

Therapeutic Communication and PTSD Symptoms among Children Affected by Flood Disasters in Aceh Tamiang

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Abstract

This study examined therapeutic communication and PTSD symptoms in children and adolescents affected by flooding in Aceh Tamiang. Flooding not only caused physical damage but also had a significant impact on children's mental and emotional health, especially for those who had to live in emergency shelters. This study used a quantitative method with a cross-sectional survey framework. The study participants included children aged 6 to 18 years who had experienced flooding in Aceh Tamiang. Data were collected using a PTSD symptom questionnaire to assess PTSD symptoms in children and a therapeutic communication survey adapted from various stages of therapeutic relationships, including the pre-orientation, orientation, working phase, and termination. For data analysis, descriptive statistics were applied to describe the respondents, analyze therapeutic communication patterns, and analyze the distribution of PTSD symptoms in children. The findings showed that children exhibited varying levels of PTSD symptoms after the disaster, with intrusion experiences and avoidance being the most prominent aspects. Reports of therapeutic communication experiences varied in intensity across different stages of interaction. These results indicated that therapeutic communication played a crucial role in providing interpersonal support for children's psychological experiences after a flood disaster.

Keywords : *therapeutic communication; PTSD symptoms; disaster affected children; flood disaster; crisis communication;*

INTRODUCTION

Crises and risks are situations that are increasingly faced by communities in the modern era, especially those related to natural disasters that have multidimensional impacts on individuals and communities. Indonesia is one of the countries most vulnerable to various types of disasters, including natural disasters, non-natural disasters, and human-induced environmental degradation (Salamor et al., 2020). In addition to causing physical and environmental damage, natural disasters often generate traumatic experiences that affect the psychosocial well-being of affected populations. During a crisis, communication plays a crucial role in sharing information, building understanding, and helping individuals adapt effectively to the challenges posed by the situation. The World Health Organization (WHO) defines risk communication as the process of real-time information exchange between authorities, experts, and at-risk groups, with the aim of enabling better decision-making to minimize the impact of risks (WHO, 2024).

In the context of disaster management, risk communication is considered a continuous process that encompasses the entire disaster cycle. This process begins before a disaster occurs, continues during the emergency response, and continues into the post-disaster period involving recovery and adjustment (Yudarwati et al., 2021). This view is in line with the Crisis and Emergency Risk Communication (CERC) Model introduced by Reynolds & Seeger (2005), which emphasizes that communication during a crisis does not stop once a disaster occurs; rather, this process continues throughout the recovery period. Therefore, risk communication not only serves to provide emergency information, but also helps individuals and groups understand their crisis situation and adapt to post-disaster conditions.

Research on crisis and risk communication has largely focused on macro-level strategies, such as institutional communication approaches, public policy, and the dissemination of information to the general public during disaster situations. While these approaches are important for crisis management, they often overlook the diversity of audience characteristics. For example, children may have difficulty understanding risk information in a logical and abstract manner, particularly when experiencing emotional stress after a disaster. WHO guidelines highlight that the effectiveness of risk communication is strongly influenced by social and cultural contexts, as well as the audience's capacity to comprehend the messages conveyed (WHO, 2017). Therefore, communication approaches

tailored to the specific needs of particular groups are increasingly important in the context of natural disasters.

Children are among the most vulnerable groups in natural disaster situations, particularly in terms of psychological recovery after such events. Globally, approximately 175 million children are exposed each year to disasters such as floods, storms, droughts, and earthquakes (Witt et al., 2024). Due to ongoing cognitive and emotional development, children often experience difficulties in fully understanding disaster events, the associated risks, and significant changes in their social environments. Numerous studies indicate that disaster-related experiences can trigger PTSD symptoms in children, often characterized by fear, anxiety, and a disrupted sense of safety, especially when the support and communication provided are not aligned with children's developmental stages (Salamor et al., 2020). Boys often express distress through external behaviors such as aggression, whereas girls are more likely to show internalizing symptoms such as sadness or depression (Raccanello et al., 2017).

