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The Effectiveness of Cognitive Behavior Therapy Counseling to Reduce The Social Anxiety of Blind Students

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Abstract

This study aimed to examine the effectiveness of Cognitive Behavior Therapy counseling to reduce the social anxiety of blind students in Jepon State Special Schools or Sekolah Luar Biasa (SLB) Negeri Jepon. To achieve such objective, the study used single-subject design with the pattern of multiple baselines across individuals done in eleven sessions of observation, namely three baseline A_1 sessions, five times intervention session, and three baseline A_2 sessions. For more, the subjects of this study were two blind students indicated experiencing social anxiety. In this state, behavior target was reduced from social anxiety behavior. Meanwhile, the data of the observed subjects were collected thorough direct observation method with Goal Attainment Scale guides. Further, visual graph analyses were carried out to look for mean, the degree of level of performance, rapidity behavior change, the trend of performance, stability levels, and overlap data which were then followed by t score and z score calculations. The results showed that Cognitive Behavior Therapy counseling was able to reduce social anxiety. Therefore, the undertaken study asserts that Cognitive Behavior Therapy counseling is effective to reduce the social anxiety of the blind students in SLB Negeri Jepon.

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INTRODUCTION

Social anxiety is susceptibly experienced by special needs individuals, including blind people. They tend to have more risks of experiencing stress and adaptation obstruction. Besides, they also need to compensate their disability, and it causes a low level of self-confidence, low level of bravery, isolation from the environment, and more sensitive (easy to get annoyed) toward other's behaviors. This is in line with Mbugua, and K'Okul study (2013) which shows that students with visual impairment have a higher level of anxiety than those who have clear visualization, and this influences their psychological stability, causing them unable to concentrate, feeling abandoned and disrespectful. Moreover, some of them do not accept and believe that visual impairment is the worst thing which causes sadness as what is stated in Fichten, Robillard, Tagalakis, and Amsel study (1991)

Social anxiety experienced by blind children is not only seen from the decrease in their subjective welfare and life quality, but also in the social roles function, and career development (Wittchen, and Fehm, 2003). The patients of social anxiety consider themselves worse than others, and it will decrease their abilities and performances that they will truly be worse than others (Ashbaugh, Antony, McCabe, and Schmidt, 2005). To deal with and avoid this anxiety, children will use various ways such as prefer staying at home to interacting with the social environment.

The results of interviews done with Guidance and Counseling teachers in SLB Negeri Jepon increasingly convinced the researchers that their two special needs students had a high level of social anxiety. This was realized when meeting new people. The two students tended to stay away and kept quiet. Also, when the teacher asked to express opinions or answers to the teacher's questions, students tended to be shy and not dare to say it as well as contributed less to activities in the classroom.

Based on several effects arising due to social anxiety faced by blind students, therefore, the intervention role of guidance and counseling was needed to help the blind students who suffered from social anxiety. This was because when their anxiety feeling keeps prolonged, and the students cannot overcome their anxiety, this is geared to contribute to bigger impacts. One of which is the bad academic achievement, isolation and difficult social relationship, even suicide (Sanders, and Wills, 2003). Monti, Boice, Fingeret, Zwick, Kolko, Munroe, and Grunberger (1984). also explain that not many special needs children dropped out because of ashamedness, frustration, and having an assumption that their chances to reach a better future will disappear. Generally, they perceive their disability more negative than others, and from the side of behavioral, the differences in the feared situation become negative reinforcement to the social anxiety. In this case, there is a need for a special approach which can reduce social anxiety. The possible approach to do is Cognitive Behavior Therapy (CBT). This is supported by Wilson, and Rapee theory (2005) that the major strategy in the implementation of CBT is changing irrational thoughts and beliefs into more healthy and positive rational thoughts and beliefs. Further, this approach directly requires their clients to face situations which cause them uncomfortable (exposure), and finally equips them social skills.

The results of Elsherbiny study (2015) show the significance of CBT in giving intervention to people who suffered from social avoidance or social anxiety. Additionally, the cognitive restructuring was proved very useful in understanding the dynamics of blind students' problems as well as enabled students to continue to the positive direction with help of emotional supports and resulted in social anxiety reduction. Alternatively, cognitive restructuring helps to modify automatic negative feelings by which on its turn helps improving pride. Even though blind students start to interact with normal students, they are more comfortable when interacting with students who have the same disability than their peers. This is in line with Fichten, Robillard, Tagalakis, and Amsel study (1991).

