


The Implementation of Reality Therapy in Dealing with Post-Traumatic Disorder: A Case Study

Ainor Syahirah Khalid 

Kolej Universiti Islam Zulkifli Muhammad, Malaysia

 Corresponding Author: ainorsyahirah1997@gmail.com

	ABSTRACT
<p>ARTICLE INFO: Received August 09, 2023</p> <p>Revised February 25, 2024</p> <p>Accepted April 08, 2024</p> <p>KEYWORDS: post traumatic disorder, reality therapy</p>	<p>This paper aims to analyze the identifying of reality therapy on Post-Traumatic Disorder experienced by nurse "N" at Tengku Ampuan Rahimah Hospital. It is to identify the factors causing PTSD in nurse "N". This is a field research with a qualitative approach, specifically a case study. Data collection tools for this study include interviews, observations, and documentation. This research employs data analysis techniques by Robert K. Yin, which involve cross-case synthesis, explanation building, and time-series analysis. The results of this research indicate that nurse "N" experiences PTSD symptoms such as intrusive re-experiencing of traumatic events, avoidance, hyperarousal, and negative alterations. Among the factors causing nurse "N" to experience PTSD are being a victim of Covid-19 as a previous traumatic experience and a lack of social support. Ongoing stress is also a contributing factor to nurse "N" experiencing PTSD. The application of the WDEP technique in reality therapy to address the PTSD experienced by nurse "N" shows that nurse "N" gains awareness by adopting new behaviors, feeling better than before. Nurse "N" becomes capable of effectively dealing with challenges, becoming more independent and responsible. Additionally, spiritual values are integrated into the guidance process to maximize positive outcomes from the therapy. In conclusion, counseling theories are highly applicable in this context and should be connected to the return of the client to spiritual values for maximum benefit.</p>

INTRODUCTION

Crisis represents the pressure experienced by an individual and has a negative impact on their ability to think, plan, and effectively cope with problems. The COVID-19 pandemic that has swept the world has moved in a momentum that aligns with various feelings, thus directly or indirectly affecting human mental health. Its impact includes psychological, emotional, and cognitive aspects, leading to changes in individual behavior (Dye, 2020). d'Ettorre et al. (2021) states that the pandemic has put healthcare professionals in difficult working conditions and emotionally stressed them, making their mental health a concern. According to Jung et al. (2020), work-related consequences include deteriorating care quality, increasing medical errors, and more healthcare workers quitting. The groups most affected by these issues are frontline and non-frontline healthcare workers. Allan et al. (2020) found in their research that healthcare professionals directly involved in diagnosing, treating, and caring for COVID-19 patients are at risk of experiencing PTSD and other psychological disorders. This is mainly because many healthcare workers experience stress, depression, trauma, and fatigue due to their increased workload in conditions that threaten their health, well-being, and ability to work (Hartley et al., 2016).

In addressing these issues, reality therapy is employed as it focuses on current behavior. It confronts the client in a way that helps them face reality and meet their basic needs without harming themselves or others (Majdi et al., 2024). The core of reality therapy is personal responsibility. For nurses who have experienced disorientation, fear of their surroundings, and emotional sensitivity during the COVID-19 phase, early intervention is needed to address the trauma (Lestari et al., 2023). This theoretical approach is suitable for addressing the trauma issues faced by hospital nurses dealing

How to cite	Khalid, A. S. (2024). The Implementation of Reality Therapy in Dealing with Post-Traumatic Disorder: A Case Study. <i>Grief and Trauma</i> , 1(2). https://doi.org/10.59388/gt.v1i2.283
Homepage	https://journal.scidacplus.com/index.php/gt/
Published by	ScidacPlus https://creativecommons.org/licenses/by/4.0/

with COVID-19 cases. Reality Therapy was developed by William Glasser in the 1960s, combining psychotherapy and counseling (Hernisawati et al., 2022). Reality Therapy focuses on the concept of "reality," which is an objective standard or reference point that must be accepted as the truth. Behavior is evaluated based on its alignment with or deviation from existing reality. According to (Glasser & W), mentally healthy individuals exhibit a sense of responsibility in all their actions.

Responsibility, according to the Kamus Besar Bahasa Indonesia (Indonesian Dictionary), is a state in which one is obliged to bear everything, including the duty to bear, carry responsibility, and bear the consequences (Yanti & Agustina, 2022). It is understood that responsibility is also the ability to fulfill deep psychological needs, which include the need to see oneself as valuable and useful without infringing on the rights of others to meet their needs. Thus, being responsible is the result of various learning efforts in meeting the needs of the reality one faces, which is related to moral norms, social values, the value of life, and other factors (Marianti et al., 2022).

In this context, Glasser and Wubbolding mention that the procedures of reality therapy are carried out with four steps, known as WDEP: wants, direction and doing, evaluation, and planning. There is a specific method in the Reality Therapy process known as the WDEP system, where each letter represents a word that represents a therapeutic method (Mason, 2013). Given this theoretical framework, it is suitable for addressing the trauma issues faced by hospital nurses dealing with COVID-19 cases (Reiter et al., 2007). Further research on this topic is essential to help develop additional tools to assist clients and serve as a reference for policy development related to trauma management during the COVID-19 pandemic. This issue is critical and requires greater attention. If not addressed promptly, it may slow down the counseling process in specific sectors because it would require a trial-and-error process to determine whether other theories used are suitable for the current situation. One effective approach is using reality therapy (Ramaswamy & Seshadri, 2020).

