

Cognitive Behavioral Group Counseling to Reduce Public Speaking Anxiety in College Student

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Abstract: Students have demands to be able to complete academic assignment, one of which is public speaking because they are prepared to contribute in building community. The existence of public speaking anxiety often makes students inhibited in carrying out tasks and building social relationships. Intervention participants were 7 students in the moderate to severe anxiety category. Data collection techniques using the Hamilton Anxiety Rating Scale, interviews, FGD, and observation. The source of students anxiety is when they are in a situation that requires them to speak in front of many people. Students think that they are they cannot provide explanations, afraid of making mistakes, worried of having difficult questions and unable to answer it, and considers themselves unattractive so they will not be listened to, appreciated, and watch out for by others. The results of the intervention showed that there was a significant difference between public speaking anxiety experienced by students before and after participating in the intervention, namely the value of $Z = -2384$, $p = 0,017 < 0,05$. There is a decrease in anxiety levels, increased ability to form positive new thoughts, and find strategies to manage anxiety more adaptively.

Keywords: public speaking anxiety, group counseling, cognitive behavioral

Introduction

Every student is required to be able to work on and complete assignments in the academic field in preparation for being able to contribute to building society later. This makes students have to be able to express their thoughts both in writing and orally, such as speaking in public for presentations, group discussions, interviews and building good social interactions with others. The ability to express or explain something verbally requires good language mastery so that it is easily understood by others and requires proper self-characterization (Wahyuni, 2013)^[30]. The ability to convey something verbally, such as when speaking in public, is something that is not easy for some people to do. Some people feel tortured and like they are speechless when asked to speak in public (Bukhori, 2016)^[4]. This condition is a form of public speaking anxiety, which is the discomfort a person experiences when faced with a situation of speaking in front of many people (Dewi & Andrianto, 2008)^[8].

Anxiety in public or also known as communication apprehension. Beaty (Opt & Loffredo, 2000)^[21] explains that public speaking anxiety is a form of fear and anxiety that a person feels when speaking in front of other people or many people. According to Rogers (2004)^[25] there are three aspects of anxiety symptoms, the first is physical aspects such as a faster heart rate, trembling knees, trembling sounds, stomach cramps and watery eyes. Second, the cognitive aspect which is characterized by reduced ability to remember, forget important things, and frequently repeat the same words or sentences. Third, emotional aspects such as shame, helplessness, fear, panic even before speaking in public, and feeling out of control when speaking in public.

Drajat (2001)^[9] also explained that anxiety causes physical or physiological reactions such as cold fingertips, faster heartbeat, sweating, dizziness, shortness of breath. In addition to physical or physiological reactions, there are also psychological reactions, namely feeling very scared, having difficulty focusing attention, feeling helpless or inferior and not calm. Rakhmat (2008)^[24] in his research stated that someone who feels inferior has difficulty conveying his opinion to others, afraid to speak in public and is worried about being blamed by others. Wahyuni (2013)^[30] revealed that half of the 79 students who were the subject of her research often felt anxious when conveying their ideas orally, such as during group discussions, asking questions to lecturers, or when presenting assignments in front of the class. The students feel worried about being laughed at, unable to answer questions, tense, heart palpitations, stomach pain, panic, sweating, and unable to calm down. Based on this, it is necessary to have an intervention that can help students reduce the level of anxiety in public speaking.

In line with the research results that have been mentioned earlier . The results of the initial assessment conducted on students of the Faculty of Psychology from X University Yogyakarta showed that 7 out of 10 students complained of discomfort when making presentations in class, speaking in public or many people, and

talking to other people who were new or not familiar. The students are afraid and worried that they will make mistakes in speaking, get difficult questions so they cannot answer, are judged bad and strange by others, make other people offended and disappointed so they will not be accepted or hated, feel inferior by considering themselves unattractive and worry if the audience already has better knowledge. It also causes physical reactions, namely difficulty sleeping, shortness of breath, and difficulty focusing. Based on the results of the initial assessment also showed that the seven students had moderate to severe anxiety levels.

