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### Author for correspondence:

Rukiana Novianti Putri

e-mail: [rukiananoviantiputri@unismuh.ac.id](mailto:rukiananoviantiputri@unismuh.ac.id)

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# Reality Therapy through Group Counseling to Improve Self-Regulated Learning of Thesis Drafting Students

Rukiana Novianti Putri<sup>1</sup>, Bahrul Amsal<sup>2</sup>

Muhammadiyah University of Makassar, Indonesia<sup>1</sup>

Makassar State University, Indonesia<sup>2</sup>

Researchers intend to conduct research to provide intervention in the form of providing reality therapy in group counseling activities to improve self-regulated learning in thesis preparation students. The expected benefits of this study consist of two, namely theoretically in this study can contribute to the science of educational psychology, regarding the concepts of reality therapy and self-regulated learning. This study used an experimental design with untreated control group design with dependent pretest and posttest. In addition, researchers also added follow-up to test the effect of reality therapy on self-regulated learning after 2 weeks of therapy. Based on data analysis and discussion conducted in this study, it can be concluded that reality therapy through group counseling can improve self-regulated learning in thesis drafting students, especially students who are research subjects in experimental groups.

# 1. Introduction

The learning process at the college level requires students to be more independent and disciplined in managing their time and learning process. So this is different from when they were still in high school and below. Students are also required to be able to adjust, manage and control themselves, including when facing dense lecture activities and difficult coursework. Therefore, it takes an active and independent effort by students to help them direct the learning process to the learning goals to be achieved, which is called self-regulated learning.

Self-regulated learning (SRL) refers to self-generated thoughts, feelings, and actions that are systematically planned and adjusted to achieve personal goals (Schunk & Zimmerman, 2008). Self-regulated learning (SRL) is an active process in which learners set their learning goals and then seek to monitor, regulate, and control their cognition, motivation, and behavior, guided by their goals and the context in their environment (Pintrich, 2004).

Regulation of the Minister of Education and Culture of the Republic of Indonesia No. 49 of 2014 concerning Higher Education Standards Article 45 concerning Research Process Standards states that research activities carried out by students in order to carry out their final project, thesis, thesis or dissertation must lead to the fulfillment of graduate learning outcomes and meet the provisions and regulations in higher education. This can be interpreted that to achieve graduation standards in college, students are required to make a final project such as a thesis. In general, there are several factors that cause the inability of students to write a thesis, such as related to writing technique problems, mastery of Indonesian, lack of reading, and most because most students are not familiar with writing. So, for some students compiling a thesis seems to be a difficult thing because for some people compiling a thesis is considered a very heavy job.

Regarding thesis writing, the results of preliminary research on students who have entered two semesters of working on a thesis, it is concluded that students involved in preliminary research are unable to regulate themselves in dealing with their academic situation, which in the world of education is called self-regulated learning, which is a concept of how a student becomes a regulator or regulator for his own learning (Zimmerman and Martinez-Ponz in Schunk and Zimmerman, 1998). The behaviors raised by these students, such as they do not have plans in learning to complete the thesis, are unable to make arrangements or work that must be done systematically, are not disciplined and do not have learning goals, and when experiencing failure students blame the environment more than introspect themselves such as saying that the reference source of the variables studied is difficult to find or the supervisor Have high demands related to the thesis being done. The results of the interview showed that students involved in preliminary research had problems in self-regulated learning.

Several studies have been conducted to improve self-regulated learning in students. Research conducted by Maharani and Rachmawati (2008) with the research title *The Effectiveness of Learning Skills Modules on Self-Regulated Learning* revealed that there is a positive effect of learning skills training on improving self-regulated learning in new students. This means that effective study skills modules improve self-regulated learning in new students. In addition, Siregar (2014) in his research entitled *The Effectiveness of Reality Therapy to Improve Self-*

Regulated Learning in Underachiever Students revealed that Reality Therapy is effective in increasing self-regulated learning in underachiever students ( $p < 0.05$ ).

