The demography effect on Tri Kaya Parisudha based cognitive behavioral counseling effectiveness

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ABSTRACT
This study aims to develop a cognitive-behavior counseling model based on Tri Kaya Parisudha in improving students' non-cognitive skills. Participants in this study were 45 students. The resilience data were obtained by Indonesian version of resilience scale and analyzed with ANOVA aided by the JASP program. The results of the study found that; (1) the cognitive-behavior counseling model based on Tri Hita Karana is effective in improving students' resilience (2) there is a difference in effectiveness model in overall area of students (3) programs that achieve acceptance and accessibility by students and the school counselor.

Introduction
In 2020, Indonesia will enjoy a demographic dividend which means that the number of productive populations will be more than the non-productive population. If not properly prepared, then the conditions referred as bonuses will actually become obstacles in national development. These obstacles can arise as a result of the population not having sufficient skills in facing global competition and being trapped in conditions that cause it to become unproductive. The 21st century education is oriented towards the formation of people who have life skills to be able to become productive citizens. Therefore, there is a need to balance the formation of cognitive and non-cognitive aspects of the education system. Cognitive factors can be interpreted as the ability of individuals to learn new knowledge (Glewwe, Huang, & Park, 2011). Non-cognitive factors by (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011) are referred to as socio-emotional skills, while mention it as character, goodness or strengths (Cloninger, 2005; Peterson & Park, 2013; Seligman & Csikszentmihalyi, 2000).

Cognitive and non-cognitive factors equally important to students' academic success, career, and life (Galinsky, 2010). School counselors as psycho-educators in schools have a responsible for developing the personal- social-emotional aspects of students. Cognitive-behavior counseling model is one of the counseling models that is experiencing very rapid development (Beck, 1997; Kendall, 2013; Shea, 2016). This counseling model emphasizes cognitive changes or ways of thinking, perceiving or beliefs to form emotions and behaviors that are more adaptive by focusing on the current state of difficulties and associated with causes of psychological distress or distress symptoms in the past.
Research by Suranata et al. shows the need for further research to develop a cognitive-behavioral counseling model that integrates (based on) the original virtue values of culture in Indonesia to enhance non-cognitive factors (Suranata, Atmoko, & Hidayah, 2017a). One of the cultural values that come from the Hinduism philosophic that is relevant to the concepts used in the CBT is the Tri Kaya Parisudha concept. This concept mentioned that to achieve the perfection of life, there needs to be harmony between mind (Manachika), speech (Wachika) and deeds (Kayikha). Based on that, this research intends to develop a model of CBT on Tri Kaya Parisudu to improve students' non-cognitive factors.

The concept of Tri Kaya Parisudha has a closeness to the concept of cognitive-behavioral counseling. Cognitive-behavioral counseling model assumes that individuals (students) can develop optimally, free from emotional disorders, have positive adaptive behavior if they can develop positive thoughts, feelings, and behaviors in harmony. A similar concept is also mentioned in the values of Tri Kaya Parisudha. Person will reach ‘perfection’ (health, psychological well-being) if they can develop thoughts (Manahcika), words (Wacika), and behavior (Kayika) that Parisudha or good, compassionate, or holy.

Integration between the concept of cognitive-behavioral counseling with the concept of Tri Kaya Parisudha is intended as an effort to train counselees (students) to understand and implement good thinking (rational), good speech (normative), and behave well (adaptive) so as to develop healthy thoughts, feelings (emotions) and behavior.

Method

Experimental design
This pilot study was conducted through an experimental method with the design of the Two-Factor experiment. The study population was high school students in the Province of Bali. A total of 45 students were selected as research samples determined by cluster random sampling. In each rural, suburb and urban school area 15 students are represented. This study also involved 3 school counselors who had been trained to implement the program. Each group of respondents, namely rural, urban and suburban groups is facilitated by a counselor.

Instrumentation
Data on resilience was collected using 14 scale items. Validation of this scale has been reported to have good validation and reliability of items and factors (Suranata, Atmoko, & Hidayah, 2017b).

Procedure
CBT Trikaya Parisudha Procedure consists of 5 stages, namely (1) Source your strengths, namely students are trained to identify and find resources (internal and external that exist in themselves and in their environment); (2) Manage yourself, which is a step to organize, manage the resources owned, which includes mind management, self-management, time management, money management and so on; (3) Actuating your potential, is a step to implement the resources owned to deliver psychological well-being; (4) Remember The God, is a step to train students to improve their spiritual side, according to their religion and beliefs; and (5) Take your Dream, is the final step to develop optimism, hope, and motivation to achieve its goals and ideals.

Data analysis
The research hypothesis was tested through GLM RM-ANOVA and The One Way ANOVA. The analysis in this study involved 3 sample groups based on the school area (rural, suburban, and rural areas) and two-time observations (pretest and posttest). Analysis of research data was carried out using the Jasp V. 0.8.6 program (Goss-Sampson, 2019). The main effect of implementing web-based resilience is described from the resilience comparison at each observation time. The main effects on group differences and interaction effects between time and group were tested for the effect size on partial eta square ($\eta^2_{\text{partial}}$) that describes the proportion of total variables caused by the factors effect (Field, 2009). The level of significance used in this study was 0.05 (Hair, Black, Babin, Anderson, & Tatham, 1998). Supporting data about the respondents' perceptions of students and counselors on the feasibility of the program and the obstacles experienced during the program were also narrated and discussed.