There are various interventions that have been shown to reduce public speaking anxiety such as cognitive behavior therapy (CBT), hypnotherapy, self-efficacy training, neuro linguistic programming (NLP). For example, research by Komarudin (2017)^[16] explains that his research subjects experienced a decrease in public speaking anxiety after being given cognitive-behavioral therapy. Research by Fitri (2017)^[10] also found that cognitive behavior therapy (CBT) succeeded in reducing public speaking anxiety, by changing forms of thought and the consequences caused, the research subject was able to change their behavior. Fitri's research (2017)^[10] also found that Cognitive Behavior Therapy or CBT was successful in reducing public speaking anxiety, by changing the form of thought and the consequences it caused, research subjects were able to change their behavior. The research subjects no longer avoided or behaved safely when speaking in public, but the subjects dared to appear, had self-confidence and rated themselves as great and extraordinary people. Wallach et al., (2009)^[31] also mentioned that one of the best interventions that had been found was cognitive behavioral therapy (CBT) and cognitive behavioral group therapy (CBGT).

Based on the things that have been previously mentioned, the intervention given focuses on the application of group counseling with a cognitive-behavioral approach. According to Gazda (Latipun, 2017)^[18], group counseling is a form of counseling that uses groups to share learning experiences, help each other and provide feedback. Group counseling in the process uses the principles of group dynamics. Latipun (2017)^[18] also explained that group counseling is a therapeutic group carried out to help clients overcome problems related to everyday life. Group counseling deals with clients in normal circumstances, namely not experiencing personality function disorders which are generally emphasized for the remedial process and achieving optimal functioning.

In principle, group counseling is a relationship between one or several counselors and several clients, focuses on conscious thought and behavior, there are factors that become aspects of therapy for clients, and aims to provide encouragement and understanding to clients to solve problems faced by clients (Latipun, 2017)^[18]. In addition, group counseling according to Pauline Harrison (Kunanto, 2014)^[17] is counseling consisting of 4-8 counselees who meet 1-2 counselors. In the process, group counseling can discuss several problems such as the ability to build communication, develop self-esteem, and problem-solving skills.

The objectives of group counseling are basically divided into two, namely theoretical and operational goals. Theoretical objectives are related to general goals achieved through the counseling process, while operational objectives are adjusted to the client's expectations and the problems faced by the client (Latipun, 2017)^[18]. The goals are achieved through a process in group counseling. Giving encouragement (supportive) and understanding through reeducative (insight-reeducative) as an approach used in counseling, the client is expected to achieve these goals. Its operational objectives are tailored to the client's problems and formulated jointly between the client and the counselor (Latipun, 2017)^[18]. According to Latipun (2017)^[18] group counseling has six stages, namely the pre-counseling stage (group formation), initiation (orientation and exploration), transition, work-cohesion and productivity, end (consolidation and termination), and after counseling (follow-up and evaluation).

Cognitive behavioral approach focuses on two things, namely cognitive techniques are focused on changing wrong thoughts and behavioral techniques are aimed at changing a person's behavior (Lesmana, 2008)^[19]. There are two main approaches in providing behavioral cognitive intervention. The first is an approach that emphasizes the application of a certain type of intervention to overcome a psychological problem. The second is a multi-component approach that emphasizes comprehensive handling, thus providing interventions that are a combination of various types of techniques (Rybarczyk, dkk., 2001)^[26]. Ardiansyah, dkk., (2015)^[11] found that behavioral cognitive interventions are effective in reducing anxiety in students who are the subject of his research. Jaya (2012)^[13] in his research on cognitive behavioral group intervention which is multi-component by combining various types of techniques such as cognitive approach, psychoeducation, relaxation, self-monitoring, and problem-solving techniques has been proven to be effective in overcoming psychological problems in his research subjects.

