

Islamic Cognitive Behavior Therapy Counseling to Improve the Self-Regulated Learning Santri of Tsanawiyah Level

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Abstract: *Islamic cognitive behaviour therapy (CBT) counselling is an effective effort to improve self-regulated learning for tsanawiyah students, which can be observed through changes in the behaviour and thoughts of this santri. This research was to find how many levels of self-regulated learning in MTs santri at the Daarul Rahman Bogor Islamic Boarding School and how to increase the self-regulated learning of MTs santri at the Daarul Rahman Islamic Boarding School Bogor after receiving Islamic cognitive behaviour therapy counselling. This research used a quantitative method that is quasi-experimental and a nonequivalent control group design model through a pre-posttest approach and compared it with the control group. Based on the results of this research, the level of self-regulated learning of MTs santri in the low category was three santri, the medium was 11 santri, and the high was 16 santri. After implementing Islamic cognitive behaviour therapy treatment, there was an increase, namely, in the medium category from 11 santri, it decreased to 2 santri, and in the high sort from 16 santri, it increased rapidly to 27 santri. The experimental group has a mean of 90.37, while the control group has a standard of 83.57. Thus, providing Islamic cognitive behaviour therapy to santri will increase self-regulated learning.*

Keywords: *Counseling, Cognitive Behavior Therapy, Self-Regulated Learning.*

Introduction

Islamic boarding schools are institutions in Indonesia that continue to grow and continue to adapt to the needs of each generation. Islamic boarding schools are also the oldest Islamic educational institutions in Indonesia (Syafi'ie, 2017). Nevertheless, the development of Islamic boarding schools at this time shows rapid growth. Data from the Ministry of Religion of the Republic of Indonesia in 2021 shows that the number of Islamic boarding schools spread across Indonesia is 26,975. The number of Santri who settled or resided in Islamic boarding schools or those who did not amount to 2,647,058 people. In general, in Islamic boarding schools, a learning process is held which includes learning ushul (principles),

such as the Qur'an, Hadith, Fiqh, and Morals, as well as furu' lessons, such as Arabic and other general studies, the classes of which are taught through the recitation of books. Arabic book. Likewise, at the Daarul Rahman II Islamic Boarding School in Bogor, there are several lessons covering the Qur'an, Hadith, Tajweed, Fiqh, Akhlaq, and each of its branches. The studies in the MTs class, both religious and general subjects, amounted to 23 to 29 issues. Therefore, the Santri are required to be able to follow the lesson. However, some Santri of Mts in Daarul Rahman Bogor need help in the learning process. It can be seen from some Santri who get the lowest class E and some Santri who cannot move up to the next class (Ikhwan & Yuniana, 2022).

Therefore, it is necessary to increase self-regulation in learning for Santri by using a suitable and systematic approach to treatment (Kurniasari, 2018). Islamic cognitive behaviour therapy treatment is a change in the Islamic interpretation of a thought from which a good change can occur in a person's behaviour (Susana et al., 2015). Islamic cognitive behaviour therapy is an assistance that the counsellor will give to the counselee as having the aim of developing the potential of the counselee so that he can overcome the problems he faces and can control himself positively based on Islamic religious values (Willis, 2015).

Islamic cognitive behaviour therapy is a counselling assistance process in which Islamic values will be given to the counselee to change and improve the counselee's negative thoughts so they can change their behaviour (Ikhwan et al., 2019). Self-regulation in learning is the process of recognizing, maintaining and controlling thoughts, behaviours and emotions with the aim that something the counselee wants and the learning outcomes that the counselee hopes can be realized so that the counselee avoids something unexpected in the learning process (Tougas et al., 2015). From the definition of cognitive behaviour therapy and self-regulation in learning, there are several correlations, namely in the process of controlling thoughts and manifesting in the form of behaviour. Thus, the researcher assumes that cognitive behaviour therapy treatment is an appropriate approach to increase the self-regulated learning of Santri at Pondok Pesantren Daarul Rahman II Bogor.

