material and immaterial losses have an impact on psychological and somatic health. Several terrible disasters in the world have been recorded, including; In August 2005, residents of New Orleans, Louisiana were faced with one of the worst disasters ever to hit the United States: Hurricane Katrina's landfall. In September 2008, Hurricane Ike hit the Texas coastline, causing widespread damage and loss of life in Galveston, where 75% of all homes were damaged or destroyed (3).

In Indonesia, several large-scale and massive-impact disasters were recorded, such as the 2004 Aceh earthquake and tsunami, the 2006 Yogyakarta and Bantul earthquakes, the 2006 Pangandaran tsunami, the 2009 Padang and Padang Pariaman earthquakes, West Sumatra, the 2009 earthquake, tsunami and liquefaction in Palu and Donggala in 2018 and the eruption of Mount Kelud in 2014. These successive natural disasters were influenced by Indonesia which has 3 major tectonic plates, namely the Indo-Australian, Eurasian and Pacific plates. Fault and volcanic activity in the Indonesian region apart from providing many gifts of natural resources including soil fertility, also contributes to the risk formation of several types of disasters. The earthquakes and tsunami that

occurred were heavily influenced by tectonic fault activity and steep slopes prone to landslides (4).

The National Disaster Management Agency (BNPB) through the Indonesian disaster data and information system (DIBI) recorded that around 90 disasters which included floods, landslides, earthquakes and tsunamis occurred between 2002 and 2009 with a total death toll of around 90,000 people and injuries. - injured about 12,000 people. In addition, BNPB stated that during 2022 from 1 January to 8 November 2022 there were 3,110 natural disaster events throughout Indonesia. From these natural phenomena, it can be proven that Indonesia is a country prone to natural disasters. According to BNPB's daily report, the disasters that occurred can be seen in almost all provinces in Indonesia (5).

Natural disasters cause a lot of damage, both physical and psychological. Earthquakes have consistently been shown to be associated with mental health problems such as depression and post-traumatic stress disorder, a survey shows that, after a disaster event, around 15-20% of the population will experience mild or moderate mental disorders which refer to the condition of post-traumatic stress disorder (PTSD), while 3-4% will experience severe disorders such as psychosis, major depression and high anxiety (6).

In addition to loss of life and property, as well as physical injuries, these natural disasters have a huge impact on the mental health of individuals who have survived the disaster. When faced with an unexpected disaster, individuals are vulnerable to a series of adverse physical, emotional, cognitive behavioral reactions. This adverse response is manifested by headaches, insomnia, anxiety, nervousness, fear, sadness, depression,

anger, irritability, inattention, memory loss and even life changes in beliefs and personality. Post-traumatic stress disorder (PTSD) is a common mental health disorder associated with traumatic events. For example, about a third of people experience PTSD when they are in a motor cycle or traffic accident, and the disorder can be long-lasting. (7). PTSD is characterized by permanently impaired memories associated with traumatic events, avoidance of trauma-related stimuli, and persistently increasing disturbances. The incidence of PTSD in survivors of direct disaster is approximately 30% to 40% (8).

Affected survivors try to deal with the trauma in various ways. Adaptive mechanisms include using religious, family and social support, exerting self-direction and helping others. Less adaptive coping mechanisms that may be required in intervention include stress expression in somatic forms, denial, avoidance, blame, helplessness, dependence, and substance use. Maladaptive coping strategies further increase the victim's vulnerability to PTSD (9). In terms of Mohamad Asim's research, 2022 it was concluded that the majority of respondents (92% women and 87% men) still experienced subclinical psychiatric symptoms one year after the floods in Kerala, India, so that psychological interventions were needed that were adjusted to counter the long-term effects of flooding on individual mental health (10).

Based on several studies and searches of various literature above, the author wants to make a systematic review which aims to find out nursing interventions that can be carried out or given to a person or community who has been traumatized by a disaster.

## II. METHODS

This research is a systematic review that conducts a literature review of original research. The initial stage in this research begins with formulating and defining the problem that is used as a reference in the process of searching for articles. The search results obtained are used to develop a framework in a report. The search process uses keywords that are arranged based on predefined PICO and associated with Booleans in the form of AND and OR. The articles used in this study were searched in several databases, namely Google Scholar, Scopus, Pubmed, and Science Direct. The keywords included in this search for articles on the database are ("Post Traumatic Stress Disorder (PTSD)" AND ("Disaster" OR "Post Disaster")) AND ("Nursing Interventions") Article used are limited to several criteria in the form of articles in English, publications for the last 5 years (2019- 2023), full-text articles, and open access.