Reality therapy is a short-term therapy that focuses on current conditions, emphasizes personal strengths, and encourages clients to develop more realistic behaviors in order to achieve success. Reality therapy emphasizes that each individual has his own responsibility for the choice of action he takes (Corey, 2009). Reality therapy uses action-oriented techniques to make individuals aware that they have choices in response to events that occur to them so that they have the power not to allow others to control themselves (Gladding, 2012). Gladding (2012) explained that the reality therapy approach uses the WDEP (Wants, Direction, Evaluation, Planning) system as a method in helping counselors and clients make progress and apply techniques.

Reality therapy is considered to be one of the right methods to improve self-regulated learning in thesis drafting students because it uses an approach that facilitates students to discuss their expectations, current behaviors that support or inhibit their expectations, to form new behaviors that are adapted to self-regulated learning strategies.

Based on the previous description, the researcher intends to conduct research to provide intervention in the form of providing reality therapy in group counseling activities to improve self-regulated learning in thesis drafting students. The expected benefits of this study consist of two, namely theoretically in this study can contribute to the science of educational psychology, regarding the concepts of reality therapy and self-regulated learning. Furthermore, the practical benefit is that this research is expected to provide an overview of the implementation of reality therapy as outlined in the form of reality therapy modules, and reality therapy is expected to help improve self-regulated learning in thesis drafting students so that the completion of student thesis can be within the specified deadline. The hypothesis in this study is that reality therapy given in the form of group counseling is effective in improving self-regulated learning in thesis drafting students.

## **2. Research Method**

### **2.1. Research Subjects**

The subjects in this study amounted to 10 students of the Faculty of Islamic Religion, University of Muhammadiyah Makassar. The characteristics of the subjects used in this study are: a. Students who have entered two semesters of thesis work; b. Having self-regulated leaning in the low and moderate categories seen from the results of self-regulated learning scale scores given by researchers; c. Then, the subject is willing to take part in a whole series of experimental research which includes: taking the pretest (filling in the self-regulated learning scale), willing to take part in reality therapy in groups and taking the posttest (filling in the self-regulated learning scale). Next, the subjects were divided into two groups randomly by voting to be included in the study. Subjects in the experimental group received reality therapy interventions in groups of 5 people while the other 5 subjects were included in the control group.

### **2.2 Research Design**

This study used an experimental design with untreated control group design with dependent

pretest and posttest. In addition, researchers also added follow-up to test the effect of reality therapy on self-regulated learning after 2 weeks of therapy.

Group	Pretest	Treatment	Posttest	follow-up
Exp.Group	O1	X	O2	O3
Control Group	O1		O2	O3

Figure 1. Research Design (Shadish, Cook, & Campbell, 2005)

Information:

O1 : Pretest                      O2        : Posttest

X : Treatment                      O3        : Follow-up

### 2.3. Validity Test

Validity is how far the measuring instrument can correctly reveal the symptoms or most of the symptoms to be measured, meaning that the tool measures what it wants to measure (Hadi, 2015). A measuring instrument can be said to have high validity if the measuring instrument performs its measuring function, and provides results according to the purpose of measurement. A measuring instrument that is rated for high validity will have a small measurement error, while a test that has low validity will produce data that is irrelevant to the purpose of measurement.

The validity used in this study is content validity. Content validity is validity estimated through testing test content with rational analysis or through professional judgment (Azwar, 2018). Furthermore, in validating the self-regulated learning scale and the Reality Therapy Module, professional judgment looks at the conformity between the characteristics of the formulated items and the operational definition of the study. In addition, professional judgment performs validation by paying attention to the external appearance of the instrument (face validity). The validity of the appearance is evaluated by reading and investigating each item of the statement and comparing it with the conceptual definition of the variable to be measured, namely self-regulated learning. In addition, professional judgment also performs logical validity, which means that professional judgement analyzes the extent to which the content of measuring instruments is a representation of the aspects to be measured by utilizing blue print self-regulated learning.