The COVID-19 pandemic has placed immense pressure on healthcare workers, leading to significant mental health challenges such as stress, trauma, and PTSD. Studies by d'Ettorre et al. (2021) and Jung et al. (2020) show that both frontline and non-frontline healthcare workers are emotionally affected, which impacts the quality of care and increases medical errors (Ringrose & Regehr, 2023). To address these issues, Reality Therapy offers a helpful approach by focusing on personal responsibility and current behavior (Wijaya & Widiastuti, 2019). Developed by William Glasser, this method helps individuals meet their basic needs without harming themselves or others. It uses the WDEP system—wants, direction and doing, evaluation, and planning—as a guide for therapy. For nurses struggling with trauma from their work during the pandemic, Reality Therapy can provide effective intervention, helping them regain control and responsibility over their lives. Further research into its application in healthcare settings could offer valuable insights and support policy development in trauma management.

Literature Review

As for the content of this research, it bears similarities to other research studies conducted by various researchers. Implementation of Crisis Counseling Integrated with Sufi Healing to Address Early Childhood Trauma in Post-Disaster Crisis Situations", by Rahmat. H. K, (2018). This research focuses on addressing trauma in young children caused by natural disasters through crisis counseling conducted by counselors. The approach involves play therapy integrated with Sufi healing during post-disaster crisis situations. The aim is to reduce trauma in young children and ensure their developmental tasks are not disrupted.

Crisis Counseling with a Reality Counseling Approach to Reduce Anxiety in Child Victims of Sexual Violence", conducted by Putri (2017). This research deals with crises related to child abuse, specifically sexual violence, and aims to reduce anxiety in child victims through crisis counseling using a reality-based approach. The research utilizes visual examination and direct observation of existing data presented graphically to gain a clear understanding of the anxiety experienced by victims.

Recommendations include providing guidance by teachers, counselors, and parents to implement crisis counseling approaches that approach reality to reduce anxiety in child victims of sexual violence. These studies share common themes with the current researcher's work, as they all involve research related to natural disasters and crises. Additionally, COVID-19 is considered a natural disaster in a non-visible form but with significant global consequences. The counseling model employed in these studies is Crisis Counseling, and all focus on addressing individual trauma.

Furthermore, there is another research study titled "The Urgency of Crisis Counseling in Dealing with the COVID-19 Pandemic in Indonesia," written by [Rozzaqyah \(2020\)](#). This research addresses crises that disrupt the balance of individuals' lives during the COVID-19 pandemic in Indonesia. It utilizes qualitative research and a literature review strategy to gather data, information, phenomena, records, and documents regarding the impact of the COVID-19 pandemic and the importance of managing psychological crises through crisis counseling. The research findings indicate that the COVID-19 pandemic has led to psychological pressure on Indonesian society due to three major impacts: increased unemployment and poverty rates, rising COVID-19 cases and deaths, and the implementation of the new normal policy.

The crisis conditions experienced by the public have resulted in increased stress, emotional turmoil, and psychological disturbances, impacting life after the end of the COVID-19 pandemic. The heightened psychological pressure on society and its impact on mental health underscore the importance of implementing crisis counseling by counselors and other psychologists. It is hoped that there will be the establishment of platforms for crisis counseling that can be utilized by the public to address the impacts of the COVID-19 pandemic, both during and after its conclusion. The commonality with the current researcher's work lies in the focus on crisis counseling when dealing with individuals facing crises related to COVID-19. These studies also share the qualitative research approach, obtaining data from a combination of interviews, records, phenomena, and documents related to the pandemic.

Rationale of Study

This study is grounded in the need to address the mental health challenges faced by nurses treating COVID-19 patients, particularly in relation to trauma and PTSD. It aims to explore how crisis counseling, specifically the reality therapy approach, can effectively manage trauma in healthcare settings. The research contributes theoretically by enriching knowledge on crisis counseling and trauma management, and practically, it provides hospital and general counselors with insights to improve interventions for nurses dealing with trauma. The findings can also inform policy development, training, and program creation by institutions aimed at addressing the psychological impact of the pandemic on healthcare workers. Additionally, this research lays the groundwork for future studies to develop more effective crisis counseling and trauma management programs for frontline medical professionals.

METHODS

Research Design

This research adopts a qualitative approach aimed at understanding phenomena experienced by individuals, such as behaviors, perceptions, motivations, and actions, within a natural context. It utilizes a case study methodology, which is descriptive in nature, to explore human experiences and behaviors as conscious, intentional acts imbued with meaning, rather than automatic responses. The study focuses on a single case—Nurse "N" at Tengku Ampuan Rahimah Hospital—who experienced trauma during the COVID-19 pandemic. Through this case, the research examines how reality therapy can address trauma symptoms. Case studies are particularly useful when investigating "how" and "why" questions in real-life contexts, with a focus on contemporary issues. This method allows for an in-depth exploration of the subject, employing various forms of evidence such as documents,

interviews, and observations, and is ideal when boundaries between the phenomenon and its context are not clearly defined. The study's design is tailored to examine Nurse "N"'s specific experience with trauma, using reality therapy to explore potential solutions.

Participants

In this research, the researcher selected a respondent who could provide information, namely Nurse "N," who is currently employed as a registered nurse under the Ministry of Health Malaysia, at Tengku Ampuan Rahimah Hospital in Klang, Malaysia.

