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Implementation of Cognitive Behavior Therapy (CBT) To Overcome The Friendship Relations of FM Children Victims of Bullying in Bandung City

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ABSTRACT

This study examines the implementation of behavior change techniques in specific behaviors that have been identified to impact the friendship relationships of children who have experienced bullying. The objective of this research is to provide a comprehensive description of the application of behavior change techniques in friendship relationships, focusing on cognitive and behavioral aspects. The research adopts a Single Subject Design approach, with the participants being children who have been victims of bullying in the city of Bandung. The measurement instruments used include baseline A1, treatment (B1), and baseline A2, which were determined based on the results of behavioral assessments. Through this process, 25 specific behaviors were identified and analyzed. The application of behavior change techniques aims to address maladaptive behaviors in children. The techniques employed include nourishment, systematic desensitization, and task center techniques. The findings of this research indicate that children who have experienced bullying demonstrate improvements in cognitive and behavioral aspects, as evidenced by the measurements taken during the baseline and intervention phases.

Keywords:
Behaviour Modification Techniques, Friendship Relations, Child, Bullying

1. Introduction

Acts of violence against children are currently widely discussed, this is in addition to the increasing number of cases (quantity) as well as the types and quality of violence that are increasingly diverse and increasing. Violence (abuse) experienced by children starts from physical violence such as: beatings, extortion, bullying, being ganged up on, mental/psychological violence, to sexual violence. Bullying behaviour is one type of violence categorised as emotional/psychological violence (Bedard, 1990). Based on the literature, emotional/psychological violence is a deliberate behaviour that causes psychological trauma to others so that it has an unfavourable impact on the development of the child's personality (Hurlock, 1980). Children who are victims of bullying will experience psychological problems ranging from mild problems such as: annoyance, shame, irritation, disappointment, to severe psychological problems such as stress and even trauma (Follette et al., 1996). Because they will experience psychological barriers in carrying out their roles in society. One of the effects of bullying is the obstacles with friendship relationships (Friedlander, 1976).

The resulting problems involve physical, psychological and social issues, including the following problems: psychosocial trauma; this disorder is caused by the psychosocial stress that occurs when experiencing acts of violence that exceed the victim's strength (Evans & Johnson, 2000). As a result, they experience barriers to social functioning characterised by obstacles in carrying out their social roles. In addition, victims experience stress. Schuler & Florkowski (1996) defines that stress is a dynamic condition when a person is faced with opportunities, demands, or sources of power that are related to what the

individual wants and whose results are seen as uncertain and important. Stress is a psychological burden that exceeds the maximum ability of the psyche itself, so that actions are less controlled in a healthy manner (Subardhini, 2017). Stress is not always seen in a negative context. This is because stress has positive value when it becomes an opportunity to offer potential outcomes, for example as a positive challenge to improve the quality of work (Lazarus & Folkman, 1984).

On the one hand, children who may be in the adolescent stage of development should develop their identity roles normally, the need to interact with peers is important, so that the problems experienced due to bullying are obstacles in achieving their identity. Psychosocial therapy in social work intervention is one way to overcome the above problems, considering that the impact of bullying results in disruption of the cognitive and behavioural aras of its victims, Cognitive Behaviour therapy is one of the options for dealing with victims of bullying choice in dealing with victims of bullying (Barker, 2003; Hollis, 1964). Cognitive Behaviour Therapy (CBT) is a therapy that is educational in nature, aims to teach the counselee to become a therapist for himself and emphasises prevention and focuses on current events (Friedlander, 1976; Hollon & Beck, 2013). Through CBT, victims of bullying are expected to be able to overcome the problems they face, especially in order to carry out their social roles including friendship relationships that should be able to be carried out so that children are expected to fulfil their social functioning optimally (Subandhini et al., 2020).

2. Methodology

2.1. Research Design

In this research, it is categorised in experimental research, considering that researchers provide interventions on research targets (Mochamad Nazir, 1999). As for the research conducted on individual subjects, this research includes a single experiment, as stated by Sunanto et al (2006), it is said that this experiment is included in the category of single subject research or what is called SSR or Sugiyono (2007) calls it Single Subject Design, which is a type of investigation aimed at evaluating the impact of interventions, directed at specific individual cases or systems. While the research design used is the A-B-A pattern (Sunanto et al., 2006). In the single-subject design, the measurement of the dependent variable or target behaviour is carried out repeatedly with a certain period of time such as per week, per day, or per hour. Comparisons are not made between individuals or groups but compared on the same subject in different conditions. The conditions here are baseline conditions and experimental (intervention) conditions (Creswell, 2012).

