



## **Trauma Healing Based on Local Wisdom: Traditional Games to Reduce Students Post-Traumatic Stress Disorder**

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This research reports the effectiveness of traditional games in reducing post-traumatic stress disorder or PTSD in elementary school students. The study employed a quantitative approach and experimental method with a one-group pretest-posttest design. The research sample was 5 and 6 graders of elementary school students, which involved 85 students in total. The intervention was carried out through several stages, namely Beginning a Group, The Transition of a Group, Working in a Group, and Terminating of a Group. The instrument used to measure the effectiveness of the intervention was the problem checklist of PTSD and in this study, the instrument was analyzed to determine its validity in measuring the effectiveness of the intervention. The data obtained were analyzed using the RASCH Model with the WINSTEP application. The results show that the instrument used to measure the intervention has excellent reliability and meets the unidimensionality requirements. However, items number 1 and 54 were declared invalid. In addition, traditional games are concluded to be effective in reducing stress disorders in students. This change occurred in the majority of students which even give a significant impact on some students. However, most of the students still had no change and even tended to have an increased post-traumatic stress disorder. Based on these findings, it is expected that traditional games can be beneficial primarily to reduce post-traumatic stress disorder.

**Keywords:** posttraumatic stress disorder, trauma healing, traditional healing, play therapy, school counselling, elementary school student

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## **INTRODUCTION**

The COVID-19 pandemic has had a significant effect on human growth. The COVID-19 pandemic has had an impact on many facets of human life, resulting in numerous challenges that must be resolved. The psychological effects that the COVID-19 pandemic has had on children are one of its effects. During the COVID-19 pandemic, horrifying events have occurred, creating a terrible memory for children.

Horrifying events have occurred during the COVID-19 pandemic that portrays a horrific memory for children. These events are often portrayed in mass media such as television, social media, the internet, and print media. According to information provided by the Ministry of Social Affairs of the Republic of Indonesia, 30.766 children in Indonesia had lost their parents as of the end of September 2021 (Kemensos, 2021). This phenomenon required needs attention because these events can trigger psychological disorders in children. This makes the event referred to as a traumatic event.

School is a support system for children to help them achieve their development goals, thus, it is important to pay attention to all the aspects of their development (Kamid et al., 2022; Rusmana et al., 2020). Children as individuals who are still in the development stage and need adult assistance to reach good development. Effective assistance will give a positive impact and be able to help children solve various problems in their lives (Dahlan, 2020; Hilsenroth et al., 2014). Schools need to identify in depth the children's needs and determine the best treatments to help children solve their problems. Therefore, schools can prepare preventive assistance and provide appropriate responsive treatments to children so that their development is facilitated.

Mentally, children are still immature. Piaget (in Nagge, 1944) stated that children still have difficulty in processing information obtained through what they observe or they experience. They are not able to cope with unpleasant events they might see or even experience, and as a result, they might end up as traumatic events for them. Traumatic events if not handled will stuck in their mind and disturb their entire life and finally affects their development. This can trigger a psychological disorder called post-traumatic stress disorder (PTSD) (Schiraldi, 2019).

Psychological disorders like PTSD result from inability to cope with and adapt to traumatic events.. Individuals who are indicated to have PTSD are characterized by several things, including a) the occurrence of the stressor, b) re-experienced events, c) avoidance, d) arousal, e) flashbacks of past traumatic events for more than one month, and f) life disrupted (American Psychiatric Association, 2013). If these symptoms are not treated or reduced, they will lead to a disruptive effect on children's development that even be irreversible. Even in certain extreme cases, it will result in social deprivation (Goodman et al., 2012).

Games have become an attempt in various studies to overcome psychological tension, one of which is post-traumatic anxiety (Morena, 2014; Trice-Black et al., 2013). Games have been used by various researchers to assist children in their development at school (Kamid et al., 2022; Syahrial et al., 2022). Klein and Anna Freud (in Russ, 2004) had used games as a method of psychotherapy for children since 1930. Games are said to

have four major functions that are beneficial in therapy, including a) games are a natural form of expression in children; b) children use game language as a tool to communicate with the therapist; c) games as a means of creating insight; and d) games provide opportunities for children to practice a variety of ideas, interpersonal behavior and verbal expression (Trice-Black et al., 2013).

