

The Effect of Rational Emotive Behavior Therapy (REBT) Intervention on Reducing Anxiety and Improving the Quality of Self-Coping of Pregnant Women in the Working Area of the Nilam Sari Community Health Center, Bukittinggi City 2015

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ABSTRACT

One indicator of the success of health services is reflected in the decline in maternal mortality. but in reality in Indonesia it is still relatively high. One of the factors that affect the health of pregnant women is excessive anxiety. The result of various studies in the world show, excessive anxiety in pregnancy adversely affect the quality of pregnancy and can lead to complications, mental health development of children. This study aims, know the effect of interventions Rational Emotive Behavior Therapy (REBT) to decrease anxiety and quality of coping pregnant women in the region Puskesmas Nilam Sari Bukittinggi 2015. The method used in this study is Quasy Experiment design non randomized pretest – post test without control with a sample of 16 pregnant women categories moderate to very high anxiety. Measuring Instruments used questionnaires Pregnancy Anxiety Scale (PSA), Pregnancy Related Anxiety Scale (PRAS), Revised Ways Of Coping Scale (WCQR), and an Intervention Module designed practicing with psychologist regarding principle of step Rational Emotive Behavior Therapy (REBT). Analysis of data using Friedman test, Wilcoxon and Marginal Homogeneity test.

Keywords: *Rational Emotive Behavior Therapy, Anxiety, Coping Self*

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INTRODUCTION

One of the main indicators of the success of health services in Indonesia is the decline in maternal mortality. One of the factors that affects the health of pregnant women is excessive anxiety. The results of various studies around the world show that excessive anxiety during pregnancy has a negative effect on the quality of pregnancy and can cause complications and disrupt the development of the child's mental and emotional health. (Larasati IP and Wibowo A (2012). WHO stated that although the prevalence of anxiety problems in pregnancy rangers from 10 to 15 % in all developing and low income countries in the world, it cannot be denied that special handling of this matter has not been well organized. (WHO as cited in Maternal Mental Health and Child Health and Development andmiddle Income Countries (2008).

Pregnancy is a transition period in a woman's life process, characterized by physiological, cognitive, emotional and social changes, so it is normal for pregnant women to often worry about the future. However, it needs to be underlined that this worry can contribute to excessive anxiety, which can affect birth and have a big impact on the baby's growth and development. (Guardino et al (2014), Texeria J and Glover W (1999), Leigh B and Milgrom (2008), Michelle Haring et al (2013). Women who suffer from stress and anxiety when their pregnancy enters the third trimester will experience an increased risk of congenital abnormalities in the form of failure to close the cleft palate, the risk of caesarean section surgery, instrumental delivery, premature birth, giving birth to a baby with a low birth, giving birth to a baby with a low birth weight and in the long term it is related to disorders children's behavior and emotions. (Elsevier Mosby and Louis Missouri (2005), Ellis, Albert and Larrent CM (1998), Froggat (2005), Mottaghipour, B (2005)).

The results of research on 230 primigravida subjects showed that anxiety stems from three problems namely : (1) Worries related to the birth process. (2) Worries related to physical and mental defects of the fetus. (3) Worries related to functioning as a parent. (Leigh B and Milgrom (2008)). In Indonesia, in reality, midwifery services in the field show minimal psychological care serves for pregnant women. Anxiety problems are generally rarely detected properly in pregnant women in every corner of health services and are not even detected at all because they are rarely asked about. Midwives are tasked with providing care for basic needs during pregnancy, and have been equipped in their education on how to provide care for the basic needs of safety and comfort to pregnant women from physical and psychological aspects. However, it cannot be denied that in the procedures for providing care, mental health problems are rarely ask about and detected.

Midwives should pay attention to this aspect and carry out their care well because midwives study communication and counseling. Counseling efforts that are commonly found in pregnant women so far are only recommendations from the results of physical examinations and general recommendations for the needs of mothers during the first trimester of pregnancy. Not carried out based on additional recommendations based on the needs of pregnant women from a psychological perspective such as the condition they feel, efforts to reduce anxiety so it seems that this aspect is not paid enough attention and there is no better program for handling it.