Table 1. Overview of the Subject

No.	Regarding	Subject
1.	Name (alias)	Nurse "N"
2.	Age	30 years old
3.	Gender	Female
4.	ethnicity	Malay
5.	religion	Islam
6.	residence	Selangor
7.	occupation	Nurse

Procedure

Subject Selection Criteria

According to [Sarantakos \(1998\)](#), the sampling procedure in qualitative research generally has the following characteristics: 1) Not a large number but focused on cases with specific research problems; 2) Not rigidly predetermined but can change in terms of characteristics and sample size, depending on the evolving concepts in the research; 3) Not random but must be contextually appropriate. In this research, subject selection was done by choosing subjects based on predetermined criteria, specifically through purposive sampling (based on predefined criteria). The main criteria for selecting research subjects were as follows: a) A nurse involved in the care of COVID-19 patients, whether a frontline or non-frontline nurse, involved in the care at Tengku Ampuan Rahimah Hospital, Klang. b) A nurse who suffered trauma due to COVID-19, has been diagnosed with PTSD, received guidance from a counselor, and has been able to resume productive activities in daily life. Individuals were identified from a group of nurses within the researcher's closest community who shared their personal experiences. The subject is socially healthy and cheerful, making them cooperative during interviews. The subject was willing and volunteered to be part of the research. c) Significant others: 1) Have a close relationship with the subject, 2) Have personal knowledge of the subject. Based on these criteria, the researcher selected Nurse "N" as the research subject because they were considered to meet the requirements ([Emzir, 2018](#)).

Data Collection

In this research has data collection techniques. In this research, data was collected using three primary methods: interviews, observation, and documentation. According to Kartini Kartono, interviews involve a structured conversation aimed at gathering information about individuals, events, or emotions. Patton identifies several interview types, including informal conversation interviews, general guideline interviews, and open-ended structured interviews. In this study, the researcher employed a general guideline interview approach with Nurse "N" and her mother, allowing flexibility in the conversation. Observations were conducted using a non-participant, non-systematic approach, where the researcher observed subjects from a distance without engaging in their activities, aiming to understand behavior naturally. Lastly, the documentation method was used to examine written sources such as diaries, reports, and articles that provided additional information relevant to the research.

Data Analysis

In this research, the researcher employed a qualitative approach, specifically a descriptive single-case study research, to investigate how reality therapy could address trauma symptoms in Nurse "N," a single subject. The study focused on examining in detail and depth, within a specific timeframe, how crisis counseling assisted the client in shifting towards positive behaviors and becoming a more self-reliant and responsible individual. This research falls under the category of single-case study research because the researcher examined only one individual, Nurse "N," who was experiencing trauma symptoms due to her involvement in COVID-19 patient care at Tengku Ampuan Rahimah Hospital. The research focused solely on understanding how the application of reality therapy could help mitigate her trauma. According to Robert (2015), case study research is generally a suitable strategy when the core questions of a study revolve around how or why, and when researchers have limited control over the events being investigated. It is particularly useful when the research focuses on contemporary phenomena in the context of real-life situations. Yin further distinguishes three types of case studies: (1) explanatory, (2) exploratory, and (3) descriptive.

The primary criteria for selecting the research subject were as follows; a) The subject should be a nurse involved in the care of COVID-19 patients, either as a frontliner or non-frontliner, at Tengku Ampuan Rahimah Hospital, Klang. b) The nurse should have experienced trauma related to COVID-19, been diagnosed with PTSD, received guidance from a counselor, and regained the ability to engage in productive daily activities. Subjects were selected from a group of nurses closely associated with the researcher, and they shared their personal experiences. The subjects were socially healthy and cooperative during interviews, willingly offering to participate in the research. c) Significant others who had a close relationship with the subject and were personally familiar with the subject.

RESULT AND DISCUSSION

Results

As a result, the technique used on the subject when facing their trauma is reality therapy using the WDEP technique, which stands for Wants, Direction and Doing, Evaluation, and Planning. It has a specific method in the reality therapy process known as the WDEP system. In this case, the researcher aims to determine the extent of the effect of reality therapy in reducing PTSD symptoms in the subject.

What They Want

In this phase, the counselor helps the client explore their desires, needs, and perceptions related to their current situation. The client is encouraged to recognize the connection between their desires and meeting their needs. Questions are used to clarify the client's wants and to identify the focus of therapy. This includes questions about the client's desires for themselves, their environment, and the people around them.

Doing and Direction

The client focuses on their current behavior without dwelling on past issues. They explore a person's total behavior, including actions, thoughts, emotions, and physiology. The counselor asks about the efforts the client has made to cope with the discomfort they feel in their reality. The emphasis here is on total behavior, as there is a significant potential for change.

Conduct Searching Self Evaluation

The client assesses their actions based on societal values and norms. Self-evaluation helps individuals assess the quality of their behavior. Without self-assessment, change is difficult to achieve. Questions related to self-evaluation can include assessing the overall direction and goals of behavior, specific behaviors' effectiveness or ineffectiveness, behaviors that are acceptable or

unacceptable, general self-talk in belief systems, beneficial or harmful emotional behaviors or feelings, long-term interests, evaluating desires, evaluating perceptions, and the level of commitment. The purpose of self-evaluation is to accelerate the desired changes by reminding the client of their desires and needs.