Indonesia, which has a lot of traditional games, is possible to use them as therapy for children to reduce PTSD symptoms. In addition, traditional games as a part of our culture have been supported in the development of education by Indonesian law No. 5 of 2017 regarding the promotion of culture. Traditional games have been widely used in various studies as a tool to develop physical and psychological aspects of individuals (Junaidi et al., 2022; Rusmana, 2019; Wang, 2015). Traditional games as a tool for therapy for children can be considered as an effort to utilize cultural objects. This is one of the efforts to promote a culture that can maintain national identity.

As a result, the overall goal of this study is to find out how traditional games reduce PTSD symptoms in students. In particular, this research aims to:

1. Knowing the accuracy of the instrument used to measure post-traumatic stress disorder in students, and
2. Knowing the effectiveness of the intervention in terms of changes after the intervention and the characteristics of the changes.

In order to clarify how effective the intervention is with the instrument used, this study reveals the instrument's accuracy. This is done to provide information about the condition of the instruments in assessing the effectiveness of the intervention carried out.

## **Literature Review**

### **Posttraumatic Stress Disorder**

Psychological disorders can happen to anyone, even children. PTSD is a psychological disorder that occurs as a result of an extraordinary and sudden event. Events that can cause PTSD are usually disaster events such as natural disasters and non-natural disasters (Yehuda et al., 2015).

PTSD is certain to be more prevalent in children who lack effective coping mechanisms for traumatic events. Children can experience excessive emotional responses as a result of traumatic events like discrimination, physical violence, bullying, and other similar incidents. PTSD is caused by this traumatic stressor (Banyard et al., 2019; Corrigan, 2000; Lester et al., 2020). Thus, treatment must be started right away because waiting longer will make PTSD more likely (Ford et al., 2007; Morris et al., 2015). Schiraldi (2019) suggests that neglecting children who experience traumatic events will affect their development, self-concept, and relationships with someone such as family, peers, and people around them. In addition, chronic mental health disorders can even arise and interfere with children's development (McGuire et al., 2022).

The traumatic experiences a person has gone through are what define them as having PTSD. (American Psychiatric Association, 2013). It also might be signified by a sudden rise of emotion when seeing or experiencing a traumatic event. Even when they experience recurring events, their emotional reaction remains the same. The same emotional response can be elicited by places, things, or even things associated with the traumatic event they experienced. (Morris et al., 2015). This can be found easily during the COVID-19 pandemic. In fact, traumatic events such as losing special people such as parents, receiving special care when infected with COVID-19, and seeing many fatalities due to COVID-19 directly or through the media, occur frequently during a pandemic (Cao et al., 2022; Febriana et al., 2022; Ministry of Social Affairs, 2021).

Schrialdi (2019) claimed that PTSD is an arousal disorder. This is absolutely in line with the emotional reactions described earlier. Emotional reactions are created by worries or negative thoughts that are continuously detained by individuals after experiencing a traumatic event. This reaction triggers stress disorders in the individual. This leads to the feeling of incapability of the individual to handle the situation, therefore arousal disorder will occur.

#### **Studies About Using Games for Reducing Stress in Children**

Games are activities that are often played by children. Researchers have conducted many studies using games, especially in reducing stress in children. Drisko et al. (2020) conducted a study in which, it was discovered that play therapy is generally effective for treating a variety of issues affecting children. Play therapy is considered suitable for the communication style and growth of children. However, research shows that the application of play therapy is not all that beneficial. Attention is needed to the needs of children before doing play therapy.

Morena (2014) used play therapy as a medium to communicate with children. He mentioned that play therapy is a link between the therapist and the children. It is essential to consider that children who are experiencing stress will find it difficult to be able to express their feeling. This statement is in line with the statement of Trice-Black et al., (2013) that play therapy is the process by which children begin to release stress and begin to be more open to other people. Children who begin to open themselves to a therapist are referred to as the first step for children toward the healing process and will learn to rely on others to solve problems until they are finally able to solve their problems.

