

## The Effectiveness of Cognitive Behavior Therapy Counseling to Reduce Bullying Behavior

Sa'adah Sa'adah ✉, Mungin Eddy Wibowo, Sunawan Sunawan

<sup>1</sup>. Universitas Lambung Mangkurat, Indonesia

<sup>2</sup>. Pascasarjana Universitas Negeri Semarang, Indonesia

### Article Info

History Articles

Received:

15 March 2021

Accepted:

21 June 2021

Published:

30 August 2021

Keywords:

Bullying; Cognitive

Behavior Therapy;

Single Subject

### Abstract

Schools play an important role in shaping and developing the potentials of students, in developing the potentials of students, it is necessary to create an attractive, safe, comfortable, and conducive school climate so that learning objectives are achieved, but unfortunately the rampant behaviour of bullying causes the classroom climate to be unsatisfactory. conducive and cause problems. The purpose of this study was to test the effectiveness of Cognitive Behavior Therapy (CBT) counselling to reduce bullying behaviour in students of SMP Negeri 2 Angsana. This study used the Single-Subject Design (SSD) method with multiple baseline cross-variable patterns conducted in 11 observation sessions consisting of 3 baseline A1 sessions, 6 intervention sessions and 3 baseline A2 sessions. In conducting observations, researchers used the Goal Attainment Scaling (GAS) instrument and analyzed using visual charts. The results showed that Cognitive Behavior Therapy (CBT) counselling was able to reduce bullying behaviour.

✉ Correspondence address:

Jl Barito No 49, Kec Selat Kota Kuala Kapuas

Kalimantan Tengah, 73514

E-mail: [hjsaadah0@gmail.com](mailto:hjsaadah0@gmail.com)

p-ISSN 2252-6889

e-ISSN 2502-4450

## INTRODUCTION

School is a place to improve intelligence, knowledge, personality, noble character, and skills to live independently (Raharjo, 2010). In line with this, according to Kibui (2017) Schools play an important role in shaping and developing the potential of students.

In developing the potentials of students, an attractive, safe, comfortable, and conducive school climate must be created. According to Rahmawati, (2016) A conducive and attractive school climate can be created by respecting, respecting others, working together, and establishing good communication between teacher-students, students-teachers, and students to achieve learning objectives.

However, the rampant bullying behaviour carried out by some students causes the class climate to be not conducive and causes problems. Bullying behaviour is an intentional aggressive act or behaviour, which is carried out by a group of people or someone repeatedly and from time to time against a victim who does not can defend himself easily and as an abuse of power (Geldard, 2012)

Based on research from the Program for International Student Assessment (PISA) in 2019, the country that received the highest complaints of bullying behaviour was the Philippines at 61%. The second was the Dominican Republic at 43.9%. The third was Morocco at 43.8%. Meanwhile, Indonesia itself is ranked fourth with a presentation of 41.1% receiving complaints of bullying behaviour (Marlinda, 2019).

In line with this, there were 127 cases of complaints to the Indonesian Child Protection Commission in education, perpetrators of violence (bullying) in schools in 2018 there were 127 cases, in 2019 there were 51 cases and in 2020 there were 20 cases while the perpetrators of bullying on social media were in in 2018 there were 112 cases, in 2019 there were 106 cases and in 2020 there were 13 cases. While children in conflict with the law are perpetrators of physical violence (bullying) such as persecution, beatings, fights and others, in 2018 there were 107 cases,

in 2019 there were 121 cases, in 2020 there were 58 cases, then in the category of children as perpetrators of psychological violence in the form of threats, intimidation, and others in 2018 there were 32 cases, in 2019 there were 26 cases, in 2020 there were 11 cases (KPAI, 2020)

This bullying behaviour is caused by cognitive factors because students think they are just joking and lack knowledge about bullying behaviour (Utami, 2019). Selain In addition to Masdin, (2013) it is said that the factors that cause bullying include because they have been victims of bullying, want to show their existence, want to be recognized, seniority, cover up their shortcomings, seek attention, take revenge, have fun, often get rough treatment from other parties, want to be famous, bandwagon and the negative influence of TV shows. In line with this, according to a survey that 56.9% of children imitate the scenes of the films they watch, generally, 64% imitate the movements and 43% imitate the words without thinking about the negative impact of what they are imitating. (Zakiyah et al., 2017).

