

Cognitive-behavioral Group Therapy to Reduce Anxiety in High School Students Who Have Family Problems

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Abstract: This study aims to examine the effectiveness of cognitive behavior group therapy for reducing anxiety in high school students who experience anxiety due to family problems. Researchers want to change the irrational belief of adolescents toward themselves and their families and teach effective coping techniques of problems. This research is important because high school students are in the development phase of the role of identity. If it fails to fulfill the task of development in this phase, then the individual will be confused with his identity. Hypothesis in this research is there is difference of high school student anxiety level in experiment group and control group after given cognitive-behavioral group therapy. Subjects in this study were 16 high school students grade X and XI male and female female aged 15-16 years and have family problems. Subjects were divided into experimental and control groups. The measurement tool used is Beck Anxiety Inventory Research using quasi experiment with non-randomized pretest-posttest control group design. Data were analyzed using independent sample t-test. The results showed that there was difference of high school students' anxiety level in experimental group and control group after given cognitive-behavioral group therapy with $p = 0,001$ ($p < 0,05$). In conclusion, cognitive-behavioral group therapy is effective to reduce anxiety in high school students who have family problems.

1 INTRODUCTION

Vocational High School X is one of the leading secondary schools in Yogyakarta. The school has several expertise programs offered to students, including light vehicle engineering, catering services, and computer and network engineering. In addition to the expertise program, SMK X also offers a variety of extracurricular activities and counseling guidance to students. That is, this school not only provides cognitive skills to students, but also social skills and emotional management. Emotional management skills are very important because students are in the age range of 15-17 years, meaning that they are in the teenage phase. Psychologically, adolescence is the phase in which individuals seek identity. If you fail to fulfill the developmental tasks in this phase, then the individual will be confused with his identity.

According to one of the career guidance and counseling (BK) teachers, the behavioral and emotional problems faced by students are very diverse. There are students who come with problems

with the opposite sex (dating), problems with classmates, problems with students who are often sick and permission not to go to class, to the problem of using addictive substances such as cigarettes and liquor. BK teachers who numbered three people were not enough to accommodate the psychological needs of all students totaling around 800 people.

Based on observations by BK teachers, more than 95 percent of students who came or were asked for counseling came from families who had problems. There are students who are not cared for by parents, there are students who get violence from parents, students who have parents but are ignored, and various other family problems. That is, problems that come from within the family and have not yet been resolved can trigger negative emotions for students. When facing an environment outside his home, students are easily triggered by negative emotions and become a source of problems in interpersonal relationships.

The school together with Puskesmas X once collaborated to prevent problems with student

behavior with peer cadre programs. However, the program's follow-up has not been optimal because it is constrained by the priority of the puskesmas and the replacement of psychologists. The program is expected to detect seeds of behavioral problems that arise in school. In addition to peer cadre programs, puskesmas also often hold student screenings that cover reproductive and mental health material. The screening results are used as an early detection tool for students who experience physical or mental problems. If there are students who experience problems, the BK teacher will refer to the doctor or psychologist at the community health center.

One risk factor that results in an individual's psychological vulnerability is a problem in the main support group, or in this case a family problem (Meisels and Shonkoff, 2000). There are causes of multifactors that are a source of problems in families. Some common situations are conflicts between parents, parenting problems, conflicts between children, and financial problems. Individuals who have family problems tend to have poor emotional control and face excessive stress, even in situations that are normal when compared to individuals from harmonious families. This risk is greater in adolescence because, at this age, the majority of individuals experience what G. Stanley Hall calls storm and stress (Sarwono, 2011). Adolescent age is the transitional phase between the role as a child and the role of an adult, so that teenagers are often confused with their social roles and identities. When the nuclear family has a problem, the teenager loses the role model that can be used as a reference for ideal behavior.

One class X student named NS experienced boredom in learning. NS also often feels dizzy, difficult to concentrate, and has trouble sleeping for some time. After conducting focus group discussions (DKT), it turns out that the root of the problem is the infidelity committed by the father, so that the atmosphere at home becomes not conducive. Father's behavior makes mothers lose emotional control and often vent to their children. These events make NS lose enthusiasm for learning and doing activities in school. Whereas NS is a child of achievement, as evidenced by obtaining the best qori'ah award at the SMK level Musabaqah Tilawatil level. Conflicts between parents make NS worry about many things about his life. NS feels that there are no more people who love him and worry about his future after graduating from high school. NS also often postpones doing work because it feels uncomfortable when at home.

