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USING SOLUTION FOCUSED BRIEF COUNSELING TO REDUCE AXIENTY IN FACING THE EXAMINATION VOCATIONAL HIGH SCHOOL STUDENTS

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ABSTRACT

Vocational high school students are in the late adolescent development phase. One of the characteristics of late adolescents is emotional instability, which is indicated by anxiety in the face of exams. Considering anxiety can hamper student academic achievement, there is a need for assistance through a Solution Focus Concise Counseling approach. This study aims to determine the effectiveness of Solution Focused Brief Counseling to reduce anxiety in facing exams for vocational high school students. This study uses an experimental research design with a single subject design. The form of research design used is Baseline (A1) → Intervention (B) → Baseline (A2). The subjects of this study were 6 students of class XII vocational high school (SMKN 1 Kota Kediri). Data were collected using anxiety scales, observation guidelines, and interview guidelines. Data analysis using visual data analysis, and statistical analysis of the Wilcoxon matched-pairs signed-ranks test. The results of the study showed that Solution Focused Brief Counseling effectively reduced student anxiety in facing the exam. This approach focuses on helping students set goals and solutions, foster a sense of optimism, and foster student motivation to change their behavior through various techniques used in Solution Focused Brief Counseling, so that the anxiety problems experienced can be immediately addressed. Based on research findings and discussions it is recommended for the counselor should use the Solution Focused Brief Counseling approach in reducing student anxiety when facing exams. For counselees, can help to reduce anxiety facing the test experienced by them. For further researchers can take research subjects from different grade levels such as vocational high school students class XII.

Key Words: Solution focused brief counseling, axienty, examination, vocational high school students

INTRODUCTION: Vocational high school students enter the stage of development in adolescence, at this stage marked by physical and psychological changes. In the psychological aspect, adolescent high school vocational students are no longer childhood but also not adulthood, therefore often experience psychological and behavioral changes so that it can be said to be a transition period. One psychological change is emotional. Emotional disorders often occur in adolescence characterized by changes in behavior that tend to be good or bad. Knauss & Schofield (2009) suggested that anxiety is an emotional disorder experienced by students characterized by cognitive reactions (difficulty concentrating, confused, and disturbing thoughts that always appear repeatedly), affective (fear, worry, and anxiety), and motor (trembling, dizziness and sweaty palms). Anxiety disorders can afflict students when they speak in front of

the class and when facing exams (Evans, Ferrando, Findler, Stowell, Smart & Haglin, 2008). Alotaibia (2015) in his research stated that feelings of anxiety when facing exams could affect their concentration in answering exam questions and could result in failing to take exams. Therefore, the need for the role of counselors to solve these problems especially anxiety disorders. The importance of choosing the right approach to problem solving also influences the success of the counseling process. Therefore, further research on the role of an approach in reducing anxiety disorders needs to be done. One approach that can be used "Solution Focused Brief Counseling". Solution Focused Brief Counseling Approach is appropriate in schools because it is relatively easier and more concise in its implementation (Cotton, 2010). Besides this approach is suitable to do with the location setting that has a diversity of opinions or beliefs such as those in schools in general (Corey, 2009). With a variety of reasons that have been described previously, the dependent variable in this study is anxiety in the face of the exam. For the independent variable of Solution Focused Brief Counseling. This research was conducted to prove the truth of the results of previous studies if carried out in a different time, subject and place. In addition, this study also aims to test the use of solution focused brief counseling to reduce anxiety in facing exams for vocational high school students.