Furthermore, the impact of bullying behaviour is not only on victims and witnesses or spectators of bullying but also has an impact on the perpetrators of bullying. The impact of bullying on perpetrators according to Nurida, (2018) namely lack of harmonious relationships with peers, often involved in fights, injured due to fights, skipping school and low respect for others and teachers. Meanwhile, according to Yuliani, (2019) The impact of bullying behaviour is that students who become bullies become children who are irritable, lack empathy and have a low tolerance. according to Levianti, (2008) said that bullying behaviour's impact is a decrease in academic grades, disturbed concentration because they think about how to take revenge and embarrass other students.

Meanwhile, according to Janeiro, (2018) If the child commits physical violence or psychological violence, the perpetrator of the bullying can get sanctions in the juvenile justice process. This is in line with what was said Chrysan et al., (2020) who said that the act of bullying is a criminal act and it is necessary to

apply sanctions to children who do bullying explicitly which not only creates a deterrent effect but sanctions that can improve behaviour considering that a child is the next generation of the nation as well as the application of sanctions to children

Based on the results of interviews with guidance and counselling teachers, it was said that there was a tendency for students to experience verbal bullying, physical and psychological bullying. verbal bullying behaviour such as calling a friend's name by calling the name of an animal or the name of their parents or their parents' occupations, taunting and yelling. The form of physical bullying that often occurs in schools is hitting and throwing things. While bullying behaviour is a psychological form of looking cynically and humiliated in public. This was done because their friends joined in, for fun or joking because doing bullying behaviour could make the bullies entertained, but there was also bullying behaviour because of emotions towards other people because they didn't want to follow what he ordered and wanted to prove that he was great. and power in the class.

From the various problems presented by the guidance and counselling teacher, it can be assumed that the perpetrators of bullying are carried out because they cannot manage emotions and have wrong thoughts, students assume that bullying behaviour is carried out just for fun or joking and does not cause any impact, when in fact bullying behaviour has an impact for victims, witnesses, and perpetrators both academically, socially and legally.

From the data above, researchers need to convey that bullying behaviour in SMP Negeri 2 Angsana students needs serious attention because it has an academic, social, and legal impact. To respond to this, a counsellor at school can carry out the function of prevention and alleviation, namely the counsellor provides counselling services that are by the needs and problems of students, in this case, the problem of students is bullying behaviour. Thus, there is a need for interventions that can bridge students who experience bullying behaviour so that they

can change the wrong perception that there are actions that students take.

One of the interventions that can be applied to this research problem is individual counselling with a Cognitive Behavior Therapy (CBT) approach. Feelings of emotion and thinking that they are just joking by the perpetrators that cause bullying are due to cognitive distortions in him so that it is necessary to change irrational thoughts and beliefs with rational thoughts and beliefs that are healthier and more positive.

The main focus of Cognitive Behavior Therapy (CBT) is to assist clients in examining and structuring maladaptive and dysfunctional core beliefs Walters & Corey, (2013) . In line with this, according to Beck in Ahmad, (2019) The Cognitive Behavior Therapy (CBT) approach is a therapy that aims to change the counselee's cognitive or perception of the problem, to change the counselee's emotions and behaviour. The basic assumption of the Cognitive behaviour therapy (CBT) approach is that the behaviour displayed is influenced by cognitive processes. So, Cognitive Behavior Therapy (CBT) intervention does not only focus on changing behaviour but also intervenes in cognitive processes that affect emotions and behaviour.

To intervene in cognitive processes, the counsellor can help the counselee to monitor and oppose negative thoughts, negative automatic thoughts (NATS) that are wrong and the counselee is invited to identify and change various beliefs that cause the counselee to engage in bullying behavior (Yusuf, 2016). In addition, it can also use the ABC model from the Cognitive Behavior therapy (CBT) approach, namely A is activating or presenting events or experiences, B is a belief or presenting beliefs about A, and C is a consequence of presenting emotions or behaviours that arise to modify or produce the counselee's cognitive changes (the counselee's thoughts and beliefs) to produce emotional changes that ultimately lead to more realistic and adaptive behaviour Curwen et al., (2018).