This search process can be described in a structured manner in the Preferred reporting items for systematic reviews and meta-analysis (PRISMA) chart. Researchers perform data extraction independently with critical analysis to determine the feasibility of the article. The articles obtained in the search were screened based on titles, keywords, and abstracts with inclusion criteria, namely simulations in the form of nursing interventions carried out in communities or communities affected after a disaster. Data extraction was carried out on design, intervention model, participant characteristics and other quantitative information applied in the study. A total of 20 articles were screened in full-text to determine whether they were excluded for several reasons such as not original research, design/methodological unclear, and protocol studies. Based on the results of



the full-text screening, 10 articles were excluded so that 10 articles were included in the literature review. As for the quality assessment of the article, we do it using critical appraisal tools based on the Joanna Briggs Institute (JBI). Based on the results of critical review of 10 articles, good results were obtained in all articles.

### III. RESULT

The literature used in this review comes from several different countries including the United States, Nepal, and also Indonesia. Articles that have the same intervention will be compared. The articles used in this literature review range from 2016 to 2023 which discuss interventions that can be given to victims after a disaster. The research design of the journal articles found includes a cross-sectional, Qualitative Approach, Quasi-Experimental, Clinical Trials, Experiment Research, concurrent embedded approach. Thus there are 9 interventions that will be discussed in this study, namely Art Therapy, Progressive Muscle Relaxation (PMR), Dzikir Therapy, Cognitive Behavioral Counselling (CB), EMDR Counselling, Ego Stage Counselling, MDMA-Assisted Psychotherapy, Cognitive Behavioral Therapy (CBT), Play Therapy Method, dan Traumatic Counselling.

The following is a summary of the search for journal articles found:

NO	AUTHOR	TITLE	INTERVENTION	RESULT
1	Rizkyael al., 2020	Efektivitas Person-Centered Art Therapy Untuk Mengurangi Sintom Post-Traumatic Stress Disorder (PTSD) Pada Penyatnas Bencana Gempa Di Lombok	Art Therapy	The results showed that giving the Person-Centered Art Therapy intervention reduced PTSD symptoms in the four study subjects. The Creative Connection Process, which is used in repairing the themes in each intervention session, helps facilitate the subject to be able to express himself by conveying what is felt and experienced openly, as well as facilitating the subject to better recognize and understand himself.

NO	AUTHOR	TITLE	INTERVENTION	RESULT
		Relaxation and Dhikir on Reducing Post-Traumatic Stress Disorder in Earthquake Victims	ve Muscle Relaxation dan Dzikir	decrease in PTSD signs and symptoms of earthquake victims before and after the PMR and Dhikir intervention in the control group (P value < 0.05). PTSD signs and symptoms of earthquake victims in the intervention group decreased significantly from the control group. Nurses can apply PMR therapy and dhikir for disaster victims who experience PTSD.
3	Mukhadionoetal, 2016	Ptsd Recovery for Children Victims of Landslides with Play Therapy	Play Therapy	It is necessary to socialize and optimize the application of PMR and dhikir for health workers. The results showed that there were significant differences in the intervention group with PTSD scores before and after play therapy (p 0.001). In the control group there was no significant difference in PTSD scores before and after play therapy (p 0.163). The research suggestion is that play therapy can be used as a program for handling the psychological impact of child victims of disasters, and the environment where children live needs to provide play facilities for children that are adapted to local culture.
4	Nursalin & Indonesia Pratiwi, 2020	Effectiveness of the Traumatic Counseling Model for Reducing PTSD Symptoms in High School Students	cognitive behavioral counselling (CB), EMDR counselling, egostate counselling	The results of the significance test proved that there was a significant difference between the mean posttest scores of the group treated with CB, EMDR, egostate, and control. It can be concluded that the hypothesis "there is a difference in the average posttest scores of the groups treated with CB, EMDR, egostate, and control" is acceptable. The results of the analysis also show that the most effective method used in dealing with traumatized students is egostate counselling because there is a reduction in trauma scores is the most numerous. Therefore, the traumatic counselling model developed is effective for reducing PTSD symptoms in high school students in Surabaya.
5	Muslimi & Indonesia Sofia, 2020	The Effectiveness of Zikir Therapy on Post-Traumatic Stress Disorder (PTSD) in Palu Tsunami Survivors	Dhikir Therapy	The results of the mixed analysis test showed that dhikir had a significant impact on the experimental group compared to the control group which received disaster education. Thus, dhikir has been shown to reduce individual PTSD levels.
6	Mithoefer et al., 2019	Art Therapy as Trauma Healing in Children After the Mount Meru Eruption Disaster Art Therapy As Child Trauma Healing Post-Disaster of Comarative Effectiveness of Cognitive Behavioral Therapy (CBT)	Art Therapy	Art therapy in the form of drawing, making crafts, listening to fairytales, and writing and reading poetry can reduce trauma after the eruption of Mount Meru. This is indicated by changes in behavior in the children of SDN Sumbermujur 03 and emergency schools. Prior to the intervention, the behavior of the target children tended to be moody and prone to panic. After the intervention, the target children showed a cheerful and more open attitude. The results of this study before and after the intervention in both groups experienced a decrease in PTSD scores with a median difference of 6.00 in the CBT 5 session and an average difference of 7.58 in the CBT 12 session with significance (p-value < 0.01) and the result of the analysis of the
7	Hayati et al., 2018	Comparative Effectiveness of Cognitive Behavioral Therapy	Cognitive Behavioral Therapy (CBT)	5 Sessions and 12 Sessions To ward to Post