### 2.4. Reliability Test

Reliability is the extent to which a measurement can be trusted. The reliability of measuring instruments in this study was obtained using the Alpha Cronbach technique with the help of SPSS 19.0 for Windows. The high and low reliability is indicated by a number, that is, the reliability coefficient. The reliability coefficient moves from 0-1.00, the closer to 1, the higher the reliability coefficient (Azwar, 2018).

Self-regulated learning scale trials were conducted by researchers on 133 students at several universities in the city of Makassar. Item selection uses the parameter of the aitem difference power index obtained through the correlation between the score of each item and the total score, so that valid items can be determined to be included as part of the research scale. Based on the results of the analysis of the self-regulated learning scale item shows an alpha reliability coefficient of 0.840. In addition, of the 24 items tested, there were 3 items that died. The fallen items are items number 3, 7 and 16.

## **2.5. Data Analysis Techniques**

Data in this study will be analyzed using nonparametric statistical analysis using Mann-Whitney statistics between pretest, posttest and follow-up results.

## **2.6. Reality therapy procedures through group counseling**

### **a. Early Stage (introduction)**

At this meeting, the therapist as the group leader introduces himself as a person who is willing to help the group members to achieve goals. The method used is lectures & games. The introduction process lasts for 25 minutes.

### **b. Transition Stage**

Activities carried out in the transition stage are explaining the activities that will be taken in the next stage, offering or observing whether members are ready to undergo activities at the next stage and increasing member participation. The time used in this stage is 15 minutes.

### **c. Opening Stages of Reality Therapy**

#### **a) Session: Problem Exploration**

In this session, the therapist assists group members in presenting problems faced today related to delays in completing the thesis and self-regulated learning.

#### **b) Session : Identify the Cause of the Problem**

In this session, participants were asked to state the reasons for the causes of the problems that participants are currently facing. The problem exploration process lasts approximately 90 minutes.

#### **c) Concluding activities at the first meeting**

The therapist closes the first meeting, by briefly explaining what will be done at the second meeting. The closing stage lasts 10 minutes.

### **d. Core Stages of Reality Therapy activities**

#### **a) Exploration "Want"**

At this stage, the therapist explores the expectations, needs and perceptions of the participants. The therapist gives participants the opportunity to assess the behavior they have been doing by filling out the "want exploration sheet".

b) Exploration of "Direction and Doing"

The "Direction and Doing" worksheet has been filled in by participants at home, so that at this meeting the therapist immediately discusses "what are the goals of his life, what he will do, and where his life will go with the behavior they are showing at this time" according to what has been written.

c) Exploration "Evaluation and Planning"

The therapist asked the participant to evaluate himself from several previous encounters. Participants talk in turns and listen to each other and complement each other's opinions.

e. Termination Stages

a) Evaluation and Follow-up

In this session, the therapist allows group members to convey impressions during therapy. And before ending, the therapist summarizes from the first meeting to the end and conveys the advantages of reality therapy forums in groups to the participants.

### 3. Result and Discussion

In this study, measurements were carried out three times, namely before the implementation of therapy (*pretest*), *after the implementation of therapy (posttest)* and *2 weeks after the implementation of therapy (follow-up)*. The description obtained during the research process is as follows:

Table 1. Description of research data

Phase	Group	Minimum	Maxim	Mean	Standard Deviation
<i>Pretest</i>	Experimen ts	54	67	58,60	5,504
	Control	55	58	56,80	1,095
<i>Posttest</i>	Experimen ts	58	78	68,40	8,502
	Control	56	72	61,60	6,348
<i>Follow-up</i>	Experimen ts	62	82	71,40	8,648
	Control	52	54	52,60	0,894

Furthermore, the results of the analysis of *Mann Whitney U* test data are in the table below:

Table 2. Test results of *the Mann Whitney* experimental group and the control group

