



The Effectiveness of
Multidimensional Counseling in
the Intervention of Student
Anxiety

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The Effectiveness of Multidimensional Counseling in the Intervention of Student Anxiety

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Abstract

This research was motivated by the phenomenon of students' anxiety in the school, with the intervention purpose of innovating the quality of the counseling process, through a multidimensional model. Student anxiety affects their study performance in class, especially with the absence of proper attention; therefore, the multidimensional counseling tool is proposed to resolve this challenge. This study involved 7 students who have anxiety problems, and the Hamilton Anxiety Rating Scale was the instrument used for analyzing the data accessed on www.osf.io/7rd5w/, using a single-subject research design A-B-A and JASP. Therefore, the results identified multidimensional counseling as a tool capable of reducing student anxiety.

Key Words: effectiveness, student anxiety, multidimensional counseling, single-subject research

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Anxiety is a condition wherein individuals experience subjective fear, tension, and confusion, which is disliked,¹ and caused by insecurity about an impeding danger.² In addition, it has also been described as a psychological symptom wherein individuals feel anxious, worried, nervous, or panicked about a situation.³ These are signs exhibited by humans in the face of negative circumstances,⁴ whereas other authors interpreted it as an emotional condition that causes discomfort, a vague experience, and feeling of helplessness in uncertain situations.⁵

Anxiety takes place as a result of excessive concerns with regard to unnecessary problems, work, financial challenges, health of loved ones, and the future.⁶ Furthermore, it also occurs in students before, during, and after practice⁷; hence, a good relationship with educators is capable of eliminating stress.⁸ Anxiety occurs as a psychological

problem,⁹ with the potential of disrupting an individual's daily life, and previous research stated its ability to initiate difficulty in sleep.¹⁰

The conduction of social interaction by individuals, in the form of commitments, also potentially contributes to anxiety,¹¹ and it also correlates with the use of psychoactive substances and negative reactions, including.¹² In addition, it is also influenced by demographic factors, comprising of educational background of parents, as those with low levels tend to have high stress level,^{13,14} which leads to anxiety.¹⁵

In recent decades, interventions in the form of treatment have been the focus of counseling research,¹¹ and one of the methods developed was the multidimensional type. This is developed using directive and nondirective approaches, and the conscious and subconscious,¹⁶ and through these 4 sessions, it is possible to reduce the client's condition.⁶

Multidimensional counseling involves the combination of various theories and techniques¹⁷ from a play therapy approach, to assist in the occurrence of spectrum problems, and subsequently permit intervention plans.¹⁶ This application in schools is performed by enhancing self-efficacy and stress management of students and teachers, which helps in culture development.¹⁸ Anxiety decline is observed through an increase in awareness related to apprehension,¹⁹ for example, a student's experience in dealing with mathematical problems, which is solved by promoting cognizance on the importance of learning it. In addition, anxiety is also caused by academic procrastination.²⁰

As described above, it is seen that an intervention has to be carried out,

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which previously included play-based interventions.²¹ Furthermore, other studies dealt with anxiety experienced by athletes using neurolinguistic programming.²² In the medical field, this manifestation is known to confer a significant negative impact on an individuals' bodily function, and the relative presence of anxiety stimuli.²³ In addition, other reports identified its reduction to be due to an increase in spiritual quotient and emotional quotient.¹⁰ In counseling session the counselor have not focused on handling client anxiety conditions; therefore, based on this circumstances, multidimensional counseling was used to provide an intervention for anxiety problems.

METHODS

This was classified as a single-subject research,⁵ and the population included students of Universitas Negeri Medan, Department of Guidance and Counseling, Medan, North Sumatera Province of Indonesia, and the respondents were 8 in number. Furthermore, Hamilton Anxiety Rating Scale (HARS) was used as the instrument,²⁴⁻³⁰ which meets the reliability requirements.³⁰ This provides evidence of invariance throughout the sample, thus supporting the reliability of factorial structures for future multigroup research. Therefore, the data accessed on www.osf.io/7rd5w/ were analyzed through the use of a single-subject research design A-B-A,³¹ and Wilcoxon signed-rank test, using JASP.³²

Multidimensional counseling was implemented at each of the 4 interventions in the A-B-A design model of the single-subject research. This involves continuously measuring the target behavior at the baseline condition (A1), within a certain period, and subsequently during the intervention (B). This was then followed by the measurement of the second baseline (A2),³¹ which aims to control the intervention phase, hence the possibility to conclude the presence of a functional relationship between the independent and the dependent variable.

The procedures adopted at each session focused on rendering an intervention in an individuals' subconscious state, for example, the clients eyes are closed, and the client is asked to imagine

objects that foster his happiness, which is in Quadrant I stage (Active Utilization). In addition, after a few moments, the process is stopped, and the subject is required to start talking about the anxiety felt, which is a Quadrant II stage (Open Discussion and Exploration).