N O	AUTHOR	TITLE	INTERVENTION	RESULT
		Disorder on Post Flood Disaster Adolescent		a significance number of 0.648. It was concluded that there was no significant difference between the effectiveness of the 5-session CBT group and the 12-session CBT group. There needs to be a comparison of more than 5 sessions and less than 12 sessions for further research.
8	Pertiwiwata et al., 2021	Play Therapy of Trauma Healing in PTSD Children Victims of Flood Disaster West Kalimantan	Play Therapy Method	The result showed that there was a significant difference between the scores of the pretest and posttest scores on the PTSD questionnaire ( $p = 0.000$ ) with the Wilcoxon test after trauma healing with the play therapy method was performed. The conclusion of the study was trauma healing with the play therapy method is effective for treating pediatric patients with PTSD victims of the post-flood South Kalimantan
9	Hunainah, 2021	Indonesian Journal of Counseling of Early Childhood Affected By the Tsunami Disaster	Traumatic Counseling & counseling using their automatic healing method; play therapy; psychological assistance in the form of Cognitive Behavioral Therapy (CBT) therapy. PTSD Severity Level With PTSD Symptom Scale	The counselor devised appropriate methods and strategies for healing by the counselor to early children especially mental and psychological trauma. 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.
10	Andhikari Nepal Baral & Bhagawati, 2019	Posttraumatic stress disorder and coping strategies among adults survivors of earthquake, Nepal		The prevalence of PTSD was found to be high among pediatric patients who experienced physical trauma. Particular attention should be paid to female patients, aged 8 to 10 years, who have chronic illnesses, for those who complain of severe pain and involving othersto provide a good social support system, is highly recommended to relieve PTSD in this population segment.

to better recognize and understand himself (11).

Art Therapy is the result of a combination of art and psychology. In Art Therapy, art media, creative processes, and works of art are used to express feelings, make peace with emotional conflicts, increase self-awareness, reduce anxiety, and increase self-esteem (Malchiodi, 2007).

Through Art Therapy, individuals can express their emotions in a safe way until they are able to face and accept them (Malchiodi, 2007).

### Progressive Muscle Relaxation (PMR)

In research conducted by (Sasmita et al., 2021) shows that PMR accompanied by Dzikir Therapy can reduce the signs and symptoms of natural disaster victims who experience PTSD. The results of the analysis in this study showed that there was a significant decrease in PTSD signs and symptoms of earthquake victims before and after the PMR and Dzikir intervention in the control group ( $P$  value  $< 0.05$ ). PTSD signs and symptoms of earthquake victims in the intervention group decreased significantly from the control group (12).