METHOD:
Research Procedure:
The procedure of conducting research is to establish the behavior to be changed as the target behavior in this study, namely the condition of high anxiety in the face of the exam. Baseline (A1) is the phase before intervention. Activities carried out in the baseline phase (A1) include, (1) assessing the sample to determine the level of anxiety in facing exams before being given an intervention, student behavior measured in this baseline phase is used as a criterion for measuring the subsequent behavior development; (2) evaluating the frequency of anxiety arising before the intervention. Measurements at this stage are carried out until a stable behavior pattern appears, meaning that the frequency of anxiety experienced by the sample tends to be stable and high during the baseline (A1) phase. In the baseline phase (A1) observations are made for at least 3 to 5 observations. In this study the measurements were carried out three times in the interval of measurement of approximately one week. Intervention (B) is the phase after baseline data (A1) is obtained in the form of high anxiety scale values. Furthermore, in this phase the counselor applies the technique in Solution Focused Brief Counseling to reduce student anxiety in facing the mathematics test. Assessment or measurement of changes in anxiety levels in the face of the test is carried out during the intervention phase in a period of approximately 4 weeks or four sessions. Data on the scale of student anxiety levels assessed during the intervention were compared with data obtained in the baseline phase. In this study the intervention phase was limited to four meetings. Each meeting lasts ± 45 minutes. After the tendency and anxiety level of the sample in the intervention phase (B) show a decrease, baseline measurement (A2) is a condition where intervention (B) is withdrawn and not given anymore. The purpose of this observation at baseline (A2) is to find out whether comparing anxiety in facing exams before and

after an intervention, so that information is obtained about the effectiveness of the intervention process to reduce anxiety.

Analysis:

Analysis of the data used in this study is statistical analysis, visual data, observation data analysis and interviews. Statistical analysis was performed using the validity test, reliability test, and the Wilcoxon Matched-pairs Signed-ranks Test. The results of the pre-test in the first session of the baseline phase (A1) and post-test in the fourth phase of the intervention were statistically analyzed, to see the significance of changes between before and after the intervention, in this statistical analysis using the non-parametric statistical analysis of The Wilcoxon Matched-Pairs Signed-Ranks Test using SPSS for windows version 22.0. This analysis will produce an Asymp value. Sig. (2-tailed) for the Wilcoxon Signed Ranks Test. Asymp. Value Sig. (2-tailed) which will later be used in hypothesis testing to be compared with alpha (α) to determine whether a hypothesis is accepted or rejected. Hypothesis testing conducted is as follows:

Ho: Solution Focused Brief Counseling is not useful in reducing anxiety in facing exams for vocational high school students.

The testing criteria, what is the Asymp value. Sig. (2-tailed)$> \alpha = 0.05$, then Ho is accepted, meaning Solution Focused Brief Counseling is not useful in reducing anxiety in facing exams for vocational high school students. But what is the Asymp value? Sig. (2-tailed) $\leq \alpha = 0.05$, then Ho is rejected, meaning that Solution Focused Brief Counseling is useful to reduce anxiety in facing exams for vocational high school students.

Visual analysis is used to measure describing the process of reducing anxiety in the face of an exam. After the sample anxiety scale is obtained, then the analysis in conditions and inter-condition analysis are then performed to determine the effectiveness of the intervention. Following are the steps in brief to measure the success of the interventions in this study:

1. Make a data table of the baseline and intervention phases containing the scores obtained at each session.
2. Determine the stability range. The criterion used is stability 0.15. Stability criteria 75% - 100% are categorized as stable, <75% are categorized as varied.
3. Calculate the average, upper and lower limits of the baseline and intervention phases as follows: (a) the average is obtained by comparing the total score and the amount of data, (b) The upper limit is measured by summing the average and stability range, (c) The lower limit is measured by reducing the average to the stability range.
4. Determine the variable to be changed. The dependent variable or target behavior is focused on one behavior, or can be said to be an analysis of the effect or effect of the intervention on the target behavior.
5. Determine the change in the direction of the direction and its effects, the change in the direction of the graph between the baseline condition and the intervention showing the meaning of the change in the target behavior caused by the intervention.

6. Determine the tendency of stability in the baseline phase and the intervention phase. Data can be said to be stable if the data shows the direction (ascending, descending, and horizontal).
7. Determine changes in data levels, changes in data levels indicate how much data has changed. By calculating the difference between the last data in the baseline phase and the first data in the intervention phase. Difference values can describe how much the change in behavior occurs as a result of the influence of the intervention.
8. Determine data overlapping, data overlapping between two conditions is that there is the same data in both conditions. The overlapping data shows that there is no change in the two conditions. To determine the overlapping data the following formula is used: (a) Look again at the lower and upper limits of the baseline phase (A), (b) Calculate how much the data values in the intervention phase (B) which is in the range of baseline conditions (A), (c) Earnings in step (b) divided by the number of points in the intervention phase (B)

RESULT:

Validity test: The results of the trial of the instrument showed that the items of anxiety scale in the face of the exams were originally 72 items after analysis, so there were 48 valid statement items. That is because of 72 instrument items, there are 48 items that have a correlation coefficient or r-count of more than r-table of 0.3. The validity test results can be seen from the following Table 1.