Research by Godino-Iáñez et al., (2020) proves that play therapy is advantageous for carrying out further treatment for children. In his research, he applied play therapy to children who were treated at the hospital. He revealed that children who need hospital care will perceive it as a traumatic event and can change their emotional development. This statement was supported by Ahorsu et al., (2020) that children who are hospitalized are likely to experience negative behaviors and emotions such as stress, fear, and insecurity and even in bad conditions, children can experience depression. After carrying out play therapy for children who need hospital care, play therapy is proven to

reduce pain from physical injuries they experience, improve behavior and attitudes, and reduce stress in children.

The play therapy research conducted in groups was carried out by Woollett et al., (2020). They used art and play therapy to reduce the possibility of depression and PTSD. They reported that it significantly reduced depression in children, but it was not significant for PTSD. Through this research result, children revealed that art and play help them to express pent-up emotions.

Previously, researchers had also researched children who were victims of the tsunami disaster in three provinces in Indonesia (Rusmana et al., 2020). Children who had been affected by the tsunami were treated with group play therapy to lessen their PTSD symptoms. The results of the treatment showed that group play therapy was able to reduce PTSD symptoms in children. Providing education and training to school counselors is one of the recommended efforts to help students overcome their traumatic problems. Considering that Indonesia is a country with natural disaster risks that increase every year, it is essential to prevent children from PTSD. Avoidance can be done with prevention to students by providing responsive services such as trauma healing using play therapy.

## METHOD

This research was carried out using a quantitative approach. The method employed was an experimental method with one group pretest-posttest design (Fraenkel et al., 2012). This research was carried out in an elementary school at Lab School of Universitas Pendidikan Indonesia by involving 5 and 6 graders as the population that have been approved by the school administrators. The sample was 85 students involved 36 male students and 55 female students. The student's average age was 9-12 years old. The research sample was students that had experienced a traumatic event and had PTSD symptoms after being assessed using a problem checklist instrument.

The instrument used was a PTSD problem checklist instrument. The instrument was used to measure PTSD symptoms in children before and after the intervention. The following is table 1 regarding the summary of the problem checklist of posttraumatic stress disorder

Table 1  
Summary of problem check list of posttraumatic stress disorder

Construct	Control Taxonomy	No. of Items	Item Number
Problem Check List of Posttraumatic Stress Disorder	Physique Symptoms	17	1 – 17
	Emotional Symptoms	17	18 – 34
	Mental Symptoms	9	35 – 43
	Behavioral Symptoms	14	44 – 57
	Spiritual Symptoms	12	58 – 69

## Intervention Procedure

The intervention was carried out in turns, starting from grade 6 and then continue to grade 5, and each implementation was carried out for 2 days. The intervention was

carried out in stages using experience-based learning and a group game counseling approach, including *Beginning a Group*, *The Transition of a Group*, *Working in a Group*, and *Terminating of a Group* (Gladding, 2003).

*Beginning a group* was carried out by doing several activities such as group formation. The children were instructed to find their mentor—also known as a foster sibling in this activity—by asking polite questions. This helped form the group. The level of PTSD symptoms experienced by children was taken into consideration during the formation process. There were children with varying degrees of PTSD symptoms in each group. This was done to avoid having members of the group with the same characteristics and to provide diversity within the group. Since the counseling process was carried out in groups, even though the problems faced were primarily personal, they ought to be shared with the group members. Every participant's behavior during the group activities was observed by mentors in each group.

*A group's transition* was characterized by the forming and norming process, which involved a number of efforts to improve relations with group members, avoid resistance, and complete tasks. Through the use of wayang golek as the medium, introductions were made to group members with the intention of improving relations. Using the puppet show, each child was asked to introduce themselves. This was a procedure that was carried out to lessen group resistance. By getting comfortable, yet at this stage, the gathering was likewise approached to do bouncing by deciding the gathering name, bunch hollers, and individual jobs in the gathering. Children will be encouraged to overcome their uneasy feelings as a result, allowing them to interact freely and openly..