### Art Therapy

In (Rizkya et al., 2020) showed that giving the Person-Centered Art Therapy intervention could reduce PTSD symptoms in the four research subjects. The Creative Connection Process, which is used in preparing the themes in each intervention session, helps facilitate the subject to be able to express himself by conveying what is felt and experienced openly, as well as facilitating the subject

### Dzikir Therapy

Research conducted by (Muslaini & Sofia, 2020) shows that dhikr training has an effect on reducing PTSD in survivors of the 2018 Palu tsunami, evidenced by the results of hypothesis testing using an ANOVA mixed design, with a significance value of .046 ( $P < .05$ ), which means significant. Partial eta squared analysis shows that dhikr training contributes effectively 31.9%. (15)

The results of this study support the research of Goodarzi et al. (2011) who examined earthquake victims in Bam, Iran, proved that people who make religion a way of life have lower PTSD. When a person dhikr continuously with full devotion, a sense of closeness and love for his Lord will be formed.

Syarif (2012) argues that people who meditate fervently, psychologically will feel the belief and presence of Allah SWT. beside him and assume that life in this world is not alone because there is a Essence that is able to hear all troubles. The peace that comes from dhikr is proven to have a relaxing effect on people who are undergoing healing from trauma or illness.

## Play Therapy

In this journal article (Mukhadono et al., 2016) states that play therapy has a significant effect on reducing the PTSD scores of victims who experience post-disaster trauma. In this study, the results of the p-value between before and after the application of play therapy to victims with PTSD was 0.001 which means that the application of play therapy can be given to victims with PTSD. (13)

This was also supported in a study conducted by (Pertiwati et al., 2021) which showed that there was a significant difference between the pretest and posttest scores on the PTSD questionnaire ( $p = 0.000$ ) with the Wilcoxon test after trauma healing was carried out using the play method. The conclusion of the study is that trauma healing using the play therapy method is effective in treating pediatric PTSD victims after the South Kalimantan flood. (18)

## Traumatic Counseling

In the journal article (19) it is stated that counselors will design appropriate methods that can be given to children who have experienced trauma. This article states that the method used starts from checking the child's health. These two counseling which is carried out using the Trauma Healing method. Then there is play therapy for children. And the last thing done by the counselor is to provide psychological assistance using CBT.

In another article, namely (Nursalin & Pratiwi, 2020) conducted research related to several traumatic counseling which includes Cognitive Behavioral Counseling (CBT), EMDR Counseling, and also Ego State Counseling. In research conducted, (14) stated that there were significant differences in the post-test given the CBT treatment, EMDR Counseling, Ego State Counseling, and the control group. In this study it was concluded that the most effective method given or carried out for students who experienced trauma was the Ego State Counseling method. (14)

In addition, research conducted by (Hayati et al., 2018) entitled "Comparative Effectiveness of Cognitive Behavioral Therapy 5 Sessions and 12 Sessions Toward Post Traumatic Stress Disorder on Post Flood Disaster Adolescent" also stated that the intervention was in the form of Cognitive Behavioral Therapy (CBT) can be given to reduce the PTSD score of victims who have experienced a disaster. In this study it was stated that CBT 5 and CBT 12 had a significant relationship with a  $p$ -value  $< 0.05$ . Meanwhile, if tested by analysis based on the effectiveness of the two groups (CBT 5 and CBT 12) it had a  $p$ -value  $> 0.05$  which concluded that between the two sessions no significant difference. (17)

#### IV. DISCUSSION

Post-traumatic stress disorder (PTSD) is a condition in which a person experiences an event that is traumatic and can be life-threatening, especially outside of everyday human existence, which causes fear, helplessness and horror. By definition, PTSD can occur within 1 month and can cause significant impairment of function. The most common adverse psychological reaction among survivors after a disaster is PTSD which can cause long-term damage to social life, family life, and individual well-being. (20)

Post-traumatic stress disorder (PTSD) is a common mental health disorder associated with traumatic events.

For example, approximately one third of people on the mental health of the population living in the area experience PTSD when they have a catastrophic accident. Maintaining emotional calm and motorcycle or traffic accidents, and these distractions offering social support to residents are important in long-term survival. (21)

Injuries caused PTSD events by 23.28% compared to 9.63% for those who were not injured. The risk of PTSD has been consistently shown to be related to the severity of disaster exposure, with the direct victims being most at risk. (22)