Self-Regulation in Learning

Self-regulation in learning, often called self-regulated learning, is independent learning and self-management as well as one's strategy in learning (Kristiyani, 2016). Meanwhile, based on psychology, self-regulation in learning can be defined as a learning activity driven by the counselee's responsibility, willingness, and choice, without any influence and encouragement from anyone (Aziz, 2017).

This research was conducted to find out how the level of self-regulation in the learning of MTs Santri at Pondok Pesantren Daarul Rahman II Bogor and to find out how to increase self-regulation in learning of Mts Santri at Pondok Pesantren Daarul Rahman II Bogor after receiving Islamic cognitive behavior therapy counseling. The formulation of the problem in this study How is the level of self-regulation in learning for MTS Santri at Daarul Rahman II Islamic Boarding School Bogor? How to increase self-regulation in the learning of Mts Santri at the Daarul Rahman II Islamic Boarding School in Bogor after receiving Islamic cognitive behavior therapy counseling.

Self-regulation in learning can be defined as a process in which a learner can set a strategy by regulating his cognition, metacognition and motivation. Examples of developing cognition strategies include how Santri's efforts can recall and practice subject matter continuously and can organize it (Nawangwulan, 2018). The metacognition strategy is how Santri can plan, be able to monitor and evaluate their learning process. While an example of a motivational approach is how Santri can make learning a necessity for themselves and how Santri can survive in the face of difficulties (Chin, 2004).

Santri who have self-regulation in learning will be able to manage any time they study, will be able to find any information to support their knowledge, be able to find learning materials anywhere from various available sources, and be able to manage their emotions when they face failure (Ruliyanti, 2014).

Based on some of the definitions above, it can be defined that self-regulation in learning is a process of proactive involvement in a learning behaviour where a student can direct his thoughts, feelings, and actions to be systematically driven so that this santri can achieve their learning success and reach their goals.

Islamic Cognitive Behavior Therapy

Cognitive behaviour therapy, often referred to as cognitive behavioural therapy, is a combination therapy between cognitive therapy and behavioural therapy that focuses on encouraging individuals to modify their behaviour, thoughts, attitudes and beliefs that can underlie these behaviours (Anwar, 2022). This therapy assumes that an individual's behaviour can be influenced by cognitive components, namely his thoughts and ideas. Therefore, the way to be done to change problematic behaviour is to change the course of thinking or cognition (Dobson, 2001). This is also explained by Kendall in Stallard, who states that cognitive behaviour therapy has a primary reason that a person's behaviour mostly comes from his cognition. Therefore, a person's cognitive and behavioural

interventions can bring about changes in thinking, feeling, and behaviour (Paul Stallard, 2002: 63).

Beck defines cognitive behaviour therapy as a treatment carried out by restructuring cognitive and deviant behaviour to solve the counselee's problems (Beck, 1993). The cognitive behaviour therapy approach is based on a cognitive formula, namely beliefs and disruptive behavioural strategies, so that cognitive behaviour therapy can restructure deviant cognitive and belief systems to provide changes in emotions and behaviour so that individuals can find situations in a better direction.

While Islamic CBT has similarities with conventional cognitive behaviour therapy treatments, there are differences in the Islamic elements. In Islamic cognitive behaviour therapy, the approach or treatment process is based on two primary sources of Islamic teachings (Al-Qur'an and Hadith) (Fariyah & Rachman, 2017).

Therefore, it can be understood that Islamic CBT is an interconnection of conventional CBT, namely the process of counselling assistance in which there are Islamic values that will be given to counsees to change and improve counsees' negative thoughts so that they can change their behaviour.

Method

This study uses a quantitative method with a quasi-experimental approach, namely, research that applies an intervention to be tested on a group of subjects but is not carried out randomly to include issues into two groups, namely the treatment group and the control group (Creswell, 2018). The design of this study was a nonequivalent control group. Before being given treatment, the two groups, namely the experimental group and the control group, were given a test called a pretest to know how the group was doing before the treatment. Then after being given treatment, both the experimental group and the control group were assigned a test called the posttest. This was done to find out how the group progressed after the treatment (Sugiyono, 2010).