One of which was seen at the Nilam Sari Health Center, Bukittinggi City, where the results of observations of every pregnant woman who had a pregnancy check-up, 8 out of 10 pregnant women stated that they often experienced anxiety in dealing with their pregnancy, the service regarding this was considered to be poor or even non-existent at all. They were asked and noticed that they had empathy. It is felt that there is less attention to mental health, more focus on observation and physical examination. Excessive worry and anxiety during pregnancy is a result of irrational thoughts that pregnancy is a result of irrational thoughts that pregnant women believe in themselves.

Excessive irrational thoughts, sometimes without them realizing it, are not always proven in reality, but they really believe it. If a pregnant woman has excessive irrational thoughts about her pregnancy and the things she is going through, it will cause increased

anxiety and anxiety. So anxiety tends to increase. If anxiety increases, pregnant women's self-coping tends to become mal-adaptive, namely the inability to overcome challenges or problems faced with things that are inappropriate and negative. This was also confirmed by Stuart (2009) who stated that the efforts a person can make to adapt to stressors also depend on how coping they have. Coping is described as a strategy that a person uses to overcome everyday situations or extraordinary situations in their minds and environment. (Elsevier Mosby and St. Louis Missouri (2005)).

Ellis stated that all forms of emotion and behavior of a person are the result of the interpretation of any thoughts (cognitive assumptions) that exist within a person that they believe in and sometimes without realizing it they adopt irrational thoughts or beliefs that are developed by the individual themselves. In general, thoughts are outside of consciousness. thoughts are habits that automatically consist of basic rules about how to live life in the world. with practice, humans can explore thoughts that are below their conscious mind. based on this opinion, Ellis developed a therapy called REBT to help people change their irrational beliefs to be more rational by disputing these irrational thoughts so that individuals are able to change them into rational thoughts. REBT is an approach to help clients create a new philosophy of life that is more effective and in line with changes in the individual's way of thinking so that it ultimately also has an impact on changes in emotions and behavior (cognitive, behavior, emotive). By teaching clients to challenge their wrong ways of thinking, emotions and behavior by debating and fighting against the cognitive aspects of a person from negative thinking to positive thinking. because cognition, emotions and attitudes in humans are simultaneous and interdependent, not running alone. just as no one thinks of irrational things without being followed by anxious emotions and unstable attitudes.(Michelle H et all (2013), Ellis A and Larrent CM (1998), Froggat (2005)).

Although there are still few studies that test this intervention in managing psychological problems of pregnant women in particular, citing several advantages of Rational Emotive Behavior Therapy intervention, it is felt that it is very necessary to test it in obstetric services in the problem of anxiety in pregnant women. Given that anxiety in pregnancy has a negative impact on the survival of the mother and baby in the future. Therefore, it is necessary to test whether there is an effect of Rational Emotive Behavior Therapy intervention on reducing anxiety and increasing the quality of self-coping of pregnant women starting from a structured reference so that this process is expected to provide complete results.(Michelle Haring (2013), Lukens Mc Farlane (2004)).

METHOD

This study is a quasi-experimental study with a nonrandomized pretest-posttest without control group design, which is a design that treats one group without a comparison. The effectiveness of the treatment is assessed by comparing the post-test and pre-test values. The pretest and posttest without control research design is a design commonly used in research where the purpose of this study is to determine the effect of REBT psychoeducation on reducing anxiety and the quality of self-coping of pregnant

women. Zimney stated that psychological experiments are objective observations of a phenomenon that is made to occur in a strictly controlled condition, where one or more factors are varied and other factors are kept constant. The research design used according to Cristensen (2004) is a single case research design, namely a design that is only used for one subject or one group of subjects to see the effect of treatment in experimental research. Researchers focus on one group of subjects consisting of 16 people without a control group. Because the subjects given more than one treatment, the results are compared using graphs as the condition of the subject.

The type of design used in this research is the changing criterion design, namely data collection with measurements in the baseline phase followed by the treatment phase, which is described in the following table :

Table 1. Data Collection Changing Criterion Design With Measurements In The Baseline Phase

B			T										
M1	M2	M3	T1	T2	M4	T3	M5	T4	M6	T5	M7	T6	M8

Information :

B : Baseline phase

T : Treatment phase

M1,M2,M3 : Measurement at baseline phase

T1,T2,T3,T4,T5,T6 : REBT Treatment phase

M4, M5,M6,M7,M8 : Measurement at Treatment phase

The baseline phase here aims to measure the median of the mother's anxiety score between the first and third measurements. because even though there is a standard in this rational emotive behavior therapy intervention, we as intervention providers have a starting point, and for each line of mothers, the needs are different. The baseline phase is carried out once every three days, 3 times. or once every day until the calculation of the 5th day. so it depends on the needs because to meet the needs of the mother's care, they differ in terms of their level of anxiety. The baseline measurement time span is longer than the treatment time so that the behavioral changes that occur are purely due to treatment, not due to maturation or history.