Baseline is a condition where the measurement of target behaviour is done in a natural state before any intervention is given (Moleong, 2004). The experimental condition is a condition where an intervention has been given and the target behaviour is measured under these conditions. In research with a single subject design, there is always a comparison between the baseline phase and at least one intervention phase (Sunanto et al., 2006). While the research design used in this study is the A-B-A design which has 3 phases. The A-B-A design is one of the developments of the basic A-B design, this A-B-A design shows a causal relationship between the dependent variable and the independent variable (Russell & Ublemann, 1994). The basic procedure is not much different from the A-B design, except that there has been a repetition of the baseline phase. At first the target behaviour is measured continuously in the baseline condition (A1) with a certain period of time and then in the intervention condition (B). Unlike the A-B design, in the A-B-A design after measurement in the intervention condition (B) measurement in the second baseline condition (A2) is given.

The addition of the second baseline condition (A2) is intended as a control for the intervention phase so that it is possible to draw conclusions about the existence of a functional relationship between the independent variable and the dependent variable. The basic structure of the A-B-A design is as described below (Sunanto et al., 2006).

2.2. Research Variables

a. Independent Variable

The independent variable is: Cognitive Behaviour Therapy (CBT), which is one of the therapies derived from cognitive and behavioural approaches, which in the process consists of 6 stages and is oriented towards cognitive-behaviour-action (Freeman & Ronen, 2006). In other words, this therapy focuses on thinking,

assessing, deciding, analysing, and taking action or behaving. In the research process, the independent variable is the implementation of gestalt techniques (empty chair and nourishment) from the cognitive approach and the implementation of systemtic dezentitation and task centre techniques from the behavioural approach (Turner, 1978).

b. Dependent Variable

The dependent variable is the stress condition experienced by the research subjects due to the bullying they experienced (LePine et al., 2004). This stress condition can be seen from physical aspects such as: sweating more, heart beat faster, headache or dizziness. Emotional aspects: irritable, upset, moody, indifferent or ignorant to the environment. While the psychomotor aspect shows: withdrawal from the environment, difficulty sleeping, difficulty eating, not taking care of yourself and laziness in doing daily activities. In the research process this time, the dependent variable is the 5 variables to be measured, namely: staring, smiling, greeting, greeting and patting the shoulder done by the research subject FM to YR.

2.3. Operational Definition

a. Friendship relationship: is a relationship or relationship between one friend and another friend so that a bond of friendship, familiarity, friendship, etc. is formed. In this study, the friendship relations carried out by the research subjects were disturbed due to the bullying they had experienced. Operationally, the friendship relationship in question is carried out and measured in relation to his friend, YR, through 5 variables, namely: staring, smiling, greeting, greeting and patting the shoulder.
b. Cognitive Behavioral Therapy (CBT) CBT is a form of counselling that aims to help clients to become healthier, have satisfying experiences, and be able to meet certain lifestyles, by modifying certain patterns of thinking and behaviour (Howard et al., 2003). Operationally, the CBT process in this study is through a cognitive approach with gestalt therapy (empty chair, nourishment) and techniques in the behavioural approach. (systematic dezentitation).

2.4. Data Source

The data sources used in this study include primary data sources and secondary data sources. Primary data sources are data sources obtained directly from children who experience bullying. Secondary data sources are data collected to complement primary data related to the problem under study. Secondary data sources can be documents, books, scientific magazines, sources from archives, personal documents and official documents, photographs and statistical data.

2.5. Data Collection Technique

The research informants were children who were victims of bullying located in Bandung City. The sampling technique was conducted by purposive sampling. Data collection uses the implementation of CBT, observation and measurement of the results of CBT on 5 variables that have been agreed upon in relating to his friend (YR) with the research subject (FM) as a child victim of bullying. Data collection is carried out before, during and after the provision of therapy, using previously agreed measurements. While the therapeutic intervention/treatment provided is based on the stages of CBT that have been conceptually determined through the application of techniques from the Cognitive approach and techniques from the Behavioural approach.