Activities undertaken include participation in board games, role playing, sand frolicking, and feeling cards. This was followed by the processes in Quadrant III (Cofacilitation), wherein students are provided with the freedom to play without the instruction of a counselor, with the aim of reflectively responding and not interpreting, or discussing what transpired, and the problem is discussed. This is consecutively followed by the Quadrant IV (Nonintrusive Response), wherein the counselor provides direction, without being aware, and students lead the game at this stage. Furthermore, assistance is rendered only through the introduction of new characters, discovery of new things, and not directly discussing or interpreting. Therefore, the counselor analyzes the themes/events per session at the end of this phase.

RESULTS AND DISCUSSION

Measurements of anxiety levels in students were performed 3 times each at the baseline (A1), intervention (B), and the next baseline phase (A2). Therefore, the average initial condition was recorded to be 17.3, which decreased to 8.3 after the intervention, which increased to 9.00 at the beginning of A2, and later reduced to 4.6. The stability baseline of students' anxiety level and the intervention conditions for respondents was 87.5%, meaning that the baseline data were stable as they were between 85% and 90%.³¹ In addition, the upper and lower limits were 18.8 and 15.8, respectively, with a difference of 3.0. However, the average disparities between both conditions were 8.3 and 4.4, whereas among these 2 it was 3.9. On the basis of the graph, it is concluded that the occurrence of a decline in the level of respondents' anxiety, after implementation, shows the effectiveness of using multidimensional counseling.

The test results at different levels, through the pretest and posttest HARS, also displayed supportive results of previous analysis. To compare the data used paired

sample T-test analysis Wilcoxon signed rank using JASP software, wherein the value of W was 35.000, and the differences of mean pretest and posttest was 12.63, with a P -value of 0.00 (<0.02), meaning H_0 is rejected. Therefore, a significant difference was inferred on the basis of the level of students' anxiety, using the HARS. Conversely, there were impressive changes in the level of anxiety, after the students received treatment with the multidimensional counseling technique.

Intervention implementation is a flexible process, which involves the use of directive and nondirective approaches.¹⁶ In addition, the application requires 2 principles, consisting of direction and awareness. Furthermore, anxiety problems that befall students, demand an intervention, due to their impact on self-concept and academic achievement.³⁵

This has to be conducted because the problem often takes place in the educational environment, experienced from the primary level³⁴⁻³⁷ higher education.³⁸⁻⁴⁰ In addition, the challenges that occur in students,⁴¹ especially in school,⁴² and universities, includes mathematics,⁴³⁻⁴⁷ statistics,^{46,48-52} library,⁵³⁻⁵⁵ language,⁵⁶⁻⁵⁹ computer,⁶⁰⁻⁶² writing,⁶³⁻⁶⁵ test,⁶⁶⁻⁶⁸ examination,⁶⁹⁻⁷¹ social,⁷²⁻⁷⁴ and other forms of anxiety. Therefore, it is seen that the conditions are comprised of various types, while the interventions used are not as many; hence, a multidimensional counseling approach was developed.

There is a need to address this problem because of the enhanced propensity to cause uncomfortable emotional conditions, including the feeling of worry, anxiety, and fear, which interfere with daily life.^{5,22} This was due to cognitive experiences that are not true⁷⁵ for example, the individual is unable to store memories pertaining to certain formulas or knowledge, leading to anger, therefore, leading to anxiety, based on stress-related incidences.

The multidimensional counseling process at an early stage is done to increase self-awareness and compassion⁷⁶ is seen from the procedures applied, integrated with the playing process in Quadrant I: Active Utilization: Conscious-Directive. This is followed by Quadrant II, consisting of Open Discussion and Exploration: Conscious-Directive, and then by Quadrant III, which contains Unconscious-Directed Instructions. Finally, Quadrant IV was in the

form of Cofacilitation: Unconscious Directive; therefore, this model involves metaphors, to bridge conflicts of unconsciousness and awareness¹⁶ that are capable of causing anxiety in respondents.

Efforts to increase self-awareness during Quadrants II and III were observed in the provision of games to respondents.¹⁶ Furthermore, differences were established in the level of anxiety before and after the intervention, supporting the findings that stipulated multidimensional models to play important roles in interventions.⁷⁷

This treatment was provided because anxiety is a psychological problem, wherein the multidimensional construct comprises of somatic, cognitive, and behavioral components,^{78,79} thus, making it an appropriate approach to the problem. In addition, the optimal application ought to be conducted in collaboration with the entire school community, with an aim of changing the behaviors displayed.¹⁸ Meanwhile, it is possible to apply this treatment to those experiencing anxiety due to examinations, assignments, or varying forms of pressure in college. On the basis of the explanation above, it can be concluded that this approach provides solutions, especially in students evaluated within the university.

CONCLUSIONS

The results of this research showed a decline in the level of anxiety in students after the implementation of multidimensional counseling interventions, through the use of A-B-A design procedures. Therefore, the application of this method is recommended to optimize performance in college studies.

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