One prevalent issue experienced by those affected by natural calamities is post-traumatic stress disorder, commonly known as PTSD (Bhushan and Kumar, 2007; Furr, Corner, Edmunds, and Kendall, 2010; Hensley and Varela, 2008; Schnurr, Friedman, and Bernardy, 2002 in Rahmadian et al., 2016). PTSD is a distinct type of stress condition linked to a specific traumatic occurrence, with symptoms that may manifest within weeks or even months following the disaster and, in some situations, may emerge years later (Kaplow et al., 2006; Kulkarni et al., 2012; La Greca et al., 1996 in Rahmadian et al., 2016).

After the floods that occurred in Aceh Tamiang, many children were forced to leave their homes and reside in emergency shelters for a certain period of time. The PTSD symptoms experienced by children were influenced not only by direct exposure to life-threatening events but also by significant disruptions to their daily lives after a disaster. Living conditions in emergency shelters are often characterized by Children often have to leave familiar environments and routines that provide a sense of safety and comfort, experiencing disruptions to schooling, play, and sleep (Sulastri et al., 2021).

In addition, children who experience disasters often exhibit a range of mental health problems that vary in severity and type, even months or years after the event (Abel et al., 2021). A report from UNICEF highlights that children face additional challenges in the recovery process after disasters when assistance and communication approaches are not designed to be child-friendly and responsive to their psychosocial needs (UNICEF, 2023). Chen and Wu (as cited in Nirman & Sari, 2021) explain that post-traumatic symptoms among disaster victims often include persistent negative thoughts and emotions, avoidance behaviors, and heightened vigilance or hyperarousal. In children, these reactions may manifest as intense fear, nightmares, intrusive thoughts, anger, and aggressive behavior. In the context of PTSD symptoms recovery, children require more than factual information about disasters; they need interactions that foster a sense of safety, trust, and sustained emotional support.

In this context, therapeutic communication offers an approach that emphasizes interpersonal skills such as empathy, understanding, and the creation of a sense of safety through supportive communication processes (Abraham et al., 2024). Therapeutic communication is understood as a form of communication designed to help individuals express their feelings and experiences in a safe and accepting environment. When applied to children, therapeutic communication not only serves as a means of sharing information, but also enhances understanding of their experiences, ensuring that they feel acknowledged, understood, and safe, which in turn helps achieve therapeutic service goals (Amanda et al., 2021). This approach is widely applied in supportive practices and healthcare settings and is considered valuable in assisting children's trauma recovery during crises and natural disasters (Fuseini et al., 2022). Through structured and empathetic communication, parents or caregivers can support children in processing traumatic experiences gradually and effectively.

However, the role of therapeutic communication within the framework of risk and crisis communication has not been extensively examined, particularly from the perspective of children affected by natural disasters and are required to stay in emergency shelters. Previous studies have largely focused on therapeutic communication in clinical settings or formal psychological

interventions, while children's everyday communication experiences in post-disaster contexts have received limited attention. Yet, in the process of PTSD symptoms recovery, the ways in which children perceive, understand, and respond to communication from the adults around them play a crucial role in helping them make sense of disaster experiences in a systematic and safe manner. Continuous and supportive interactions enable children to develop a sense of security, trust, and understanding of risk situations through personal and contextual communication approaches (Gamez et al., 2022).

In line with this, crisis communication research indicates that communication approaches that consider audience needs and the lived experiences of affected groups can enhance the effectiveness of risk communication (Hasanah & Destrity, 2024). In the context of natural disasters, children, as a vulnerable group, have distinct ways of receiving and interpreting messages from their surrounding environments. Therefore, it is essential to explore how children experience therapeutic communication at the interpersonal level as part of a broader and more inclusive risk communication framework and how PTSD symptoms are distributed among children living in emergency shelters.

Based on this background, the researchers intended to describe therapeutic communication patterns and distribution of PTSD symptoms among children affected by flooding and living in emergency shelters in Aceh Tamiang. This study is expected to contribute empirically to the field of risk and crisis communication by highlighting therapeutic communication as a relevant interpersonal approach in supporting children's psychological recovery after a disaster.

RESEARCH METHODS

1. Research Design

This study used a quantitative method through a series of cross-sectional surveys. This method was selected to outline the patterns of therapeutic communication and the distribution of PTSD symptoms among children affected by flooding and living in emergency shelters. In the field of communication research, this study classified therapeutic communication as a form of personal interaction that takes place on a small scale during crises and after disasters.

