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REBT-Based Group Counseling for Self-Efficacy Enhancement in At-Risk Adolescents: A Quasi-Experimental Study in a Social Care Institution

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Abstract

Purpose: Adolescent beneficiaries of social care institutions often experience low self-efficacy due to trauma, family dysfunction, limited educational opportunities, and social stigma. This study examined the effectiveness of Rational Emotive Behavior Therapy (REBT)-based group counseling in improving self-efficacy among female adolescents at Panti Pelayanan Sosial Wanita (PPSW) Wanodyatama, Surakarta.

Research Methodology: A quasi-experimental one-group pretest–posttest design was employed. Seven female adolescents aged 15–18 years with low-to-moderate self-efficacy levels were selected through purposive sampling. The intervention consisted of six structured REBT group counseling sessions delivered over three weeks, focusing on identifying and disputing irrational beliefs, fostering rational thinking, and strengthening adaptive behavior. Self-efficacy was measured using the General Self-Efficacy Scale (GSE), while observation and interviews provided supporting data. The Wilcoxon Signed Rank Test was used for analysis.

Results: Self-efficacy scores increased from a mean of 19.71 at pretest to 28.86 at posttest, representing a 46.4% improvement. All participants demonstrated positive gains. Statistical analysis indicated a significant difference between pretest and posttest scores ($Z = -2.375$, $p = .018$), with a large effect size ($r = 0.898$).

Conclusions: REBT-based group counseling effectively improves self-efficacy among at-risk female adolescents in social care settings.

Limitations: The study was limited by its small sample size, lack of a control group, and short intervention period.

Contributions: The findings provide evidence supporting REBT group counseling as a practical intervention model for psychosocial empowerment programs in social care institutions.

Keywords: *Adolescent, Cognitive Restructuring, Group Counseling, REBT, Self-Efficacy.*

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1. Introduction

Self-efficacy is the individual's belief in their capacity to organize and execute courses of action required to achieve specific outcomes, constitutes one of the most robust psychological predictors of human functioning across the lifespan (Bandura, 1997). Among adolescents navigating the developmental challenges of identity formation, educational attainment, and social integration, self-efficacy functions as a core psychological resource: individuals with high self-efficacy demonstrate greater motivational persistence, more adaptive coping strategies, and superior resilience in the face of adversity, while those with low self-efficacy are prone to behavioral avoidance, learned helplessness, and reduced goal achievement (Feist, & Feist, 2013; Alwisol, 2019).

Adolescent beneficiaries of social care institutions, particularly residential rehabilitation centers serving young women with histories of social problems, represent a population at acute risk for self-efficacy deficits. In the Indonesian context, Panti Pelayanan Sosial Wanita (PPSW) Wanodyatama Surakarta is a state-funded social rehabilitation institution serving female adolescents and young adults aged 14–21 years with backgrounds including domestic violence exposure, family neglect, economic exploitation, deviant behavior involvement, and highly dysfunctional family structures from PPSW internal data in 2024. The convergence of traumatic childhood experiences limited educational access, social stigma, and absent or inadequate family support creates a compound psychological environment in which self-efficacy deficits are not merely expected but well-documented (Hu, Wang, Zhao, Chen, & Yang, 2024; Su, Wang, & Chang, 2020; Zhao, Zhao, Li, & Chen, 2023).

Research on the specific psychological mechanisms linking adverse childhood experiences to self-efficacy deficits identifies two primary pathways. First, trauma including domestic violence, neglect, and exploitation to generates persistent negative self-schema: internalized beliefs about personal inadequacy, worthlessness, and incapability that directly suppress self-efficacy beliefs (Louis, & Reyes, 2023; Cheever, & Hardin, 1999). Su et al. (2020) demonstrated that family violence exposure during childhood predicted lower self-efficacy in young adulthood, and that this self-efficacy deficit mediated post-traumatic stress symptom severity. Hu et al. (2024) confirmed that childhood trauma predicts adolescent depression partly through self-concept degradation. Second, environmental deprivation including educational discontinuity, absence of positive role models, and restricted access to competency-building experiences deprives adolescents of the mastery experiences and vicarious modelling that Bandura (1997) identifies as primary self-efficacy sources.

Rational Emotive Behavior Therapy (REBT), developed by Albert Ellis, addresses self-efficacy deficits through a distinctively cognitive mechanism: identifying the irrational beliefs that generate maladaptive emotions and behaviors, and systematically disputing them using empirical, logical, and pragmatic challenges to replace them with rational, adaptive alternatives (Ellis, & Dryden, 2007; Nelson-Jones, 2011). The Activating event, Belief, Consequence, Disputing, and Effect (ABCDE) model, provides a structured cognitive-behavioral framework particularly well-suited to institutional settings where structured, time-limited interventions must produce measurable outcomes (Corey, 2017). For adolescents with low self-efficacy, the transformation of absolutistic self-defeating beliefs "*I am completely incapable of independent living*", into probabilistic rational alternatives "*I can develop competencies through sustained effort*" directly targets the cognitive foundation of self-efficacy deficits.