Table 1. Validity Test

VARIABLE	INDICATORS	DESCRIPTORS	ITEMS	CORRELATION COEFFICIENT	SIG.
Cognitive	Difficult to concentrate	The mind is not focused on the math examination	2	0,311	0,015
			37	0,553	0,000
			38	0,408	0,001
		Difficult to remember lessons during the math examination	39	0,381	0,003
			40	0,466	0,000
	Confusing thoughts	Hesitated in answering math test questions	6	0,332	0,010
			41	0,557	0,000
			42	0,586	0,000
		Difficult to determine the answer during a math examination	8	0,311	0,015
			43	0,524	0,000
			44	0,544	0,000
	Troubling thoughts always appear repeatedly	The mind suddenly disappears during the math examination	45	0,461	0,000
			46	0,461	0,000
		Thinking about the consequences of failing a math examination	12	0,332	0,010
			47	0,485	0,000
			48	0,399	0,002

Affective	Afraid	Feelings do not dare to face a math examination	49	0,553	0,000
			50	0,507	0,000
		Losing enthusiasm during the math examination	16	0,557	0,000
			51	0,544	0,000
			52	0,551	0,000
	Worried	Uneasy feelings during math examination	17	0,544	0,000
			53	0,451	0,000
			54	0,523	0,000
		Feelings of doubt about the ability of self during a math examination	19	0,399	0,002
			55	0,624	0,000
			56	0,517	0,000
	Restless	Feeling anxious when facing an examination	21	0,519	0,000
			22	0,311	0,015
			57	0,419	0,001
			58	0,396	0,002
		Feeling uncertain when facing an examination	24	0,507	0,000
			59	0,519	0,000
			60	0,379	0,003
Psychomotor	Shaky	A movement of the body because it feels a threat during a math examination	26	0,517	0,000
			61	0,485	0,000
			62	0,302	0,019
		The body shivered from fear during the math examination	28	0,554	0,000
			63	0,586	0,000
	Dizzy	All objects in front of your eyes and surroundings move or spin when facing a math examination	30	0,554	0,000
			66	0,466	0,000
		Feel like fainting during a math examination	68	0,553	0,000
	Sweaty palms	Sweat running out of the palm when facing a math examination	33	0,302	0,019
			34	0,451	0,000
			70	0,624	0,000
		Body's reaction when nervous about a math examination	35	0,396	0,002
			71	0,554	0,000
			72	0,552	0,000

Reliability test: The reliability test results can be seen from the following Table 2.

Table 2. Reliability Test

Reliability Statistics

Cronbach's Alpha	N of Items
,944	48

Based on the results of the reliability test as seen in Table 2, it can be seen that the Cronbach Alpha value> 0.60 ". Thus, the variable can be said to be reliable. So that this research instrument can be trusted to be used as a data collection tool.

Result of *Wilcoxon Signed Ranks Test*
Table 3. *Wilcoxon Signed Ranks Test*

		N	Mean Rank	Sum of Ranks
Post Test - Pre Test	Negative Ranks	6[a]	3.50	21.00
	Positive Ranks	0[b]	.00	.00
	Ties	0[c]		
	Total	6		
Z		-2.201[b]		
Asymp. Sig. (2-tailed)		.028		

a. Wilcoxon Signed Ranks Test

b. Based on positive ranks.