2.6. Data Analysis Technique

Data analysis in this study is a description of the picture obtained from graphical analysis and the ratting scale observation process based on behavioural measurements. Sunanto, Takeuchi & Nakata (2005: 93) reveal that in single-case research the use of complex statistics is not carried out but rather uses simple descriptive statistics, because single-case research focuses more on individual data than group data. In the process of data analysis in single-subject research, many present data into graphs, especially line graphs. Therefore, the graph plays an important role in the analysis process in this chapter will discuss the general principles of making graphs. The data obtained from the graph is interpreted by looking at the decrease in the graph in the baseline1 phase, intervention phase and also the A2 baseline phase. When an increase in the graph does not occur in the A2 baseline phase, the therapy is interpreted as effective, and vice versa.

Charting has two main purposes, namely, (1) to help organise data throughout the data collection process which will make it easier to evaluate, (2) to provide a summary of quantitative data and describe the target behaviour which will help in the process of analysing the relationship between the independent and dependent variables. By displaying graphs, researchers will find it easier to explain the subject's behaviour in an efficient, compact and detailed manner. In addition, the graph will also make it easier to communicate to the reader about the sequence of experimental conditions, the time required for each condition, showing the independent and dependent variables, the design used, and the relationship between the independent and dependent variables (Sunanto et al., 2006).

3. Results and Discussion

3.1. Results

a. Informant Characteristics

FM is a young man who is a victim of bullying, has a small or thin stature, is rather quiet and seems shy, rather closed and difficult to talk to, especially for people who just know him. However, if you already know and are able to approach him, FM looks like a smart, critical and easy to commit child. This can be seen from the research process carried out, very cooperative and willing to work together so that the research process which is quite long and takes a long time (30 sessions through 6 meetings) can be done well. FM comes from a family that can be categorised as middle economic level, but the relationship between her family members seems to be less good/less harmonious. She stated this as part of her assessment that she felt that she did not receive enough attention from her family, so as a victim of bullying, she did not seem to be known or cared about by her family. At the request of FM as a research subject, the location and background of the family are not willing to be revealed in detail, and for this we researchers can accept it as a form of confidentiality principle that needs to be maintained (Mulyana, 2004).

b. Research Process Assessment and Diagnosis

Although in this study what is measured is the behaviour in conducting FM friendship relationships with an agreed form of measurement based on the 5 variables to be measured. However, as a completeness of data to determine the effect of bullying on anxiety, measurements were taken using the Hamilton Rating Scale for Anxiety (HRS-A). The results of these measurements are known FM experienced severe anxiety with a score of 48 .... (42 - 56 severe criteria). The anxiety experienced is the impact of bullying and results in disruption of friendship relationships experienced when FM was in grade IV elementary school until grade VI, friends in the school environment and home environment verbally bullying, some of the expressions made by his friends (which FM wrote), including :

1) Sissy
2) Weak
3) You're like a girl
4) Whiny

The bullying treatment carried out by her friends had a negative impact on FM, some of the problems identified include:

1) Difficult to start a conversation, especially with people you are not close to
2) Difficult to make decisions (for example, when playing, deciding whether to go home or not, it takes a long time to decide, even though it is decided, there is still doubt)
3) The thoughts like to be unfocussed (branching out)
4) Easily feels the need to get back at others, easily resentful and disappointed
5) Easily offended, easily persuaded, but not easily accepting of relationships with others including male friends.
6) Always suppressing feelings, not easily expressing the contents of the heart, except to people who are very trusted.
7) If in the environment of close friends, it is easy to interact, easy to joke, easy to entertain but if in an uncomfortable environment (school and home) it will be silent.

8) Worried about appearance, body shape if in an uncomfortable environment.
9) Being easily discouraged in establishing kinship
10) Difficult to forget bad things in the past
11) Feeling of sexual disturbance
12) Being easily disappointed with God's fate and ultimately not optimised for worship becomes lazy.
13) Compelled to pretend to be good, whether about feelings or religion, so that the neighbourhood will accept you.