This is in line with research conducted by Gokkaya, (2017) aims to reduce bullying behaviour among elementary school children with cognitive behaviour therapy intervention which was carried out for 13 weeks. These results indicate that cognitive behaviour therapy interventions are effective in reducing bullying behaviour. From the results of this study, it is said that bullying behaviour is caused by irrational cognition, bullies think that the perpetrators do not harm the victim and the bullies believe that other people should act like them so that in this study cognitive restructuring was applied to reduce bullying behaviour.

This is also in line with research from Muslim et al., (2019) In his research, he applied cognitive behaviour therapy (CBT) counselling to improve students' understanding of bullying. The results of the study stated that cognitive behaviour therapy (CBT) was very effective in increasing students' understanding of bullying. In this study, cognitive restructuring and changing beliefs were carried out so that it could help students increase their understanding of bullying and be able to help students avoid actions that could lead to bullying behaviour.

This is also in line with research from Selvia et al., (2017) who said that the CBT approach with cognitive restructuring techniques was effective in reducing bullying behaviour in junior high school students. Children who have bullying behaviour are invited to describe their negative thoughts and positive thoughts so that children can change negative thoughts into positive thoughts,

In line with this, the researcher focuses on counselling the Cognitive Behavior Therapy approach to bullying by looking more intensively at each process, both at the time of observation and at the time of intervention and can directly evaluate which changes have an effect and do not have an effect in reducing bullying behaviour. Thus, it is hoped that the objectives of the counselling carried out will be achieved.

## METHODS

The subjects of this study were two grade VIII students at SMP Negeri 2 Angsana who were indicated to be bullying behaviour. Both have the age of 14 years, with the initials MR and DRF subjects. MR is male and DRF is female. The instrument used in this study uses GAS (Goal Attainment Scaling) to measure individual changes based on the criteria that there are four objectives of the GAS (Goal Attainment Scaling) scale, namely the counselee can be calm and relaxed when experiencing unpleasant events, the second verbally said that he felt sorry to see other people being ridiculed because of their dignity, the third said verbally that he was sad and sad when he saw other people being hurt, the fourth stated that differences are natural because everyone has the right to be treated the same. Collecting data in this study through direct observation using the GAS (Goal Attainment Scaling) procedure. Reliability in this study is done by calculating the percentage of agreement, the reliability value obtained is 87.5%.

This study uses a single subject design with multiple cross individual design patterns consisting of 3 steps. First, baseline A1, which measures bullying behaviour before being given the intervention for 3 sessions for 40 minutes. Second, the treatment stage (intervention stage) for 6 sessions, namely, build relationships, analyze related situations, beliefs and consequences, develop plans to reduce bullying behaviour, link behaviour, emotions, beliefs and situations related to bullying problems and the last stage is performance evaluation.

The third stage is the A2 baseline phase, which is to repeat the process as the first baseline phase, which is three sessions. Data analysis was performed using visual graph analysis by considering the mean, performance level, performance trend, percentage of data overlap, and speed of behaviour change and then calculated the t-score and z-score.

## RESULTS AND DISCUSSION

The results of the GAS data show the average of the four scales, namely managing

emotions, caring, empathy and tolerance. Based on three A1 baseline sessions, the mean of all four GAS scales is -1.21 with the highest reading -0.00 and the lowest reading -1.33. Furthermore, in the four intervention sessions (B), the total mean of the scale was 0.95, with the highest number being 1.33, and the lowest being 0.67.

After that, the A2 baseline session showed that the total average of the four GAS scales was 1.13, the highest was 1.67, and the lowest was 0.67. For more details, can be seen in table 1:

**Table 1.** Description of GAS Result Data (*Goal Attainment Scaling*)

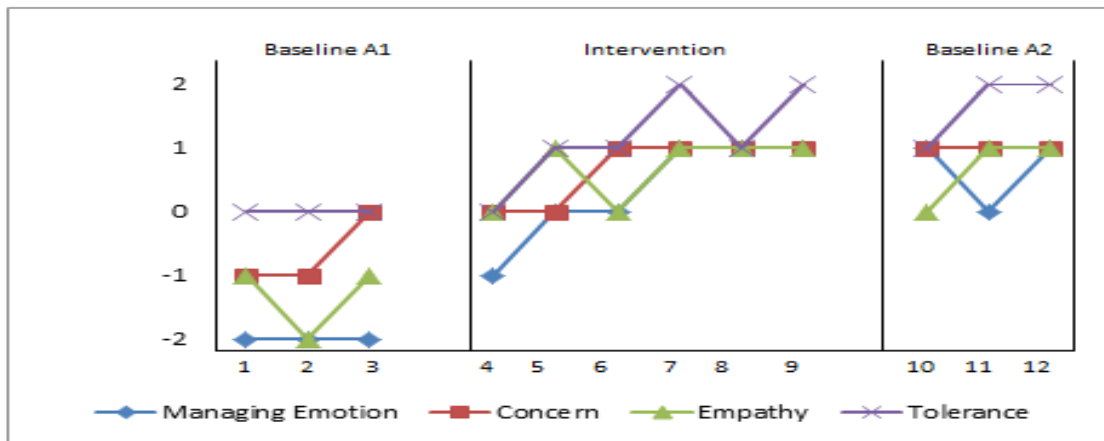
GAS Scale (bullying behaviour)	Subject	Mean		
		<i>Baseline A1</i>	Intervention	<i>Baseline A2</i>
Scale.1 Managing Emotions	MR	-2.00	0.67	0.67
	DRF	-1.33	1.00	1.67
Scale.2 Concern	MR	-0.67	0.67	1.00
	DRF	-1.33	0.83	1.00
Scale.3 Empathy	MR	-1.33	0.67	0.67
	DRF	-1,33	1.33	1.67
Scale.4 Tolerance	MR	0.00	1.17	1.67
	DRF	-1.67	1.33	0.67
Total Mean		-1.21	0.95	1.13

The results of the analysis of changes in the five scales can be seen in Figure 1 for MR subjects and Figure 2 for DRF subjects. MR and DRF subjects show a trend of performance (trend of performance) which tends to rise (ascending trend) from baseline A1. In MR and DRF subjects at baseline A2, the range stability was 33.33%.

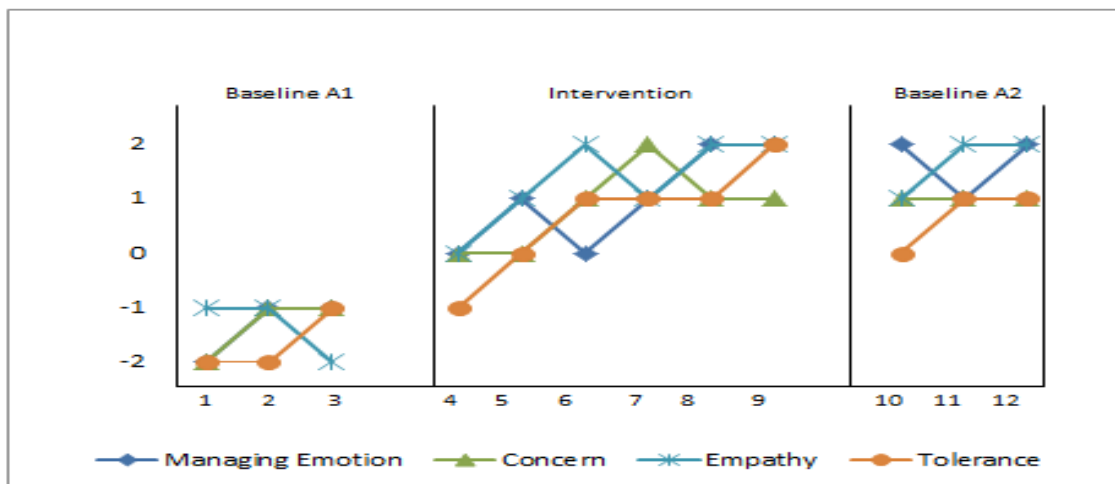
In MR subjects, the percentage of overlapping data on the comparison of the baseline A1 condition and the intervention condition was 16%. this shows that there are differences in MR subjects in managing emotions between baseline A1 and when the intervention was given.

Whereas for the percentage overlap from the intervention to baseline A2 is 33%, so it can be concluded that the influence of Cognitive Behavior Therapy counselling intervention has a good effect on the scale of managing emotions in MR subjects.

While the overlap percentage of DRF subjects in the comparison of baseline A1 conditions and intervention conditions is 0%. Meanwhile, the percentage of overlap from intervention to baseline A2 is 33%, so it can be concluded that the influence of Cognitive Behavior Therapy counselling intervention has a good effect on the scale of managing emotions in DRF subjects.