2. Research Site and Participants

This study was conducted in Aceh Tamiang, an area affected by flooding. The respondents involved in this study were children and adolescents aged between 6 and 18 years who had experienced or been directly affected by the flooding. This age group was chosen to take into account the stages of cognitive and emotional development from childhood to adolescence, as well as the suitability of the measurement instrument for PTSD symptoms related to disaster events.

Participants were selected through purposive sampling based on the following criteria: (1) children or adolescents affected by the flood, and (2) being able to understand and complete the survey independently or with minimal assistance. This method allowed the researchers to collect information relevant to the research objectives, particularly in exploring communication experiences and mental health conditions after the disaster.

3. Research Instruments

Data collection was conducted using two main instruments, as follows:

PTSD Symptom Questionnaire

The level of symptoms associated with Post-Traumatic Stress Disorder (PTSD) in children and adolescents affected by flooding in Aceh Tamiang was evaluated using a PTSD Symptom Questionnaire developed by the researchers. The items in this questionnaire were designed with reference to the criteria for assessing PTSD symptoms in children according to the DSM-5 as described by Foa et al., (2018), with adjustments for post-flood conditions and the situation in emergency shelters. This tool was designed as a self-assessment tool and aimed to evaluate the level of PTSD symptoms experienced by children and adolescents during the post-disaster recovery period.

Therapeutic Communication Questionnaire

Children's views on therapeutic communication were evaluated using a questionnaire modified from the therapeutic communication stage framework used by Wati et al., (2019) in their research. This stage framework relates to therapeutic relationships in the fields of communication and nursing and consists of the pre-orientation stage, orientation stage, working stage, and closure stage. In this study, these stages were used to describe children's interpersonal communication experiences when interacting with adults or caregivers in post-disaster situations.

All items in the questionnaires were designed using simple and easy-to-understand language suitable for children and adolescents aged 6 to 18 years. Each instrument uses a four-point Likert scale to indicate how often respondents experienced certain situations, ranging from "never" to "often".

4. Data Analysis Techniques.

The data were analyzed using descriptive statistics to describe the characteristics of the respondents and to show how the responses were distributed in relation to each research variable, which included therapeutic communication and PTSD symptoms related to disaster events in children. Descriptive analysis was used to display patterns of therapeutic communication experiences during various phases of the therapeutic relationship, namely the pre-orientation, orientation, working, and termination phases, as well as an overview of these stress symptoms using the PTSD symptom questionnaire, which includes intrusion, avoidance, cognition and mood states, and levels of arousal and hyperactivity.

In addition, the descriptive results were interpreted analytically to determine patterns of therapeutic communication and variations in PTSD symptoms observed in children living in emergency shelters after the disaster. This analysis was conducted without statistical hypothesis testing and aimed to improve contextual understanding of children's communication experiences and psychological conditions based on trends identified in the data. All data management and analysis procedures were performed using statistical software.

RESULTS AND DISCUSSION

1. Respondents Characteristics

This study involved 302 children and adolescents who were affected by flooding in Aceh Tamiang Regency. Based on age, the largest group of participants was in the 13 to 15 age range, consisting of 164 people (54.3%). This was followed by the 10 to 12 age group with 55 participants (18.2%), the 16 to 18 age group with 43 participants (14.2%), and the smallest group was the 6 to 9 age group, consisting of 40 participants (13.2%). This pattern shows that most of the respondents involved were in early adolescence, a stage recognized in developmental psychology research as a period marked by emotional changes and increased stress sensitivity, as well as emotional coping skills that are still developing (Yilmazer, 2024).

Table 1 Age

	Frequency	Percent	Valid Percent	Cumulative Percent
6-9 years	40	13.2	13.2	13.2
10-12 years	55	18.2	18.2	31.5
13-15 years	164	54.3	54.3	85.8
16-18 years	43	14.2	14.2	100.0
Total	302	100.0	100.0	

In terms of experience with disasters, almost all participants (91.7%) said they had experienced flooding. Based on their assessment of the severity of the impact of these floods, the majority were categorized as moderate (36.1%) and severe (39.7%). These results indicate that most of the children in this study had direct experience with floods ranging from moderate to severe, creating a

significant context for exploring PTSD symptoms related to disaster events and the outcomes of therapeutic communication after a disaster.