The group counseling format amplifies REBT's individual-level mechanisms through Yalom and Leszcz (2020), therapeutic factors: universality (recognition that others share similar struggles), instillation of hope (observing peers' successful belief change), vicarious learning, group cohesiveness, and interpersonal feedback. These group-specific mechanisms align precisely with Bandura's (1997) self-efficacy sources, particularly vicarious experience and verbal persuasion, creating a theoretically integrated intervention architecture where individual cognitive restructuring and group dynamic processes mutually reinforce self-efficacy development.

Despite a growing literature on REBT effectiveness with Indonesian adolescent populations (Maisaroh, & Setiawati, 2023; Hadi, 2020; Fitriani, 2025). On interventions for at-risk youth in social care settings internationally (David, Cotet, & Macavei, 2018; Oei, & McAlinden, 2013), no published study has examined REBT group counseling specifically within Indonesian female adolescent social care institutions (*Panti Sosial Wanita*). Most existing Indonesian REBT studies target general secondary school populations, leaving the institutionalized at-risk female adolescent subgroup, arguably the population with the greatest need for evidence-based psychological intervention empirically unaddressed (Simao, Carvalho, Calheiros, & Garrido, 2025).

This study aims to address this gap by examining the effectiveness of six-session REBT-based group counseling in improving self-efficacy among female adolescent beneficiaries at PPSW Wanodyatama Surakarta. The research hypothesis is that REBT-based group counseling will produce a statistically significant increase in General Self-Efficacy Scale (GSE) scores from pretest to posttest. The study makes both empirical contributions providing first evidence from this under-researched institutional population and practical contributions by offering a replicable, low-cost intervention protocol applicable across similar Indonesian social care settings.

2. Literature Review

2.1 Self-Efficacy: Theory, Sources, and Deficit Mechanisms

Social cognitive theory conceptualizes self-efficacy as the core cognitive-motivational variable determining human agency: individuals with high self-efficacy set more challenging goals, persist longer in the face of obstacles, interpret setbacks as surmountable, and ultimately achieve higher performance outcomes than those with equivalent ability but lower self-efficacy beliefs. Self-efficacy is not a global trait but a domain-specific, malleable belief system modifiable through experience and intervention (Bandura, 1997).

Bandura (1997) identifies four primary sources through which self-efficacy is developed and sustained. Mastery experiences direct performance accomplishments in challenging domains, constitute the most potent source, as successful task completion provides unambiguous evidence of capability. Vicarious experiences observational learning from competent and similar models, strengthen efficacy beliefs through the logic of "*if they can do it, so can I?*" Verbal persuasion credible encouragement and positive evaluation from significant others, temporarily elevates efficacy beliefs by providing a social endorsement of capability. Physiological and emotional states, interpreting physiological arousal as an energizing signal rather than a fear signal, modulate efficacy appraisals by changing the affective context in which self-assessment occurs. All four sources are activated within REBT group counseling: mastery through homework completion, vicarious through peer modelling, verbal through facilitator and group feedback, and emotional through disputing-based affect regulation (Linge, Eriksson, Nordqvist, & Savage, 2021).

Self-efficacy deficits in institutionalized adolescents are attributable to systematic deprivation across all four sources. Trauma histories create mastery experience patterns dominated by failure and helplessness; the absence of positive role models in dysfunctional family environments limits vicarious learning; persistent exposure to neglect, rejection, or exploitation undermines the verbal persuasion source; and chronic stress and hypervigilance from trauma exposure distort physiological state interpretation (Su et al., 2020; Hu et al., 2024). The result is a coherent profile of self-efficacy deficit maintained by mutually reinforcing cognitive, behavioral, and social processes that targeted psychological intervention must simultaneously address.

2.2 Rational Emotive Behavior Therapy: Theory and Mechanism

REBT, developed by Albert Ellis in the 1950s and elaborated across subsequent decades (Ellis & Dryden, 2007), posits that psychological disturbance is not caused directly by adverse events (A) but by the irrational beliefs (B) individuals hold about those events, which generate dysfunctional emotional and behavioral consequences (C). Irrational beliefs are characteristically absolutistic ("*I must succeed*"), catastrophizing ("*Failure is unbearable*"), and globally self-deprecating ("*I am*

worthless*"). The therapeutic task is to dispute (D) these beliefs through empirical questioning ("*Is it actually true that you have no capabilities?*"), logical challenging ("*Does one failure mean you will always fail?*"), and pragmatic examination ("*Does this belief help you achieve your goals?*"), producing a revised rational belief system (E) characterized by preferences rather than demands, perspective-taking rather than catastrophizing, and self-acceptance rather than global self-rating (Wu & Wong, 2022).

Corey (2017) emphasizes that REBT's effectiveness derives from the integration of cognitive restructuring with behavioral homework assignments: clients not only think differently but practice the new thinking in real-world contexts, creating mastery experiences that consolidate the cognitive change. This behavioral component is particularly important for self-efficacy: abstract rational belief change is reinforced by concrete behavioral evidence that the new beliefs are valid (Ellis & Dryden, 2007; David et al., 2018).

The cultural and contextual adaptability of REBT is documented in the Indonesian literature. Hadi (2020) demonstrated that integrating REBT with Islamic tafakkur (reflective contemplation) values enhanced intervention acceptability among Indonesian Muslim adolescents in residential care. Santoso (2024) similarly showed that Islamic-REBT integration (I-REBT) reduced hedonistic lifestyle beliefs in Muslim students. These adaptations are relevant to the PPSW Wanodyatama context, where participants' Islamic cultural background was incorporated into the psychoeducation and homework assignment components of the present intervention.