Planning

The counselor assists the client in developing a plan to meet their needs more effectively. This involves seeking alternative behaviors, negotiating plans, committing to the agreed-upon plan, developing relevant behaviors, evaluating progress, and implementing the agreed-upon plan. Reality Therapy views planning as essential and encourages individuals to have long-term plans and goals, which are further broken down into a series of short-term and realistic plans. Plans should evolve from self-evaluation and reflect desired changes.

The researcher also found that the traumatic events experienced by Nurse "N" were due to two factors. Previous Traumatic Experience: Nurse "N" had previously experienced traumatic events. Ongoing Stress: Nurse "N" experienced ongoing stress.

Among the factors contributing to the development of PTSD symptoms in Nurse "N" was witnessing a patient's sudden death. She accompanied a patient to the bathroom, and within seconds, she discovered that the patient had died in the bathroom. This unexpected event shocked Nurse "N" and her colleague. The patient had appeared fine just moments before, answering the nurse's call, and then suddenly passed away. In the following week, Nurse "N" herself was diagnosed with COVID-19. On the first day of her diagnosis, she experienced high fever, coughing, and a sore throat. As a nurse, she knew that she needed to take immediate action. Nurse "N" decided to self-quarantine and began taking medication. She isolated herself from others in her home and prepared to take sick leave for self-quarantine. Nurse "N" also worried about her condition.

On that same day, Nurse "N" received the result of her rapid antigen test, which all hospital staff were required to undergo weekly. Nurse "N" received a call from the Public Health Unit (UKA), responsible for monitoring the health of healthcare workers. The UKA staff scolded her, saying,

"...Haven't you been taking care of yourself? You've tested positive!"
Frustrated and upset by this news, Nurse "N" shouted to her household members, "I'm positive; you don't need to look for me..."

She then closed her bedroom door forcefully. Following this, Nurse "N" learned that a friend who had been in close contact with her had to return home due to being considered a close contact. This added to Nurse "N"'s feelings of guilt. On the following day, August 9, 2021, it was reported on television that renowned singer Siti Sarah Raissuddin, 36 years old, had passed away due to COVID-19. Siti Sarah had been fighting for her life since the previous day after being infected with COVID-19. (Suzane, 2021).

She had been receiving treatment at Universiti Kebangsaan Malaysia Tuanku Muhriz Hospital (HCTM) since August 4, 2021, following severe coughing and decreased oxygen levels in her blood. This news, including overthinking, started to affect Nurse "N." She had difficulty sleeping for two weeks. Alone in her room, she began to imagine her own death and worried about whether her deeds in this world were sufficient. She was afraid to sleep because she believed that if she fell asleep, she would be in her grave. Additionally, Nurse "N" had a habit of checking her pulse rate and oxygen levels before bedtime. During one check, she was overthinking, which led to an increased heart rate, making her more anxious and stressed. This pattern continued for some time, deepening the trauma she experienced.

Regarding the characteristics of Post-Traumatic Stress Disorder (PTSD) symptoms from theoretical propositions, it can be concluded that Nurse "N" also exhibits signs commonly associated with PTSD.

Flashbacks: Nurse "N" experiences recurrent and intrusive memories of the patient's death in the hospital and the memory of the death of singer Siti Sarah. These memories disrupt her eating and sleeping patterns.

"...I can't stop thinking about the patient who passed away... it keeps replaying in my head. And then, I also think about Siti Sarah's death. It's like the two events are stuck together in my mind. I wake up in the middle of the night, and I can't fall back asleep. Sometimes, I even forget to eat because it just takes over my thoughts..."

Avoidance of Stimuli: Following the traumatic events, Nurse "N" avoids crowded places and prefers not to meet with fellow nurses who were involved in the patient's death. She withdraws from social interactions, isolates herself, and prefers solitude.

"...I don't like going to crowded places anymore. And I avoid meeting the other nurses who were there when the patient passed away. It's just easier to be alone... I feel better when I'm by myself..."

Sleep Disturbances: Nurse "N" often struggles with sleep disturbances. She has difficulty falling asleep and often wakes up during the night. She experiences sleep interruptions due to her fear of death, as she envisions scenarios related to the deaths of COVID-19 patients and Siti Sarah.

"...I have a hard time falling asleep and I keep waking up during the night. I'm haunted by thoughts of death, especially thinking about the patients who died and Siti Sarah. It's really affecting my sleep..."

Increased Emotional Reactivity: Nurse "N" has become more emotionally reactive. She easily gets anxious and is highly sensitive to cases she hears about. Her behavior appears restless, and she frequently wears a gloomy expression.

"...I find myself getting anxious over the smallest things now. I can't help but react strongly to any case I hear about, and I feel constantly on edge. I know I look down a lot, and it's like I can't shake this restless feeling..."

Hyperarousal: Nurse "N" experiences physical reactivity, including trembling and a racing heart when reminded of the events at the hospital. She has become easily agitated and highly sensitive to cases she hears about.

"...Whenever something reminds me of what happened at the hospital, I start trembling and my heart races. I'm on edge all the time now and get really worked up whenever I hear about similar cases..."

Changes in Thought Patterns and Perceptions: Nurse "N" has developed negative and pessimistic thought patterns, often thinking that her colleagues will want to avoid her. She feels suddenly separated and alienated from those around her.

"...I keep thinking that my colleagues are avoiding me, and I feel like I'm on the outside looking in. It's like I've suddenly become disconnected from everyone around me..."

Appetite Changes: Nurse "N" has noticed a decrease in her appetite. Her usual three meals a day have reduced to only one.