**Figure 1:** Graph of Visual Analysis Baseline A1, Intervention and Baseline A2 related to Bullying Behavior on MR Subjects



**Figure 2:** Graph of Visual Analysis Baseline A1, Intervention and Baseline A2 related to Bullying Behavior on DRF Subjects

The results of the second scale analysis are a concern for the subject of MR and DRF as a whole the trend of the graph (trend of performance) is rising (ascending trend). At baseline A1 the range stability level of MR and DRF subjects was 66.67%, the intervention phase ranged stability level was 33.337% and then in the baseline phase A2 the range stability level was 1%.

The results of the concern scale analysis on MR subjects tend a horizontal graph, this can be seen from the intervention phase to the baseline phase A2. The percentage of overlapping data in the comparison of baseline

A1 conditions and intervention conditions is 33%. Meanwhile, the percentage of overlap from intervention to baseline A2 is 1%, so it can be concluded that the influence of Cognitive Behavior Therapy counselling intervention has a good effect on the scale of concern for MR subjects.

Meanwhile, the overlapping percentage of DRF subjects in the comparison of baseline A1 conditions and intervention conditions was 0%. So it can be concluded that there is a good influence of the intervention on the target behaviour because it has a small percentage of overlapping values, while the overlap percentage

of the intervention to baseline A2 is 1% so it can be concluded that the influence of Cognitive Behavior Therapy counselling intervention has a good effect on the awareness scale. on the subject of DRF.

The results of the third scale analysis, namely the empathy scale for MR subjects at baseline A1 the trend of performance to decline (descending trend) on the second day, while in the DRF subject the trend of the graph (trend of performance) decreased (descending trend) on the second day. third. In this A1 baseline phase, the range stability level of MR and DRF subjects is 66.67%

While in the intervention phase (B) during individual counselling with the Cognitive Behavior Therapy (CBT) approach, the results of visual analysis on MR subjects can be seen the trend of graph direction (trend of performance) trend of graph direction is increasing (ascending trend) except in the third session the trend of graph direction declining trend (descending trend) while on the eighth and ninth day the trend of the chart direction no longer shows any change, either decreasing or increasing, which means that the trend of performance tends to be flat (no trend). In this intervention phase, the stability level ranges from 33.33%.

While the results of the visual analysis on the DRF subject in the intervention phase can be seen that the trend of performance tends to increase (ascending trend). the graph (trend of performance) is decreasing (descending trend), in the next session the trend of the graph (trend of performance) tends to settle down to the expected change goal with a GAS score of +2. In this intervention phase, the stability level ranges from 66.67%.

Furthermore, in the baseline phase A2, the MR and DRF subjects from the visual analysis showed a tendency for the graph direction (trend of performance) to tend to decrease after not being given Cognitive Behavior Therapy (CBT) intervention but on the next day, the trend of the graph (trend of performance) tended to increase (ascending trends). The range stability level for MR and

DRF subjects in the baseline phase A2 was 33.33%.

The percentage of overlapping data on the comparison of baseline A1 conditions and intervention conditions for MR subjects was 33% and DRF subjects were 0%. Meanwhile, the percentage of overlap from intervention to baseline A2 for MR and DRF subjects showed the same value, which was 33%. so it can be concluded that the influence of Cognitive Behavior Therapy counselling intervention has a good effect on the empathy scale on MR and DRF subjects.

As for the results of the tolerance scale analysis on the subject of MR and DRF, the trend of the graph direction (trend of performance) increases. In the MR subject, the trend of the graph is descending (descending trend) in the fifth session of the intervention, while the MR subject has a downward trend (descending trend) in the fourth session of the intervention.

In the A1 baseline phase, the stability level of the MR subject range was 1%, while the DRF was 33.33%. Meanwhile, in the intervention phase, the stability level of the MR and DRF subjects was 33,33% and in the A1 baseline phase, the stability level for the MR subjects was 33.33%, while the DRF was 66.67%.