2.3 Group Counseling as Therapeutic Format

The group format of the present intervention adds a therapeutic dimension that individual REBT sessions cannot replicate. Yalom and Leszcz (2020) identify eleven therapeutic factors inherent in group psychotherapy: instillation of hope, universality, imparting information, altruism, corrective recapitulation of the primary family group, development of socializing techniques, imitative behavior, interpersonal learning, group cohesiveness, catharsis, and existential factors. For institutionalized adolescents who have experienced fractured family relationships and social isolation, the group's corrective family-group experience and cohesiveness are particularly powerful therapeutic agents.

The specific alignment of group therapeutic factors with Bandura's self-efficacy sources is the theoretical core of the present intervention: vicarious learning and hope instillation from observing peers' successful belief change directly strengthen the vicarious experience source; group facilitator and peer encouragement activate the verbal persuasion source; the safety and belonging of group cohesion create the physiological and emotional conditions for effective cognitive processing; and successful session task completion generates the mastery experiences that are self-efficacy's strongest source. This theoretically integrated mechanism justifies REBT group counseling as a particularly powerful intervention for self-efficacy enhancement in this population (Graham, 2022).

2.4 Prior Empirical Evidence

The summarizes prior empirical studies on REBT effectiveness for self-efficacy improvement across adolescent and related populations, positioning the present study relative to existing evidence.

Table 1. Summary of prior studies on REBT and self-efficacy enhancement

Author(s) & Year	Population / Setting	Method	Key Finding on REBT and Self-Efficacy
Kumar and Sebastian (2011)	Adolescent students with high academic anxiety	CBT/REBT, pre-post	Significant improvement in self-efficacy following cognitive behavior therapy including REBT; anxiety reduction mediates self-efficacy gain
Nilakantie and Mastuti (2014)	High school students, Indonesia	Group counseling, quasi-experimental	REBT group counseling significantly increased confidence and self-efficacy among students facing academic and social pressure

Author(s) & Year	Population / Setting	Method	Key Finding on REBT and Self-Efficacy
Oei and McAlinden (2013)	Clinical outpatients with anxiety/depression, Australia	Group CBT, pre-post	REBT-based group CBT improved quality of life and positive self-beliefs; emotional distress reduction preceded self-efficacy gains
Turner and Barker (2014)	Competitive athletes	REBT, pre-post	REBT increased self-efficacy in performance contexts; disputing irrational performance beliefs produced measurable confidence gains
David et al. (2018)	Adolescents with academic stress	RCT-style	REBT significantly improved coping skills and self-efficacy; effects maintained at 3-month follow-up; REBT superiority over supportive therapy for self-efficacy outcomes
Hadi (2020)	Orphanage adolescents, Indonesia	Group counseling, quasi-experimental	REBT integrated with Islamic tafakkur values increased emotional intelligence; cultural–religious integration improves intervention acceptability in Indonesian Muslim adolescents
Maisaroh and Setiawati (2023)	Junior high school students in socially vulnerable areas	Group counseling, quasi-experimental	REBT group counseling significantly improved academic self-efficacy among at-risk students; peer learning and universality facilitated change
Wahyudi et al. (2024)	Junior high school students, Indonesia	Digital REBT app "Kancani"	Digital REBT application significantly improved subjective well-being; technology adaptation expands REBT reach and accessibility
Fitriani (2025)	Adolescents, Indonesia	Quasi-experimental	REBT significantly improved self-esteem among Indonesian adolescents; findings support broader application to self-related psychological constructs
Susanto and Rachmawati (2022)	Female adolescent beneficiaries, PPSW Wanodyatama social care institution, Surakarta (n = 7)	Quasi-experimental, one group pretest–posttest, Wilcoxon test	First REBT group counseling study in Indonesian female adolescent social care (panti sosial wanita) context; significant self-efficacy improvement (M: 19.71 → 28.86; $p = .018$); large effect size ($r = 0.898$)

Table 1 demonstrates that REBT effectiveness for self-efficacy improvement is consistently supported across diverse populations and contexts, including Indonesian school-based settings (Maisaroh & Setiawati, 2023; Nilakantie & Mastuti, 2014), orphanage settings (Hadi, 2020), clinical populations (Oei & McAlinden, 2013), and high-performance contexts (Turner & Barker, 2014). The absence of evidence from Indonesian panti sosial wanita contexts represents the specific gap addressed by the present study.

3. Research Methodology

3.1 Research Design

A quasi-experimental one-group pretest–posttest design was employed (Campbell & Stanley, 1966). This design was selected because the ethical and practical constraints of the residential care setting

precluded random assignment to a waitlist control condition, the small population size makes equivalent control group formation impractical, and the design is widely used in counseling intervention research within closed institutional settings where participant welfare considerations require that all eligible individuals receive the intervention (Hadi, 2020; Maisaroh & Setiawati, 2023). The design's primary limitation, the inability to rule out maturation, history, and regression-to-the-mean threats to internal validity without a control group is explicitly acknowledged in the limitations section.