"...I've lost my appetite. I used to eat three meals a day, but now I can barely manage one..."

Based on the descriptions provided, it can be seen and concluded that Nurse "N" exhibits signs of Post-Traumatic Stress Disorder (PTSD) as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM). In this situation, Nurse "N" experienced indirect exposure to a patient who was not a close acquaintance but still developed direct empathy for a brief moment. This is because humans are often stimulated by the suffering of others, which relates to a person's moral and empathetic nature, as discussed by Crisp (2014). Additionally, in the context of PTSD diagnosis criteria, Nurse "N" meets the criteria for stressor A1, which involves exposure to actual or threatened death, serious injury, or threat to physical integrity either personally or through witnessing it in someone else's experiences. Therefore, the validity of PTSD affecting Nurse "N" aligns with theoretical propositions related to PTSD.

The steps used in the prognosis session involve determining the type of assistance to be provided during counseling sessions. Based on the interview results conducted by the researcher with Nurse "N," the following are the steps and their application in the context of reality therapy.

Wants (What They Want)

Here, the counselor explores Nurse "N"'s needs, desires, or perceptions regarding her current situation. This involves understanding if Nurse "N" has any desires to improve her condition, which is not aligned with her current reality. The counselor asks questions about Nurse "N"'s efforts in facing the perceived unsafe reality. Together, they discuss the focus of changes that Nurse "N" wants to make for her present and future.

Doing and Direction

In this phase, the counselor validates the efforts made by Nurse "N" to cope with the discomfort she experiences regarding reality. The counselor emphasizes the primary issues that Nurse "N" faces. The counselor identifies what Nurse "N" has been doing to achieve her goals.

Evaluation (Conduct Searching Self-Evaluation)

The counselor guides Nurse "N" to assess what she has done based on societal norms and values. The counselor asks questions that facilitate self-evaluation, including assessing commitment levels and the effectiveness of the plans made.

Planning

The counselor encourages Nurse "N" to create a plan. This involves seeking alternative behaviors, negotiating plans, evaluating progress, and implementing agreed-upon plans. In the context of Nurse "N"'s PTSD, the application of reality therapy involves helping her identify her desires and needs for improvement. The counselor validates her efforts to cope with the traumatic experiences related to her job and guides her toward a more effective and positive approach to reality. The goal is to help Nurse "N" create a plan for her present and future that promotes healing and well-being. Through this process, Nurse "N" can work on changing her thought patterns, emotions, and behaviors to better align with her desired reality.

Discussion

In this section, the researcher will describe the data obtained from an interview with Nurse "N," who received counseling assistance to address PTSD caused by her exposure to COVID-19 cases in 2021. The interview data will be analyzed using the case study technique introduced by Robert (2015), which includes pattern matching, explanation, and time-series analysis.

Based on the interview conducted, the researcher found that Nurse "N" exhibited symptoms of PTSD, as described in the theoretical propositions. This section will provide a detailed comparison between Nurse "N"'s experiences and the theoretical framework for PTSD symptoms, demonstrating

how her symptoms align with the established criteria for PTSD diagnosis. It will help establish the presence of PTSD and its specific manifestations in Nurse "N."s case. Below is an explanation using pattern matching of the theory presented before regarding the initial symptoms of Post-Traumatic Stress Disorder (PTSD), and it is concluded that Nurse "N" also exhibits signs of PTSD as outlined.

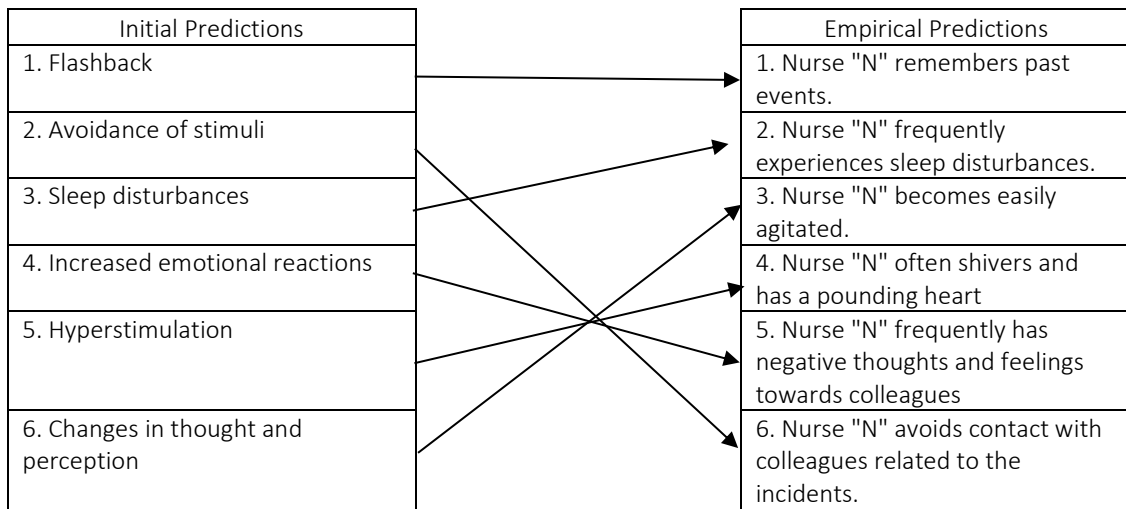


Figure 1. Initial Predictions and Empirical Predictions of PTSD Symptoms of Nurse "N"

The empirical observations align with the initial predictions, confirming that Nurse "N" exhibits symptoms of PTSD. The results of the interviews conducted by the researcher with Nurse "N" reveal the counseling process that Nurse "N" underwent with her counselor. This process will be described using a case study method and counter-explanation as a pattern to investigate how reality therapy addresses PTSD in Nurse "N." This choice stems from the fact that reality therapy focuses on the behavior exhibited by the client, encourages self-evaluation, promotes the creation of a change plan, and invites the client to confront reality. This approach is highly suitable for addressing Nurse "N's" specific situation.