Activities based on traditional games were used for *Working in a Group*, and they were designed with the values necessary to reduce PTSD symptoms in children. The traditional games included *Pecle*, *Memungut Batu*, *Bakiak* (clogs game), *bisikan* (whispering game), traditional knowledge, *Nyiru*. Based on the findings of an evaluation of PTSD symptoms in children, each game was developed to meet the needs of children. These needs included improving one's self-confidence, becoming more able to adapt to one's social environment, gaining an interest in the realities of life, improving one's capacity for rational thought, and lessening the number of traumatic memories. The Socratic method was used to reflect at the conclusion of the working in groups stage. The Socratic method was established by identification, analysis, and generalization. The identification process was carried out to find out the children's behavior during the game, the analysis process was carried out to find out the reasons for the children's behavior, and generalization was carried out to help children in concluding learning values that can be used to overcome problems in their life (Overholser, 2018).

The process of *terminating a group* included general reflection, evaluation, and conclusion. By wrapping up each of the children's activities, a general reflection was conducted. The purpose of reflection was to enhance the children's understanding of each of their activities. In addition, children were questioned about the subsequent behavior that will be required to overcome the issue and the ways in which they can influence this behavior during follow-up. Following that, questions about participants'

impressions and messages were used to evaluate the activity's process and outcomes, and the activity was concluded by closing it.

### Data Analysis

The RASCH Model analysis was used to examine the collected data in this study. The WINSTEP application was used to carry out the analysis procedure. The stacking method was used to conduct the analysis. The pre- and post-test data were grouped vertically. In the data set, each respondent (pre-posttest data) was present twice, while items were only present once. (Boone et al., 2014).

An examination of the instrument was carried out before changes in the symptoms of post-traumatic stress disorder were discovered. This was done to improve the accuracy with which the pre- and posttest differences were observed. Person and item reliability, instrument validity, and unidimensionality testing were used to carry out the analysis (Maciver et al., 2016).

## FINDINGS

### The Effectiveness of Measuring Instrument

The values of reliability, separation, measure (standard deviation), infit mean-square (INFIT MNSQ), infit z-standard (INFIT ZSTD), outfit mean-square (OUTFIT MNSQ), outfit z-standard (OUTFIT ZSTD), and Cronbach Alpha (KR(20)) are shown in table 1 for instrument analysis.

Table 2

Instrument analysis

	Person (170)	Item (69)
Reliability	0.86	0.94
Separation	2.44	3.88
Measure (SD)	1.40	1.39
INFIT MNSQ	0.99	1.00
INFIT ZSTD	0.10	0.10
OUTFIT MNSQ	0.93	0.93
OUTFIT ZSTD	0.00	-0.10
KR (20) = 0,93		

#### Person and Item Reliability

Based on table 1 shows that the reliability value of the person is 0.86. This value indicates that the consistency of students' responses to the instrument is good. This is due to the fact that the value of 0.86 falls within the category of "good" (Fisher, 2007) and falls within the range of 0.81-0.90. Additionally, the person separation index's value of 2.44, which falls within the range of 2-3, is considered to be quite satisfactory (Fisher, 2007).

The Cronbach Alpha value at acquisition is 0.93. This value indicates that respondents and the instrument interact in a unique way. This is due to the fact that a value above 0.90 is considered to be in a special category (Mohamad et al., 2015). As a result, it is

evident that the items and responses of respondents interact strongly to allow for measurement (Adams & Wieman, 2011). In this instance, it is possible to draw the conclusion that the instrument can effectively differentiate the severity of post-traumatic stress disorder in children.

In addition, the item separation index is 3.88 and the item reliability value is 0.94. This worth demonstrates that the dependability of the thing is in the generally excellent classification since it includes in the reach 91-94 and the thing detachment file is in a decent class since it is in the reach 3-4 (Fisher, 2007). This indicates that the items meet the requirements for unidimensionality or that they have very high levels of consistency. This indicates that the item can accurately define the measured variable. The acquisition of infit and outfit item values demonstrates this, with the majority falling within the acceptable range (Bond & Fox, 2015).