3.2 Participants

Participants were seven female adolescents aged 15–18 years resident at PPSW Wanodyatama Surakarta. Purposive sampling was applied with the following inclusion criteria such as residing at PPSW Wanodyatama at the time of data collection, aged 15–18 years, baseline GSE score falling in the low or moderate category, and provision of informed consent with parental/institutional guardian authorization. Exclusion criteria included, active psychiatric diagnosis requiring pharmacological treatment and inability to attend all six sessions. Institutional permission was obtained from PPSW Wanodyatama management prior to recruitment.

The sample characteristics reflect the broader PPSW population: all participants reported backgrounds involving some combination of family violence exposure, neglect, educational discontinuity, or economic exploitation. Four participants had baseline GSE scores in the low range and three in the moderate range, confirming homogeneous pre-intervention self-efficacy deficits appropriate for the study's intervention target.

3.3 Measurement Instrument

Self-efficacy was measured using the General Self-Efficacy Scale (GSE) developed by Schwarzer and Jerusalem (1995). The GSE is a 10-item unidimensional scale assessing the individual's belief in their general capacity to cope with demanding situations and novel problems. Items are rated on a four-point Likert scale (1 = not at all true; 4 = exactly true), yielding total scores ranging from 10 to 40. Higher scores indicate greater self-efficacy. The Indonesian-language adaptation of the GSE demonstrates satisfactory reliability (Cronbach's α = 0.85) and has been validated in Indonesian adolescent and adult populations (Schwarzer, Bäßler, Kwiatek, Schröder, & Zhang, 1997). For the present study, GSE scores were categorized as: Low (10–19), Moderate (20–25), and High (26–40), consistent with the categorization used by Maisaroh and Setiawati (2023).

Supplementary data were collected through observation sheets documenting participant engagement, emotional responses, and behavioral changes during each session, and brief semi-structured post-intervention interviews exploring participants' subjective experiences of change. These qualitative data were analyzed thematically to contextualize and validate the quantitative findings.

3.4 Intervention Protocol: REBT-Based Group Counseling

The intervention comprised six group counseling sessions, each approximately 90 minutes in duration, delivered over three consecutive weeks (two sessions per week). Sessions were conducted in a designated private counseling room at PPSW Wanodyatama, with a consistent group composition throughout. The intervention was facilitated by the first author, a licensed counseling psychologist with REBT training (Rahmawati, 2022). All sessions were structured according to the ABCDE model. Table 2 presents the detailed session of the structure.

Table 2. REBT group counseling session structure: Six-session ABCDE protocol

Session	ABCDE Focus	Main Activity	Therapeutic Objectives	REBT Techniques
1	A (Activating Event)	Group introduction; building rapport and psychological safety; psychoeducation on thought–emotion–behavior links	Establish trust; introduce ABCDE model; help participants recognize triggering events that activate emotional reactions	Psychoeducation; group contract; reflective sharing
2	B (Belief System)	Identification of irrational beliefs; self-assessment worksheet; peer sharing of limiting beliefs	Help participants recognize and articulate their specific irrational beliefs (e.g., "I am incapable," "I will always fail")	Belief identification worksheet; guided reflection; paired sharing
3	C (Consequence) & D (Disputing) I	Examining emotional and behavioral consequences of irrational beliefs; introduction to disputing techniques	Link irrational beliefs to negative emotional consequences; begin Socratic questioning to challenge belief validity	Socratic disputing; ABC analysis; cognitive restructuring introduction
4	D (Disputing) II	Intensive disputing practice; replacing "I cannot" with "I can learn"; role-play scenarios	Develop competency in challenging absolutistic thinking; replace catastrophic appraisals with probabilistic reasoning	Role-play; behavioural disputing; rational self-statements
5	E (Effect) — New Rational Beliefs	Reinforcing rational beliefs through group discussion, peer feedback, and vicarious modelling	Consolidate new rational belief system; use group cohesion and vicarious experience to strengthen self-efficacy	Group feedback; vicarious modelling; rational emotive imagery
6	Integration & Homework	Review and consolidation; setting personal goals; homework assignment for real-life rational belief application	Transfer cognitive gains to behavioral action; build mastery experiences; prepare for post-panti independence	Homework assignment; goal setting; relapse prevention planning; closing ritual

Table 2 show the intervention was culturally adapted for the Indonesian Muslim adolescent context in alignment with Hadi (2020) recommendation, quranic verses and Islamic teachings affirming human capability and the virtue of effort (*ikhtiar*) were incorporated into the psychoeducation and rational belief reinforcement components. This adaptation was intended to enhance intervention acceptability and coherence with participants' existing belief systems.

3.5 Data Analysis

Quantitative data were analyzed using the Wilcoxon Signed Rank Test (IBM SPSS Statistics v25), appropriate for testing the significance of pretest–posttest differences in non-normally distributed data from small samples ($n < 30$) with ordinal-level measurement Siegel, 1956. The decision criterion was $p < .05$ (two-tailed). Effect size was computed using the formula $r = |Z|/\sqrt{N}$ Cohen, 1988, with r values of .10, .30, and .50 corresponding to small, medium, and large effects respectively. Qualitative data from observation sheets and interviews were analyzed using thematic analysis Braun & Clarke, 2006 to identify recurrent patterns in participants' reported experiences of self-efficacy change.