#### Art Therapy

Art therapy is defined as a treatment in which patients, facilitated by the art therapist, use art materials, the creative process, and the resulting artwork to explore their emotions, foster self-awareness, reduce anxiety, and increase self-esteem (American Art Therapy Association, 2014). The visual and tangible characteristics of art therapy in PTSD treatment appear to be consistent with the often wordless,

image-based, sensory-perceptual nature of traumatic memories (Ehlers, Hackmann, & Michael, 2004; Herman, 1992; Holmes & Bourne, 2008; van der Kolk, 1994). It is posited that artmaking in art therapy may provide relaxation and decrease of arousal (Collie, Backos, Malchiodi, & Spiegel, 2006). It may also provide a more gradual access to traumatic as well as positive memories and emotions, and therefore reduces avoidance (Collie et al., 2006). According to art therapy experts, it enables patients to express and externalize memories and emotions in visual art and to connect implicit and explicit memory (Collie et al., 2006; Malchiodi, 2012; Smeijsters, 2008). (23)

If you look at the principles of Person-Centered Art Therapy, the process of expressing this emotion is a process that an individual needs to go through to achieve self-awareness, self-understanding and also generate insight which then becomes the personal growth of the individual (Rogers, 1993).

Changes in PTSD symptoms that occurred in these four subjects were explained through the Creative Connection Process framework that the four subjects had gone through from the sessions in the Person-Centered Art Therapy they were given. All sessions provided help the subject to process memories, thoughts, and feelings of the traumatic event within the subject, so they can connect with real conditions which make the subject more aware and understand what happened to them.

Art Therapy has 5 sessions in its implementation. The first session is Expressing The Self, the subject is invited to be able to re-imagine the traumatic events experienced, identify things that have changed in their life in the form of images, and realize what they

feel from the changes they experience (11).

The second session is Self-Understanding, where the subject identifies feelings that have dominated him recently by pouring them into colors. This helps the subject to process the emotional experience he feels that may be experienced unconsciously, thereby helping the subject to better understand the world within himself. This process also provides space for the subject to be able to clearly identify the emotions felt and avoided before, so that the subject can understand himself.

The third session is Empowering Self, where the subject is asked to describe himself and write down the positive things that have become his strength in dealing with the events she has gone through, especially in the last year after going through a traumatic incident. This process of identifying self-strength helps the subject to focus on the positive aspects within himself, so that the subject is able to feel positive emotions and also foster positive self-confidence. Negative energy that was previously felt is converted into positive energy in the subject. These energy changes also help the subject deal with PTSD symptoms, namely negative alterations in cognitions and mood. Negative beliefs, persistent negative emotional states, and the inability to feel positive emotions are changed through the intervention process, resulting in positive insight by recognizing one's potential.

In the fourth session, namely the Experimentation and Risking stage, the subject tries to identify the goals of happiness to be achieved and tries to move imagery in achieving these goals.

In the last session, namely the Have Faith stage, the subject describes

and forms a tree containing the hopes he has for himself and his family. These hopes are a form of reinforcement of the subject's positive belief in his own ability to achieve the goals he wants. These hopes and beliefs are processed, so that they become a positive meaning for the subject that supports the creation of the subject self which grows and develops into a more integrated unit between the world inside and outside of himself. The processes that these subjects went through supported the reduction and reduction of the symptoms felt by the four subjects.

## **Progressive Muscle Relaxation (PMR)**

Progressive muscle relaxation is a relaxation technique aimed at reducing muscle energy use. Stress was related to the reporting of musculoskeletal pain which involved head pain (35.2%) and back pain (31.9%) (Østerås, Sigmundsson, & Haga, 2015). Through progressive muscle relaxation interventions, there is a relaxation of the skeletal muscle which impacts on the relaxation of visceral muscles so that the body's consumption of oxygen, the speed of metabolism, respiratory rate, muscle tension, systolic and diastolic blood pressure decreased (Bernstein, Borkovec, Hazlett-Stevens, & Douglas, 2000). (24).

The process of relaxation in skeletal muscles that impacts on visceral muscle relaxation becomes more leverage with the help of relaxation music. Music provides a stimulus to decrease muscle energy. The results of other studies showed that music could reduce the activity of alpha-amylase and systolic blood pressure (Linnemann, Ditzen, Strahler, Doerr, & Nater, 2015). Decreased alpha-amylase activity through music is influenced by the elements contained in the music. The

type of music used by researchers in this study is the type of music Pachelbel's 'Canon' and stress relief that has a slow frequency, regular rhythm with a tempo less than 80 beats. Elements contained in them used to affect the response of relaxation respondents. This is in line with studies that show an increase in brain-derived neurotrophic factor (BDNF) that functions in controlling anxiety and emotions after being given intervention with a low rhythm and mild tempo of 50-60 dB (Angelucci, Ricci, Padua, Sabino, & Attilio, 2007). The additional intervention other than PMR and music used in this study is lavender aromatherapy. Other studies showed that aromatherapy relaxed breathing muscles and made breathing rhythms more regular. Moreover, the use of lavender aromatherapy is effective in improving mood and provide a sense of comfort (Linnemann et al., 2015). Aromatherapy lavender can lower the level of salivary cortisol that indicates decreased stress (Toda & Morimoto, 2011). (24)