Furthermore, CBT approach is also effective to reduce students' academic anxiety

(Fitri, 2017). Other than that, CBT enables to improve moods on people who suffered from depression caused by hearing impairment and physical disability (Sefat, Younesi, Dadkhah, and Rostami, 2017; Situmorang, Mulawarman, and Wibowo (2018). The problems mentioned above show that there is a need to make efforts to reduce social anxiety. One effort which can be done is by using Cognitive Behavior Therapy (CBT) counseling. Thus, this study was aimed at examining the effectiveness of Cognitive Behavior Therapy (CBT) counseling to reduce social anxiety.

METHODS

The subjects of this study were two students in the seventh grade (Class VII) and ninth grade (class IX) of SLB Negeri Jepon who were indicated experiencing high social anxiety. Those were 12 and 14 years old, respectively, and are female.

This study was carried out through a single subject design with the pattern of multiple designs across individuals. Meanwhile, the instrument used was GAS (Goal Attainment Scaling) with the aim of giving the degree of change which was individualized by criteria. There were five main purposes of GAS scale. First, verbally initiate conversations with 3 out of 4 new people known. Secondly, verbally believe that not everyone can accept their blindness. Third, verbally say 'high confidence for achievement. Fourth, verbally able to talk with three of the four questions from the teachers in front of the class. Fifth, answer questions from the teacher four times throughout the school day. On the one hand, the data collection technique in this study was done through direct observation during three periods of a thematic lesson by using GAS procedures.

The study used interrater reliability to display the reliability of the data findings. This interrater reliability test used formula by Azwar (2013) which results in the coefficients of the inter-correlation mean of the rating results of all rater combinations being made, and is the reliability mean for a rater. At last, the obtained reliability coefficient was 0.829.

The procedures of the study with a single subject required three stages. First, baseline A_1, namely measuring behavior tendency which directs to social anxiety before receiving intervention as many as three sessions and lasted for 40 minutes. Second, intervention stage as many as 5 sessions, namely: feeling frightened, expecting bad things to happen, developing plans to face situations with relaxation, modifying self-talk when being anxious, and coping strategies (attitude and action), simulation (behavioral exposure), and evaluating performance and self-reward (results and reward). Third was the baseline A_2 phase, namely conducting the same processes as the first baseline phase for three times. The last, data analyses were done by using visual graph analyses by paying attention to mean, level of performance, trends of performance, data overlap percentages, and rapidity behavior change. Then, the calculations were done to t score and z score.

RESULTS AND DISCUSSION

GAS data results displayed the mean of all the five scales. For more, based on the three sessions of baseline A_1, the mean of the five scales of GAS showed -1.37, and the mean value of SD was 0.65. It had the highest number of -1.67 and the lowest number of -1.33. Next, in five sessions of intervention (B), the total mean of those scales was 1.22, and the mean of SD was 0.81. It had the highest number of 1.4, and the lowest was 1.2. After that, the baseline A_2 session showed that the total mean of the five scales of GAS was 1.60, and the mean of SD was 0.58. Its highest number was 1.67, and the lowest was 1.33. For the details, the following Table 1 shows the description of GAS data.

The analyses results of changes in the five scales of GAS can be seen in Figure 1. The scale of communication initiation showed that the trend of the performance of SY and IN was ascending (ascending trend) in the second session. However, in the third session, they had a flat trend of performance (no trend). For more, the density of behavior appearance (rapidity behavior change) in every behavior observation

session happened to always increase except in the second and third sessions.

Table 1. The Description of GAS (Goal Attainment Scaling) Results Data

GAS scales (social anxiety)	Subjects	Conditions					
		Baseline A_1		Interventions		Baseline A_2	
		Mean	SD	Mean	SD	Mean	SD
Scale 1	SY	-1.33	0.58	1.2	0.84	1.67	0.58
Communication initiation	IN	-1.33	0.84	1.2	0.84	1.33	0.58
Scale 2	SY	-1.67	0.58	1.2	0.84	1.67	0.58
Emotion management	IN	-1.00	1.00	1.4	0.55	1.67	0.58
Scale 3	SY	-1.33	0.58	1.2	0.84	1.67	0.58
Self-efficacy	IN	-1.33	0.58	1.2	0.84	1.67	0.58
Scale 4	SY	-1.33	0.58	1.2	0.84	1.67	0.58
Talking in front of the class	IN	-1.33	0.58	1.2	0.84	1.67	0.58
Total mean		-1.37	0.65	1.22	0.81	1.60	0.58