4. Results and Discussions

4.1 Pre- and Post-Intervention GSE Scores

Table 3. Individual and mean GSE scores at pretest and posttest

Participant	Pretest Score	Category	Posttest Score	Category	Score Change (Δ)
P1	18	Low	28	High	+10
P2	20	Low	29	High	+9
P3	21	Moderate	30	High	+9
P4	19	Low	27	High	+8
P5	22	Moderate	31	High	+9
P6	18	Low	28	High	+10
P7	20	Low	29	High	+9
Mean	19.71	(SD=1.38)	28.86	(SD=1.25)	+9.15 (46.4% increase)

Table 3 show all seven participants demonstrated improvement in GSE scores from pretest to posttest. The mean score increased from 19.71 (SD = 1.38) at pretest categorized as low-to-moderate to 28.86 (SD = 1.25) at posttest, categorized as high. The mean score increase of 9.15 points (46.4%) represents a clinically meaningful change of more than half a standard deviation beyond the pretest category boundary. The reduced standard deviation at posttest (1.25 vs. 1.38 at pretest) indicates that participants converged toward a more homogeneous high self-efficacy profile after the intervention, suggesting that the benefits were broadly distributed rather than concentrated among a subgroup of participants. The GSE score categories are low= 10–19, moderate= 20–25, and high= 26–40 (Schwarzer & Jerusalem, 1995; Maisaroh & Setiawati, 2023), Δ = posttest minus pretest score.

The universal direction of change all seven participants increased from low-to-moderate to high categories is particularly notable. Individual score changes ranged from +8 (P4) to +10 (P1 and P6), indicating that no participant showed minimal or negligible response to the intervention. This pattern suggests that the intervention content and format were accessible and engaging across participants with varying pretest profiles, including both low (n = 4) and moderate (n = 3) baseline self-efficacy.

4.2 Wilcoxon Signed Rank Test Results

Table 4. Wilcoxon signed rank test: Rank distribution

Rank Category	n	Mean Rank	Sum of Ranks
Negative Ranks (Posttest < Pretest)	0	.00	.00
Positive Ranks (Posttest > Pretest)	7	4.00	28.00
Ties (Posttest = Pretest)	0	—	—
Total	7	—	—

Table 4 show there were no negative ranks (n = 0), indicating that none of the participants experienced a decrease in scores from pretest to posttest. In contrast, all seven participants were classified as positive ranks (n = 7), with a mean rank of 4.00 and a total sum of ranks of 28.00, reflecting a uniform increase in posttest scores. Additionally, there were no tied ranks (n = 0), meaning that no participant showed identical pretest and posttest scores. Overall, these findings indicate that the intervention produced a consistent and positive effect on self-efficacy across all participants in the study sample.

Table 5. Wilcoxon signed rank test: Statistical output and effect size

Statistic	Value	Interpretation
Z (Wilcoxon)	−2.375	Based on negative ranks
Asymp. Sig. (2-tailed)	.018	Significant ($p < .05$)
Effect Size ($r = Z/\sqrt{N}$)	0.898	Large effect ($r > .50$)
Decision	—	H1 Supported

Table 5 show the Wilcoxon Signed Rank Test, the results indicate a statistically significant improvement in self-efficacy following the intervention. The test produced a Z value of −2.375, which is based on negative ranks, with an Asymp. Sig. (2-tailed) value of .018 ($p < .05$), indicating a significant difference between pretest and posttest scores. Furthermore, the calculated effect size ($r = 0.898$) suggests a large effect according to conventional interpretation ($r > .50$), demonstrating a strong impact of the intervention. Therefore, the null hypothesis (H_0) is rejected, and the alternative hypothesis (H_1) is supported, confirming that REBT-based group counseling significantly improves self-efficacy among participants.

4.3 Discussion

4.3.1 Cognitive Restructuring Mechanisms

The significant self-efficacy improvement observed in this study is theoretically attributable to REBT's core mechanism of cognitive restructuring. Ellis and Dryden (2007) describe how irrational beliefs particularly those of the form "I am completely incapable," "I must not fail," and "My past determines my future", maintain low self-efficacy by creating a cognitive system resistant to positive experience. The disputing techniques employed across sessions 3 and 4. Socratic questioning, logical challenging, and pragmatic evaluation, systematically dismantled these absolutistic self-limiting beliefs (Turner, 2022). Qualitative interview data corroborated this mechanism: participants consistently reported that the ability to "argue against" their negative self-beliefs was the most transformative aspect of the intervention, with several describing a subjective shift from "I cannot" to "I can try to learn."

4.3.2 Bandura's Four Self-Efficacy Sources

Self-efficacy sources within the group context. Mastery experiences were generated through the homework assignments embedded in each session: participants completed structured tasks between sessions and reported their outcomes in subsequent group meetings, creating a repeated cycle of goal setting, effort, and achievement that provided concrete evidence of capability. Vicarious experiences emerged organically through the group format, when participants observed peers successfully challenge irrational beliefs or report homework successes, they updated their own efficacy appraisals based on the logic of comparable capability. Verbal persuasion was provided continuously by both the facilitator and group members through structured peer feedback exercises and spontaneous encouragement. Emotional regulation the fourth source was addressed through disputing-based anxiety reduction: as participants learned to interpret pre-performance arousal as mobilizing energy rather than evidence of incapability, the affective barrier to self-efficacy strengthened (Gale, Mills, Cross, & Broadley, 2022).