During the assessment, it was found that as a result of the bullying he experienced, FM experienced problems in friendship relations, he always thought that his friends would bully him, it was very embarrassing and painful. So that when dealing with other people, he does not dare to start a conversation, even now the relationship with a friend who is considered a friend, YR, is being disrupted. FM feels that this is due to past events that always loom large. So that the focus of the problem to be researched is: improving friendship relationships, especially with YR who is the target of change. In the assessment process, it was agreed through the systemtic dezentitation technique that the behaviour to be changed consists of 5 variables, which include: staring, smiling, greeting, greeting and patting the shoulder. These five variables will be measured both in terms of cognitive and behavioural aspects. The measurements are as follows:

Table 1. Cognitive Aspect Measurement for "Staring" Behaviour

No	Aspect	Score
1	Trying to bring up the image of his face	1
2	Imagining the look on his face, whether the figure that appears	2
3	Imagining his facial expression	3
4	Trying in the shadows to find his eyes	4
5	Imagining eye contact eye contact while staring	5

Table 2. Cognitive Aspect Measurement for "Smiling" Behaviour

No	Aspect	Score
1	While looking into his eyes try to maintain eye contact for 5 seconds	1
2	Feeling anxious (nervous) when trying to to start smiling	2
3	Hesitating to start smiling	3
4	Forcing yourself to smile	4
5	Smile for 10 seconds	5

Table 3. Cognitive Aspect Measurement for "Greeting" Behaviour

No	Aspect	Score
1	Maintaining 10 seconds of eye contact with a feeling of nervousness	1
2	Maintaining eye contact without feeling anxious	2
3	Trying to say hello with feeling nervous	3
4	Greeting without deg "hi" (one word)	4
5	Say hello to a few words	5

Table 4. Cognitive Aspect Measurement for "Greeting" Behaviour

No	Aspect	Score
1	Smilingly tried to do the greeting but hesitates	1

2	While still smiling, tried to do the greeting but anxious, unsuccessful	2
3	Try again with a smile to do the greeting without feeling anxious	3
4	Performing 5 greetings seconds	4
5	Doing greetings 10 seconds	5

Table 5. Cognitive Aspect Measurement for The Behaviour of "Tapping on The Shoulder"

No	Aspect	Score
1	Attempts a handshake while wanting to pat his shoulder but hesitates and feels anxious	1
2	Tried again with a smile to pat his shoulder but just lifted hand pulled again because of nervousness	2
3	Already slightly calmed down tried again while smiling patting her shoulder	3
4	Smiling patting her shoulder	4
5	Patting the shoulder 3 times	5

Table 1 to table 5 are measurements of cognitive aspects for five (5) variables to be measured, including: staring, smiling, greeting, greeting and patting the shoulder each made measurements for scores of 1 to 5. All aspects to be measured and the scores that have been determined are agreed upon with the research subject (FM). Through agreement, it is also possible to get a score with a half interval (O.5) with certain considerations of what the research subject feels and thinks.

Table 6. Behavioural Aspect Measurement for "Staring" Behaviour

No	Aspect	Score
1	Approaching	1
2	Standing in front of her/him but anxious	2
3	While standing trying to	3
4	looking into her eyes for eye contact	4
5	Eye contact 10 seconds	5

Table 7. Behavioural Aspect Measurement for "Smilling" Behaviour

No	Aspect	Score
1	While staring wants to smile but hesitates (anxious)	1
2	Still hesitant to smile	2
3	Encourage yourself to smile	3
4	Smile for 5 seconds	4
5	Smile for 10 seconds	5

Table 8. Behavioural Aspect Measurement for "Greeting" Behaviour

No	Aspect	Score
1	While staring wants to smile but hesitates (anxious)	1
2	Still hesitant to smile	2
3	Encourage yourself to smile	3
4	Smile for 5 seconds	4
5	Smile for 10 seconds	5

Table 9. Behavioural Aspect Measurement for "Greetings" Behaviour

No	Aspect	Score
1	Smiling without a second thought nervous	1
2	Trying to do greeting but nervous	2
3	Attempting to do the greeting but still hesitant	3
4	Without hesitation do the greeting for 10 seconds	4
5	do the greeting for 10 seconds	5

Table 10. Behavioural Aspect Measurement For "Patting on The Shoulder" Behaviour

No	Aspect	Score
1	Standing with a smile trying to pat her shoulder but was nervous	1
2	Still hesitantly wanting to pat his shoulder	2
3	Without hesitation, she smiled and patted her shoulder	3
4	Pat his shoulder 1 times	4
5	Patting the shoulder 3 times	5