Table 2 Ever Experienced Flooding

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	277	91.7	91.7	91.7
No	25	8.3	8.3	100.0
Total	302	100.0	100.0	

Table 3 Level of Flood Severity

	Frequency	Percent	Valid Percent	Cumulative Percent
Not Affected	29	9.6	9.6	9.6
Minor	44	14.6	14.6	24.2
Moderate	109	36.1	36.1	60.3
Sever	120	39.7	39.7	100.0
Total	302	100.0	100.0	

2. Overview of Therapeutic Communication

The description of therapeutic communication in this study was analyzed based on the phases of therapeutic relationships described in a study by Wati et al., (2019), which consisted of the pre-orientation phase, orientation phase, working phase, and termination phase. The results of the descriptive analysis showed that children affected by flooding experienced therapeutic communication with varying intensity at each stage of the therapeutic relationship.

Pre-orientation Stage

At the beginning of the interaction, most children expressed fairly positive experiences with the volunteers. Specifically, 47.7% of respondents stated that the volunteers often welcomed them warmly, while 21.2% only felt this warmth occasionally. On the other hand, 31.1% of children mentioned that they rarely or never received such a warm welcome.

Regarding the volunteers' willingness to help, the results appeared more satisfactory. A total of 55.3% of participants stated that volunteers often showed a willingness to help and 18.5% reported experiencing it occasionally, while 26.2% reported experiencing it rarely or never. These results indicate that the initial phase of communication generally went well, especially in terms of willingness to help. However, not all children felt completely or equally safe from these initial greetings.

Orientation Stage

During the orientation phase, self-introduction methods showed greater variation. Approximately 46.0% of respondents stated that volunteers often introduced themselves and 14.6% reported experiencing it occasionally, while a significant number (39.4%) mentioned that this practice was rarely or never done. This showed that the foundation for building therapeutic relationships had not been applied evenly.

In terms of clarity of communication, nearly half of the respondents (49.3%) revealed that volunteers usually explained the intended actions and 19.5% reported experiencing it occasionally, while 31.2% reported experiencing it rarely or never. 53.3% reported that volunteers articulated their words well and 15.2% reported experiencing it occasionally, while 31.4% reported experiencing it rarely or never. The use of a soft tone emerged as the most prominent feature, with 66.2% of children noticing that volunteers often communicated in a soothing manner and 11.9% reported experiencing it occasionally, while 21.9% reported experiencing it rarely or never.

This trend shows that verbal and nonverbal elements of the orientation phase, such as message clarity and tone of voice, were considered more reliable than structural elements such as self-

introduction. However, variations in self-introduction indicate that not all children fully experienced the formation of structured initial therapeutic communication.

Working Phase

During the main phase of interaction, most respondents (48.3%) reported that volunteers often allowed them to ask questions, indicating a form of two-way communication. However, 15.6% reported experiencing it occasionally, while 36% reported experiencing it rarely or never. When it came to listening to children share their stories or complaints, 47.0% stated that volunteers often paid attention to them and 15.2% reported experiencing it occasionally, while 37.8% reported experiencing it rarely or never. In addition, regarding how volunteers handled children's feelings, 44.0% stated that volunteers often acknowledged their emotional state and 17.5% reported experiencing it occasionally, while 38.4% reported experiencing it rarely or never.

Although the term "often" was dominant in all three cases, there were still some children who felt that their experiences were not consistently listened to and their feelings acknowledged. This highlighted that the quality of emotional connection during the interaction phase varied among children. Therefore, even though there was interactive communication, the aspect of empathy was not felt evenly.