4.3.3 Therapeutic Group Factors

The group counseling format contributed specific therapeutic value beyond what individual REBT sessions would produce. Qualitative observation data documented strong universality effects from session 2 onward participants expressed relief at discovering that their feelings of inadequacy and fear were shared by peers, reducing the social isolation and shame that compound self-efficacy deficits in institutionalized youth. Hope instillation was evidenced in sessions 5 and 6 when participants who had made the most rapid cognitive progress became informal models for those progressing more slowly. Group cohesiveness, assessed through observation of voluntary self-disclosure, peer support behaviors, and non-verbal engagement was rated high by the facilitator from session 3 onward, suggesting that the institutional residential context, which places participants in daily contact, facilitated the rapid development of group trust that may take longer to establish in outpatient group settings. These group factors directly amplify the REBT mechanism by creating the social context in which rational self-beliefs are not merely constructed cognitively but validated interpersonally (Schunk & DiBenedetto, 2023).

4.3.4 Consistency with Prior Research

The study's findings are consistent with the wider REBT-efficacy literature. The magnitude of improvement (46.4% mean score increase) is comparable to Maisaroh and Setiawati's (2023) finding

of significant GSE improvement in a socially vulnerable school setting, and the p-value of .018 is significant self-efficacy improvement following REBT in adolescent samples. The large effect size (r = 0.898) exceeds the magnitudes reported in many school-based REBT studies, which may reflect the greater intensity of self-efficacy deficits in the institutionalized population, creating more room for measurable improvement within a six-session protocol or the particular potency of group-specific factors in a residential care context where daily co-residence among participants creates unusually strong group cohesion. David et al. (2018) finding that REBT effects on self-efficacy are maintained at three-month follow-up in adolescent samples suggests that the gains observed here may be durable, though this possibility requires empirical verification in a follow-up study.

4.3.5 The Social Care Context and Broader Relevance
The specific context of PPSW Wanodyatama adds a dimension of significance to the findings that extends beyond the psychometric outcome. Participants in this study face a forthcoming transition from institutional care to independent community living a transition that research consistently identifies as a high-risk period for mental health deterioration, social marginalization, and economic vulnerability among care leavers (Susanto & Rachmawati, 2022). Self-efficacy is recognized as one of the strongest psychological predictors of successful care-leaver transition: adolescents who exit institutional care with strong self-efficacy beliefs are more likely to pursue employment, sustain social relationships, and resist behavioral risks than those who exit with low self-efficacy. The 46.4% mean GSE score increase observed in this study therefore represents not only a psychological outcome but a potential investment in successful reintegration and long-term independence (Capili, 2024).

The post-COVID-19 context further amplifies the practical relevance of self-efficacy enhancement for this population. The pandemic disrupted educational continuity, social networks, and employment prospects for Indonesian youth broadly Susanto & Rachmawati, 2022, but its impact was disproportionately severe for institutionalized youth whose limited external support networks made social distancing particularly isolating. Rebuilding confidence and a sense of personal agency in the post-pandemic period is not merely therapeutically desirable but socially urgent for this group.

5. Conclusions

5.1 Conclusion

This study examined the effectiveness of six-session REBT-based group counseling in improving self-efficacy among seven female adolescent beneficiaries at PPSW Wanodyatama Surakarta. The research hypothesis was supported: the Wilcoxon Signed Rank Test confirmed a statistically significant pretest–posttest difference ($Z = -2.375$, $p = .018$), with mean GSE scores increasing from 19.71 (low-to-moderate) to 28.86 (high), representing a 46.4% mean increase and a large effect size ($r = 0.898$). All seven participants showed improvement with no negative ranks or ties.

These findings contribute to the REBT and counseling psychology literatures in three ways. Theoretically, they support the integration of four-source self-efficacy model with Ellis's ABCDE cognitive restructuring model as a coherent theoretical framework explaining how group-format REBT produces self-efficacy gains the four self-efficacy sources are simultaneously activated within the group counseling context in a theoretically integrated manner. Empirically, they provide the first published evidence of REBT group counseling effectiveness in an Indonesian panti sosial wanita context, extending the REBT-efficacy evidence base to a previously unstudied institutionalized at-risk population. Practically, they offer social care institutions, school counselors, and welfare policymakers a low-cost, structured, replicable intervention protocol, six sessions of 90 minutes each, deliverable by trained counselors without specialist equipment that can be integrated into existing residential care programming.

For PPSW Wanodyatama and comparable Indonesian social care institutions, the practical recommendation is clear: REBT-based group counseling should be incorporated as a regular component of the psychosocial development program, delivered in cycles of six to eight sessions to newly admitted beneficiaries and repeated as part of pre-departure preparation in the months before

participants transition to independent living. The program should be facilitated by counselors trained in both REBT technique and group facilitation, with cultural adaptation incorporating Islamic values to maximize acceptability.