Also, SY and IN in the baseline level gained the range stability level of 66.67%. In the intervention phase (B), SY and IN had a flat trend of performance (no trend) in the fifth and sixth sessions. For more, the density of behavior appearance (rapidity behavior change) in SY was assumed to ascend except in the fifth and seventh sessions. Next, the range stability level of SY and IN in the intervention phase was 40%. Also, the baseline A_2 phase of SY and IN showed the descending trend of performance (descending trend) in the ninth session. It meant that the density of behavior appearance (rapidity behavior change) occurred in every session after the intervention, unless in the ninth session. Further, SY in the phrase of baseline A_1 gained 66.67% and 33.33% for IN.

Furthermore, the visual analysis on the scale of the communication initiation showed in Figure 1 revealed that the trend of the performance of SY and IN was ascending in the second session. However, in the third session, the trend of performance tended to be flat (no trend). The density of the appearance of behavior (rapidity behavior change) occurred in every behavior observation session tended to increase except in the second and third observation sessions. Again, SY and IN in the baseline phase had the range stability level of 66.67%. In the intervention phase (B) SY and IN tended to have a flat trend of performance (no trend) in the fifth and sixth sessions. The density of behavior appearance (rapidity behavior change) in SY happened to increase except in the fifth and seventh intervention sessions.

Further, the range stability for SY and IN in the intervention phase was 40%. In baseline phase A_2, SY and IN showed descending trend of performance in the ninth session. This meant that the density of behavior appearance (rapidity behavior change) occurred in each session after the intervention except in the ninth session. On the on hand, SY in the baseline phase A_2 had the range stability level of 66.67% and 33.33% in IN.

The scale of emotion management had flat the trend of performance (no trend) in the first and second sessions. Furthermore, in the third session, the trend of performance tended to be an ascending trend. Meanwhile, IN was seen to have an ascending trend in the second and third session. Hence, the density of the appearance of behavior (rapidity behavior change) occurred in each time the observation session of behavior tended to increase except in the second session. Furthermore, the baseline phase A_1 in both the SY and IN had range stability level of 33.33%. Whereas, in the intervention phase (B), SY had a flat trend of performance (no trend) in the fifth and sixth sessions. This meant that the density of the appearance of behavior (rapidity behavior change) tended to increase except in the seventh intervention session.

Furthermore, the SY condition in the intervention phase had the range stability level of 40% and 60% for IN. Next, in the baseline phase A_2, SY showed descending trend of performance in the ninth session, while IN showed descending trend of performance in the ninth session. Thus, the density of the appearance of behavior (rapidity behavior change) occurred in every

session after the intervention except in the eleventh session. It had the range stability level of 33.33% to both SY and IN.

Visual analysis on the scale of self-efficacy in the SY and IN based on Figure 1 showed that the trend of performance tended to be the ascending. This meant that the density of the appearance of behavior (rapidity behavior change) occurred in every observation session tended to rise except in the second session. Furthermore, SY and IN in the A_1 baseline phase had the range stability level of 66.67%. Whereas, in the intervention phase (B) the results of the visual analysis on SY and IN had an ascending trend of performance in the first and second sessions. Thus, the density of the appearance of behavior (rapidity behavior change) tended to rise except in the seventh session. Again, SY in the intervention phase had the range stability level of 66.67% and 40% for IN.

Meanwhile, in the baseline phase A_2, SY indicated descending trend of performance. In conclusion, the density of the appearance of behavior (rapidity behavior change) occurred in every session after the intervention except in the tenth session which has improvement. Furthermore, SY in the baseline phase A_2 had the range stability level of 40% and 33.33% for IN.