Termination Stage

In the closing phase, nearly half of those surveyed (48.0%) stated that volunteers often informed them when the discussion was over and 18.9% reported experiencing it occasionally, while 33.2% reported experiencing it rarely or never. Expressions of appreciation were even more dominant, with 61.3% of children reporting that volunteers often showed their gratitude and 12.3% reported experiencing it occasionally, while 26.5% reported experiencing it rarely or never. In addition, 54.0% of respondents revealed that volunteers routinely helped them feel more comfortable and 17.9% reported experiencing it occasionally, while 28.2% reported experiencing it rarely or never. The same percentage (54.0%) stated that they often felt greater calm after the interaction and 19.9% reported experiencing it occasionally, while 26.1% reported experiencing it rarely or never.

These results show that the closing phase of communication was carried out consistently by volunteers, especially by informing children that the conversation was over and by expressing gratitude. However, the emotional effects of this closing phase varied among children, as seen in the different feelings of calmness after the interaction. This shows that the presence of a closing phase does not always produce similar emotional responses among all children.

3. Overview of PTSD Symptoms

The measurement of PTSD symptoms in this study refers to the indicators of PTSD symptoms in children according to the DSM-5 as formulated by Foa et al., (2018). The findings from the descriptive analysis indicate that children impacted by flooding in Aceh Tamiang display signs of PTSD symptoms, with varying intensities observed in the aftermath of the disaster. The appearance of these signs is linked not only to their experiences of the flooding but also to the circumstances they face after the disaster, such as residing in emergency shelters, which may perpetuate exposure to stress and uncertainty.

Intrusion

Intrusion symptoms were one of the most prominent dimensions. A total of 27.8% of children reported that they often recalled the flood incident, 36.4% said they sometimes recalled it, while the remaining 35.8% reported rarely or never experiencing it. In addition, 15.9% of children reported often feeling as if the flood were happening again, and 28.1% reported experiencing this feeling occasionally, while the remaining 56% reported rarely or never experiencing it. Sleep problems were also significant, with 23.2% of participants mentioning that they often had difficulty sleeping, and 26.2% experienced this problem occasionally, while the remaining 32.7% reported rarely or never experiencing it. In addition, 10.9% of children said they often had nightmares, 21.9% experienced them occasionally, while 25.2% reported rarely experiencing them and 42.1% never experienced them. These results indicated that a number of children still relived

the traumatic event, either through involuntary memories or sleep problems, although the severity of these symptoms varied among the individuals surveyed.

Avoidance

In terms of avoidance, the data showed that some children tried to limit their involvement with memories and conversations related to the flood. Specifically, 30.1% of children stated that they often tried to ignore thoughts about the flood incident, 23.8% said they did so occasionally, while the remaining 46.1% reported rarely or never experiencing it.

In addition, 18.9% of respondents admitted that they often avoided talking about the flood, 24.8% reported that they did so occasionally, while the remaining 56.3% reported rarely or never experiencing it. This shows that avoidance was used as a psychological mechanism to cope with emotional pain, but if this approach continues over time, it can hinder the process of finding meaning and impede sustainable recovery.

Cognition and Mood states

Cognition and mood states were demonstrated in various ways and to varying degrees. Most respondents did not show extreme changes in their religious views, as 77.8% of children stated that they never thought God was unfair. Meanwhile, 12.3% reported experiencing these feelings occasionally, and 5.0% each stated that they rarely or often experienced them. This shows that children's spiritual views remained relatively stable despite facing disasters.

However, in terms of emotional aspects, some respondents reported negative symptoms. A total of 15.2% of children said they often felt sad and empty, 26.2% said they felt this way occasionally, while the remaining 58.6% reported rarely or never experiencing it. About 12.6% of respondents said they often had difficulty feeling happy, and 26.5% reported this happening occasionally, while the remaining 61% reported rarely or never experiencing it.

Feelings of being distant from others were often experienced by 12.3% of respondents, 24.2% said they felt this way occasionally, while the other 63.6% reported rarely or never experiencing it. A total of 11.6% of respondents often noted a lack of motivation to participate in activities, 25.2% said they felt this way occasionally, while the other 63.2% reported rarely or never experiencing it. On the other hand, more than half of the children (53.0%) stated that they never believed their future would be bleak. Meanwhile, 23.2% reported rarely feeling this way, and 23.9% stated that they often or occasionally experienced it. This shows that their overall view of the future was quite optimistic.