Another case happened to class X students with the initials BR. He has insomnia, is easily nervous when having to communicate with other people, and often experiences headaches. After the assessment, BR turned out to be in conflict with his mother and sister. They often scold and demand that the BR work independently, even though BR is still in school. The condition of my father who was sickly made their family's condition change. My mother became angrier and often hit BR if she did not want to find additional income by becoming a mechanic in the garage. BR feels uncomfortable at home. He also thought that there were no more people who loved him. BR is also worried about the continuation of education.

In the two examples of these cases, the researchers observed that conflict in the family triggered negative emotions and cognitive distortion of the family. Teenagers with problem families need help from professionals to recognize the emotions, thoughts, and behaviors they do. Once the mind and emotional barriers can be resolved, they can be directed to develop potential. Otherwise, this teenager's behavior will only lead to delinquency (juvenile delinquency). The situation in the family that is not conducive is the biggest risk factor that causes juvenile delinquency (Santrock, 2014). Parents become less skilled at coping with their children's antisocial behavior. One reason is because these parents have lost respect from their teenage children.

Based on these data, researchers want to gather several students with the same root problem (family problems) in a group therapy session with the Cognitive-Behavior approach. This therapy aims to change false beliefs (distortion) in students and teach new skills as a pattern of adaptive problem solving. They can also share stories and provide psychological support to reduce anxiety.

Anxiety is a state of mood (mood) which is characterized by physical symptoms such as tension and concern about something / condition that has not happened (Durand and Barlow, 2012). In individuals, manifestations of anxiety arise in the form of subjective anxiety, feeling anxious for no apparent reason, or in the form of physiological responses that manifest in the form of discomfort in certain organs.

Anxiety is a condition that results when a transaction between an individual and the environment causes the individual to feel a discrepancy both real and not between the demands of the situation and the sources of the biological, psychological, and social systems in him. Anxiety is

a disturbance of the mind and body in responding to demands (Greene, Nevid and Rathus, 2005).

Early manifestations of anxiety are divided into physiological and psychological symptoms. Physiological symptoms include a heart that often beats faster, the body feels hotter or colder, the body muscles feel tense, cold sweat appears, headaches, disturbed sleep, increased blood pressure, and nausea. While psychological symptoms appear in the form of feelings of excessive worry, feelings of discomfort during activities, decreased life satisfaction, decreased productivity in the school or work environment, and negative emotions more easily ignited (Durand and Barlow, 2012).

The World Health Organization (WHO) shows that anxiety has a 10.1 percent prevalence of clinical patients worldwide (Demyttenaere et al., 2004). This prevalence includes general anxiety and anxiety that leads to neurotic disorders. Anxiety disorders are caused by distortion of thoughts about events that have occurred, so that individuals have false beliefs about situations that have not occurred. In mild anxiety, manifestations of disorders are usually in the form of physiological changes such as increased heart rate or cold sweat in the not too distant future. But in anxiety it is neurotic, manifestations of disorder appear in the form of serious obstacles to adapt to the functions of daily life, both in family, work / education, and social environment (van Boeijen et al., 2005).

There is a positive correlation between learning procrastination and anxiety in 141 students at one university in the United States (Lucchetti, Phipps and Behnke, 2003). The anxiety experienced by the subjects in the study came from family problems, so they had difficulty concentrating while at university. This situation makes the subject unable to complete the lecture task within the allotted time. One technique commonly used to eliminate or reduce anxiety is with Cognitive-Behavior Therapy.

Cognitive Behavior Therapy is a therapeutic approach that modifies the thoughts, assumptions, and attitudes that exist in individuals (Spiegler, 2015). The therapeutic process can also be done in groups and is called Cognitive Behavior Group Therapy (Yalom and Leszcz, 2005). Cognitive behavioral therapy basically believes that human thought is formed through a process of stimulus, cognitive, and respos, interrelated and forms a kind of tissue in the human brain. Cognitive processes will be a determining factor in explaining how humans think, feel and act. Meichenbaum (Rutter et al., 2018) developed this with self-instructional training techniques, which are used to train

individuals to effectively adapt and solve problems in difficult situations.