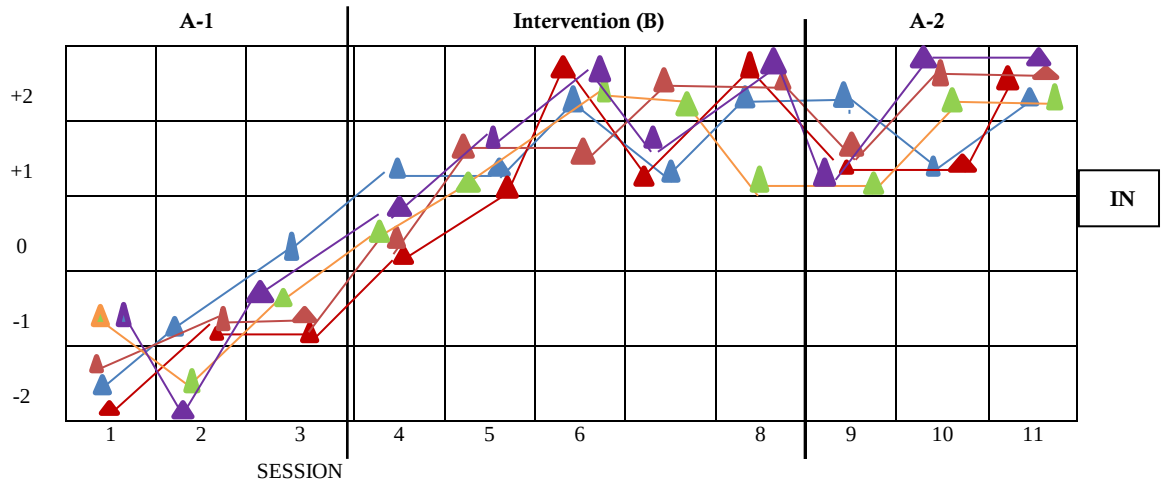

Figure 1. The Analysis of Visual Baseline A_1, Intervention B, Baseline A_2 related to Social Anxiety in SY and IN

Information:

Scale 1. Communication initiation :
Scale 2. Emotion management :
Scale 3. Self-efficacy :
Scale 4. Talking in front of class :
Scale 5. Class participation :

On the speaking in front of class scale, SY graph visual analysis can be seen to have an ascending trend of performance in the first session. Meanwhile, IN had a descending trend of performance in the first session. As a result, the density of the appearance of behavior (rapidity behavior change) occurred in every observation session on SY. The behavior tended to increase except in the second and third sessions. Whereas, IN's behavior observation tended to increase except in the first session. The range stability level of baseline phase A_1 was 66.67% for both SY and IN. In the intervention condition (B), SY and IN had an ascending trend of performance in the fifth and sixth sessions. Therefore, the density of the appearance of behavior (rapidity behavior change) tended to rise except in the seventh session. This meant that the density of the appearance of behavior (rapidity behavior change) in SY tended to increase (ascending trend) except in the seventh session. The range stability level of the SY and IN in the intervention phase was 40%. Next, in the baseline phase A_2, the results of the visual analysis on SY and IN showed ascending a trend of performance. Further, the range stability level SY and IN was 33.33%.

On the scale of class participation, the trend of performance for SY was flat (no trend) in the second session of the baseline phase A_1. Meanwhile, IN had a descending trend of performance in the first session. This meant that the density of the appearance of behavior (rapidity behavior change) occurred in every behavior observation session tended to increase except in the first and second sessions. Furthermore, SY in the A_1 baseline phase had range stability level of 100% and 66.67% for IN. In the intervention condition (B) SY and IN can be seen to have ascending trend performance in the fourth session. This meant that the density of the appearance of behavior (rapidity behavior change) tended to increase except in the seventh session.

Furthermore, SY and IN during the intervention phase had the range stability level of 40%. In baseline phase A_2, SY and IN showed ascending trend of performance in the ninth session. In brief, the density of behavior appearance (rapidity behavior change) occurred in every session after the intervention except in the tenth session. Meanwhile, the range stability level of the two subjects was the same, namely 33.33%.

The percentages overlap of the five GAS scales (Goal Attainment Scaling) in the research subjects can be seen in Figure 1. The percentage overlap results from the A_1 baseline to the intervention were 0%. The percentages were obtained because there were no data points on the intervention conditions that overlapped the range of data points in the baseline A_1 condition. Meanwhile, the percentage of overlap from the intervention to baseline A_2 from the five GAS scales was 60%. Next, it came to the calculation of t score and z score of the results of the GAS score (Goal Attainment Scaling) on the five scales. The results of the t score and z score of the SY and IN subjects can be seen in Table 2 and Table 3.