The Result Wilcoxon Signed Ranks Test is obtained a Z value of -2,201 with an Asymp value. Sig. (2-tailed) of 0.028. Asymp Value Sig. (2-tailed) is smaller than alpha (α) of 0.05 or in other words Asymp. Sig. (2-tailed) 0.028 <0.05. Based on comparison of Asymp values. Sig. (2-tailed) with alpha (α) then for hypothesis testing, it can be concluded that H0 is rejected. Thus, this study proves that Solution Focused Brief Counseling effectively reduces anxiety in facing exams for vocational high school students. In other word there is a decrease in the level of student anxiety in facing the mathematics test after students get treatment through the Solution Focused Brief Counseling.

Result of Visual Data Analysis
The process of measurement and treatment to reduce student anxiety in facing exams is carried out in three phases, namely (1) the baseline phase (A1) which is done in three sessions, (2) the intervention phase (B) which is carried out in four sessions, and (3) phase baseline (A2)

conducted in three sessions. The measurement and treatment results during the baseline (A1), intervention (B), and baseline (A2) phases are presented in the following table 4.

Table 4. Result of Axiety Measurement Result for Each Subject

Subject	Baseline (A1)				Intervensi (B)					Baseline (A2)			
	Session				Session					Session			
	1	2	3	Mean	1	2	3	4	Mean	1	2	3	Mean
1	144	140	146	143,33	140	120	97	96	113,25	92	89	91	90, 7
2	141	143	139	141	137	117	95	91	110	89	87	87	87, 7
3	125	132	129	128,67	119	108	103	95	106,25	87	85	88	86, 7
4	141	136	139	138,67	133	116	99	97	111,25	90	88	87	88,33
5	123	127	128	126	118	106	95	88	101,75	82	84	82	82, 7
6	125	122	129	125,33	117	104	96	84	100,25	80	81	79	80

Based on Table 4, it can be seen that the first subject during the intervention phase had a drastic decrease in anxiety and occurred from the first session to the third session. While from the third session to the fourth session decreased anxiety occurred, but less dramatically. This indicates that subjects can respond to intervention activities quickly and easily, resulting in a drastic decrease in anxiety from the beginning of the session in the intervention phase. Even in the third session in the intervention phase it has decreased to the moderate anxiety category. During the baseline phase (A2) shows a declining trend, and this indicates that the subject's anxiety continues to decrease even though the intervention phase has been completed.

In the second subject during the intervention phase a dramatic decrease in anxiety occurred from the first session to the third session. While from the third session to the fourth session there was a decrease in anxiety, but it was not drastic when compared from the first session to the second session or from the second session to the third session. This indicates that subjects can respond to intervention activities quickly and easily, resulting in a drastic decrease in anxiety during the beginning of the session in the intervention phase. Even in the third session in the intervention phase it has decreased to the moderate anxiety category. During the baseline phase (A2) shows a declining trend, and this indicates that the subject's anxiety continues to decrease even though the intervention phase has been completed.

In the third subject the baseline phase (A1) was carried out for three sessions, the intervention phase was carried out four sessions, and the baseline phase (A2) was carried out in three sessions. In the baseline phase (A1), the anxiety scale values obtained are experiencing an increasing trend from the first session to the third session, and in the high anxiety category. In the intervention phase the anxiety scale values obtained which experienced a downward trend from the first session to the fourth session. While from the fourth session of the intervention phase until the end of the baseline (A2) it can be seen that the anxiety scale value has decreased.

The fourth subject phase baseline (A1) was carried out for three sessions, the intervention phase was carried out four sessions, and the baseline phase (A2) was carried out in three sessions. In the baseline phase (A1), it was found that the anxiety scale value experienced a downward trend from the first session to the third session, but was still in the high anxiety category. In the intervention phase the anxiety scale values obtained which experienced a downward trend from the first session to the fourth session. While from the fourth session in the intervention phase until the end of the baseline (A2) it can be seen that the anxiety scale value has decreased and this condition shows that "NR" subjects can still control their anxiety even though no intervention has been given.

The fifth subject phase baseline (A1) was carried out for three sessions, the intervention phase was carried out four sessions, and the baseline phase (A2) was carried out as many as three sessions. In the baseline phase (A1), the anxiety scale values obtained are experiencing an increasing trend from the first session to the third session and in the high anxiety category. In the intervention phase the anxiety scale values obtained which experienced a downward trend from the first session to the fourth session. While from the fourth session in the intervention phase until the end of the baseline (A2) phase it can be seen that the anxiety scale value has decreased and this condition shows that "MM" subjects can still control their anxiety even though no intervention has been given.