Cognitive behavior therapy is effective for reducing overall anxiety symptoms in elderly people who are handled by public health centers. The elderly get education about the ability to manage sleep and the ability to manage problems (Stanley et al., 2009). Other studies in several cases of adolescents show that cognitive behavior group therapy is effective in the long term effective to reduce anxiety problems related to peers (Davis et al., 2014). Other studies in adults aged 25-35 years showed that cognitive behavior group therapy was effective in reducing social anxiety disorders and was able to reduce negative thoughts arising from the disorder (Hedman et al., 2011).

Teenagers are defined as the stages of age between children and adults. This understanding is too floating because a person's maturity is more determined by psychological factors than age. Therefore, the age limit for this transition period is also somewhat vague. Most experts think that adolescence is in the range of 12 to 20 years. There are at least three important things that mark the transition from children to adults. That is physical change, search and consolidation of self-identity, as well as preparation for the task and responsibility as an independent human being (Mehroof and Griffiths, 2010).

When analyzed from the cognitive side, adolescence has entered the stage of formal operational thinking (Santrock, 2014). Teenagers are no longer limited to actual concrete experience as a rationale. Teenagers can begin to generate abstract situations in their minds. In addition to abstract, teen thoughts also begin to lead to idealism. Teenagers start thinking about ideal characteristics for themselves and others. In adolescence, thinking is often a fantasy that leads to the future. Teenagers usually become impatient with the ideal standards that many adults make.

While socially emotional, adolescence is a phase in which decision making increases (Santrock, 2014). Many teenagers make decisions about the future, about the choice of majors in universities, with whom they are friends, to what kind of social relations they will live. How accurate this decision is depending on the process carried out by adolescents with adults around them, especially parents. Therefore, problems in the family negatively affect the decisions made by teenagers.

These processes make adolescents who enter the transition from child to adult experience behavioral turbulence. According to the Great Indonesian

Language Dictionary (Setiawan, 2012), turbulence is an irregular turbulent motion that is characteristic of fluid (water and gas). Adolescence is analogous to a phase filled with upheaval and consideration. There is a term related to the concept of adolescence which is called awareness restructuring. The term is explained by Czikszenimihalyi and Larson (Sarwono, 2011). Awareness restructuring is based on a review of many experts who describe adolescence as a time of improvement from subsequent developments. Czikszenimihalyi & Larson explained that the peak of mental development is characterized by a process of change from entropy to negentropy.

The term entropy is actually borrowed from the concept of physics, namely the state in which there is no particular system from an energy source so that the source loses its energy. In the context of psychology, entropy means a state of consciousness that is still contradictory and mutually unrelated, thereby reducing its work capacity. The result is giving rise to experiences that are less pleasant for people who experience. In layman's language, entropy is seen as a period of searching for identity. Often conflicts between ideas and thoughts with adults occur at this stage.

Adolescence is a period when conflict with parents increases beyond the level of conflict in childhood. This situation will get worse if there are conflicts within the family, such as infidelity, parental violence against children, or other family problems. This happens because adolescents are the transition phase from childhood to adolescence, so they always look for identities and compare the character of parents and family situations with ideal norms in society. If adolescents see a gap between the ideal norm in society and the family situation, they tend to develop feelings of anxiety and worry about many things. For example about the future of their education, about feeling owned and loved, or about how their family will be. Therefore, teenagers who have family problems need to get cognitive restructuring and knowledge of new behaviors they can do.

2 RESEARCH METHOD

This study uses quasi-experimental design with nonrandomized pretest posttest control group design. This design is used to measure the effectiveness of an intervention by providing a measuring instrument before and after being given an intervention (Newcomer, Hatry and Wholey, 2015). This design was chosen by researchers because of the limited number of participants and researchers wanted to compare the value of the dependent variable between before and after the intervention was given.

The therapy participants who were recommended by the BK teacher were initially sixteen students. Four students had already received counseling with BK teachers, with recurring pain problems, difficult concentration, and learning motivation. Meanwhile twelve students have never been counseled, but have obstacles in learning motivation and work assignments.