## Dzikir Therapy

Dzikir therapy is a treatment effort that includes the activity of remembering, chanting the name, and the majesty of Allah SWT repeatedly, which is accompanied by awareness of Allah SWT with the aim of healing pathological conditions. The dhikr therapy in this study consisted of four meetings. The first meeting is the provision of material regarding the meaning of dhikr, recitation of dhikr and its meaning, implementation of dhikr, and the benefits of dhikr. The second, third and fourth meetings are the practice of dhikr together. In the practice of dhikr, the subject is guided to recite the dhikr, the subject is given guided to recite the dhikr, the subject is given an

understanding of the meaning of the recited dhikr. Subjects were also given the task of doing dhikr after every prayer and before going to bed.

The practice of dhikr consists of four stages which are modification of the dzikir stages of Subandi (2009) which are adapted to research subjects, namely the elderly. The four stages are the before, the beginning, the core, and the end of the dhikr. At the stage before dhikr, participants are guided to straighten their intentions only to Allah SWT. The initial stage is to say the shahada and salawat. At the core stage, namely pronouncing the names of Allah (ism-ul-dzat) and asmaul husna, the facilitator explains the meaning of each asmaul husna that will be pronounced so that participants understand each of the asmaul husna being taught. (25)

The results of this study are also in line with research (25) which reports that dhikr is effectively proven to reduce anxiety. In general, based on the results of a literature review conducted by Ross et al. (2015), a therapeutic approach based on religion and spirituality has been shown to improve health and optimism.

During the implementation of this study, since the pre-test was carried out until the follow-up, small-scale earthquakes and hurricanes were still common. This condition actually increased trauma to the control group because the disaster education given as treatment to the control group actually made them more tense, not more relaxed. This is understandable because disaster education trains people to be more alert (alert), not educates to overcome anxiety or panic that arises when a disaster occurs. This condition is different from the experimental group which was provided with preventive strategies to deal with anxiety, alertness,

rejection, and flashbacks. Phenomenon ini selaras dengan penelitian Slater dkk. (2016) that people who use religious coping as a way to adapt to physical, psychological and social challenges will have lower levels of PTSD and higher levels of positive emotions.

## Play Therapy

Play therapy according to Dzulfaqori (2017) is a technique that is able to handle post-traumatic disaster children to entertain and overcome problems suffered by children through play. Masykur (2006) says that children who are victims of disasters have a variety of unique characteristics, so forms of intervention that are in line with the characteristics and development of children are needed so that trauma disorders can be reduced. Mukhadiono (2016) further stated that playing is one of the most suitable methods. Because through play children will feel comfortable, happy in expressing and exploring their feelings, and children will forget the trauma they experienced.

Play therapy can also eliminate some problems such as anxiety, removing boundaries, inner barriers, frustration and having emotional problems that aim to change the behavior of children who are not suitable to be appropriate and expected so that children can play and be more cooperative and can easily invited to cooperate when undergoing therapy (Noverita, 2017). (24)

## Traumatic Counseling

Most often, a person who has experienced a traumatic event and cannot cope with it and adapt to it needs the help of a counselor to solve the problem. However, until now, assistance

to traumatized students has not been optimal. Preliminary surveys at several schools or other institutions that deal with traumatized students show that these institutions do not have a therapeutic model to help these students. Therefore, counseling models and procedures that can be used to help these students need to be developed in such a way that counselors can help these students more easily. (14)

Traumatic counseling is one of the methods used to overcome PTSD. Traumatic counseling is also one of the methods commonly used by school counselors to help traumatized students, namely traumatic counseling. The purpose of this counseling is to eliminate traumatic memories, increase rational thinking, arouse interest in the realities of life, restore self-confidence, rejuvenate attachment and connection with other people who can provide support and care, and emotional care and restore meaning and purpose to their lives. (14)

## V. CONCLUSIONS

Based on the findings in the literature, this study found several interventions that could be given to victims who experienced post-disaster trauma in the form of Art Therapy, Progressive Muscle Relaxation (PMR), Dzikir Therapy, Play Therapy, and Traumatic Counseling which included: Physical Health Checks on Children, Counseling using the traumatic healing, Play Therapy, Cognitive Behavioral Therapy (CBT), EMDR Counseling, and Egostate Counseling.