#### *Unidimensionality*

By examining the raw variance and raw unexplained variance values, unidimensionality can be established. The Standardized Residual Variance table shown below can provide details about these two values.

Table 3  
Standardized residual variance

	- - Empirical - -		Modeled
Total raw variance in observations	97.8	100.0%	100.0%
Raw variance explained by measures	31.8	32.5%	32.9%
Raw variance explained by persons	11.0	11.2%	11.4%
Raw variance explained by items	20.8	21.3%	21.5%
Raw unexplained variance (total)	66.0	67.5%	67.1%
Unexplained variance in 1 <sup>st</sup> contrast	3.8	3.9%	5.8%
Unexplained variance in 2 <sup>nd</sup> contrast	3.1	3.2%	4.7%
Unexplained variance in 3 <sup>rd</sup> contrast	2.8	2.9%	4.2%
Unexplained variance in 4 <sup>th</sup> contrast	2.6	2.7%	3.9%
Unexplained variance in 5 <sup>th</sup> contrast	2.4	2.5%	3.7%

The raw variance value of 32.5 and the raw unexplained variance in the first contrast value of 3.9 are known from table 1. The raw variance value indicates that the requirements for unidimensionality have been met and are considered acceptable. For this requirement, a minimum value of 20% is required. In addition, the raw unexplained variance in the first contrast should not be more than 15%, and it should ideally be less than 10%. According to Fisher (2007), this demonstrates that the instrument can accurately measure post-traumatic stress disorder.

*Validity*

The MNSQ, ZSTD, and Point Measure Correlation (PTMEA CORR) values for each item were examined to determine validity. If none of the MNSQ, ZSTD, or PTMEA CORR values meet the criteria, the item is deemed invalid or unfit. If at least one of the MNSQ, ZSTD, and PTMEA CORR values meets the criteria, the item is deemed fit or valid. If the MNSQ value is between 1.5 and 0.5, it is acceptable. The ZSTD esteem is adequate in the event that it is above - 2 to 2. If the PTMEA CORR value is greater than or equal to 0.85, it is acceptable. As a result, it is evident that two items are deemed unfit because they do not satisfy the three preceding requirements. The following is table 4 which shows the items that are declared misfit.

Table 4  
Description and item fit statistics of items 1 and 54

Item no	Outfit MNSQ	Outfit ZSTD	PTMEA CORR	Control Taxonomy
1	1.73	2.7	0.33	Physique
54	2.82	3.7	0.15	Behavior

**Intervention Effectiveness**

*Changes After Intervention*

The change identification process was carried out by comparing the pretest and posttest logit item values using the RASCH model stacking technique. The following is table 4 describes the average size of post-traumatic stress disorder symptoms in students.

Table 5  
The mean pre-posttest post-traumatic disorder symptom size of students in grades 5 & 6

Grade	Number of Items	Mean (Average level of students' post-traumatic stress disorder symptoms)		
		Pre-test (logit)	Post-test (logit)	Difference (logit)
Grade 5 (42)	69	-1.98	-3.40	-1.42
Grade 6 (43)	69	-2.24	-3.07	-0.83

Based on table 4 it is known that in grade 5 and grade 6 after being given the intervention there were changes that occurred in the level of post-traumatic stress disorder. This is indicated by the decreased pre-test and post-test scores. The change difference shown for grade 5 is -1.42 and for grade 6 is -0.83. This shows that the intervention provided results a difference so that it can be said to be effective in reducing post-traumatic stress disorder.

The Wright Map Person value has also changed. In the Wright Map, changes in the level of post-traumatic stress disorder in students can be seen. The following is figure 1 which displays the Wright Map Person.