As in the tables of measurement of cognitive aspects, the next Table 6 to Table 10 is the measurement of behavioural aspects for five (5) variables to be measured, including: staring, smiling, greeting, greeting and patting the shoulder, each of which is made for a score of 1 to 5. For this, all aspects to be measured and the scores that have been determined are agreed upon with the research subject (FM). In the measurement of this behavioural aspect, it is also possible to get a score with a half interval (0.5) based on the agreement of the research subject and on the basis of what he feels and thinks about the variable being measured. and thought about the variable being measured

c. Baseline Measurement A1

The next process is to measure the behaviour that has been determined before CBT therapy, this measurement is for baseline purposes, then the following results are obtained:

Table 11. Measurement Results For Cognitive Aspects of The 5 Variables to be Measured (Baseline A1)

No	Variables assessed	Session 1	Session 2	Session 3	Session 4	Session 5
1	Staring	1	1	1	1	1
2	Smiling	1	1	1	1	1
3	greeting	1	1	1	1	1
4	handshakes	1	1	1	1	1
5	pat on the shoulder	1	1	1	1	1
Total		5	5	5	5	5

The measurement results at baseline A1 for the cognitive aspects of the 5 variables to be measured (staring, smiling, greeting, shaking hands and patting shoulders) show a fixed score of 1, this indicates that the research subject has obstacles to performing the attitudes and behaviours specified in the variables to be measured against his friend (YR). for more details the results of this measurement can be seen in graph 1 below.

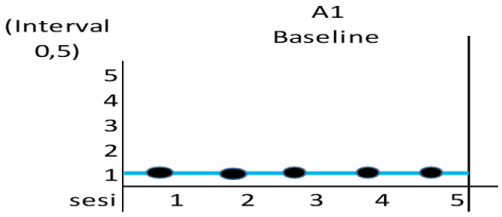

Figure 1. Result of Measurement

d. Intervention Measurement

The next stage carried out is the provision of treatment or the application of behaviour change techniques to the FM subject which is shown in the graph as follows:

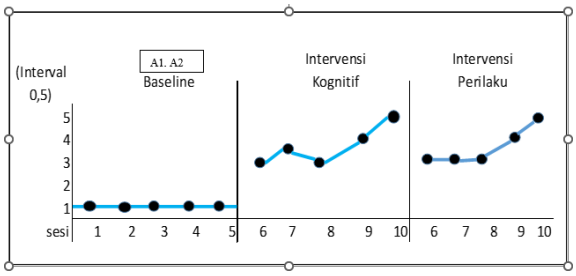

Figure 2. Effect of CBT on "Staring" Behaviour of FM Subject's Friend

Graphic 2, shows that the results of research conducted in sessions 5, 6, 7, 8, 9 and 10 against FM for staring behaviour YR after cognitive therapy showed an increasing score (3, 3.5, 3, 4 and 5). Although in the 8th session there was a decrease which is due to intervening variables (there are other variables that influence) but in the next session (9 and 10) again showed an increase in scores which can be interpreted that there was a positive change from cognitive therapy on the behaviour of staring at his friend. In other words, CBT therapy through a cognitive approach has an effect on staring behaviour in research subjects.

Furthermore, measurements were carried out on smiling behaviour with the results shown as follows :

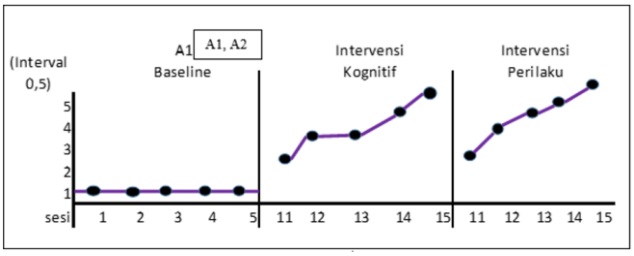

Figure 3. Effect of CBT on "Smiling" Behaviour of FM subject's friend

In graph 3, the measurement results for cognitive interventions show scores: 3, 3.5, 4 and 5 in sessions 11, 12, 13, 14 and 15. While the measurement results for behavioural interventions show scores: 2, 3. 3.5. 4. and 5. While compared to baseline both cognitive and behavioural showed a fixed score. From the results of this measurement, it can be seen that. CBT therapy through cognitive and behavioural techniques has a positive effect on smiling behaviour in research subjects.