These results indicate that although some children experienced a decline in motivation and negative views about the future, these feelings were not universally felt. This situation demonstrates various adaptive responses and the formation of personal meaning among children after the disaster.

Levels Arousal and Hyperreactivity

In terms of arousal and hyperreactivity, children showed varying levels of alertness. A total of 16.6% of respondents said they often felt easily startled, 22.5% reported this happening occasionally, while the other 60.9% reported rarely or never experiencing it. These results showed that some children were more responsive to their environment.

Feelings of tension were also reported, with 16.2% of children saying they often felt tense and 21.9% saying this happened occasionally, while the other 61.9% reported rarely or never experiencing it. In addition, 16.6% of respondents reported frequent difficulty concentrating, while 26.2% said this happened occasionally, 30.5% reported rarely experiencing it, and 26.8% never experienced it. This shows that some children experienced concentration problems after the floods.

Regarding emotional control, 22.8% of respondents stated that they often felt irritable, and 21.5% experienced this occasionally, while 32.8% reported rarely experiencing it and 22.8% never experienced it. At the same time, 27.5% of children said they often felt overly alert, and 23.8% said this happened occasionally, while 26.8% reported rarely experiencing it and 21.9% never

experienced it. Compared to other indicators in this dimension, increased alertness and irritability were reported at much higher rates.

Overall, the results of the study showed that most children in this study experienced PTSD symptoms after the disaster, with varying degrees of severity from mild to moderate, and some children showed more severe symptoms in certain dimensions. Intrusion and avoidance symptoms appeared to be more prominent than changes in cognition and mood. In addition, levels of alertness were observed in some children, characterized by easily startled responses, drastic mood swings, and heightened vigilance. This indicated that children's PTSD symptom reactions varied significantly and were not uniform, highlighting differences in their perceptions of and reactions to the flood incident.

In the initial screening stage, these measurement results are used to identify children who show significantly higher symptom scores in various aspects of PTSD. After that, more specific psychosocial support can be provided as a follow-up to help reduce the potential for symptoms to continue or worsen.

4. Therapeutic Communication Patterns in the PTSD Symptoms

Descriptive findings showed that children affected by flooding and living in emergency shelters still exhibited PTSD symptoms, with varying degrees of severity, particularly in terms of intrusive thoughts and avoidance. After the floods that occurred in Aceh Tamiang, many children were forced to leave their homes and reside in emergency shelters for a certain period of time, which shaped their post-disaster experiences. In some cases, levels of alertness were also noted. These symptoms manifested through persistent memories, difficulty sleeping, attempts to avoid thoughts related to the flood, as well as excessive alertness and irritability in some children. This was consistent with the understanding Foa et al., (2018) of PTSD symptoms in children which describes how traumatic experiences can cause recurring intrusive thoughts and hyperarousal, although the severity may vary between individuals.

Foa et al., (2018) argue that persistent intrusion and hyperreactivity symptoms indicate that traumatic experiences have not been effectively integrated into the child's cognitive and emotional framework. In this situation, it is important for children to have a safe and supportive social environment to facilitate the gradual process of understanding their traumatic experiences. Therefore, therapeutic communication is important because it provides a means of interaction that fosters a sense of safety, acceptance, and emotional security.

In the pre-orientation phase, the results showed that the first meeting between children and volunteers was not entirely the same. Some children regularly received a warm welcome and supportive behavior, while others sometimes had different experiences. These differences were important because the early stages of interaction laid the foundation for building a sense of security and psychological readiness to participate in ongoing conversations. Wati et al., (2019) highlight that therapeutic communication in this early phase must include empathy, a willingness to help, and a nonjudgmental attitude to build trust, especially for those who are emotionally vulnerable.

During the orientation phase, the effectiveness of verbal and nonverbal interactions, such as speaking in a soothing tone and conveying messages clearly, proved to be more reliable than structured approaches to self-introduction. These results indicated that children tended to recognize and engage with the emotional elements of communication more easily than with formal methods of initiating conversation. In the context of therapeutic communication, the ability to share information clearly while maintaining a soothing tone is essential for creating a safe emotional atmosphere (Wati et al., 2019). This was particularly important because some children still showed signs of intrusion and avoidance, highlighting the need for gentle and supportive communication.