FINDING AND DISCUSSION

This study used a Quasi Experimental Without Control design that compared the anxiety scale, self-coping of pregnant women before and after the Rational Emotive Behavior Therapy intervention. This study began with the initial sampling after inclusion on October 22, 2015, and the baseline phase began on October 23 to November 6, 2015, by measuring the anxiety scale 3 times in a span of 3 weeks. The supervision period for training, module creation and REBT Psychoeducation intervention trials was previously carried out by a Psychologist, starting with the intervention on November 17 to December 8, 2015 at the Nilam Sari Health Center, Bukittinggi City, West Sumatra. This study was

conducted on pregnant women aged 24-34 weeks with moderate to very high levels of anxiety. conducted door to door or directly to the subject's residence. The table below is the result of the characteristics of the respondents.

Table 1: Respondent characteristics

Respondent characteristics	(n=16)
1.Age	
< 20	0
>20-35	11
>35	5
2.Parity	
Primigravida	6
Multipara	8
Grandemultipara	2
3.Education Level	
<Senior High School	13
>Senior High School	3
4.Occupation Level	
Working	5
Not working	11
5.Past Pregnancy Discomforts	
There	12
there are none	4
6.Cultural Influence	
is there	0
not	16
7. Income	
smaller than UMR	
more than UMR	
8. Baseline Phase Anxiety	
very low	0
low	0
medium	5
high	8
very high	3

*Descriptive Statistics

From the table above, it is known that in the characteristics of the research respondents, more than half of them have a reproductive age, namely 20-35 years, a total of 11 respondents and with multipolar parity, a total of 8 respondents. have a senior high school education level of 13 respondents and have an income equivalent to the regional minimum wage, which is 14 respondents. Most respondents, which is 12 respondents,

have unpleasant experiences during pregnancy, either in the current pregnancy or previous pregnancy experiences. There is no cultural influence that makes them anxious in facing their pregnancy. More than half of them have high baseline anxiety, which is 8 respondents.

In direct observation, respondents have high anxiety scores, especially in respondents who are at high risk > 35 years in undergoing pregnancy and have had unpleasant experiences in undergoing previous and current pregnancies. Anxiety disorders can occur at any level of age development. Age affects a person's psychology, but does not guarantee a person's maturity in responding to what they experience wisely. It should be that the older you get, the better your level of emotional maturity and ability to deal with various problems.

Education in general is useful in changing thinking and behavior patterns and decision making. influences awareness and understanding of stimuli, makes it easier to identify internal and external stressors. People with low socioeconomic levels often experience psychological disorders. Income is influenced by a person's type of work so that he can meet the needs of himself and his family. Early experiences are very valuable experiences which have an important influence on mental health and ability to deal with the same stressors. Thus, researchers assume that this is a factor that triggers anxiety in pregnancy, which gives rise to irrational thoughts that give rise to anxiety, and self-coping tends to be more adaptive or unable to defend oneself against situations or conditions as well as any thoughts in a positive direction in responding to them. This is in line with Guardino C and Dunkel S (2014) regarding Understanding pregnancy anxiety concepts correlates and consequences.

Table 1.2 : Differences In Anxiety Scores Of Respondents Before And After Rational Emotive Behavioral Therapy (REBT) Intervention

Anxiety	PRETEST - POSTTEST MEASUREMENT								mark p*
	Baseline phase I	Baseline phase II	Bseline phase III	session II	session III	session IV	session V	session VI	
PSA									< 0,001
Average	46,4(9,1)	45,7 (9,1)	45,6(9,0)	42,4 (9)	38,6 (8,2)	30,9 (5,7)	26,4 (5,6)	25,2(2,7)	
Median	47,5	47,5	46,5	42,5	38	29	24,5	24	
Range	35-63 (a)	35-62 (a)	35-62 (a)	31-60 (b)	28-52 (c)	25-47 (d)	24-47 (e)	24-35 (e)	
PRAS									< 0,001
Average	29,5 (3,4)	29,3 (2,3)	29,1 (3,)	28,5(2,8)	27,3(2,2)	25,13(2,4)	23,5(2,2)	21,31,6)	
Median	28	28	28	28	27	25	24	21	
Range	26-38 (a)	26-37 (a)	26-37 (a)	26-37 (a)	24-32 (a)	21-31 (b)	20-28 (b)	20-26 (c)	