The researcher then made a questionnaire with open questions with the aim of revealing the real problems experienced by students. The questionnaire consists of three items that contain questions about family problems experienced by students, the scale of feelings related to the problem, and what has been done to solve the problem.

Based on the results of the questionnaire, researchers carried out a preliminary Focus Group Discussion (FGD) to understand what problems actually experienced by students. The table below is the result of initial screening of problems experienced by students. FGD participants were sixteen students who had family problems. The FGD was divided into two groups with each group consisting of eight people. FGD facilitators are two psychologists who are experienced in dealing with problematic teen cases. The range of questions submitted in the FGD is related to the experience of each participant in the family and the problems they experience with one family member.

Table 1: Data of Student Problem

| Name | Age/Class | Problem | SUD Score |
|------|-----------|--|-----------|
| NS | 17/X | Family problems between father and mother (do not want to convey in detail) | 8 |
| BG | 18/XII | Family is not harmonious, conflict between father and mother Not sure about his future | 8 |
| EF | 16/XII | Single parent mother, choosing love with your mother's sister hates her | 6 |
| PP | 16/XI | Parents are too restrained, the conflict between father and mother Feel worse than friend | 7 |
| BR | 17/XI | Mother and sibling attacked physically and verbally, father passively believed he would fail | 7 |
| UB | 16/XI | Mother is too restrained Not sure about her future | 6 |
| NA | 17/XI | Lack of affection from my mother hates her | 6 |
| IA | 15/X | Problems with mother Feeling failed | 5 |
| AF | 16/X | Problems with mother Feeling failed | 5 |
| IP | 15/X | Problems with mother Feeling failed | 5 |
| AG | 15/X | Problems with father Not confident | 6 |
| SY | 15/X | Problems with brother Feeling stupid | 6 |
| FT | 15/X | Problems with siblings Feel stupid | 7 |
| RN | 15/X | Problems with siblings Feel stupid | 7 |
| ZN | 15/X | The problem with my father hates himself | 7 |
| BD | 15/X | The problem with my father hates himself | 6 |

The researcher then gave Beck Anxiety Inteventory (BAI) to find out the level of anxiety experienced by students as well as pre-test before a cognitive behavior-based group therapy session was conducted. BAI validity 0,61 compared with Hamilton Anxiety Scale. BAI reliability ranging from 0,90 to 0,94 and has been tested for large sample psychiatric patients, university students, and community dwelling adults (Julian, 2011).

Table 2: Student Pratest Score

| Name | Age/Class | BAI Score | SUD Score |
|------|-----------|-------------|-----------|
| NS | 17/X | 38 (high) | 8 |
| BG | 18/XII | 20 (medium) | 8 |
| EF | 16/XII | 24 (medium) | 6 |
| PP | 16/XI | 18 (medium) | 7 |
| BR | 17/XI | 28 (high) | 7 |
| UB | 16/XI | 16 (medium) | 6 |
| NA | 17/XI | 28 (high) | 6 |
| IA | 15/X | 25 (high) | 5 |
| AF | 16/X | 25 (high) | 5 |
| IP | 15/X | 25 (high) | 5 |
| AG | 15/X | 25 (high) | 6 |
| SY | 15/X | 24(high) | 6 |
| FT | 15/X | 25 (high) | 7 |
| RN | 15/X | 25 (high) | 7 |
| ZN | 15/X | 25 (high) | 7 |
| BD | 15/X | 25 (high) | 6 |

The sixteen students were divided into the control group and the experimental group.

3 RESULTS

Based on the results of different test statistical analysis using independent sample t-test (pre and post test scale difference test in two independent groups) showed there were differences in anxiety levels before and after the intervention in the control and experimental groups, $t = 7.746$ (statistical analysis in attachment), and significance $p = 0,000$ ($p < 0.01$, meaning very significant). The mean value before giving intervention was 24.57 (medium category), while the mean value after psychoeducation was 6.14 (low category).

4 DISCUSSION

Cognitive Behavior Group therapy is an intervention carried out by including several people in a small group who are accompanied by one or more therapists who are trained in the group therapy process (Brabender, Smolar and Fallon, 2004). This therapeutic design can improve psychological abilities and improve psychological problems by means of cognitive and affective approaches that are explored from interactions between group members and therapists (Brabender, Smolar and Fallon, 2004).