The Daarul Rahman Islamic boarding school, Bogor, was used by researchers as the research location. This cottage is located at Kampung Jambu, Sibanteng Village, Kec. Leuwisadeng, Kab. West Bogor, carried out more or less from April 03, 2022, to June 12, 2022. During this time, the authors conducted research, observations, data collection and data analysis so that researchers could find the study results.

The population of this research is female students of MTs Pondok Pesantren Daarul Rahman II Bogor for the academic year 2021-2022,

totalling 173 students. The size of the population can be studied as a whole. Therefore, researchers must select and take some from the population, which is called a sampling technique. The sampling technique in this research is simple random sampling. According to Sugiyono, simple random sampling takes several people from the total population, which is carried out randomly without regard to the strata contained in the population (Sugiyono, 2018: 201). At the same time, the sample is the smallest part of the population. The researchers chose the model in this study, namely representatives from Mts IX, VIII, and VII classes, as the experimental group, which consisted of 30 students and another group of 30 called the control group.

This experimental research has several procedures as follows: Measurement before experiment, Research implementation, Measurement after experiment.

The method of data analysis in this study is to test the hypothesis. This study's hypothesis test is the covariance analysis (ANCOVA). Covariance analysis tests the significance of the difference between the mean numbers by controlling for the initial differences in each group analyzed. ANCOVA allows researchers to adjust the score from the posttest average, which is used as the dependent variable in each group, and to compensate for the initial difference in the pretest scores for each. The purpose of ANCOVA is to find out whether there is an effect of Islamic CBT treatment on the dependent variable by controlling other variables. The decision-making is as follows:

If the P value is more than 0.05, the variable has no significant effect

If the P value is less than 0.05 the variable has a significant effect

In hypothesis research, normality tests and homogeneity tests are also carried out. Researchers used the Shapiro-Wilk test as a data normality test which has the aim of knowing whether data is normally distributed or not. Then the homogeneity test was carried out to ascertain whether the data obtained from the two groups of data were homogeneous (Ikhwan, 2021).

Result and Discussion

Table 1. Control group pretest variables

Variabel	N	Minimum	Maximum	Mean	Std. Deviation
Pretest_Kontrol	30	64	95	83.17	7.442
Posttest_Kontrol	30	60	97	83.57	9.971
Pretest_Eksperiment	30	71	99	84.30	7.038
Posttest_Eksperiment	30	83	99	90.37	4.803

Based on table 1 above, the pretest variable for the control group has a minimum value of 64 and a maximum value of 95. The mean of the control group's pretest is 83.17, and the standard deviation is 7.442. At the same time, the posttest variable for the control group has a minimum value of 60 and a maximum value of 97. The control group's post-test average is 83.57, and the standard deviation is 9.971.

In the experimental group, the pretest variable has a minimum value of 71 and a maximum of 99. The experimental group's pretest average is 84.30, and the standard deviation is 7.038. At the same time, the posttest variable in the experimental group has a minimum value of 83 and a maximum value of 99. The average of the posttest experimental group is 90.7, and the standard deviation is 4.083.

Before testing the hypothesis, normality and homogeneity tests were carried out, as follows:

Table 2. Normality and homogeneity test results

	Shapiro-Wilk		
	Statistic	Df	Sig.
<i>Pretest k</i>	0.962	30	0.357
<i>Post test k</i>	0.937	30	0.076
<i>Pretest e</i>	0.969	30	0.511
<i>Posttest e</i>	0.935	30	0.066

Based on the table above, it is known that the normalization test (Shapiro-will) because the number of samples is subtracted from 50 then obtained Sig. of 0.357, 0.076, 0.511, and 0.066 > 0.05, and this indicates a normal distribution of research data. Hence, it meets the requirements to be continued on the parametric statistical test, in this case, using the covariance test.

Table 3. Covariance test results

Group	Levene Statistic	df1	df2	Sig.
Control	3.345	1	58	0.073
Experiment	2,472	1	58	0.121

Based on the table above, it is known that the homogeneity test (Levene statistic) obtained Sig. of 0.073 and 0.121 > 0.05, which shows that the experimental and control groups on the results of the pretest and posttest have homogeneous variance.