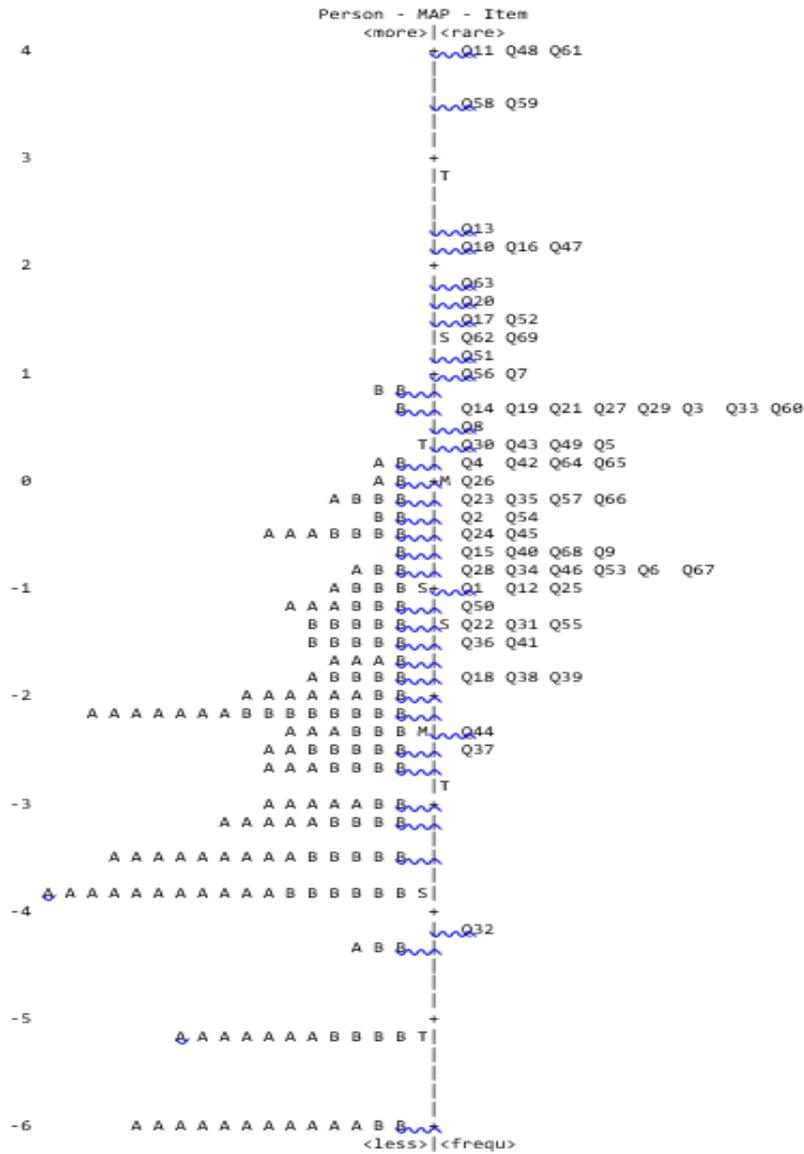


Figure 1  
 Wright Map Person (N=170) and item (N=15)

Based on Figure 1 it can be seen that the level of change between the pre-posttest occurs after the intervention. This should be visible to the progressions Before (B) and After

(A) after the intercession. In this figure, it is also known that students with post-traumatic stress disorder fall into a low category following the intervention. This is known from the average position of students who are quite far from the average item (Abdullah et al., 2017).

*the characteristics of the changes*

The scatter plot graph shows how the person measure comparison of the positive (+) and negative (-) pre-posttest can be known to determine which ones have changed. A scatter plot graph of the students' pre- and post-test post-traumatic stress disorder is shown in figure 2.