The researcher began the intervention session by offering participants to convey the problem. Initially there were no participants who volunteered. Then

BG raised his hand and began to tell the problem. Initially BG conveyed the problems experienced in the organization. Then the topic switches to the feeling of anxiety and discomfort felt around the past month. BG said about the arguments experienced by his father and mother. As the eldest child, BG must also maintain the feelings of his two siblings. BG observed that actually the problems experienced by his parents had long been occurring, but exploded in recent times due to economic problems. BG who is already in the XII class feels pessimistic that he can continue his education to college. His father and mother also never asked about where his interest was after high school, so he felt that his father and mother didn't really care about his education.

Researchers provide opportunities for other participants to respond to BG problems. NA said that BG should not have to worry. As chairman of the HDI, he believes that all teachers must care about their future after high school. NA assured BG to stay focused on learning, because that was the only way to change his future destiny. While UB has also experienced a parent conflict similar to BG. What he feels is similar to BG, so UB feels the BG problem represents what he has been worried about all this time. While NS and EF said that BG must be able to continue their education to higher education, because so far BG is an outstanding student. They also believe that the teachers will help BG.

Therapeutic factors are an important element in group therapy which provides potential benefits for each member in the group. Therapeutic factors are expected to provide better changes to the problems faced by each member in the group. The therapeutic factors found in group therapy, among others (Yalom, 2010).

1) Support factors (Supportive Factors)

Support factors are one of the most important in group therapy. Every member who enters group therapy is always in an unpleasant condition and in a state of helplessness about the situation they face. Support factors relate to encouraging hope, acceptance, mutual help, togetherness, and mutual cooperation.

2) Self-Revelation Factors

In this factor it relates to self-disclosure and catharsis. Openness is how a person opens himself or herself in groups cognitively. While catharsis is how someone opens himself in a group affective and provides relief.

3) Learning from Others (Learning from Others)

One of the strengths of group therapy is that each member can benefit from learning wisdom or

wisdom from other groups. This learning can take the form of imitation (modeling) from the experiences of other members can be as if experienced directly (vicarious learning), each member can directly receive feedback from members as well as guidance, each member can learn how to play a role in a group (education)

4) Psychological Work Factors

With regard to psychological factors there are two things that are inseparable, namely: Learning how to relate to others (interpersonal-learning) and how to understand yourself (self-understanding)

From the explanation above, it can be concluded that the therapeutic factors are support factors, opportunities to learn from others, self-disclosure, and psychological factors.

There are three approaches that can be used in group processes: (1), deductive approach, where the therapist here acts as a health educator and group members as patients who can ask the therapist (2), an interactive approach, namely the therapist raises a theme and then the theme is discussed more broadly in groups and (3) an Inductive Approach where the discussion process is more open to each group member discussing what topics will be raised. In group therapy that will be carried out using an interactive approach, in which the discussion process is based on a theme and then the theme is discussed more broadly in the group (Brabender et al., 2004).

This support group intervention consists of a group of people who have the courage to survive in the problems faced such as people with cancer, schizophrenia, or people who experience divorce. Their courage to survive is based on the assumption that the emphasis on survival is effective therapy for some people (van den Heuvel et al., 2002). this group without a formal leader or led by professionals and combined or improvised from both can be better. Members who join in this group have the desire to reduce feelings of isolation and to learn coping skills.

The therapist facilitates the implementation of therapy in its entirety and unity, actively providing encouragement among members. The therapist not only encourages and gives advice, but also confronts members with each other in the form of questions about maladaptive coping methods when facing their problems. The power of this therapy comes from feedback given by all members to each other.

In accordance with the problems of the therapy participants, this group therapy uses a cognitive behavior approach (CBT), with the aim of changing

cognitive distortion and teaching new behaviors that are more adaptive. Therapists use group media to deliver CBT techniques to a number of people at the same time. The application of CBT in groups is adjusted to the cohesiveness and needs of group members. CBT in groups also emphasizes new structure, focus, and skills taught to therapy participants (Yalom & Leszcz, 2005).