The cognitive approach aims to change thoughts or images that can only be realized when the individual focuses his attention on it (Westbrook, Kennerley, & Kirk 2007)^[32]. The role of cognitive approach techniques is to replace dysfunctional thought patterns about everyday problems that cause stress. Problem solving techniques are also a technique in the cognitive behavior approach which includes evaluating problems, thinking of possible solutions, selecting and applying one solution, evaluating the solution and returning to the

beginning if it doesn't work (Carney, 2003)^[5]. Psychoeducation techniques were first used in 1980 to describe a type of behavioral therapy that contained four things, namely explaining client disorders, problem solving training, communication training, and assertive training (Bäumel et al., 2006)^[3].

Furthermore, the behavioral approach to lowering the physical arousal level is relaxation. Westbrook et al., (2007)^[32] explained that relaxation is part of cognitive behavioral intervention because it is in the category of physiological responses which is one of the focuses of cognitive behavioral intervention or physiological symptoms. Relaxation exercises are techniques that then limit the arising of thoughts and emotions so that they can treat various disorders associated with arousal elevation (Conrad & Roth, 2007)^[6]. One of the relaxation techniques is abdominal breathing relaxation, which is a relaxation technique by breathing slowly using the stomach (Hazlett-Stevens & Craske, 2009)^[12]. In addition, self-monitoring is an important part of the cognitive-behavioral approach, several methods including the duration of an event, self-rating, diaries, and questionnaires (Westbrook et al., 2007)^[32].

The purpose of this intervention is to reduce the level of anxiety in public speaking and overcome anxiety responses in the form of emotional, physical and behavioral complaints. Through this intervention, participants are invited to identify sources of public speaking anxiety and learn from each other about management skills. Task sheets given to intervention participants based on the mind over mood method are used to help participants see problems more objectively, in order to prove and allow participants to record their action plans and results. In addition, the exercise of public speaking anxiety management in the form of relaxation aims to assist participants in reducing the symptoms of public speaking anxiety in the form of physical tension. This intervention is also expected to enable participants to develop coping skills to more adaptively manage public speaking anxiety.

Methodology

This intervention uses group counseling with a cognitive behavioral approach. The intervention participants were students from the Faculty of Psychology University X Yogyakarta. Determination of the intervention participants using purposive sampling technique, by considering the characteristics of the nature of the sample. The data collection or assessment instruments used the interview method, focus group discussion, observation, and the Hamilton Anxiety Rating Scale (HARS) measurement tool. Initially, questionnaires about anxiety were distributed via broadcast or online messages using the WhatsApp social media application. Then, everyone who registers is given some information and is interviewed about the problem. There were 7 students participating in the intervention, ranging in age from 20 to 25 years old. The problem that they experience is feeling discomfort when faced with situations involving many people or when speaking in public. Intervention participants were given an explanation about the purposes of the intervention to be carried out, the number of meetings, time, activities at each meeting, and they were also asked to fill out the inform consent.

The measuring instrument used is the HARS (Hamilton Anxiety Rating Scale), has 14 items, in which there is an explanation of symptoms and behavioral indicators. The HARS scale consists of 5 answer choices, namely 0 not experiencing, 1 mild, 2 moderate, 3 severe and 4 very severe. Scoring on this scale is assessed based on the number of signs filled in on the scale sheet with a minimum score <14 (no anxiety), 14-20 (mild anxiety), 21-27 (moderate anxiety), 28-41 (severe anxiety) and 42- 56 (very heavy anxiety). The validity of the scale indicates that all items have a positive value > 0.05, while the reliability they have is 0.973 > 0.6. Based on the validity and reliability showed that the HARS able to reveal the level of anxiety in a person (Kautsar dkk, 2015).