Meanwhile, the percentage of overlapping data on the comparison of baseline A1 conditions and intervention conditions for MR and DRF subjects was 16%. As for the percentage of overlapping from intervention to baseline A2, MR subjects were 33%, while for DRF subjects the percentage of overlapping values from intervention to baseline A2 was 1%, so it can be concluded that the influence of Cognitive Behavior Therapy counselling intervention has a good effect on the tolerance scale in MR subject. Furthermore, the calculation of the T score and Z score GAS (Goal Attainment Scaling) on the five scales. The results of the T score and Z score are seen in Table 2 and Table 3.

**Table 2.** Description of Goal Attainment Score (T) Result Data on MR Subjects

Measurement	Session	Scale/Purpose				GAS Score T	Z score
		1 (w:30)	2 (w:20)	3 (w:30)	4 (w:20)		
<i>Baseline A1</i>	1	-2	-1	-1	0	34.16	-1.58
	2	-2	-1	-2	0	29.83	-2.02
	3	-2	0	-1	0	37.04	-1.30
	<b>Mean</b>	<b>-2.00</b>	<b>-0.67</b>	<b>-1.33</b>	<b>0.00</b>	<b>33.68</b>	<b>-1.63</b>
Intervention (B)	4	-1	0	0	0	45.67	-0.43
	5	0	0	1	1	57.20	0.72
	6	0	1	0	1	55.67	0.58
	7	1	1	1	2	67.28	1.73
	8	1	1	1	1	64.40	1.44
	9	1	1	1	2	67.28	1.73
	<b>Mean</b>	<b>0.67</b>	<b>0.67</b>	<b>0.67</b>	<b>1.17</b>	<b>59.60</b>	<b>0.96</b>
<i>Baseline A2</i>	10	1	1	0	1	60,08	1,01
	11	0	1	1	2	62,92	1,30
	12	1	1	1	2	67,28	1,73
	<b>Mean</b>	<b>0.67</b>	<b>1.00</b>	<b>0.66</b>	<b>1.67</b>	<b>63.43</b>	<b>1.35</b>

**Table 3.** Description of Goal Attainment Score (T) Result Data on DRF Subjects

Measurement	Session	Scale/Purpose				GAS Score T	Z score
		1 (w:30)	2 (w:20)	3 (w:30)	4 (w:20)		
<i>Baseline A1</i>	1	-2	-2	-1	-2	25,51	-2.45
	2	-1	-1	-1	-2	32,72	-1.73
	3	-1	-1	-2	-1	31,28	-1.87
	<b>Mean</b>	<b>-1.33</b>	<b>-1.33</b>	<b>-1.33</b>	<b>-1.67</b>	<b>29.84</b>	<b>-2.01</b>
Intervention (B)	4	0	0	0	-1	47.11	-0.29
	5	1	0	1	0	50.09	0.01
	6	0	1	2	1	64.40	1.44
	7	1	2	1	1	67.28	1.73
	8	2	1	2	2	75.92	2.59
	9	2	1	2	1	73.04	2.30
	<b>Mean</b>	<b>1.00</b>	<b>0.83</b>	<b>1.33</b>	<b>1.33</b>	<b>62.97</b>	<b>1.30</b>
<i>Baseline A2</i>	10	2	1	1	0	65.84	1.58
	11	1	1	2	1	68.72	1.87
	12	2	1	2	1	73.04	2.30
	<b>Mean</b>	<b>1.67</b>	<b>1.00</b>	<b>1.67</b>	<b>0.67</b>	<b>69.20</b>	<b>1.91</b>

From the table above, it can be seen that the MR subject shows a difference in the T score of GAS (Goal Attainment Scaling) with the Z score on the A1 baseline measurement with the mean T

score on the GAS (Goal Attainment Scaling) of 33.68 with a z score of -1.63. And the MR subject experienced a change in the intervention (B) or when he received the Cognitive Behavior Therapy (CBT) counselling



intervention which showed a significant change, seen from the mean score T on the GAS (Goal Attainment Scaling) which was originally 33.68 to 59.60 the difference is 2.59. Furthermore, in the baseline condition A2, MR subjects experienced an increase in the mean score T on the GAS from intervention (B) by 59.60 to 63.43 and the z score from intervention (B) from 0.96 to 1.35 with a difference of 0.39.

Meanwhile, the DRF subjects also experienced changes in the intervention (B) or when they received the Cognitive Behavior Therapy (CBT) counselling intervention which showed a significant change as seen from the mean T score on the GAS (Goal Attainment Scaling) which was originally 29.84 to 62.97 which is a 3.31 difference.