Cognitive-behavioral therapy is directed towards modifying the functions of thinking, feeling, and acting by emphasizing the role of the brain in analyzing, deciding, asking, acting, and deciding something (Arch et al., 2012). This is due to the belief that humans have the potential to absorb rational and irrational thinking, where irrational thinking will cause emotional and behavioral disturbances. Therapy participants are expected to be able to change their negative behavior to positive by changing the status of thoughts and feelings.

The existence of rational and irrational thinking that is closely related to making humans become imperfect so that cognitive-behavioral therapy emerges. In essence, cognitive-behavioral therapy tries to help individuals to accept themselves as creatures who will always make mistakes but at the same time grow as people who can learn to live peacefully with themselves. Cognitive-behavioral therapy explicitly emphasizes that humans have the ability to think and act simultaneously.

In cognitive-behavioral therapy, cognitive therapy participants are modified in two ways: directly through cognition intervention and indirectly through visible behavioral interventions. The process of changing our behavior with the intention of changing what we think is an effective strategy to save time in the process of changing attitudes.

CBT is a therapeutic approach that modifies the thoughts, assumptions, and attitudes that exist in individuals. Behavioral cognitive therapy basically believes that human thought is formed through a process of stimulus, cognitive, and respiration series, interrelates and forms a kind of network in the human brain (Rutter, Memorandum, Yusuf, & Björgevinnsson, 2018). The cognitive process will be a determining factor in explaining how humans think, feel and act. Meichenbaum developed this with self-instructional training techniques, which are used to train individuals to effectively adapt and solve problems in difficult situations.

The researcher provided a worksheet and explained to the participants the relationship between participants' thoughts, feelings, and behavior. Discomfort in the physical participants is a

systematic reaction that arises as a result of certain emotional situations. The situation raises the thoughts in the participants that emerge automatically and cause a reaction to emotions (moods, feelings) as well as an impact on the physical participants. The existence of a situation that causes the emergence of a mind response - the mood - the physical participants can cause behavior that is in harmony with the situation. Feelings of discomfort in participants are the result of negative (maladaptive) thoughts of participants who appear automatically in response to certain situations. This causes a physical reaction in the form of insomnia, the heart beats fast or palpitations, cold sweats, and body weakness.

The researcher explained to the participants that the intervention that would be carried out was aimed at reducing or eliminating negative thoughts on the participants. In its implementation, the Researcher and participants will work together to identify negative and maladaptive feelings and thoughts and then turn them into more positive-adaptive.

Cognitive behavioral therapy techniques are divided into cognitive interventions and visible behavioral interventions. The techniques used are as follows (Rutter et al., 2018):

1. Thought Catching

This technique has the following basis:

- a. That the relationship between thoughts, feelings, and behavior can be demonstrated by recording and raising thoughts
- b. That recording and the appearance of the mind has naturally helped break the bond between the mind and feeling by making the mind appear less realistic.
- c. That with the recording and appearance of the mind, the therapist and therapy participants obtain data to formulate hypotheses that will be used for testing reality.

The purpose of capturing the mind is to eliminate maladaptive thoughts as a cause of anxiety experienced by therapy participants. Catching the mind is done by explaining to the therapy participants about the close relationship between thoughts, feelings, and behavior. Therapy participants accompanied by researchers were asked to capture the wrong thoughts that strengthened their feelings of anxiety and caused unexpected reactions. This is done to increase awareness of the therapy participants about their wrong thoughts.

2. Reality Testing

The purpose of this technique is to find evidence that supports or aborts the assumptions of the maladaptive mind of the therapy participants.

Reality testing is done by identifying the thoughts or statements made by the therapy participants, negative, or related to disturbing feelings. The researcher then asks the therapy participants about their beliefs slowly looking for evidence that supports or aborts the statements of the therapy participants that are not in accordance with the actual situation.