Ancova Analysis Results

Univariate analysis was conducted to examine one variable with several groups to determine whether there is a relationship between two or more groups that have a relationship with each other. In this

study, the univariate analysis is a test of covariance analysis to determine self-regulation in learning in the two experimental and control groups based on the pretest and posttest results after the intervention. The results of the ANCOVA test can be seen in the following table.

Table 4. Tests of Between-Subjects Effects

Dependent Variable: self_regulation_learning						
Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	317.019 ^a	2	158.510	12.160	.000	.474
Intercept	170.936	1	170.936	13.113	.001	.327
Eksperimen	228.434	1	228.434	17.525	.000	.394
Kontrol	79.105	1	79.105	6.069	.020	.184
Error	351.948	27	13.035			
Total	245653.000	30				
Corrected Total	668.967	29				

a. R Squared = .474 (Adjusted R Squared = .435)

Based on the table above shows that by controlling the pre-test variable, there is a significant difference between the pretest and post-test scores on the control and experimental variables. This can be seen in the F value of 6.069 and Sig. $0.025 < 0.05$. These results show that the pretest value significantly affects the post-test score for both the control and experimental groups. This result is also supported by looking at the average value.

Based on the average value of self-regulation in learning, the posttest control group was 83.57, and the average self-regulation in learning in the experimental group after therapy was 90.37. So there is a difference in the average self-regulation in learning respondents between the experimental and control groups in improving self-regulation in learning, and there is a significant difference in increasing self-regulation in learning respondents in the experimental group of students at the MTs level from the results of the pretest and posttest. Thus, giving students cognitive behaviour therapy will increase learning self-regulation.

The following table shows the results of the pretest of the control group and the experimental group:

Table 5. hasil pretest kelompok kontrol dan kelompok eksperimen

Category	Pretest Group Pretest	Percentage	Experimental Group Pretest	Percentage
Low	3	10%	3	10%
Currently	6	20%	11	36,7%

Tall	21	70%	16	53.3%
Total	30	100%	30	100%

In the control group, 30 students had low self-regulation in learning, as many as three students (10%), while there were six students (20%) and the high ones were 21 students (70%). While in the experimental group, 30 students had low self-regulation in learning, as many as three students (10%) and 11 students (36.7%), while the high ones were 16 students (53.3%).

The table above shows that the control variable did not have a significant difference in the pretest and posttest groups. Still, in the experimental group, there was a considerable difference where in the moderate category of 11 students (36.7%) decreased to 2 students (10%), and in the high class of 16 students (53.3%) increased rapidly to 27 (86.7%) students. This shows that Islamic cognitive behaviour therapy counselling increases the value of self-regulation in learning.

Conclusion

From the results of this study, it can be concluded that the level of self-regulation in learning for students at MTs Pondok Pesantren Daarul Rahman Bogor before being given Islamic cognitive behaviour therapy counselling was in a low category as many as three students (10%), while 11 students (36.7%). At the same time, the highest was 16 students (53.3%).

After Islamic cognitive behaviour therapy counselling was carried out, there was an increase in the experimental group, as seen from the results of the posttest category, namely, in the medium type of 11 students (36.7%), it decreased to 2 students (10%), and in the high category of 16 students (53.3%) increased rapidly to 27 (86.7%) students. The experimental class has a mean of 90.37, while the control class has a standard of 83.57. The practical course has a standard more significant than the control class. So there is a difference in the average self-regulated learning of respondents between the experimental and control groups in increasing self-regulation in education and a significant difference in increasing self-regulation in learning respondents in the experimental group of MTs students from the pretest results and posttest. Thus, it can be interpreted that giving cognitive behaviour therapy treatment to students will increase self-regulation in learning. Therefore, researchers assume that self-regulation in education has to do with Islamic CBT. This can be seen from the definition of CBT Islam and self-regulation in learning, in the process of controlling thoughts and manifested in the form of behaviour. Thus, researchers assume that the treatment of Islamic CBT is a suitable approach for increased self-

regulation in learning what are the implications of the results of your research for readers and the world of education today.

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