Furthermore, in the baseline condition A2, DRF subjects experienced an increase in the mean score T on the GAS from the intervention (B) of 62.97 to 69.20 and the Z score which was originally from the intervention (B) of 1.30 to 1.91 with a difference of 0.61.

Bullying behaviour in each GAS (Goal Attainment Scaling) scale experienced a decrease in bullying behaviour, although each subject showed different numbers in each phase. In the baseline phase, it can be seen that the behaviour of each GAS (Goal Attainment Scaling) scale when totalled in the T score, the highest MR value is 37.04 and the lowest is 29.83. While in the baseline phase A1, the highest DRF subject was 32.72 and the lowest value was 25.51.

Furthermore, the results of the Goal Attainment Scaling (T) data when the intervention (B) took place on each research subject were different, but both showed an upward trend of performance. In the intervention phase, it can be seen that the behaviour of each GAS (Goal Attainment Scaling) scale, when totalled in the Goal Attainment Scaling (T) the highest MR, is 67.40 and the lowest is 45.67. While in the baseline phase A1, the highest DRF subject was 75.92 and the lowest score was 47.11 when receiving Cognitive Behavior Therapy (CBT) counselling. From the explanation of the research results

above, it can be concluded that the Cognitive Behavior Therapy (CBT) counselling that has been implemented on the subject of MR and DRF can significantly reduce bullying behaviour, as seen from the difference in the z score value from the A1 baseline phase to the intervention has increased.

The results of this study confirm that individual counselling with a Cognitive Behavior Therapy (CBT) approach is effective in reducing bullying behaviour. This can be seen from the two research subjects as indicated by the change in the mean (average) from the baseline phase A1, the intervention phase, the baseline phase A2 which was carried out by the Cognitive Behavior Therapy (CBT) approach of bullying perpetrators caused by cognitive distortions so that negative core beliefs were formed.

This is reinforced by research by Mawarni et al., (2019) which says that by analyzing negative emotions and automatic thoughts and main beliefs that exist in the client can modify according to the goals to be achieved. In line with this, research from Rahmianor et al., (2020) which shows that the cognitive behaviour therapy (CBT) approach is proven to be able to reduce bullying behaviour by changing negative beliefs.

## CONCLUSION

Based on the results of graphic visual analysis using the mean, level of performance, rapidity of behaviour change, data overlap, and trend of performance of each target behaviour, it can be seen that the target behaviour of reducing bullying behaviour contained in the GAS (Goal Attainment Scale) scale can be achieved. So it can be concluded that Cognitive Behavior Therapy (CBT) counselling is effective in reducing bullying behaviour in SMP Negeri 2 Angsana students.

School counsellors can implement individual counselling with a Cognitive Behavior Therapy (CBT) approach to reduce bullying behaviour, this has proven to be able to handle these problems. Meanwhile, further

researchers can apply individual counselling with a Cognitive Behavior Therapy approach to different subjects such as victims of bullying and witnesses of bullying.