Furthermore, measurements were carried out on greeting behaviour with the results shown as follows:

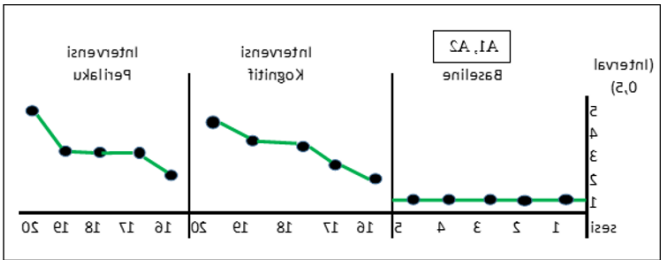

Figure 4. Effect of CBT on "Greeting" Behaviour in FM subject's friends

Graph 4 shows the results of the measurement of cognitive interventions and behavioural interventions on the greeting behaviour of the study subjects. It can be seen that the score for cognitive intervention: 2,3,3,5,4 and 4.5 (for sessions 16,17,18,19 and 20), while for behavioural interventions show scores: 2,3,3,3 and 5 (for sessions 16,17,18,19 and 20). This can be interpreted that there is an increase in the greeting behaviour of the research subjects based on the results of the interventions carried out. In other words, CBT therapy has a

positive effect on the smiling behaviour of FM as a research subject. Furthermore, measurements were carried out on shaking hands behaviour with the results shown as follows:

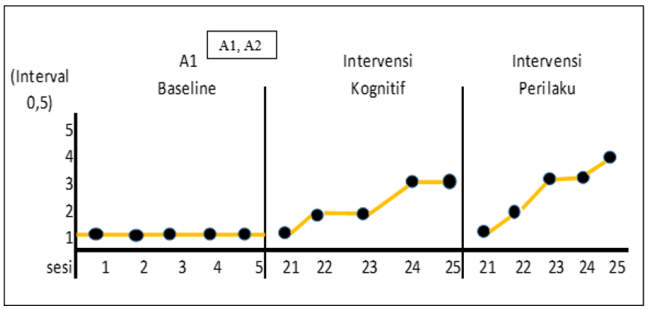

Figure 5. Effect of CBT on "Shaking Hands" Behaviour of FM subject's friends

When viewed from the measurement results in graph 5 which measures cognitive interventions and behavioural interventions on the shaking hands behaviour of the research subjects, it can be seen with a fixed baseline score. While behavioural interventions show scores: 1,2,2,3 and 3 for sessions 21, 22, 23, 24 and 25. This shows a change that is not too high compared to other variables in the previous graph. It seems that the research subjects still have obstacles to doing greetings to YR, however, even though the increase is not too far away, but when viewed from the graph it still shows an increase. In other words, CBT therapy has a positive effect on the shaking hands behaviour of the research subjects.

Furthermore, measurements were carried out on shaking hands behaviour with the results shown as follows :

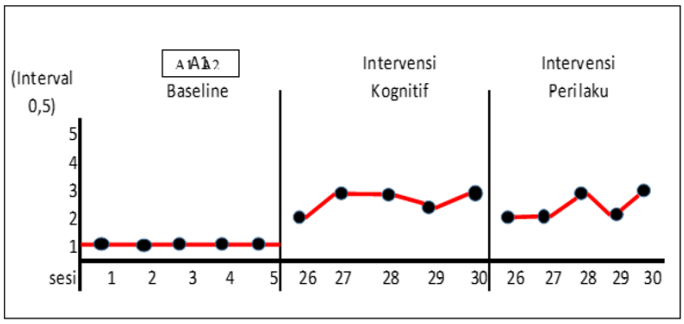

Figure 6. The effect of CBT on the "patting shoulder" behaviour of FM subject's friend

Graph 6 shows the results of measurements at session 26 to session 30 of both cognitive interventions and behavioural interventions from the research subject FM on the behaviour of patting YR's shoulder (his friend). The measurement results show that cognitive intervention with scores: 2,3,3,2,5 and 3. While behavioural intervention shows scores: 2,2,3,,2 and 3.