3. Generating Alternative Interpretations, namely cognitive intervention techniques that restructure the way of thinking with negative sentences into more positive / adaptive sentences. The therapist initially makes Generating Alternative Interpretations in cases of anxiety or depression and then the therapy participants repeat the technique themselves.
4. Activity schedule, is a written plan / record related to daily activities that must be carried out by therapy participants. This technique is very useful in therapy participants who have anxiety and depression. Therapy participants and therapists jointly design the daily activities of the participants in a certain time span (for example for two weeks). The activity plan provides space for therapy participants to do something productive. In therapy participants with cases of depression, there are often major obstacles even to just do simple activities. This activity plan becomes a structure that helps therapy participants to be actively involved and active throughout the day.
5. Mastery and Pleasure Rating. In depression therapy participants, what is needed is not just activity, but also feeling competent and able to do what they do. The Mastery and Pleasure Technique provides space for therapy participants to feel that they are able and able to enjoy the activity in the form of a rating. Therapy participants give a 0-5 rating on the activities they do. 0 to illustrate the inability / not to enjoy the activity, 5 illustrates being very capable / very enjoying activities.

A week after the psychological intervention process, participants felt more excited in school and learning. They also understand why negative emotions arise and uncomfortable feelings when there are problems. They are also more daring to communicate with parents. Only BR did not do it because they were still afraid of their mother. But by doing relaxation, BR already feels more comfortable while at home.

4.1 Therapy Evaluation

Researchers used group therapy with a cognitive-behavior approach because they found cognitive distortions caused by feelings of anxiety. These characteristics appear in all therapy participants. The interactive approach used during therapy makes the researcher become a topic facilitator that will be delivered by the therapy participants. Researchers do not control the course of therapy, but only provide direction and limits on the things discussed. Researchers see high enthusiasm for each therapy participant. They are teenagers who are active and have a strong desire to improve themselves.

Therapy participants were also very open to sharing their experiences and expressing their coping strategies in dealing with problems that arise during accompanying patients. Therapy participants always pay attention to other therapy participants when other therapy participants express their experiences. Therapy participants asked each other actively about other therapy participants if there was information from other therapy participants who felt less clear. The researcher as facilitator also gave positive affirmations to each therapy participant who expressed his opinions, experiences, and emotions during the sharing process.

Based on the results of the pretest with BAI and interviews, there were two therapy participants who needed more individual treatment, namely NS and BR. NS was troubled because his father was having an affair, while BR had physical and verbal violence from his mother and sister. Against these two cases, the researcher, with the help of the psychologist at the puskesmas, had done individual interventions after the intervention of this group was completed. Individual interventions were carried out about one week after the group intervention ended.

The advantage of this therapy lies in the cognitive-behavior approach. This technique allows researchers as facilitators to map the problem precisely and clearly, without the therapy participants having to linger to submit their complaints. This technique is suitable for therapy participants because they have high enthusiasm and have good insight. The therapy participants also obeyed to do some advanced activities at home, such as relaxation and cognitive rehearsal.

The number of sessions in this therapy is ideally more than three, so that monitoring of behavioral and emotional changes in therapy participants is more optimal. This is the reason for the limitations of therapy, because there are only two therapy

sessions plus one follow-up education session in the form of training.

5 CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusion

Cognitive-behavior group therapy approach effective to reduce the level of anxiety in adolescents. This approach cannot be applied in all cases, because it requires therapy participants who have a strong desire for better and good insight. The results obtained after therapy are in accordance with the therapeutic target, which is to increase solidarity between therapy participants, learn about patterns of problem solving, and the most important is to reduce anxiety levels.

5.2 Recommendations

The recommendation to the school is to immediately implement regulations related to counseling and psychology service policies for students. This is important because the problems faced by students are very diverse and affect their learning motivation. The school is also expected to invite parents of the seven students participating in the intervention therapy. The aim is to provide education as well as support for parents for the continuation of their children's education. If this is difficult, the school can invite all parents of students to the parent meeting format. Through the meeting, schools can provide education about the importance of parental sensitivity to children's emotions and be careful when there are family problems in the household.

The recommendation for the next psychologist is to continue cognitive-behavior therapy with additional sessions to monitor changes in behavior and emotions and to see the impact of positive activities on the problems experienced by therapy participants.

The recommendation for parents is to increase the intensity of the relationship with the school, so that communication between the school, students, and the elderly is better maintained. Parents often feel their children are fine at school, without ever confirming to school or students. Even though the student is experiencing emotional problems and does not know who to tell. The role of parents lies in the ability to detect early emotional problems experienced by children.

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