The group counseling intervention with cognitive behavioral approach is implemented through psychoeducation techniques, relaxation, and self-report. The provision of these interventions aims to help participants understand the problems they experienced, so they can restructure their negative thoughts become more adaptive, overcome the physical tension due to the public speaking anxiety. The intervention was carried out in 6 sessions according to the stages in group counseling, namely the beginning stage, transition stage, work stage, end stage, evaluation and follow-up stages. Each session lasts approximately 60 to 120 minutes.

The first session is the implementation of the beginning stage (preparation and orientation). The activity begins with building a rapport through introductions, an explanation of purpose and series of intervention activities, and the formation of group norms and intervention contracts. The second session is the implementation of the transition stage which aims to enable participants to do catharsis. In this session, each member is encouraged to openly convey thoughts, feelings, and problems faced and the ways that have been done to overcome these problems. The third session is the implementation of the work or production stage. The activity carried out in the third session was psychoeducation to provide knowledge to the intervention participants about matters related to public speaking anxiety problems. The knowledge given is the understanding of public speaking anxiety, the cause or source of public speaking anxiety, the consequences of public speaking anxiety on physical and psychological health.

The fourth session is still carrying out the work or production stage. The activities carried out were identifying various alternative problem solving and learning new behaviors to overcome the problem, namely relaxation exercises. The fifth session is also still carrying out the work or production stage, namely doing relaxation exercises. In addition, the intervention participants were also given the opportunity to be able to apply relaxation exercises independently and record on the monitoring task sheet (self-report), as well as provide feedback on the efforts that the participants had made. The sixth session is the implementation of the evaluation and follow-up stages. This session aims to see the success of the intervention, find out the obstacles faced in implementation, solve the remaining problems, and support participants to continue their efforts in overcoming or managing public speaking anxiety experienced.

Data obtained from the measurement of anxiety before and after intervention were analyzed using the statistical analysis technique (Wilcoxon Signed-Ranks) through the SPSS 16.0 series program. In addition, qualitative data about participant evaluations and group dynamics obtained from the counseling process were analyzed descriptively.

Result

The results of the intervention were obtained from quantitative and qualitative data analysis. Score data and elaboration of the results obtained are as follows:

Table 1. Anxiety Score Data

Subject	Pretest Score	Category of Anxiety	Posttest Score	Category of Anxiety
1	26	Moderate anxiety	16	Mild anxiety
2	29	Severe anxiety	19	Mild anxiety
3	28	Severe anxiety	20	Mild anxiety
4	22	Moderate anxiety	12	No anxiety
5	23	Moderate anxiety	6	No anxiety
6	29	Severe anxiety	8	No anxiety
7	25	Moderate anxiety	10	No anxiety

The measuring instrument used as a pretest and posttest tool to determine the level of anxiety of the participants was the Hamilton Anxiety Rating Scale (HARS). Then, the non-parametric Wilcoxon Signed Rank Test was carried out through the SPSS software. The anxiety score table above, shows that the intervention participants experienced a decrease in their level of anxiety.

Table 2. Wilcoxon Signed Rank Result

	Posttest – Pretest
Z	-2.384 ^a
Asymp. Sig. (2-tailed)	.017

The results of the analysis show that there is a significant difference between the level of anxiety before and after the intervention, namely $Z = -2.384$, $p = 0,017 < 0,05$. The score for the anxiety level of the participants decreased after being given the intervention. The score before the intervention is ($M = 26.00$, $SD = 2.828$), while the score of anxiety level after the intervention is ($M = 13.00$, $SD = 5.447$). The three participants who initially had levels the level of anxiety in the severe category, then decreased to mild anxiety and no anxiety. The other four participants who had moderate anxiety levels decreased to mild and no anxiety.