This measurement shows a relatively low improvement for both cognitive intervention and behavioural intervention. Similar to graph 6, it seems that because the shaking hands behaviour and the patting on the shoulder behaviour indicate physical activity, the research subjects still feel hesitant to do it. However, when viewed from the graph presented, it still shows an increase, in other words, CBT therapy has a positive effect on the behaviour of patting the shoulders of friends of the research subjects.

e. Baseline Measurement A2

The measurement results at baseline A2 are detailed in the following table:

Table 12. Measurement results for Behavioural aspects of the 5 variables to be measured (Baseline A2)

No	Variables assessed	Session 1	Session 2	Session 3	Session 4	Session 5
1	Staring	1	1	1	1	1
2	Smiling	1	1	1	1	1
3	greeting	1	1	1	1	1
4	handshakes	1	1	1	1	1

No	Variables assessed	Session 1	Session 2	Session 3	Session 4	Session 5
5	pat on the shoulder	1	1	1	1	1
Total		5	5	5	5	5

The measurement results at baseline A2 for the behavioural aspects of the 5 variables to be measured (staring, smiling, greeting, shaking hands and patting shoulders) show a fixed score of 1, this shows that the research subject has obstacles to performing attitudes and behaviours in accordance with the agreed variables towards his friend (YR). for more details the results of this measurement can be seen in the following graph 7.

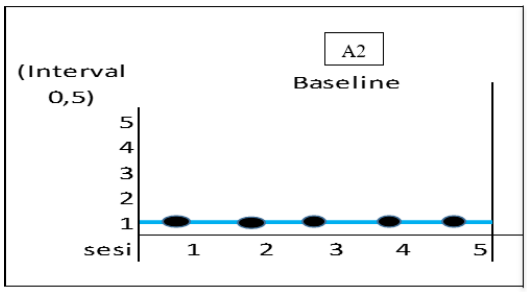

Figure 7. Details The Results of This Measurement

3.2. Discussion

Cognitive Behavior Therapy (CBT) is one of the therapies derived from cognitive and behavioural approaches. It has more in common with cognitive, behavioural and action-oriented therapies in the sense that it focuses on thinking, judging, deciding, analysing and acting, and is further combined with a behavioural approach that tries to implement some activities that can be done as a follow-up to thoughts that have been minimised through cognitive techniques/approaches (Subardhini & Sakroni, 2021). Beck (2011) reveals Cognitive Behaviour Therapy (CBT), is a form of therapy that refers to a cognitive approach and behavioural approach, in its application CBT is often carried out through a counselling process. The basic principles of this therapy are: An evolving formulation of the client's problems and cognitive conceptualisation, a common understanding between the counsellor and the client of the problems faced by the client, requires collaboration and active participation, is goal-oriented and problem-focused, focuses on current events, is educational, aims to teach the client to become a therapist for himself and emphasises prevention and this therapy teaches clients to identify, evaluate and respond to their dysfunctional thoughts and beliefs (Skinner, 1964).

In this research, researchers provided interventions to subjects, namely children who experienced or were victims of bullying, who had withdrawal behaviour using Cognitive Behavior Therapy (CBT). The implementation of this research is divided into four (4) stages covering 30 sessions in 6 meetings. The first stage of the assessment is carried out so that the results are obtained: there are 5 variables that will be measured both from the cognitive aspect and the behavioural aspect, the five variables are: staring, smiling, greeting, shaking hands and patting shoulders. Furthermore, measurements are made for the five variables (as described above). After that the second stage is to use cognitive therapy through gestalt techniques (empty chair and nourisment), in this session the research subject was asked to release all his thoughts and feelings when he was bullied by his friend, the first meeting he released his feelings verbally and non-verbally through the empty chair technique, all words describing his thoughts and feelings were shed such as: swearing, disappointment, anger expressed everything even to throwing something towards the chair that was considered occupied by the perpetrator.

This technique is successful in showing the subject's catharsis in addition to negative memories of the perpetrator have begun to decrease. The next meeting continued with the nourishment technique, all memories and feelings towards the bully were released through writing. On a sheet, the research subject expresses his feelings towards the bully, it can be seen that he is angry, disappointed, sad and even dirty words, all revealed in the writing. As with the first technique, this second technique seems effective as evidenced in the measurements as reported in the research results. The first stage through two gestalt techniques and measurement of friendship relations (YR who became the target of change) in 5 measurements with 5 previously agreed variables (smiling, staring, greeting, shaking hands and patting shoulders) showed

significant changes towards positive changes (graph 2 Sd 6). This shows that the gestalt technique in a cognitive approach is effective in changing the behaviour of research subjects in relating to their friends. The third stage, conducting therapy with a behavioural approach through systematic dezentitation techniques and the application of tasks or task centre. Through several meetings, measurements were made of the 5 variables that had been agreed upon, the procedure carried out was: the research subjects performed the tasks that had to be done (5 variables: staring, smiling, greeting, greeting and patting the shoulder), then measurements were made of each variable with predetermined measurement indicators.