Table 2. The Description of the Data of Goal Attainment Score (t) Results on SY Subjects

Measurements	Sessions	Scale/objectives					GAS t Scores	z scores
		1 (w:20)	2 (w:30)	3 (w:10)	4 (w:30)	5 (w:10)		
Baseline A_1	1	-2	-2	-2	-2	-2	15.05	-3.49
	2	-1	-2	-1	-1	-2	25.54	-2.45
	3	-1	-1	-1	-1	-1	32.53	-1.75
	Mean	-1.33	-1.67	-1.33	-1.33	-1.67	24.37	-2.56
Intervensi (B)	4	0	0	0	0	0	50.00	0.00
	5	1	1	1	1	1	67.47	1.75
	6	1	2	2	2	1	79.70	2.97
	7	2	1	1	2	2	77.96	2.80
	8	2	2	2	1	2	79.70	2.97
	Mean	1.2	1.2	1.2	1.2	1.2	71.0	2.1
Baseline A_2	9	1	2	2	1	1	74.46	2.45
	10	2	1	1	2	2	77.96	2.80
	11	2	2	2	2	2	84.95	3.49
	Mean	1.67	1.67	1.67	1.67	1.67	79.12	2.91

Tabel 3. The Description of the Data of Goal Attainment Score (t) Results on IN Subjects

Measurements	Sessions	Scale/objectives					GAS t Scores	z scores
		1 (w:20)	2 (w:30)	3 (w:10)	4 (w:30)	5 (w:10)		
Baseline A_1	1	-2	-2	-2	-1	-1	22.04	-2.80
	2	-1	-1	-1	-2	-2	25,54	-2.45
	3	-1	0	-1	-1	-1	37.79	-1.22
	Mean	-1.33	-1.00	-1.33	-1.33	-1.33	28.46	-2.16
Intervensi (B)	4	0	1	0	0	0	55.24	0.52
	5	1	1	1	1	1	67.47	1.75
	6	2	2	1	2	2	83.20	3.32
	7	1	1	2	2	1	74.46	2.45
	8	2	2	2	1	2	79.70	2.97
	Mean	1.20	1.40	1.20	1.20	1.20	72.01	2.20
Baseline A_2	9	1	2	1	1	1	72.72	2.27
	10	1	1	2	2	1	74.46	2.45
	11	2	2	2	2	2	84.95	3.49
	Mean	1.33	1.67	1.67	1.67	1.33	77.38	2.74

In the intervention (B) on SY showed a significant change seen from the mean of t score which was initially 24.37 in the intervention condition (B) became 71.0 with the improvement on the mean of z score from -2.56 to 2.1 with the difference of 4.66. It can be concluded that there was a significant change because the value was more than 1.96. Meanwhile, in the baseline condition A_2 the SY subject experienced an improvement in the mean of t score of the intervention (B) from 71.00 to 79.12 and the z score which originally 2.1 from intervention (B) became 2.91 with a difference of 0.81. It can be concluded that there was no significant change because it was less than 1.96.

In the intervention (B) IN showed that there was a significant change seen from the mean of t score which was originally 28.46 in the intervention condition (B) became 72.01 with an mean of z score which increased from -2.16 to 2.20 with the difference of 4.36. It can be concluded that there was a significant change since the score was more than 1.96. Furthermore, in the A_2 IN baseline conditions there was an improvement in the mean of t score of the intervention (B) of 72.01 to 77.38 and the z score which initially obtained the score of 2.20 from intervention (B) changed to 2.74 with a difference of 0.54. It can be concluded that there was no significant change because it was less than 1.96.

This study aimed to determine the reduction of social anxiety of the blind students of SLB Negeri Jepon toward the five scales of GAS (Goal Attainment Scaling) which were the behavior targets carried out through Cognitive Behavior Therapy (CBT) counseling. The GAS scale itself consists of the scales of communication initiation, emotion management, self-efficacy, talking in front of class, and class participation.

These findings showed that CBT counseling was able to reduce social anxiety. Moreover, Cognitive Behavior Therapy approach gave understanding to individuals to have more beliefs on their own actions. Schematically, CBT counseling is a determination of the indications of thoughts and behaviors. Then, the stable schematic of Cognitive Behavior Therapy is the influence of the synthesis of individual self-confidence. Besides, the implementation of CBT approach expects individuals to think positively and manage their positive thoughts with hope that it can reduce social anxiety disorder which compresses their psychology. This elaboration is strengthened by the case study done by Elsherbiny (2015) which shows that cognitive behavior therapy is effective to use for blind people who suffer from social anxiety. In line with this, the blind students suffered from anxiety because of the existence of cognitive distortion which was formed by the settled core belief as the realization self-fundamental belief, the existence of socially incompetent beliefs and helpless beliefs. Thus, when students experience problems related to social anxiety, then the thing that needs to be done is to help students restructure the negative thoughts they have towards a more adaptive mind.