The success of the intervention was identified through quantitative data analysis and also supported by qualitative data. Qualitative data were obtained from interviews, focus group discussions (FGD), observation and self-reports as well as task implementation using the mind over mood method. The qualitative data obtained shows that the success of the intervention is also influenced by various factors, such as commitment to following the intervention process, concentration or good focus, high motivation, and group cohesiveness which is shown through mutual acceptance, appreciation and support among the intervention participants. In addition, the opportunity for participants to carry out tasks in the form of testing negative thoughts or behavior experiments can help participants prove that negative thoughts when dealing with situations of speaking in public are not proven. This makes participants understand that their negative thoughts need to be changed so as not to experience excessive anxiety.

The assignment in this intervention uses the 'mind over mood' method. Then, the indicators of success can be seen from the participants' ability to do and carry out the homework agreed upon during the intervention

session. Through these assignments participants can identify situations, thoughts, feelings, and behaviors. In addition, the opportunity for participants to prove cognitive distortions to public speaking situations (behavior experiment) made the participants' cognitive distortions corrected. This also means that the participants are increasingly able to manage their thoughts more adaptively, so that the level of anxiety also decreases.

Participants can change their negative thoughts in the form of being unable, unsure of being able to do and failed, change to being able, sure they can and will succeed. After the participants' negative thoughts change to positive thoughts, then the initially negative feelings such as stress, fear, worry, guilty, and frustration, turn into more positive feelings, such as less fear and worry, more optimism, enthusiasm and calm. Negative body responses, such as panic, nervousness, heart palpitations, trembling hands, difficulty sleeping, stomach chills and dizziness, decreased and getting better. Participants can also sleep comfortably. In addition, after being given relaxation exercises the participants felt a positive effect, namely the emergence of a sense of comfort, calm and decreased physical tension. Participants in the intervention understand that relaxation can be done when they experience tension or anxiety. Participants in the intervention can also apply relaxation exercises independently when they face a public speaking situation.

After the intervention is complete, a follow-up is also carried out which aims to determine the benefits or effects of the intervention felt by the participants after the end of the intervention session. The follow-up method used was non-formal interviews. The intervention participants give a positive evaluations. on the effects of intervention. they perceive that they have benefited, particularly in terms of increased ability to manage public speaking anxiety, they assume that they are already benefiting from especially on improving the ability to manage public speaking anxiety.

Discussion

Semiun (2006)^[27] explains that problematic behavior and emotions are caused by thought processes and wrong beliefs. The existence of these wrong thoughts, causes people to increase the threat in the situation at hand as a result of which a person will feel anxious. Participants in this intervention have negative thoughts or cognitive distortions about public speaking situations. Participants think that the public speaking situation is a threatening situation, because it will make them experience something bad. This thought creates anxiety in the participants, so that the participants tend to shy away when faced with public speaking situations. According to Semiun (2006)^[27], so that people can overcome or reduce anxiety experienced when faced with anxious situation, they must change their beliefs and divert from maladaptive thoughts. Based on this, the intervention chosen to overcome the problem of public speaking anxiety was the cognitive behavioral group counseling with the mind over mood method.

Yalom and Leszcz (2005)^[33] explain that many group therapists use psychoeducation as an approach to share information to be given to participants. This approach has several functions in group intervention, namely to convey information, overcome inaccurate thought patterns, or to explain certain phenomena. Asrori (2015)^[2] states that psychoeducation carried out in cognitive behavioral therapy helps a person identify negative thoughts that have been appearing and then reconstruct them into more positive and rational thoughts, so that the level of individual anxiety when facing anxiety situations is reduced. In this intervention, psychoeducation is carried out in the form of providing knowledge about the meaning of public speaking anxiety, its symptoms, causes or sources, and efforts that can be made to overcome it. The psychoeducation given to participants shows that participants become aware of the problems experienced in public speaking anxiety, its relationship to emotional, physical, and behavioral complaints that have been felt, and know more adaptive ways to deal with public speaking anxiety.