## REFERENCES

1. Hebble JP. Comprehensive nursing. NLN Publ. 1975;8(16-1538):107-12.



2. Maftuhin M, Kusumawardani D. Pengaruh Perubahan Iklim dan Bencana Alam terhadap Kriminalitas di Indonesia. *Media Komun Geogr.* 2022;23(1):129–40.
3. Thoresen S, Birkeland MS, Arnberg FK, Wentzel-Larsen T, Blix I. Long-term mental health and social support in victims of disaster: comparison with a general population sample. *BJ Psych Open.* 2019;5(1):1–6.
4. The National Agency for Disaster Countermeasure. *Disasters Risk of Indonesia.* *Int J Disaster Risk Sci.* 2016;22.
5. BNPB. BNPB: Indonesia Alami 3.522 Bencana Alam pada 2022. Badan Nas Penanggulangan Bencana. 2022;
6. Sherchan S, Samuel R, Marahatta K, Anwar N, Ommeren MH Van, Ofrin R. Post-disaster mental health and psychosocial support: Experience from the 2015 Nepal earthquake. *WHO South East Asia J Public Heal.* 2017;
7. Jing X, Lu L, Yao Y. Personality Modifies the Effect of Post-Traumatic Stress Disorder (Ptd) and Society Support on Depression-Anxiety-Stress in the Residents Undergone Catastrophic Flooding in Henan, China. *Med Pr.* 2022;73(4):305–14.
8. Laku IM. Penyebab Stress (Stressor) Pada Korban Bencana: Systematic Review. *J Sahabat Keperawatan.* 2021;3(01):41–52.
9. Adhikari Baral I, Bhagawati KC. Post traumatic stress disorder and coping strategies among adult survivors of earthquake, Nepal. *BMC Psychiatry.* 2019;19(1):1–8.
10. Asim M, Sathian B, Van Teijlingen E, Mekkodathil AA, Babu MGR, Rajesh E, et al. A survey of Post-Traumatic Stress Disorder, Anxiety and Depression among Flood Affected Populations in Kerala, India. *Nepal J Epidemiol.* 2022;12(2):1203–14.
11. Rizkya I, Purwono RU, Abidin Z. Efektivitas Person-Centered Art Therapy Untuk Mengurangi Simtom Post-Traumatic Stress Disorder (Ptd) Pada Penyintas Bencana Gempa Di Lombok. *J Psychol Sci Prof.* 2020;4(2):106.
12. Sasmita H, Yanti N, Hendri K, Tasman T, Astuti VW, Fadriyanti Y. Progressive Muscle Relaxation and Dhikron Reducing Post Traumatic Stress Disorder in Earthquake Victims. *J Aisyah J Ilmu Kesehat.* 2021;6(2):385–92.
13. Mukhadiono, Subagyo W, Wahyudi. PEMULIHAN PTSD ANAK-ANAK KORBAN BENCANA TANAH LONGSOR DENGAN PLAY THERAPY. Soedirman *J Nurs.* 2016;11(1).
14. Nursalim M, Pratiwi TI. Effectiveness of the Traumatic Counseling Model for Reducing PTSD Symptoms in High School Students. 2020;491(Ijcah):1406–10.
15. Muslaini R, Sofia N. Efektivitas Terapi Zikir terhadap Post Traumatic Stress Disorder (PTSD) pada Penyintas Tsunami Palu. *J Psikol Islam dan Budaya.* 2020;3(2):123–34.
16. Amilia W, Yusuf A, Fadhil AS, Untari AD, Tri IA, Nor M, et al. Art Therapy Sebagai Trauma Healing Pada Anak Pasca Bencana Erupsi Gunung Semeru Art Therapy As Children Trauma Healing Post- Disaster of. 2022;301–6.
17. Hayati UF, Fatimah S, Mardhiyah A. Comparative Effectiveness of Cognitive Behavioral Therapy 5 Sessions and 12 Sessions Toward to Post Traumatic Stress Disorder on Post Flood Disaster Adolescent. *J Keperawatan Padjadjaran.* 2018;6(1):37–49.
18. Pertiwiwati E, Maulana I, Az Zahra F, Yuliana I. Play Therapy as a Method of Trauma Healing in PTSD Children Victims of Flood Disaster in West Martapura, South Kalimantan. *Berk Kedokt.*