This study successfully confirmed that Cognitive Behavior Therapy counseling effectively reduces social anxiety of blind students. The decrease in social anxiety seen from the two research subjects showed a significant change in mean from baseline A_1 phase, intervention (B), and baseline A_2 in both performance level. Those phases showed major changes, no overlapping data, rapidity behavior change, appearance of behaviors that which were dense and fast, and the trend of performance realized by the reduction of the high level of baseline phase got reduction in intervention phase. These findings are relevant with the study done by Elsherbiny (2015) which measures the effectiveness of cognitive behavior intervention to reduce social avoidance for blind students. The results of this study showed the significance of CBT in giving intervention to people suffering from social avoidance or social anxiety. Further, cognitive restructuring was proved very useful in understanding the dynamics of blind students' problems as well as enable students to continue on positive direction with the help of emotional support. This effort results reduction in social anxiety. Alternatively, cognitive restructuring helps modifying automatic negative thoughts which in turn helps improving pride and changes

students' perception and the way they think about the world, and themselves. Even though blind students started to interact with normal students, they felt more comfortable when interacting with the same blind students than their peers. This findings are in association with Fichten, Robillard, Tagalakis, and Amsel study (1991).

In this study, students who experienced failure in facing social situations indicated by anxiety caused by shy and fear of being negatively assessed by others. This was caused by the absence of students' core belief saying that "I am not able to talk with someone I do not know", "I have no ability like what normal people have", "I am having difficulties talking in front of public because I am blind", "I am a blind kid". Next, these assumptions would form students' cognitive distortion, namely "when I am not blind, I will be able to be outstanding", "however, when I am blind, I will not be able socialize well" "my parents consider me as a powerless person, so do others", "my social skills are bad. It indicates that I will not be able to be in social situations well". The cognitive distortions formed by students will create their mind automatically assumes that "I am blind and helpless". "I cannot be outstanding like normal people because I am blind". From these automatic minds, there comes the feeling of inability when in social situations, low self-esteem, lack of confidence, anxiety and afraid of failure. These feelings continue along with body reactions such as palpitations, cold sweat and trembling while in social situations. Again, these automatic thoughts further form behaviors such as social situations avoidance; for example, choosing to sit back and fort among classmates, staying silent in class at rest.

When students experience social anxiety, things that need to be done is to help the individuals restructure negative thoughts towards more adaptive thoughts through alternative beliefs. By applying CBT, students are encouraged to realize non adaptive beliefs and evaluate them. After that, students are facilitated to explore the adaptive beliefs. Thus, they can make peace their unpleasant past, followed by making peace with their past experiences, and optimize their abilities although they have physical deficiencies because they cannot see. These effrots need to be done, so they can be in social situations that possibly cause anxiety.

To complete the changes in belief, in CBT counseling, students are taught to have specific skills in dealing with social anxiety and are able to apply it in daily life. Based on these explanations, it is very important for counselors to pay attention to the availability of sufficient service time to modify counselees' cognitive. When counselors conduct CBT counseling, the first aspect that must be involved is the cognitive component (Corey, 2013). Therefore, it takes 2-4 sessions in the cognitive structure of the counselees (Cully, and Teten, 2008).

CONCLUSION

Based on the results of visual graph analysis using the mean, level of performance, rapidity behavior change, data overlap, and the trend of performance of each target behavior, it can be seen that the behavior target of reducing social anxiety found on the GAS (Goal Conservation Scaling) scale can be achieved optimally. In such a way, it can be concluded that Cognitive Behavior Therapy (CBT) counseling is considered effective to reduce social anxiety of blind students.

School counselors can use Cognitive Behavior Therapy counseling to overcome social anxiety for students who have special needs, especially blind students in the aspect of class participation. In addition, the next researchers are suggested to use reversal design pattern in CBT counseling with the aim of knowing the comparison of two baseline conditions before and after intervention with hope that the influence of behavior change consistencies in the phase of interventions can be explored more.