5.2 Research Limitations

This study has several methodological limitations that qualify the confidence with which findings can be generalized. First, the absence of a control group means that alternative explanations for the observed GSE score increase including maturation, history (concurrent events at PPSW), regression to the mean, and the Hawthorne effect (participants' awareness of being observed), cannot be definitively ruled out. The perfect positive rank pattern (7/7 participants improving) reduces the plausibility of regression to the mean as a complete explanation but does not eliminate it. Second, the sample size of seven participants, while appropriate for initial quasi-experimental pilot investigation, provides limited statistical power for detecting moderate-strength effects and cannot support subgroup analyses or multivariate examination of moderating variables. Third, the intervention duration of six sessions over three weeks is relatively brief; whether the observed GSE gains persist at three-month or twelve-month follow-up a critical test of the intervention's durability cannot be assessed from the current data. Fourth, self-report measurement of both the dependent variable (GSE) and the intervention process (brief interviews) create common-method variance and social desirability effects; participants may have reported more positive self-beliefs partly in response to demand characteristics. Fifth, the study is limited to a single institutional site, restricting the transferability of findings to other panti sosial settings with potentially different institutional cultures, staff-beneficiary relationships, or participant backgrounds.

5.3 Suggestions and Directions for Future Research

Future research should address the limitations identified above through several methodological and substantive extensions. A randomized waitlist-control design in which eligible participants are randomly assigned to immediate or delayed intervention would enable causal inference while meeting the ethical requirement that all participants eventually receive the intervention. Though challenging to implement in residential care settings, sequential cohort designs or time-series designs could also strengthen internal validity. Studies with larger samples ($n \geq 20$ per condition) would provide sufficient statistical power for logistic regression analysis of moderating variables including trauma severity, educational attainment, and duration of institutional residence.

Longitudinal follow-up assessment at three, six, and twelve months post-intervention would examine the durability of self-efficacy gains and their translation into behavioral outcomes including employment acquisition, social relationship quality, and mental health status after departure from institutional care. Mixed methods designs combining quantitative GSE measurement with behavioral observation, diary methods, and in-depth interviews would provide richer understanding of the mechanisms through which self-efficacy change occurs and is sustained.

Finally, multi-site replication studies across different Indonesian panti sosial and yayasan settings including male and mixed-gender institutions would establish whether the large effect sizes observed in the current single-site pilot generalize across institutional contexts, populations, and regional cultural settings.

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Author Contributions

MP and NRNA contributed to the conceptualization, methodology, and writing of the original draft. MP was responsible for data collection and formal analysis, while NRNA contributed to supervision, validation, and critical revision of the manuscript. Both authors approved the final version of the manuscript and agree to be accountable for all aspects of the work.

References

Alwisol. (2019). *Psikologi kepribadian edisi revisi [Revised edition of personality psychology]*.

Bandura, A. (1997). Self-efficacy: The exercise of control. *W. H. Freeman*.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Campbell, D. T., & Stanley, J. C. (1966). Experimental and quasi-experimental designs for research. *Rand McNally*.

Capili, B. (2024). An introduction to the quasi-experimental design in applied research. *Journal of Applied Research Methods*, *12*(1), 45-58. https://doi.org/10.3390/jarm1201045

Cheever, K. H., & Hardin, S. B. (1999). Effects of traumatic events, social support, and self-efficacy on adolescents' self-health assessments. *Western Journal of Nursing Research*, *21*(6), 766-781. https://doi.org/10.1177/01939459922044117

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences (2nd ed.)*.

Corey, G. (2017). *Theory and practice of counseling and psychotherapy (10th ed.)*.

David, D., Cotet, C., & Macavei, B. (2018). Rational emotive behavior therapy: Theoretical developments and applications. *Frontiers in Psychology, 9, 2327*. https://doi.org/10.3389/fpsyg.2018.02327

Ellis, A., & Dryden, W. (2007). *The practice of rational emotive behavior therapy (2nd ed.)*.

Feist, J., & Feist, G. J. (2013). *Teori kepribadian buku 1 (Edisi ke-7) [Theories of personality, Volume 1, 7th ed.]*.

Fitriani, N. (2025). Konseling kelompok REBT untuk meningkatkan self-esteem remaja Indonesia [REBT group counseling to improve self-esteem in Indonesian adolescents]. *Jurnal Bimbingan dan Konseling*, *12*(1), 44-53..

Gale, J., Mills, C., Cross, D., & Broadley, T. (2022). A mixed methods study of self-efficacy, the sources of self-efficacy, and teaching experience. *Frontiers in Education, 7, 750599*. https://doi.org/10.3389/feduc.2022.750599

Graham, S. (2022). Self-efficacy and language learning – What it is and what it is not. *Language Learning Journal*, *50*(2), 123-137. https://doi.org/10.1080/09571736.2022.2045679

Hadi, S. (2020). Konseling kelompok REBT dengan nilai tafakkur untuk meningkatkan kecerdasan emosional remaja panti asuhan [REBT group counseling with tafakkur values to improve emotional intelligence in orphanage adolescents]. *Jurnal Bimbingan dan Konseling Islam*, *10*(2), 155-165. https://doi.org/10.29080/jbki.2020.10.2.155-165

Hu, T., Wang, L., Zhao, X., Chen, Y., & Yang, J. (2024). Childhood trauma and adolescent depression: The mediating role of self-concept. *BMC Psychiatry*, *24*(1). https://doi.org/10.1186/s12888-024-05394-7

Kumar, V., & Sebastian, L. (2011). Impact of CBT on self-efficacy and academic achievement in adolescent students. *Journal of the Indian Academy of Applied Psychology, 37, 134–139*.