The form of intervention presented in groups can also encourage social learning in participants (Yalom & Leszcz, 2005)^[33]. In line with this, the group intervention carried out showed good results for the intervention participants, because they could learn from each other about how to deal with problems. Through the opportunity to share experiences, information, and opinions, it is considered to be able to reduce the burden on thoughts and between participants can learn from one another. In addition, the occurrence of group cohesiveness which is shown by mutual acceptance, respect and support is also able to increase the optimism of the intervention participants in dealing with the problems they are experiencing. According to Taube-Schiff et al., (2007)^[28] group cohesiveness is an important non-specific factor during the therapeutic process in group-based interventions. The increase in group cohesiveness significantly affects the reduction of symptoms of stress, social anxiety, and depression.

Fitri (2017)^[10] who explained that intervention with a cognitive behavior approach was effective in reducing the level of anxiety in public speaking in collage students. Research conducted by Komarudin (2017)^[16] also states that cognitive behavioral training is an effective treatment to reduce public speaking anxiety in his research subjects. Another study by Purnamaningsih & Utami (1998)^[23] also states that intervention with a cognitive-behavioral approach is useful for reducing anxiety in public speaking in the

research subjects. The research subject realizes that the main cause of public speaking anxiety is cognitive distortion or the emergence of negative thoughts about the situation at hand and by changing negative thoughts into positive thoughts, the perceived anxiety can be reduced.

One of the intervention methods in the cognitive behavior approach is mind over mood. The mind over mood method helps to deal with mood problems such as depression, anxiety, anger, panic, jealousy, feelings of guilt and feelings of shame. This method also helps to solve or solve problems better, increase self-esteem, reduce fear and become more confident (Greenberger & Padesky, 1995)^[11]. Furthermore, Greenberger & Padesky (1995)^[11] also explained that the mind over mood method teaches clients to identify thoughts, moods or feelings, behaviors and physical reactions to situations in life. The five aspects are connected to one another, so that when there is a difference in one aspect it will affect other aspects. An example is a change in behavior that will affect how the individual thinks and feels.

Changes in behavior will change the environment, so that changes in thinking will affect behavior, emotions, physical reactions and change the social environment. So, when individuals perceive something in a positive way, it will produce positive emotions, positive physical reactions and change the social environment to be positive as well (Greenberger & Padesky, 1995)^[11]. According to Corey (2009)^[7], if someone thinks good or positive about something, they will feel something good too and the anxiety they experience will be reduced. Oemarjadi (2003)^[20] uses the mind over mood method to help clients recognize, understand, and ultimately be able to change their negative feelings, thoughts and behavior through the implementation of tasks during the implementation of the intervention. The more participants can change individual cognitive distortion, the better a person can manage their thoughts so that the level of anxiety also decreases. Junaidi et al., (2019)^[14] stated that cognitive behavioral intervention using the mind over mood method succeeded in helping reduce client anxiety, there is a change in mindset that was previously negative to more positive so that the behavior that appears also becomes more adaptive.

In line with what has been written previously, the mind over mood method that has been carried out shows a positive effect in reducing anxiety experienced by the participants of this intervention. Intervention participants can differentiate between situations, feelings, thoughts, and behaviors. Participants also understand that negative thoughts will result in negative emotions and physical reactions or behaviors, so that in dealing with situations the environment becomes less adaptive. Conversely, when participants can change their thoughts to be more positive, it will produce positive feelings and physical reactions or behaviors as well, so that in dealing with the environment they become more adaptive. Furthermore, the intervention participants considered that their negative thoughts which had been believed had no basis and were not proven. This made the intervention participants realize that the negative thoughts that had been believed were an obstacle for the participants to achieve or do something. When thinking about possible problems, strategies to overcome and see the results of the experimental behavior that has been carried out, participants understand that all negative thoughts are not proven. Participants also become more optimistic, feel confident and they also become better able to change their mindset terhadap public speaking situations to be more positive.