Ket : *) Friedman's chi square test
 PSA : Pregnancy Scale Anxiety
 PRAS : Pregnancy Related Anxiety Scale
 Abcde : median Wilcoxon test

From the table above there are differences in the mean, range and median anxiety scores from the PSA and PRAS tests before and after the intervention, namely from baseline I to post-intervention. The results of the median calculation followed by the same letter in the baseline direction show that there is no significant difference based on the Wilcoxon test. For the Pregnancy Scale Test (PSA) score there was a decrease in the score from a median of 47.5 in the baseline phase I (before the intervention) to 24 in the observation session IV (after the intervention). This score of 24 is classified as a low anxiety category. Likewise for the median score of the Pregnancy Related Anxiety Scale (PRAS) there was a decrease from a score of 28 to 21 which is classified as a low anxiety category. so it can be concluded from the Friedman Chi-square Test that this intervention has a significant effect on reducing the anxiety score of pregnant women.

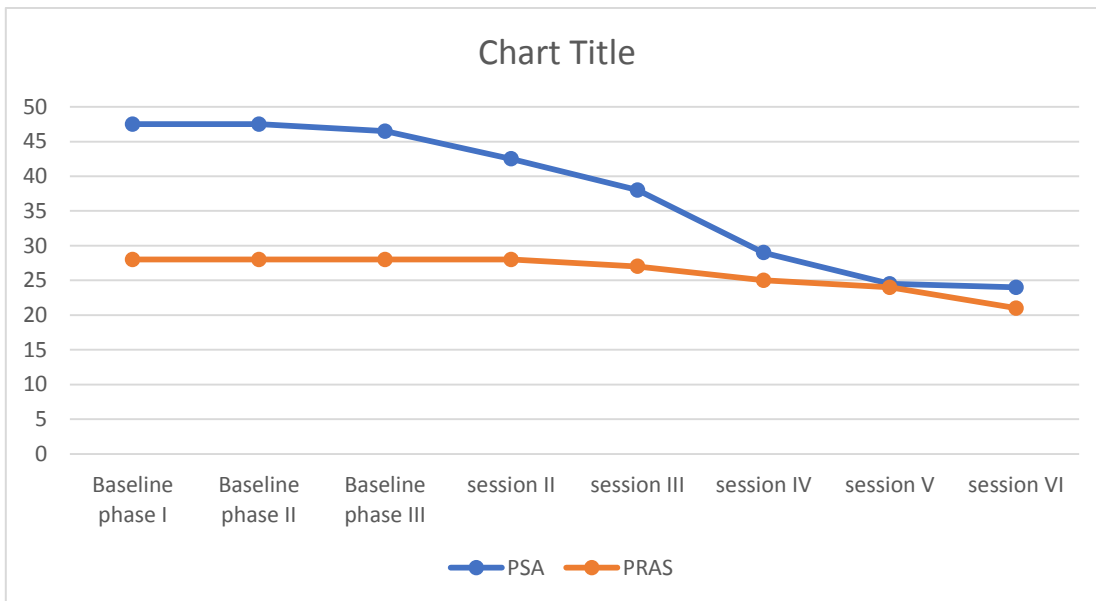


Figure I : Changes in median PSA and PRAS scores

In the image above, the change in the PSA median score line before and after the intervention is visible. The median that started with a score of 47.5 became 24. It can be concluded that there was a change in the anxiety score from high to low. Likewise, the PRAS median score line shows a change from a score of 28 to 21, which means there was a change in the anxiety score from medium to low.

The results of this study indicate that there are statistically significant results if the REBT intervention has an effect on reducing anxiety in pregnant women. In this study, it was found that mothers feel anxious because of concerns related to the delivery

process, physical and mental disabilities of the fetus, and concerns about their function as parents which are irrational thoughts and have influenced their emotions, attitudes, and behavior. This is in line with the results of a meta-analysis study in the United States of 230 primigravida subjects from various countries of origin, showing that anxiety stems from three things, namely concerns related to the delivery process, concerns related to physical and mental disabilities of the fetus. A summary of five studies from around the world states that women who experience excessive stress and anxiety when their pregnancy enters the third trimester will experience an increased risk of congenital abnormalities in the form of failure to close the cleft palate, the risk of cesarean section, complications of childbirth, instrumental delivery, premature birth, giving birth to babies with low birth weight, and in the long term is associated with behavioral and emotional disorders in children.