The Time Series Analysis is used to observe and evaluate the progress. It helps in understanding Nurse "N's" behavior after undergoing therapy. To assess the changes experienced, during the interview with Nurse "N," the researcher aims to determine the outcomes of the therapy process and whether it has brought about significant changes in Nurse "N's" PTSD. The explanation of Nurse "N's" condition before and after therapy can be detailed in the following table 2.

Table 2. Nurse "N's" Condition Before and After the Counseling Process

No.	Condition before the counseling process (August-September)	A	B	C	Condition after the counseling process (October-November)	A	B	C
1.	Flashback			✓	Flashback	✓		
2.	Avoidance of stimuli		✓		Avoidance of stimuli	✓		
3.	Sleep disturbance		✓		Sleep disturbance	✓		
4.	Increased emotional reactions			✓	Increased emotional reactions			✓
5.	Hyperstimulation			✓	Hyperstimulation	✓		
6.	Changes in thought and perception			✓	Changes in thought and perception			✓

Descriptions:

A: Never

B: Sometimes

C: Still often

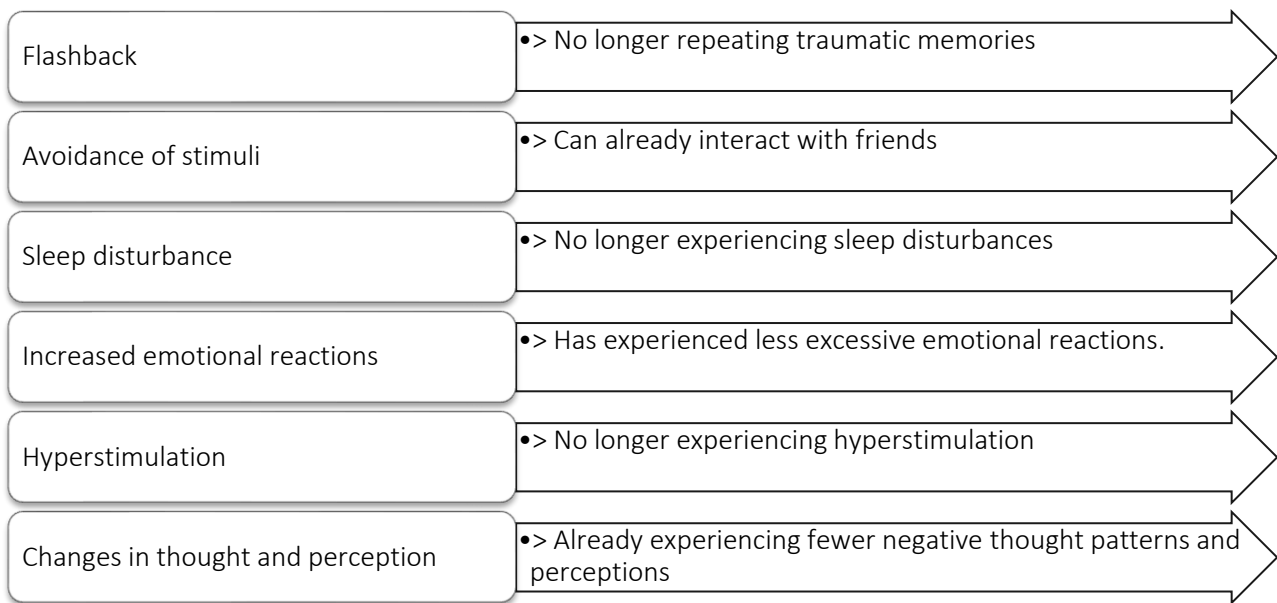


Figure 2. Symptom Scheme and Changes in Nurse "N" before and after receiving guidance

Implication

Clinical Practice, the findings of this study have important implications for clinical practice, particularly in the field of mental health and trauma therapy. Mental health practitioners, including counselors and therapists, can consider incorporating reality therapy techniques, such as the WDEP system, into their therapeutic approaches when working with individuals experiencing PTSD. This approach, as demonstrated in the case of Nurse "N," can provide a structured framework for exploring clients' desires, behaviors, self-evaluation, and planning for positive change.

Tailored Interventions, the study highlights the importance of tailoring therapeutic interventions to the unique needs and experiences of individuals with PTSD. Reality therapy encourages therapists to focus on a client's present behavior and emphasizes their responsibility for change. Practitioners can apply these principles to develop personalized treatment plans that align with the client's goals and values.

Holistic Treatment, reality therapy's emphasis on addressing the client's total behavior, including thoughts, emotions, actions, and physiology, underscores the importance of holistic treatment. Mental health professionals can use this approach to address multiple facets of a client's well-being and promote comprehensive healing.

Research Directions: This single-case study provides a foundation for future research in the field of trauma therapy. Researchers can explore the effectiveness of reality therapy in larger and more diverse populations of individuals with PTSD. Comparative studies that assess the outcomes of reality therapy against other evidence-based therapies can contribute to a better understanding of its efficacy.