## REFERENCES

- Ahmad, E. H. (2019). Cognitive-Behavioral Therapy Untuk Menangani Kemarahan Pelaku Bullying Di Sekolah. *Jurnal Bimbingan Konseling Indonesia*, 4(1), 14–18. <https://doi.org/10.26737/jbki.v4i1.860>
- Chrysan, E. M., Rohi, Y. M., & Apituley, D. S. F. (2020). Penerapan Sanksi Tindakan Anak Yang Melakukan Bullying Dalam Perspektif Sistem Peradilan Pidana Anak. *Jurnal Hukum Magnum Opus*, 1(2), 162–172.
- Curwen, B., Palmer, S., & Ruddell, P. (2018). *Brief cognitive behaviour therapy*. Sage.
- Gerald, K. (2012). *Intervensi Praktis Bagi Remaja Beresiko*. Pustaka Pelajar.
- Gokkaya, F. (2017). Peer Bullying in Schools: A Cognitive Behavioral Intervention Program. *Child and Adolescent Mental Health*, 43 No 193(May 2017), 91–108. <https://doi.org/DOI:10.15390/EB.2018.6731>
- Janeiro, D. (2018). Pertanggungjawaban Pidana Oleh Anak Pelaku Bullying. *Lex Crimen*, VII (21), 1–9. <https://ejournal.unsrat.ac.id/index.php/1excrimen/article/view/20008>
- Kibui, D. A. W. (2017). Influence of School Environment on Students' Behaviour in Kenyan Secondary Schools. *International Journal of Science and Research*, 6(4), 2295–2300. <https://doi.org/10.21275/ART20172916>
- KPAI. (2020). Kasus Pengaduan Anak Berdasarkan Klaster Perlindungan Anak Komisi Perlindungan Anak Indonesia. <https://www.kpai.go.id/>.
- Levianti. (2008). Konformitas dan bullying pada siswa. *Jurnal Psikologi*, 6(1), 1–9.
- Marlinda, & Pratama. (2019). Bullying. *Angewandte Chemie International Edition*, 6(11), 951–952., III (Volume III), 5–48.
- Masdin. (2013). Fenomena bullying dalam pendidikan. *Jurnal Al-Ta'dib*, 6(2), 73–83.
- Mawarni, P., Sultani, & Anisah, L. (2019). Efektivitas Konseling Individual Dengan Pendekatan Cognitive Behavior Therapy (CBT) Untuk Mengurangi Perilaku Agresif Siswa Kelas VII B Di Smp Negeri 4 Alalak Barito Kuala. *Jurnal BK An-Nur: Berbeda, Bermakna, Mulia*, 5(3), 26–31. <https://ojs.uniska-bjm.ac.id/index.php/AN-NUR/article/view/2271/1921>
- Muslim, M., Neviyarni, N., & Karneli, Y. (2019). Effectiveness of Cognitive Behavior Therapy in Improving Students' Understanding of Bullying. *Journal of Educational and Learning Studies*, 2(2), 94–100. <https://doi.org/10.32698/0732>
- Nurida, N. (2018). Analisis perilaku pelaku Bullying dan upaya penanganannya (studi kasus pada siswa Man 1 Barru). *Indonesian Journal of Educational Science (IJES)*, 1(1), 25–31. <https://doi.org/10.31605/ijes.v1i1.128>
- Raharjo, S. Bu. (2010). Pendidikan Karakter Sebagai Upaya Menciptakan Akhlak Mulia. *Jurnal Pendidikan Dan Kebudayaan*, Vol., 16 No 3, 229–238.
- Rahmawati, S. W. (2016). Peran Iklim Sekolah terhadap Perundungan. *Jurnal Psikologi*, No 2(2), 167 – 180. <https://doi.org/10.22146/jpsi.12480>
- Rahmianor, H., Fariat, & Handayani, E. S. (2020). Layanan Konseling kelompok Dengan pendekatan Cognitive Behavior Therapy Mengurangi Perilaku Bullying. *Jurnal BK An-Nur: Berbeda, Bermakna, Mulia*, 6(3), 4–8. <https://ojs.uniska-bjm.ac.id/index.php/AN-NUR>
- Selvia, F., Yuwono, D., & Sugiharto, P. (2017). Teknik Cognitive Restructuring dan Thought Stopping dalam Konseling Kelompok untuk Mengurangi Perilaku Bullying Siswa. *Jurnal Bimbingan Konseling*, 6(1), 20–27.

- Utami, R. (2019). Path Analysis of Factors Affecting Bullying Behavior in School Age Children in Smpn 1 Rambipuji Jember. 110–116. <https://doi.org/10.32528/inc.v0i0.2704>
- Walters, L. H., & Corey, G. (2013). Theory and Practice of Counseling and Psychotherapy. *Family Relations*, 29(1), 133. <https://doi.org/10.2307/583738>
- Yuliani, N. (2019). Fenomena Kasus Bullying Di Sekolah. *Research Gate*. <https://doi.org/10.31227/osf.io/maqtx>
- Yusuf, S. (2016). *Konseling individual konsep dasar & pendekatan*. Bandung: Refika Aditama.
- Zakiyah, E. Z., Humaedi, S., & Santoso, M. B. (2017). Faktor Yang Mempengaruhi Remaja Dalam Melakukan Bullying. *Prosiding Penelitian Dan Pengabdian Kepada Masyarakat*, 4(2), 324–330. <https://doi.org/10.24198/jppm.v4i2.14352>