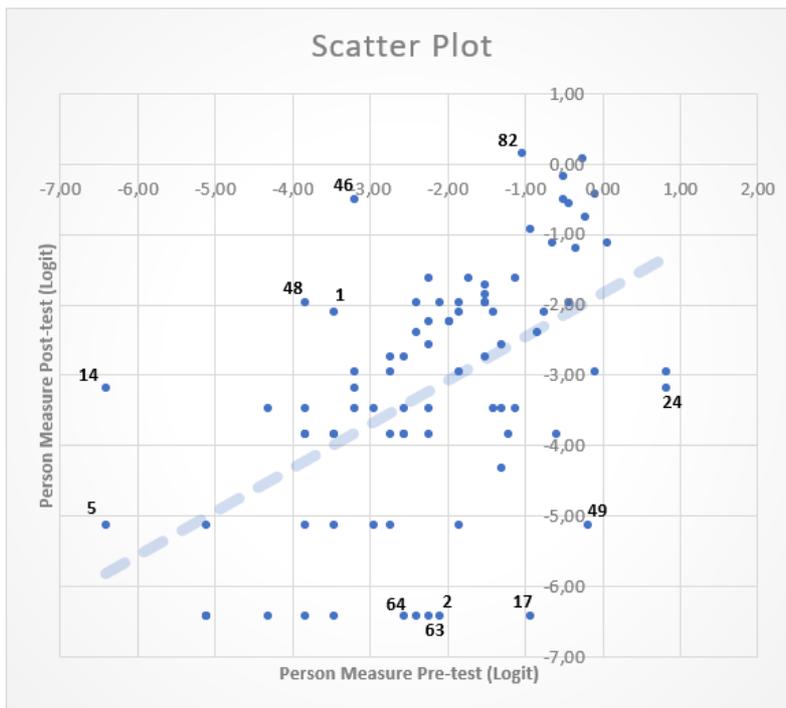


Figure 2  
Scatter plot graph of measures of post-traumatic stress disorder pre-posttest students

The plot line that cuts the vertical axis (person measure:) can be seen in Figure 2. post-test), as well as the horizontal source (individual measure: The change boundary line is (pre-test). On the vertical axis, the post-test measure range moves from the lowest scale (-7.0 logit) to the highest scale (1.0 logit). Meanwhile, on the horizontal axis, the post-test measures range moves from the lowest pre-test measure range (-7.0 logit) to the highest scale (2.0 logit).

It is common knowledge that the majority of students showed changes with a positive value (+), indicating that post-traumatic stress disorder showed more changes after the test than before. Students 14 (-6.41; -3.19), 46 (-3.19; 0.51), 48 (-3.83; -1.97), 1 (-3.47; -2.10), 5 (-6.41; - 5.12), and 82 (-1.03; 0.14) experienced the most significant positive changes.

Additionally, it is known that some students experience negative changes (-), indicating a decrease in post-traumatic stress disorder between the pre- and post-tests. To put it another way, the intervention reduces the number of students with post-traumatic stress disorder. The most significant negative changes occurred in students 17 (-0.94; -6.41), 49 (-0.18; -5.12), 2 (-2.24; -6.41), 63 (-2.24; -6.41), 24 (0.82; - 3.19), and 76 (-2.40; - 6.41).

## **DISCUSSION**

Utilizing traditional games as an effort to reduce the symptoms of post-traumatic stress disorder has a significant impact. After the intervention is carried out in grade 5 and grade 6 alternately, it was found that the pretest and posttest results had a difference of - 1.42 for grade 5 and -0.83 for grade 6. The average logit score of students was still below the average value, meaning that the average students have post-traumatic stress disorder which tends to be low. However, the majority of the characteristics of changes in post-traumatic stress disorder in children are positive.

However, this still shows that traditional games have a positive impact on children, especially in reducing post-traumatic stress disorder. Trice-Black (2013) argues that the game is one of the intervention efforts that can be done to be able to solve problems in children's development. Through the process of playing, there will be a process of communication involving feelings and experiences. In line with this opinion, Rusmana (2019) has proven that traditional games designed based on children's needs can reduce post-traumatic stress disorder. Thus, the form of intervention design needs to be further developed to provide negative changes to post-traumatic stress disorder in children.

Schools as a support system for children need to optimize psychological assistance to help children overcome mental health disorders. Helping children manage post-traumatic stress disorders is one way to improve their mental health (Trice-Black et al., 2013). Traditional games can be an option to help reduce post-traumatic stress disorder at school. Games that are designed based on needs will help children to increase their interest in playing (Sarah et al., 2021). Traditional games that have many variations can provide choices for teachers to determine games that suit the needs of children to overcome post-traumatic stress disorder.