Long-Term Outcomes, the short-term nature of the study suggests the need for further investigation into the long-term outcomes of reality therapy for PTSD. Researchers can conduct follow-up studies to assess whether the positive changes observed in Nurse "N" are sustained over time and whether this therapy has lasting benefits for individuals in their post-traumatic recovery.

Training and Education: Mental health practitioners can benefit from training and education in reality therapy techniques. Institutions offering mental health counseling programs can consider incorporating reality therapy into their curricula to prepare future counselors and therapists with a diverse set of therapeutic tools.

Ethical Considerations, practitioners should be mindful of ethical considerations, such as informed consent and the potential for sensitive topics to arise during therapy. Ethical training and guidelines should accompany the implementation of reality therapy to ensure the well-being and autonomy of clients.

Public Awareness, raising public awareness about the availability and effectiveness of reality therapy for PTSD can encourage individuals experiencing trauma-related symptoms to seek professional help. Public health campaigns and educational initiatives can play a role in reducing the stigma surrounding mental health treatment.

In conclusion, the implications of this study extend to clinical practice, research, education, and ethical considerations in the field of trauma therapy. The application of reality therapy techniques holds promise in assisting individuals on their path to recovery from PTSD and improving their overall well-being.

Limitation

The findings of this study may have limited generalizability beyond the specific context of nurses who have experienced traumatic events related to their work during the COVID-19 pandemic. The study's sample primarily consisted of nurses from a particular hospital or geographic area, which may not represent the broader population of healthcare professionals or individuals with PTSD. Therefore, caution should be exercised when applying the results to other healthcare settings or populations with different trauma exposures.

Another limitation of this study is the reliance on a single case study design, which focused on a single participant, Nurse "N." This limitation restricts the generalizability of the findings to a broader population. While the in-depth analysis of Nurse "N"'s experience provided valuable insights into the application of reality therapy for PTSD, it cannot be assumed that the same results and conclusions would apply to all individuals with PTSD. Variability in individual experiences and responses to therapy may exist, and different traumatic events and backgrounds could yield different outcomes. Additionally, the study relied on self-report data obtained through interviews with Nurse "N." The data collected are subject to potential biases, including social desirability bias, memory recall bias, and the participant's interpretation of events. Nurse "N" may have provided responses that she believed the researcher expected or that reflected positively on her, which could affect the accuracy of the information gathered.

Furthermore, the study did not include a control group or comparative analysis with other therapeutic approaches for PTSD. While the research focused on the application of reality therapy and its impact on Nurse "N," the absence of a control group or alternative therapy comparison limits the ability to draw definitive conclusions about the effectiveness of reality therapy in comparison to other treatment modalities. Lastly, the study's timeframe was relatively short, with data collected over a specific period. Long-term follow-up data beyond the timeframe of the study would provide a more comprehensive understanding of the sustainability of the therapeutic effects and whether the observed improvements persist over time. These limitations should be considered when interpreting the findings and may guide future research in exploring the broader applicability of reality therapy for PTSD and addressing potential biases and variables that could impact the results.

CONCLUSION

This study explored the use of reality therapy, specifically the WDEP system (Wants, Direction and Doing, Evaluation, and Planning), as a therapeutic method to help Nurse "N" manage PTSD symptoms stemming from her experiences during the COVID-19 pandemic. The research demonstrated that reality therapy, which emphasizes current behavior and personal responsibility, can effectively support PTSD recovery by helping individuals address symptoms such as flashbacks, avoidance, sleep disturbances, emotional reactivity, hyperarousal, and negative thought patterns. By

using the WDEP framework, Nurse "N" was able to evaluate her desires, assess her behavior, and create a personalized change plan, leading to significant improvements in her emotional well-being. The study also highlighted the importance of understanding indirect trauma exposure and its impact on PTSD. It suggests several areas for future research, including longitudinal studies on therapy sustainability, comparisons with other PTSD treatments, cultural adaptations, group therapy benefits, teletherapy effectiveness, preventive strategies, the role of family support, quantitative outcome measures, and cost-effectiveness analyses. These future research directions aim to enhance the understanding and application of reality therapy, ultimately improving mental health interventions for trauma survivors.