**AUTHORSPROFILE**

- 2021;17(2):125.
19. Hunainah RD. Indonesian Journal of Early Childhood: Traumatic Counseling For Children Affected By the Tsunami Disaster. *Indones J Early Child Educ Stud.* 2021;10(1):11-9.
  20. Rezayat AA, Sahebdel S, Jafari S, Kabirian A, Rahnejat AM, Farahani RH, et al. Evaluating the Prevalence of PTSD among Children and Adolescents after Earthquakes and Floods: a Systematic Review and Meta-Analysis. *Psychiatr Q.* 2020;91(4):1265-90.
  21. Ptsd GSP, Henan DI. KEPRIBADIAN MEMODIFIKASI EFEK DAN DUKUNGAN MASYARAKAT PADA DEPRESI-ANXIETY-STRESS. 2022;73(201908410022):305-14.
  22. Pino O, Pelosi A, Artoni V, Mari M. Hasil Pasca-Trauma di Antara Korban Gempa Bumi di Italia Tengah pada 24 Agustus 2016. Studi tentang Faktor Risiko dan Kerentanan PTSD Perkenalan Machine Translated by Google. 2021;1489-511.
  23. Lim,D.S.,Morse,E.A.,Mitchell, R. K.,& Seawright KKI. Traumatic Stress Disorders (Ptd) Dengan Gejala Depresi Berat Dengan Gejala Psikotik Akut Pada Pasien Dengan Riwayat Korban Pedofilia Dan Kekerasan Dalam Rumah Tangga Pada Laki Laki Berusia 22 Tahun: Sebuah Laporan Kasus. *Stitutional Environ Entrep Cogn A Comp Bus Syst Perspect Entrep theory Pract.* 2010;34(3):1-73.
  24. Dewi CF. Effects of Progressive Muscle Relaxation Intervention With Music and Aromatherapy on Decreasing Stress Level Among Teachers. *Nurse Media J Nurs.* 2019;8(2):71.
  25. Widyastuti T, Hakim MA, Lilik S. Terapi Zikir sebagai Intervensi untuk Menurunkan Kecemasan pada Lansia. *Gajah Mada J Prof Psychol.* 2019;5(2):147.



**Primasari Mahardhika**

**Rahmawati, S.Kep., Ns., M.Kep., CH, CHt.** The author is a lecture at the D3 Nursing Study Program, Faculty of Nursing, Jember University, Lumajang Campus. The author studied Bachelor of Nursing in 2005 at the Jember University Nursing Study Program. In 2017, the author completed her Masters's degree in the Nursing Masters Program at the Faculty of Nursing, Brawijaya University, Malang. A part from being a teacher, the writer is also active in professional organizations, including PPNI (Indonesian National Nurses Association), IPKJI (Indonesian Mental Nursing Association), IBH (The Indonesian Board of Hypnotherapy) and is active in research activities, community service and publication in various journals, both national and international journals.



**Dr. Suhari, A.Per.Pen,**

**MM** is a lecturer at the University of Jember who concentrates on community, gerontological, and disaster nursing. The author completed her nursing education at the Faculty of Medicine, Airlangga University, in 1998. Masters in Management at UNIGA Malang in 2004 and completed her Doctorate at the University of Jember in 2017. The author was born in Blitar on 02 March 1963; apart from being active in teaching activities, he is also involved in the Java Disaster Risk Reduction Forum Timur and the professional nurse organization,

named as chairman of the DPD PPNI of Lumajang Regency and active as a team of quality control and BPJS cost control. The author also actively researches and conducts community service as an implementation of the Tri Dharma of Higher Education.



**Dwi Ocha Pebriyanti** is a lecturer at the University of Jember who concentrates on public health nursing. The author completed master's degree in occupational health and safety at Universitas Airlangga in 2020. She can be contacted at email: [760017245@mail.unej.ac.id](mailto:760017245@mail.unej.ac.id).



**R Endro Sulistyono** completed Bachelor Degree and Professional Education at Universitas Airlangga in 2012 and completed a master's degree in nursing at Universitas Airlangga in 2016. Author is an active lecture in Universitas Jember. He can be contacted at email: [Radendro1988@unej.ac.id](mailto:Radendro1988@unej.ac.id).