The data in Table 4, are then used for visual data analysis with the analysis method in conditions and analysis between conditions. So we get the results shown in Table 5 below.

Table 5. Result of Visual Data

Subject	Percentage of Data Overlap	Explanation
First	25%	Effective Intervention
Second	25%	Effective Intervention
Third	25%	Effective Intervention
Fourth	25%	Effective Intervention
Fifth	25%	Effective Intervention
Sixth	25%	Effective Intervention

Based on the data in Table 5, it is known that the percentage value of overlapping data for all samples is 25%, which means that effective interventions reduce anxiety in the face of examinations on all six samples or subjects.

DISCUSSION:

Effectiveness of Solution Focused Brief Counseling

The results showed that there was a significant or significant decrease in the level of student anxiety when facing exams after an intervention with Solution Focused Brief Counseling. This is based on the results of the different tests to get the conclusion that there are significant differences in the level of student anxiety in facing the exam between the baseline (A1) and intervention phases (B). While based on the results of analysis between conditions it is known that the percentage of data overlapping the six subjects is 25%, so it can be said that the intervention with Concise Counseling Focused Effective solution to reduce student anxiety in facing the examination.

Why is Solution Focused Brief Counseling an effective Solution to reduce student anxiety in facing exams? First, through Solution Focused Brief Counseling, students are directed to set goals and make solutions independently according to the causes of the anxiety experienced. To set goals, create and implement solutions through the application of exception question techniques, Miracle questions, and first session task formulas. The solutions from each student can be different. This is because every individual must have a variety of solutions, these solutions may be suitable for one's problems but not necessarily able to solve other people's problems (Korman, Bavelas, DeJong, 2013; Franklin, Zhang, Froerer, Johnson, 2017). Through setting goals and forming solutions independently, can reduce anxiety because of the way it helps students in growing strength and resources possessed to try to solve the causes of the problems faced (Mulawarman, Munawaroh, Nugraheni, 2016; Taathadi, 2014; Jordan, Froerer, Bavelas, 2013).

Secondly, through Solution Focused Brief Counseling, students are given reinforcement to foster their sense of optimism in facing exams (Kim & Franklin, 2009: Franklin, Moore, Hopson, 2008). Because optimism can foster student confidence so that it suppresses the anxieties encountered during the exam. In fostering this sense of optimism using reinforce or compliment techniques. Hopson & Kim (2005) suggested that an optimistic attitude makes a person get out quickly from his problem because it encourages the individual to think and feel he has the ability. In this case the ability in question is the ability to face the examination.

Third, Solution Focused Brief Counseling can foster personal motivation for students or counselees to always try to solve problems such as anxiety in the face of the exam. Growing motivation in students can use amplifying techniques followed by reinforcing. Corcoran (2006) suggests that motivation that arises in a person will encourage that person to change his behavior, where the behavior is manifested in certain activities that can help to achieve goals.

Implications of Findings

Theoretical implications of this study contributed to the implementation of the counseling approach in Indonesia that the results of this study proved to be effectively applied in Indonesian settings. The results of this study can be used as additional knowledge in comparing theory with real conditions in the counseling process, especially regarding the application of Solution Focused Brief Counseling to reduce student anxiety in facing the exam. In addition, the results of this study contribute to the emergence of further research in order to fill the gaps or weaknesses of research left by this research.

The practical implications of this study contribute to school counselors being the best practical examples of responsive services using the Solution Focused Brief Counseling approach. This research also contributes in producing products that can be a reference for counselors. With the training manual, the counselor can easily apply the Solution Focused Brief Counseling approach to solving problems other than anxiety, so that the development of the use of the Solution Focused Brief Counseling approach is used to solve problems experienced by students

CONCLUSION

Solution Focused Brief Counseling Approach in reducing student anxiety when facing exams. For counselees, it can be used as additional information in self-management such as changing their learning behavior to prevent feelings of anxiety when facing exams.

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