Apart from the mind over mood method, the intervention participants were also taught relaxation techniques. Relaxation is a technique to reduce tension by stretching the entire body to achieve a healthy mental state (Poppen, 1998)^[22]. According to Varvogli & Darvivi (2011)^[29] relaxation is a procedure and technique that aims to reduce tension and anxiety, by training the client to be able to deliberately relax the muscles of the body at any time as desired. When in a relaxed state, the body through the brain will produce endorphin which functions as the body's natural analgesic and can relieve pain (physical complaints). When in a relaxed state, the body will activate the parasympathetic nervous system, which functions to reduce heart rate, respiratory rate and blood pressure (Poppen, 1998)^[22]. In line with this, participants in this intervention also felt the benefits of the relaxation exercises carried out, namely an increase in comfort and relief, as well as a decrease in physical tension when faced with public speaking situations. After following a series of intervention processes, participants can conclude that when someone is faced with a problem, then faced with positive thoughts and trying to do good efforts such as relaxation, it will produce something good for them too.

Conclusion

Based on the assessment carried out on the participants of this intervention, it can be seen that the source of the participants' anxiety is when they face public speaking situations. The anxiety faced by participants arises because of cognitive distortions in the form of negative thoughts, such as such as "I can't", "I'll be wrong" and "I'm not attractive". This cognitive distortion causes feelings of fear, worry, nervousness, inadequacy and helplessness. In addition, cognitive distortions also cause physical responses such as palpitations, trembling voices, trembling hands, nervousness, stomach chills, difficulty sleeping, and difficulty focusing attention. The behavioral response that appears also becomes non-adaptive, namely participants often

avoid or escape from situations that cause public speaking anxiety, so that the implementation and completion of college assignments is not optimal, and is hampered in building social relations.

Group counseling techniques were used with a cognitive behavioral approach to reduce the level of anxiety experienced by students participating in the intervention. The results of the intervention given showed that there was a decrease in the level of anxiety in the intervention participants and participants also experienced good changes in themselves. Each participant experienced a decrease in anxiety levels, namely three participants who initially had severe levels of anxiety then their levels of anxiety decreased to moderate to no anxiety. Four other participants who initially had anxiety in the moderate anxiety category changed to no anxiety. The results of the participant evaluation at each intervention session also showed positive or better changes in the aspects of thoughts, feelings or emotions, physical or physiological conditions and behavior. Through changes in thought and the consequences they have on feelings and physiological conditions, participants are able to change their behavior to be more adaptive in dealing with sources of anxiety. Participants no longer avoid or behave safely when speaking in public, but instead they dare to appear, take the initiative or role in public speaking, become more calm and confident, and assume that they are able to deal with situations that previously were a source of anxiety

The decrease in anxiety level is supported by various factors, namely involvement and high interest of participants in participating in the intervention, there is an opportunity to carry out tasks in the form of testing negative thoughts, and the existence of group cohesiveness which is shown by the behavior of acceptance, respect and mutual support among participants. Another supporting factor is the existence of supporting facilities such as rooms equipped with AC, cantilever type foam seat with back and armrests, there is a guide for participants, and there are speakers and microphones, so that instructions and relaxation music can be heard more clearly by all participants and help participants to concentrate. Based on the things already mentioned, it can be concluded that the cognitive behavioral counseling group can reduce public speaking anxiety among students participating in the intervention.

Recommendation

This group counseling intervention has been shown to provide positive benefits for the intervention participants. Participants are expected to continue to practice the things they have learned in this intervention to reduce public speaking anxiety. Professionals who will carry out similar interventions are advised to increase the number of intervention sessions. This needs to be done to increase the effectiveness of reducing public speaking anxiety and so that participants in the intervention become more trained in managing their public speaking anxiety. In addition, a supportive group can be formed consisting of group participants who have undergone this intervention process. Through this group, participants are expected to be fostered, between participants can also tell stories or discuss each other, support each other and can exchange solutions. Thus, it is hoped that all participants in the intervention will achieve optimal self-change.

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