	Pretest	posttest	followup
Mann-Whitney U	12.500	2.000	.000
Wilcoxon W	27.500	17.000	15.000
With	.000	-2.200	-2.643
Asymp. Sig. (2-tailed)	1.000	.028	.008
Exact Sig. [2*(1-tailed Sig.)]	1.000a	.032a	.008a

Table 2 shows a significant difference in the level of *self-regulated learning* between the experimental group and the control group at the time of *the posttest*. This is indicated by a score of  $Z = 2.200$  and  $p = 0.028$  ( $p < 0.05$ ). This showed that the experimental group experienced an increase in *self-regulated learning* after being given reality therapy in groups compared to the control group that was not given reality therapy. In addition, at the time of *follow-up*, there was a difference in scores between the control group and the experimental group. Where the score obtained is  $Z = 2.643$  with a significance value  $p = 0.008$  ( $p < 0.05$ ).

Based on the results of the *self-regulated learning* scale score, it can be seen that the motivation aspect has a significant increase when compared to the planning and behavior aspects. This is in accordance with the behavior raised by the subject where initially the subject did not have the confidence to be able to complete the thesis is now able to complete the thesis even though it is difficult. In addition, it was initially stated that the subject did not have an interest in working on the thesis but after therapy, the subject suggested that working on the thesis was a fun activity for him. Wolters, Printrich and Karabenick (2003) suggest that the regulation of motivation is all thoughts, actions or behaviors in which learners seek to influence the choice, effort, and diligence of their academic tasks. Motivational regulation includes self-efficacy, intrinsic values/interests, expectations of outcomes/consequences and goal orientation. In addition, Boekaerts (1996) says that many researchers agree that the most fundamental factor of self-regulated learning is the desire to achieve goals. Other personal attributes that are also involved in influencing self-regulated learning include: Awareness of self-esteem; Desire to try; Commitment; Time management; Awareness of metacognitive as well as Efficient use of strategies.

In the application of reality therapy, in groups the subject is guided in making plans to understand goals and making commitments, thus making the subject motivated to pursue targets because they understand the goals to be achieved. This is in line with the results of research conducted by Putri and Fitriani (2022) which shows that *the higher self-regulated learning in students, the higher the motivation for achievement, and vice versa, the lower the self-regulated learning in students, the lower the motivation for achievement*. This shows that the motivation of students also has an influence on improving self-regulated learning.

Far, et al. (2013) in their research suggested that group reality therapy can increase happiness in students. In line with this, Margolis, Muhlfelder & Brannigan (2001) in the results of their research explain that there are behavioral changes in subjects using reality therapy including: he will initiate friendly and continuous communication, showing that he is an important person and that he accepts and respects himself, he is responsible for his own actions and

meets his standards (for example, punctuality, concern for others and care), help in meeting his standards, they do not accept excuses for what he should do and are not capable of doing, but do not punish him incomplete work or behavior that is considered disruptive, the subject is given reinforcement and reinforces the expectation that he is able to meet those standards that made by himself, and focuses on present behavior instead of past difficulties.

## 4. Conclusion

Based on data analysis and discussion conducted in this study, it can be concluded that reality therapy through group counseling can improve self-regulated learning in thesis drafting students, especially students who are research subjects in experimental groups. Meanwhile, in the control group that was not given treatment, there was no increase in self-regulated learning and even tended to decrease. This proves that, group reality therapy can improve self-regulated learning and can be used as an alternative intervention given to increase self-regulated learning in students.

Some things that need to be refined again so that the implementation of group therapy can provide more optimal results, including the following: 1) For agencies, they should be able to apply reality therapy services through group counseling as one of the psychological services to help students who have obstacles in completing thesis with low self-regulated learning. In addition, providing follow-up services in the form of individual counseling services for students who have not experienced an increase in self-regulated learning. 2) For thesis preparation students, they can improve self-regulated learning to learn by using WDEP strategies in their learning activities correctly, realistically and responsibly so that in the future students will become people who benefit themselves and society.

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