In the working phase, nearly half of the respondents mentioned that volunteers often provided opportunities to ask questions, listened carefully to their experiences, and responded to their emotions. However, there were still some children who did not always feel emotionally acknowledged. Foa et al., (2018) show that symptoms such as mood swings, withdrawal from social situations, and loss of motivation are typical PTSD symptoms and can be influenced by the

quality of support received. In this context, therapeutic communication that focuses on empathy, emotional recognition, and involvement, as suggested by Wati et al., (2019), can help children overcome negative feelings, regain a sense of control, and find positive meaning in their experiences.

In the termination phase, the results show that volunteers usually end the conversation by stating that the interaction is over and expressing appreciation, even though children's emotional reactions after the interaction vary. In the context of therapeutic communication, the termination stage plays an important role in ensuring clear understanding, emotional consistency, and safe closure, preventing interactions from ending abruptly. Wati et al., (2019) argue that well-organized termination can help individuals, including children, feel safe after the therapeutic exchange has ended.

In summary, although this study did not conduct statistical analyses to investigate the relationship between therapeutic communication and PTSD symptoms related to disaster events, observational findings suggest that recognizing patterns of children's PTSD symptoms, is essential for effectively implementing therapeutic communication. The research results highlight that therapeutic communication, as described by Wati et al., (2019), is an important interpersonal strategy to support children after traumatic events, particularly in creating a sense of security, assisting with emotion management, and promoting gradual psychosocial healing.

5. The Meaning of Therapeutic Communication in Post-Disaster Child Support

The research shows that therapeutic communication serves as a means of sharing information while building a supportive environment, which can increase feelings of security and acceptance among children in disaster-affected areas flooding and living in emergency shelters. Differences in PTSD symptoms reported by participants, particularly those related to intrusion thoughts, avoidance and levels anxiety, indicate that children are in a vulnerable psychological state and require adaptive and flexible communication strategies. This situation is consistent with the understanding of PTSD symptoms in children, which emphasizes that intrusive reactions and increased vigilance are typical responses following traumatic experiences and can affect the extent to which children are ready for interpersonal interaction (Foa et al., 2018).

In the early phases of pre-orientation and orientation, therapeutic communication is very important in forming first impressions that can influence children's participation in further interactions. A warm approach, the use of a soothing tone of voice, and clarity regarding the purpose of the interaction are very important for fostering a sense of security. This aligns with the concept of therapeutic communication described by Wati et al., (2019), which emphasizes that the foundation of therapeutic relationships, especially for emotionally vulnerable individuals, is built on a sense of security and trust. The variations observed in self-introduction behaviors and initial interactions indicate that not all children form equally strong therapeutic relationships, which may affect their willingness to open up in subsequent phases.

In addition, during the working phase, therapeutic communication becomes the primary means for children to share their feelings, experiences, and uncertainties. Differences in how volunteers respond to children's stories and emotions show that the quality of communication in this phase plays a crucial role in shaping children's emotional experiences. Children who continue to show signs of sadness, social withdrawal, and low motivation require communication that goes beyond simple conversation and becomes more empathetic and emotionally connected. This approach aligns with the principles of therapeutic communication, which emphasize empathy, emotional validation, and active engagement as fundamental components in supporting an individual's psychological health (Wati et al., 2019).

6. Challenges in Implementing Therapeutic Communication for Children with PTSD Symptoms

This study highlights various obstacles in implementing therapeutic communication in post-disaster situations and living in emergency shelters. One of the main obstacles is the varying levels of psychological readiness among children to participate in interactions. Signs of intrusion and

avoidance observed in some respondents indicate that not all children are ready to discuss their traumatic experiences openly, especially in the early stages of interaction. This behavior can be explained through the perspective of PTSD symptom reactions in children, where avoidance serves as a typical coping mechanism to alleviate emotional pain arising from distressing experiences (Foa et al., 2018).

In addition, symptoms of levels arousal and irritability, such as being easily startled and prone to anger, can hinder effective communication between children and volunteers. Children who exhibit these symptoms are often more reactive to external stimuli and social interactions, meaning that a lack of empathy in communication can worsen their emotional state. Volunteers must adjust their approach, including their pace, vocabulary, and communication style, according to children's emotional expressions and needs, as emphasized in the principles of adaptive and child-centered therapeutic communication (Wati et al., 2019).