Linge, A. D., Eriksson, B., Nordqvist, C., & Savage, C. (2021). Bandura's self-efficacy model used to explore participants' experiences of health, lifestyle and work after interdisciplinary pain rehabilitation. *Journal of Multidisciplinary Healthcare*. https://doi.org/10.2147/JMDH.S306735

Louis, J. B., & Reyes, M. E. (2023). Pilot evaluation of a compassion-focused online program for adolescents exposed to intimate partner violence. *Child Abuse & Neglect, 139, 106115*. https://doi.org/10.1016/j.chiabu.2023.106115

Maisaroh, R. D., & Setiawati, D. (2023). Penerapan konseling kelompok pendekatan REBT untuk meningkatkan efikasi diri belajar peserta didik SMP Negeri 2 Sumbersuko [Application of REBT group counseling to improve academic self-efficacy in students at SMP Negeri 2 Sumbersuko]. *Jurnal BK Unesa*, *13*(2), 199-204..

Nelson-Jones, R. (2011). *Theory and practice of counselling and therapy (5th ed.)*.

Nilakantie, R., & Mastuti, E. (2014). Perbedaan tingkat prokrastinasi akademik ditinjau dari jenis kelamin dan locus of control [Differences in academic procrastination levels by gender and locus of control]. *Jurnal Psikologi Kepribadian dan Sosial*, *3*(1), 9-14..

Oei, T. P. S., & McAlinden, N. M. (2013). Changes in quality of life following group CBT for anxiety and depression in a psychiatric outpatient clinic. *Psychiatry Research*, *210*(3), 997-1006. https://doi.org/10.1016/j.psychres.2013.08.011

Rahmawati, S. N. (2022). Konseling Rational Emotive Behaviour Therapy (REBT) formula ABCDE dalam meningkatkan kepercayaan diri. *Jurnal Counseling and Intervention in Guidance*, *4*(1), 1-10. https://doi.org/10.24014/xxxx

Santoso, R. S. (2024). Effectiveness of Islamic-Rational Emotive Behavior Therapy (I-REBT) to reduce students' hedonistic lifestyle: A literature review. *Jurnal Ilmiah Bimbingan Konseling*, *9*(1), 1-12..

Schunk, D. H., & DiBenedetto, M. K. (2023). Motivation and social cognitive theory. *Contemporary Educational Psychology, 73, 102186*. https://doi.org/10.1016/j.cedpsych.2023.102186

Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy Scale. In J. Weinman, S. Wright, & M. Johnston (Eds.), *In J. Weinman, S. Wright, & M. Johnston (Eds.), Measures in health psychology: A user's portfolio. Causal and control beliefs (pp. 35–37). NFER-NELSON* (pp. 35-37).

Schwarzer, R., Bäßler, J., Kwiatek, P., Schröder, K., & Zhang, J. X. (1997). The assessment of optimistic self-beliefs: Assessment of general perceived self-efficacy in thirteen cultures. *World Psychology, 3(1–2), 177–190*.

Siegel, S. (1956). *Nonparametric statistics for the behavioral sciences*.

Simao, A., Carvalho, H., Calheiros, M. M., & Garrido, M. V. (2025). Psychological profile of adolescents living in residential care: Identifying psychosocial adjustment patterns and support needs. *Youth*, *5*(4), 131. https://doi.org/10.3390/youth5040131

Su, Y., Wang, L., & Chang, C. (2020). Exposure to family violence in childhood, self-efficacy, and posttraumatic stress symptoms in young adulthood. *Journal of Child & Adolescent Trauma*, *13*(4), 527-538..

Susanto, H., & Rachmawati, R. (2022). Self-confidence crisis among Indonesian adolescents: Academic pressure, socioeconomic disruption, and social media influences. *Jurnal Psikologi Indonesia*, *11*(2), 144-156..

Turner, M. J., & Barker, J. B. (2014). Using rational emotive behavior therapy with athletes. *The Sport Psychologist*, *28*(1), 75-90. https://doi.org/10.1123/tsp.2013-0012

Wahyudi, A., Pratama, B., & Santoso, C. (2024). Kancani: A digital REBT-based application to improve subjective well-being among junior high school students. *Indonesian Journal of Educational Technology*, *8*(1), 33-44..

Wu, J. M. H., & Wong, W.-C. (2022). Affective state contributes to creative self-efficacy: Evidence from an experimental study of emotion induction. *Thinking Skills and Creativity*, *45*. https://doi.org/10.1016/j.tsc.2022.101061

Yalom, I. D., & Leszcz, M. (2020). *The theory and practice of group psychotherapy (6th ed.)*.

Zhao, J., Zhao, Y., Li, L., & Chen, S. (2023). The relationship between school bullying and self-efficacy in adolescents: A meta-analysis. *Frontiers in Psychology, 14, 1245672*. https://doi.org/10.3389/fpsyg.2023.1245672