Table 1.3 Differences in The Quality Of Self-Coping Before And After Rational Emotive Behavior Therapy (REBT) Intervention

Self Coping Quality	REBT Intervention			OR (IC 95%)
	Pre Intervention	Post InTevention	p value	
Adaptive mall	16 (100%)	2 (12,5%)	< 0,05	29 (1,73-
Adaptive	0	14 (87,5%)		485,91)

***)Marginal Homogeneity Test**

***) OR = Odds Ratio , Confidence Intervalinterval**

In the table, there is a difference in the quality of coping before and after the intervention. For the quality of self-coping before the intervention, all respondents had maladaptive coping quality, amounting to 16 respondents. After following the intervention, 87.5%, namely 14 respondents, experienced an increase in the quality of self-coping to adaptive. This is also reinforced by the results of the marginal homogeneity test as significant ($p < 0.05$), so it can be concluded that there is a difference or increase in the self-coping of pregnant women after undergoing REBT intervention. REBT has a significant effect on improving the quality of pregnant women's self-coping. Pregnant women's self-coping can increase 29-fold after the intervention is given, with a lower limit value to an upper limit of 1.73 - 485.9.

Maladaptive coping mechanisms are efforts made by individuals to solve problems due to stressors or pressures that are positive, rational and constructive. Adaptive coping mechanisms are efforts made by individuals to solve problems due to stressors or pressures that are negative (irrational beliefs), detrimental and destructive and individuals cannot solve problems completely.

CONCLUSION

From the results of the study and discussion, it can be concluded that there was a decrease in the anxiety scores of pregnant women after rational emotive behavioral therapy intervention. There was an increase in self-coping of pregnant women after rational emotive behavioral therapy intervention. The effect of rational emotive behavioral therapy intervention is also strengthened by the change in irrational beliefs into rational beliefs. Maternal anxiety decreased after pregnant women were able to train themselves to think logically and rationally in undergoing their pregnancy. This is in line with Albert's opinion which states that what needs to be changed by individuals to overcome emotional and behavioral problems is the existence of irrational beliefs developed by the individual themselves. In general, beliefs are beyond consciousness. Beliefs are habits or automatically consist of basic rules about how to live life in the world. With practice, humans can explore the beliefs that exist in their subconscious.

REBT intervention can help someone change irrational beliefs into more rational ones. REBT is a cognitive behavioral therapy to help individuals make changes to their own quality. These changes are not only in real behavior but also in the underlying thoughts, beliefs, assumptions, beliefs, and attitudes that result in emotional disorders, and can be applied to various types of mood disorders and anxiety disorders. The basic assumption of the cognitive and behavioral approach is that there is a mutually influential relationship between cognitive processes (what is thought) and what is felt (emotional experience) with physiological responses and behaviors experienced. In the study, it was found that it is true that anxiety itself originates from a person's negative or irrational cognitive thinking and perception. So when it is irrational, negative perceptions, attitudes and feelings will arise as well as excessive feelings due to misinterpretation and affect a person's affective. If so, anxiety will arise and self-coping will automatically become maladaptive. (Ellis A and Larrent CM (1998), Forggat (2005),

If a situation that occurs in the surrounding environment is interpreted negatively by someone, it can cause irrational and unrealistic thoughts. so that they will experience various negative feelings and attitudes. these irrational thoughts cause anxiety and self-coping becomes maladaptive. If someone has positive beliefs about the situation and their environment, they will face the situation with adaptive and quality coping strategies and solve their problems. Belief is an important psychological resource such as belief in destiny (external locus of control) which leads individuals to an assessment of helplessness which will reduce the ability of coping strategies that focus on solving problems. with positive beliefs, individuals are able to solve problems including the ability to seek information, analyze situations, identify problems with the aim of obtaining alternative actions then consider these alternatives in relation to the desired results, and finally implement the plan by taking appropriate action. Coping is said to be successful if the coping carried out can return the individual to the condition before experiencing stress. Effectiveness in reducing psychological distress. Coping is said to be successful if the coping carried out can reduce anxiety and depression in individuals.

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