Instruments as measuring tools used in identifying changes after intervention are also important to be discussed. The instrument is the key to knowing how far the effectiveness of the given intervention is. The intervention is considered to be effective if the measurement process is carried out using valid instruments (Mohamad et al., 2015).

The problem checklist instrument of posttraumatic stress disorder was analyzed to obtain validity so that it can be used to obtain an objective measurement of the intervention process. If the results of students' responses are consistent, the instrument's reliability is considered to be good. The interaction between students and the instrument is also considered to be special so that it can be seen that the instrument produces appropriate information because there is a strong interaction between students' responses and the items. In addition, the reliability of the item is considered to be very good and the item separation index is in a good category. This shows that the consistency of the items is considered very good or it can be said that the items can fulfill the unidimensionality requirements. In this case, the item is able to define the variable that is measured very well.

Furthermore, the instrument was tested for unidimensionality. The unidimensionality test is carried out to optimize the measurement process so that the resulting information is more focused on the attributes being measured (Sumintono, 2018; Nur et al., 2022). It is known that the instrument can effectively measure students' post-traumatic stress disorder. This is because the value of the raw variance is explained by measures and the unexplained variance value fulfills the unidimensionality requirement.

In addition, a validity test is performed on each item to identify items that are declared misfit or invalid. It is known that there are 2 numbers, namely number 1 and number 54 which are declared misfit or invalid. Invalid items will be corrected or removed to obtain appropriate measurement results (Sumintono, 2018). Items that are declared invalid will provide information that does not match the variable in question. This happens because of multiple interpretations of the item or students' lack of understanding of the item (Bond & Fox, 2015).

## **CONCLUSION**

Traditional games for trauma healing can be recommended for teachers to help students reduce their post-traumatic stress disorder. Students who may be going through traumatic experiences during the COVID-19 pandemic need to get the right treatments. This is done to prevent students from negative behaviors caused by unresolved post-traumatic stress disorder. Traditional games for trauma healing can be used to reduce post-traumatic stress disorder in students. Through an appropriate assessment process so that the needs are met, it will produce useful preventive and curative treatments for students. Traditional games that are designed to be able to provide learning values will be very useful for students to be able to overcome problems in their life.

It is expected that the existence of a problem checklist for post-traumatic stress disorder can assist teachers in conducting assessments of students to find out the symptoms of post-traumatic stress disorder. Even though there are still deficiencies in the instrument, the invalid items, the instrument can still measure what should be measured, in this case, post-traumatic stress disorder. Thus, collecting identification before and after the intervention will get the right information.

This research is expected to be able to provide awareness especially for teachers to be able to pay attention to the physical, emotional, mental, behavioral, and spiritual

conditions of students during the learning process in the class. It is not only the school counselor's job, this should also be a concern for all teachers. PTSD, which is an arousal disorder, will certainly have an impact on student activities during learning in the classroom. Students will find it difficult to concentrate and even might lead to negative behavior such as bullying other students. Such indications must be reported immediately and their treatment should be discussed so that PTSD can be avoided. In other words, the teacher also needs to make observations of students during learning in the classroom to find out every student's progress. There may be students who experience PTSD symptoms so treatment is needed to help reduce them.

Future research is expected to be able to conduct deeper research on trauma healing using traditional games. The researcher recommends developing approaches using traditional games, for example by digitizing traditional games for trauma healing media for children. In addition, a deeper characteristic analysis needs to be carried out for the children who are given the intervention. Cultural differences can provide different characteristics regarding PTSD symptoms. Research on children who can overcome traumatic events also needs to be conducted. This is done to find out what other children with PTSD need.

#### **LIMITATIONS**

There were several obstacles to giving the intervention to students. No in-depth exploration of PTSD was carried out on students using other approaches. A qualitative approach was not used in this study so data triangulation could not be carried out to obtain more comprehensive results. The instrument used also contains items that are declared invalid. Although it does not affect the measurement significantly, it still needs improvement to avoid large errors in the measurement.

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