Another obstacle is the inconsistent application of the stages of therapeutic communication. The results show that listening to children's stories and recognizing their feelings are not always well understood, indicating the need to improve volunteers' understanding of the basic principles of therapeutic communication. Without this consistency, communication can become transactional and fail to build meaningful emotional connections with children.

7. Implications of Findings for Post-Disaster Child Support Practice

Based on the descriptive results, therapeutic communication is considered a crucial element in psychosocial support for children after a disaster, although this study did not specifically assess its direct impact on reducing PTSD symptoms. Understanding the patterns of PTSD symptoms in children, as described by Foa et al., (2018), helps volunteers adjust their communication methods during the support process.

The practical implications of these findings highlight the importance of interaction quality, particularly in the orientation and working phases. Consistent self-introduction, empathetic listening, and emotionally sensitive communication can significantly increase children's feelings of safety and trust throughout the support experience. Additionally, establishing a clear and reassuring termination phase is crucial for ending therapeutic communication on a positive emotional note, as suggested by the relationship-centered therapeutic communication model (Wati et al., 2019).

These implications are particularly important because most respondents are in early adolescence, a phase characterized by increased emotional sensitivity and limited emotional regulation in stressful situations. Research on emotional regulation during adolescence shows that individuals in this phase are still learning how to cope with negative emotions and external stressors. As a result, social interactions that lack empathy can negatively affect their emotional well-being (Yilmazer, 2024).

Therefore, therapeutic communication should not only be viewed as a communication method but as an evolving relational practice that must be adapted to children's psychological needs and their disaster experiences. From a broader perspective on communication, these findings indicated that effective risk communication in post-disaster public services must go beyond simply sharing large-scale information. Although the conventional Crisis and Emergency Risk Communication (CERC) model introduced by Reynolds & Seeger (2005) emphasizes the importance of accurate, timely, and clear public messages, this study highlighted the importance of building relationships and emotional connections on a personal level, especially for at-risk groups such as children. Here, therapeutic communication could be seen as a detailed approach to risk communication, where empathy, emotional recognition, and ongoing dialogue played a crucial role in recovery-focused communication. Therefore, this study expanded the use of the risk communication framework by incorporating therapeutic awareness into support practices for children after a disaster.

CONCLUSION

This study presents an overview of therapeutic communication experiences as well as PTSD symptoms in children and adolescents affected by flooding and living in emergency shelters in Aceh Tamiang. Findings from the descriptive analysis show that most respondents still experience post-disaster PTSD symptoms. This is particularly true in relation to the dimensions of intrusion and avoidance, while high levels of arousal are observed in some respondents. These differences indicate that children's emotional reactions are diverse and influenced by their personal understanding and interpretation of the disaster situation.

Conversely, children's interactions with therapeutic communication varied across different phases of the therapeutic relationship. The initial phase of engagement and orientation was not experienced uniformly by all children, particularly in terms of self-introduction and trust building. In the working phase, despite opportunities for reciprocal communication, the emotional reactions observed in children varied. The termination phase was applied more consistently; however, emotional outcomes such as feelings of calm after communication were not experienced equally by all children.

Overall, the findings of this study indicate that therapeutic communication is important in supporting children who experience PTSD symptoms after a disaster. Understanding the diverse nature of emotional and stress symptoms in children provides an important basis for implementing therapeutic communication that is more sensitive, empathetic, and tailored to the psychological needs of children. Although this study was descriptive in nature and did not analyze causal relationships statistically, the results provide theoretical insights that could strengthen the application of therapeutic communication in disaster situations. In the initial screening phase, these assessment results can help identify children who show significantly higher symptom scores in various aspects of PTSD. Identifying these individuals is an important foundation for developing more focused psychosocial assistance aimed at minimizing the risk of symptoms persisting or worsening during the recovery period after a disaster.

Moreover, these results emphasize the need to incorporate both relational and therapeutic aspects into wider post-disaster risk communication plans within public service frameworks, especially when dealing with children who are considered a vulnerable population.

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