REFERENCES

Ashbaugh, A. R., Antony, M. M., McCabe, R. E., & Schmidt, L. A. (2005). Self-Evaluative Biases in Social Anxiety. *Cognitive Therapy and Research*, 29(4), 387-398. Retrieved from https://link.springer.com/article/10.1007%2Fs10608-005-2413-9

Azwar, S. (2013). *Validitas dan Reliabilitas* (*Edisi 4*). Yogyakarta: Pustaka Pelajar.

Corey, G. (2013). *Pendekatan Kasus Konseling dan Psikoterapi* (*8 edition*). Belmont, CA: Brooks/Cole, Cengage Learning

Cully, J. A., & Teten, A. L. (2008). *A Therapist's Guide to Brief Cognitive Behavioral Therapy*. Houston: Department of Veterans Affairs South Central MIRECC. Retrieved from https://www.mirecc.va.gov/visn16/docs/therapists_guide_to_brief_cbtmanual.pdf

Elsherbiny, M. M. (2015). The Effectiveness of Cognitive Behavioural Intervention in Alleviating Social Avoidance for Blind Students. *World Academy of Science, Engineering and Technology International Journal of Psychological and Behavioral Sciences,* 9(10). Retrieved from https://zenodo.org/record/1109163#.XE1oB1UzbIU

Fichten, C. S., Robillard, K., Tagalakis, V., & Amsel, R. (1991). Casual Interaction between College Students with Various Disabilities and Their Nondisabled Peers: The Internal Dialogue. *Rehabilitation Psychology*, 36(1), 3-20. Retrieved from https://psycnet.apa.org/doiLanding?doi=10.1037%2Fh0079074

Fitri, H. U. (2017). Keefektifan Layanan Konseling Kelompok Teknik Kognitif Restrukturing dan Teknik Desensitisasi Sistematis untuk Mereduksi Kecemasan Akademik Siswa SMA Negeri 9 Palembang. *Thesis*. Semarang: Universitas Negeri Semarang. Retrieved from https://lib.unnes.ac.id/26873

Mbugua, A. W., & K'Okul, F. (2013). Psychological Dispositions of Anxiety among Learners with Visual Impairment: A Study of High School for the Blind, Thika. International *Journal of Humanities and Social Science*, 3(17), 67-76. Retrieved from http://www.ijhssnet.com/journals/Vol_3_No_17_September_2013/9.pdf

Monti, P. M, Boice, R., Fingeret, A. L., Zwick, W. R., Kolko, D., Munroe, S., & Grunberger, A. (1984). Midi-Level Measurement of Social Anxiety in Psychiatric and Non-Psychiatric Samples. *Behaviour Research and Therapy*, 22(6), 651-660. Retrieved from https://www.sciencedirect.com/science/article/abs/pii/0005796784901281

Sanders, D., & Wills, F., (2003). *Counselling for Anxiety Problems* (*Second Edition*). Thousand Oaks, United States: Sage Publication Ltd.

Sefat, E. S., Younesi, J., Dadkhah, A., & Rostami, M. (2017). Effectiveness of Cognitive Behavioral Therapy Training in Reducing Depression in Visually Impaired Male Students. *Iranian Rehabilitation Journal*, 15(2), 165-172. Retrieved from http://irj.uswr.ac.ir/article-1-691-en.pdf

Situmorang, D. D. B., Mulawarman, & Wibowo, M. E. (2018). Integrasi Konseling Kelompok Cognitive Behavior Therapy dengan Passive Music Therapy untuk Mereduksi Academic Anxiety, Efektifkah? *Jurnal Kajian Bimbingan dan Konseling*, 3(2), 49-58. Retrieved from http://journal2.um.ac.id/index.php/jkbk/article/view/3146

Wilson, J. K., & Rapee, R. M. (2005). Interpretative Biases in Social Phobia: Content Specificity and the Effects of Depression. *Cognitive Therapy and Research*, 29(3), 315-331. Retrieved from https://link.springer.com/article/10.1007/s10608-005-2833-6

Wittchen, H. U., & Fehm, L. (2003). Epidemiology and Natural Course of Social Fears and Social Phobia. *Acta Psychiatrica Scandinavica*, 108(417), 4-18. Retrieved from https://onlinelibrary.wiley.com/doi/abs/10.1034/j.1600-0447.108.s417.1.x