Result and Discussion
The results of the analysis show an increase in the average resilience from the baseline to the posttest in each group that can be seen in table 1.
Table 1. Mean and standard deviation on baseline and post-test in overall groups

<table>
<thead>
<tr>
<th>RM Factor 1</th>
<th>Group*</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>1</td>
<td>12.27</td>
<td>2.05</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>18.73</td>
<td>4.82</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>10.53</td>
<td>1.77</td>
</tr>
<tr>
<td>Post-test</td>
<td>1</td>
<td>52.27</td>
<td>1.75</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>47.07</td>
<td>2.37</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>46</td>
<td>0.85</td>
</tr>
</tbody>
</table>

*Group 1 urban, 2 suburbs, 3 rural

In Table 2, the main effects of time (pretest, posttest) for endurance were significant (F [1, 42] = 2874.86, p < 0.05, with effect sizes on η²partial = 0.99). Meanwhile, the interaction effect between x time groups was significant (F [2, 42] = 25.18, p < 0.001, with the effect sizes on η²partial = 0.55).

Table 2. Within Subjects Effects

<table>
<thead>
<tr>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>p</th>
<th>η²p</th>
</tr>
</thead>
<tbody>
<tr>
<td>RM Factor 1</td>
<td>27178.84</td>
<td>1</td>
<td>27178.84</td>
<td>2874.86</td>
<td>&lt; 0.05</td>
</tr>
<tr>
<td>RM Factor 1 * X</td>
<td>476.09</td>
<td>2</td>
<td>238.04</td>
<td>25.18</td>
<td>&lt; 0.05</td>
</tr>
<tr>
<td>Residual</td>
<td>397.07</td>
<td>42</td>
<td>9.45</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Type III Sum of Squares.

The results in Table 2 and Table 3 confirm the hypothesis tested in this study, that the Smart- resilience program is effective for students in the urban, suburb, and rural school areas of the effect size η²partial = 0.99, which means high [13]. The results also prove that there are differences in the effectiveness of this program for students in urban, suburban and rural areas at η²partial = 0.70, which means it is quite high. Comparison of effectiveness among the three groups can be seen in the Post Hoc Bonferroni test in Table 4.

These results indicate that the program is more effective for students in suburban areas than in urban areas, but in students in rural areas, it is lower than in urban areas. This means that students in suburban groups obtain the highest effectiveness.

The results of this study also revealed the perceptions of student participants and counselors on the acceptability and accessibility of CBT Based on Tri Kaya Parisudha programs that supported the results of testing the confirmed hypothesis. Student groups in urban areas have successfully completed the program completely in 3 months, for students in the suburbs for 2.4 months, and all students in rural areas complete the program longer than 3 months (at most 3.9 months).

In general, all students and participant counselors of the study stated that they had understood the procedures for joining the program according to their respective roles and stated that the program had been implemented properly. As many as 90% of students in urban areas say they are able to independently.

The findings of this study support the results of previous studies that have revealed acceptance, feasibility, and effectiveness of resilience programs in schools. Several previous studies that have proven the effectiveness of the cognitive-behavioral model as interventions used to increase resilience among students or adolescents can be found in the results. Study of the Penn Resiliency Program or PRP by Reivich, Gilham, Brunwasser, and colleagues (Brunwasser, Gilham, & Kim, 2009; Gilham, Hamilton, Freres, Patton, & Gallop, 2006; Gilham et al., 2012, 2007), which shows the effectiveness and feasibility of school-based resilience interventions through the development of mental health and prevention of emotional or behavioral disorders.

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Table 3. Post hoc comparison

<table>
<thead>
<tr>
<th>Groups</th>
<th>Mean Diff.</th>
<th>SE</th>
<th>t</th>
<th>P bonf</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2</td>
<td>-0.87</td>
<td>0.5</td>
<td>2</td>
<td>1.66</td>
</tr>
<tr>
<td>1-3</td>
<td>4.00</td>
<td>0.5</td>
<td>2</td>
<td>7.67</td>
</tr>
<tr>
<td>2-3</td>
<td>4.87</td>
<td>0.5</td>
<td>2</td>
<td>9.34</td>
</tr>
</tbody>
</table>

*Group 1 urban, 2 suburbs, 3 rural

Conclusion

The results of this study found that (1) CBT based on Tri Kaya Parisudha program is effective for students in urban, suburb, and rural secondary school areas, (2) there are differences in the effectiveness of CBT based on Tri Kaya Parisudha in students in urban, suburban and rural areas. The highest effectiveness was obtained in the student groups in the suburbs, (3) the CBT-Based On Tri Kaya Parisudha program achieved high acceptance and feasibility from the school counselors and the students.

References


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