Then the results of this technique can be seen in the research results section (graph 2 to graph 6). The results showed that the Behavioural approach through Systematic desenzititation and task centre techniques was effective in changing the behaviour of the research subjects so that they could improve in relating to their friend (YR). Although it seems that there are parts that are stagnant (fixed), especially in the variable greeting and shaking hands both on cognitive measurements and behavioural measurements, this may be in addition to other intervening variables that also influence also considering that the behaviour of shaking hands and patting shoulders requires activity or "movement" from research subjects who still have obstacles with YR compared to staring, smiling which "is still an attitude and can still be done more easily. However, the overall and final results of both approaches showed improvement, in other words, there were positive changes in friendship relationships as a result of the application of techniques in the behavioural approach.

Implementation of Cognitive Behaviour Therapy (CBT), towards friendship relationships experienced by FM child victims of bullying. In essence, CBT is the implementation of techniques in the Cognitive approach and techniques in the behavioural approach. From the results of the study, the intervention on FM's friendship relations variable using CBT therapy showed an increasing matrix, meaning that there was a change for the better, so it can be categorised as CBT including the right solution in dealing with the problem of friendship relations of FM victims of bullying. This CBT has many advantages over the shortcomings in the therapy process given to children who are victims of bullying. So that this therapy can be recommended because it has succeeded in providing positive changes for research subjects in carrying out their friendship relationships.

Cognitive-Behavioral Therapy (CBT) in its implementation by using techniques from the cognitive approach and techniques in the behavioural approach succeeds in changing thinking and behaviour so that from that change, a satisfying experience is obtained, and can meet a certain lifestyle, by modifying certain patterns of thinking and behaviour. The cognitive approach seeks to focus on placing a thought, belief, or form of self-talk towards others (e.g., all friends will bully, no friends are good, making friends is unpleasant, etc.). While the analysis of the behavioural approach, trying to change specific behaviour as a condition to facilitate behaviour change (Fischer & Gochros, 1975).

Therefore, the variables to be changed or measured are aimed at specific behaviours (staring, smiling, greeting, greeting and patting shoulders with the thought that these behaviours are easy / doable, measurable and observable. In addition, the effectiveness of behaviour change is also determined by: the client or in this case the research subject knows that he has mal-adaptive behaviour (obstacles to friendship relations), then wants to be changed, and agrees to make changes with behaviour change techniques (Fischer & Gochros, 1975). These three conditions for the effectiveness of change exist or are present in the research process carried out. FM as the subject of the study knew she had a relationship problem, wanted change and agreed to the therapy/research process including measurement.

When viewed from the concept of relationships, there are several factors that influence good relationships, namely: productive communication that will produce understanding, trust, communicator facilitating behaviour (facilitating behaviour of the communicator / social worker (Juli T wood (1998), based on this opinion, good relationships are also determined by cognitive aspects (mutual understanding and trust) and behavioural aspects (facilitating behaviour). Based on several theories that have been conveyed above, as well as based on the results of research that proves and supports/CBT therapy as the right solution or intervention in dealing with the problem of friendship relations of children who are victims of bullying, by showing the frequency obtained from each aspect assessed with an increasing graph, the hypothesis: there is an influence between the implementation of CBT therapy and friendship relations is proven or acceptable (Susilowati et al., 2021).

4. Conclusion

Based on the results of the research through description, analysis and discussion, it can be concluded that Cognitive Behaviour Therapy (CBT), has a positive influence on the friendship relations of the research subject, FM, a child victim of bullying. This is indicated by the graph of research results that show an increase for both cognitive intervention and behavioural intervention (graph 2 to graph 6). Besides being shown by graphs that show improvement, it is also based on analysis of various theories / approaches; Cognitive approach, Behavioural approach and theory of Relationships. Thus the hypothesis proposed, namely that there is an effect of the implementation of Cognitive Behaviour Therapy (CBT) on FM friendship relationships as research subjects, can be accepted, in other words, all research questions can be answered.

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