REFERENCES

- Allan, S. M., Bealey, R., & Birch, J. (2020). The Prevalence of Common and Stress-related Mental Health Disorders in Healthcare workers Based in Pandemic-affected hospitals: A Rapid Systematic Review and meta-analysis (In-ternet. *Psychiatry and Clinical Psychology*. <https://doi.org/10.1101/2020.05.04.20089862>
- Crisp, R. (Ed.). (2014). *Aristotle: nicomachean ethics*. Cambridge University Press. University Press. [Google Scholar](#)
- d'Ettorre, G., G, C., Santinelli, L., Vassalini, P., Innocenti, G. P., Alessandri, F., & Tarsitani, L. (2021). Post-Traumatic Stress Symptoms in Healthcare Workers Dealing with the COVID-19 Pandemic. *A Systematic Review. International journal of environmental research and public health*, 18(2), 601. <https://doi.org/10.3390/ijerph18020601>
- Dye, H. L. (2020). Is Emotional Abuse As Harmful as Physical and/or Sexual Abuse? *Journal of Child and Adolescent, Trauma*,13(4), 399–407. <https://doi.org/10.1007/s40653-019-00292-y>
- Emzir (2018). *Metodologi Penelitian Kualitatif Analisis Data*. Jakarta: Raja Grafindo. [Google Scholar](#)
- Glasser, M. D., & W. *Reality Therapy, A New Approach to Psychiatry*. HarperCollins e-books.
- Hartley, S., Johnco, C., Hofmeyr, M., & Berry, A. (2016). The Nature of Posttraumatic Growth in Adult Survivors of Child Sexual Abuse. *J Child Sex, Abus*,25(2), 201–220. <https://doi.org/10.1080/10538712.2015.1119773>
- Hayatul Khairul Rahmat, -. a. E. N., - and A Said HAsan Basri. (2018). *Implementasi Konseling Krisis Terintegrasi Sufi Healing untuk Menangani Trauma Anak Usia Dini pada Situasi Krisis Pasca Bencana* UIN Sunan Kalijaga]. [Google Scholar](#)
- Hernisawati, H., Kushendar, K., Hidayat, F. N., Sabri, F., A, S., & H. (2022). Bimbingan Teknis Metode Empatik di Masa Pandemi terhadap Calon Guru Bimbingan dan konseling (BK) di Lingkungan Lembaga Pendidikan (LP) Ma'arif Kota Metro Lampung. *Jurnal Pengabdian Multidisiplin*, 2(2), 62-68. <https://doi.org/10.51214/japamul.v2i2.281>
- Jung, H., Jung, S. Y., Lee, M. H., & Kim, M. S. (2020). Assessing the Presence of Post-Traumatic Stress and Turnover Ontention Among Nurses Post Middle East Respiratory Syndrome Outbreak: The Importance of Supervisor Support. *Workplace Health & Safety*, 68(7), 337–345. <https://doi.org/10.1177/2165079919897693>
- Lestari, M., Hasan, H., Silalahi, M. F., Thalib, M. M., Ampulembang, J. A. C., & Kushendar, K. (2023). *Group Counseling on Increasing the Learning Motivation of Broken Home Students*. *Grief and Trauma*,1(1). <https://doi.org/10.59388/gt.v1i1.226>
- Majdi, M. Z. Z., Suryadi, I. E., & Hadi, S. (2024). Islamic Counseling Guidance Mujadalah Technique for Child Victims of Psychological Violence. *Grief and Trauma*, 2(1), 1–12. <https://doi.org/10.59388/gt.v2i1.264>
- Marianti, L., Kushendar, K., & Fitri, H. U. (2022). Parenting information for parents: Efforts to prepare children to experience menarche in prepubertal young girls. *KONSELI : Jurnal Bimbingan dan Konseling, E-Journal*),9(2), 201–208. <https://doi.org/10.24042/kons.v9i2.14020>

- Mason, J. R. (2013). *Posttraumatic growth in female sexual assault survivors*. The University of Tennessee. [Google Scholar](#)
- Putri, M. E. (2017). Konseling Krisis Dengan Pendekatan Konseling Realitas Untuk Menurunkan Kecemasan Anak Korban Kekerasan Seksual. In *1st ASEAN School Counselor Conference on Innovation and Creativity in Counseling*. Ikatan Bimbingan dan Konseling Sekolah. [Google Scholar](#)
- Ramaswamy, S., & Seshadri, S. (2020). Children on the brink: Risks for child protection, sexual abuse, and related mental health problems in the COVID-19 pandemic. *Indian J Psychiatry*, 62(Suppl, 3), 404–413. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_1032_20
- Reiter, S., Bryen, D. N., & Shachar, I. (2007). Adolescents with intellectual disabilities as victims of abuse. *J Intellect(abil,11(4))*, 371–387. <https://doi.org/10.1177/1744629507084602>
- Ringrose, J., & Regehr, K. (2023). Recognizing and addressing how gender shapes young people's experiences of image-based sexual harassment and abuse in educational settings. *Journal of Social Issues*, 79(4), 1251-1281. <https://doi.org/10.1111/josi.12575>
- Robert, K., Dowell, A., & Nie, J. B. (2019). Attempting rigour and replicability in thematic analysis of qualitative research data; a case study of codebook development. *BMC medical research methodology*, 19(1), 1-8. <https://doi.org/10.1186/s12874-019-0707-y>
- Rozzaqyah, F. (2020). Urgensi Konseling Krisis dalam Menghadapi Pandemi Covid-19 Di Indonesia. In *Prosiding Seminar Bimbingan dan Konseling* (pp. 136-143). [Google Scholar](#)
- Sarantakos, S. (1998). Sampling procedures. In *Social Research*. Palgrave. https://doi.org/https://doi.org/10.1007/978-1-349-14884-4_6
- Suzane (2021) Malaysian singer Siti Sarah dies of Covid-19 three days after giving birth. The Strait Times. Malaysia. [Straittimes](#)
- Wijaya, Y. D., & Widiastuti, M. (2019). Kebersyukuran untuk meningkatkan kesejahteraan pada wanita korban pelecehan seksual. *Jurnal Psikologi: Media Ilmiah Psikologi*, 17(01). <https://doi.org/10.47007/jpsi.v17i01.13>.
- Yanti, P. E., & Agustina, L. F. (2022). Gambaran Psikososial Anak Korban Kekerasan dalam Rumah Tangga. *Ash-Shudur: Jurnal Bimbingan Dan Konseling Islam*, 2(1), 43-57. [Google Scholar](#)

Copyright Holder:

© Authors. (2023)

First Publication Right:

© Grief and Trauma

This article is under:

