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THE IMPACT OF SOLUTION-FOCUSED BRIEF COUNSELLING TOWARDS THE DECREASE OF ACADEMIC PROCRASTINATION AMONG GRADUATE STUDENTS

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ABSTRACT

Considering the trend of mal-adaptiveness in academic procrastination among students, the anxiety to fail, denial orientation, and lacking of effort, solutions are needed to overcome the problem. One of the ways to reduce academic procrastination is counselling. This research focused on the Solution-Focused Brief Counselling (SFBC). This experimental research aims to observe the impact of solution-focused brief counselling towards academic procrastination of students. The hypothesis proposed that the level of academic procrastination will be lower after following the solution-focused brief counselling. The result proved that such hypothesis is accepted. The experimental design in this research employed one-group for pre-test and post-test. The participants of this study were 6 active graduate students with high score of academic procrastination. The Wilcoxon test obtained the value of $Z = -2.207$ ($p < 0.05$) with the mean score of academic procrastination before counselling for 31.33 and after counselling for 23.33 with the average gap of 8. This indicates that the score of academic procrastination is lower than before. There was no difference on level of procrastination after the counselling and the follow-up stage. This finding is supported by the value of coefficient $Z = 0.420$ ($p > 0.05$). This also indicated that the impact of solution-focused brief counselling can be maintained for two weeks after the termination of counselling process. Based on the research finding, solution-focused brief counselling is recommended as one of the intervention to reduce academic procrastination among the students.

Keywords: *Academic Procrastination; Solution-Focused Brief Counselling; Students.*

In order to graduate and to get degree from the study, students in university are expected to complete their academic tasks. In addition, university students are required to finish their assignments punctually as targeted by the institution and the lecturers. In fact, not all students are able to carry out the duties on time. Some of the causes are difficulties in completing the academic tasks, students having another activity outside campus, and some other reasons. The phenomenon of delaying academic assignments is known as academic procrastination. Several experts gave various definition of procrastination. Schouwenburg (1995) defined procrastination as the behaviour of delaying tasks. Whereas, Solomon and Rothblum (1984), described procrastination more specifically as a wasteful act of postponing a duty that may result on discomfort. The research findings of Goroshit (2018) stated that academic procrastination is negatively correlated with the final examination score. Those findings confirmed the need of intervention to reduce the prevalence of academic procrastination among the students.

Solomon and Rothblum (1984) stated that the followings are the academic areas where students commonly commit procrastination: First, writing tasks, including detaining the obligation in the area of writing such as making papers, writing final assignment, and other writing tasks. Second, studying, including studying for examination such as mid exam and final exam. Third, reading tasks, including delaying to read books, journals, or other reference related to academic assignment. Fourth, administrative tasks, including enrolling for attendance practical work, and returning books to the library. Fifth, attending academic meeting, including the delay or lateness in attending a lecture, practical work, etc. Sixth, overall academic performance, i.e. delaying most academic activities and tasks.

Solomon and Rothblum (1984) added that the followings are the characteristics of academic procrastination. Delaying until the last minute to start an activity and to complete an assignment. The person who commits procrastination realize that the task should be accomplished and the completion will be beneficial for him or her. However, he or she will be delaying to start the work and to finish the tasks completely. Procrastinators have difficulties to carry out a job based on the deadline that has been decided by other people or based on the target of his or her personal planning. The person may have planned to start doing the work based on the deadline that he or she has decided. Nevertheless, when the due date comes, he or she was unable to manage the work, which finally resulted on lateness or failure to complete the work accordingly.

Then Solomon and Rothblum (1984) add causing troubles to the individuals. A procrastinator is aware that he or she is facing important tasks but he or she intentionally delay the work frequently that finally leads to problem such as emotional discomfort such as anxiety and guilty feeling. Such kind of feeling is subjectively felt by the procrastinator.

Zeenath and Orcullo (2012) found that students who experienced academic procrastination were influenced by the personal characteristics of the students, teaching style of the lecturers, time management issue, lacking of motivation, and the influence from the peers. Noran (2000) explained that students are more interested to pursue recreational activities such as watching films with friends rather than doing a more important work such as studying to prepare for the examination. The research findings of Pradinata and Susilo (2016) proved that there was negative correlation between social support from the peers and academic procrastination among students who are completing final undergraduate thesis. Whereas, the study from Ursia, Siaputra & Sutanto (2013) found that self-control had negative correlation with general procrastination and procrastination to finish undergraduate thesis among the students.

Considering the trend of mal-adaptiveness in academic procrastination among students, the anxiety to fail, denial orientation, and lacking of effort (Abramowski, 2018), solutions are needed to overcome the problem. One of the ways to reduce academic procrastination is counselling. This research focused on the Solution-Focused Brief Counselling (SFBC). SFBC is a counselling that focuses on the objective and future expectation in short process of time. This counselling approach is developed by Steve De Shazer and Insoo Kim Berg (in Visser, 2013). It

emphasized on searching solution, positive self-quality, and past success of the client. The counsellor motivated the client to continue doing positive behaviour and experience to empower the client (Corey, 2012).

SFBC is a competence based approach with the emphasis on the strength, success and directing the client to the expected future (Lutz, 2014). The approach of SFBC is in line with positive psychology, which emphasises on the welfare, optimal functions, positive experience, and positive characters. The counsellor believed that the clients have the ability to make themselves prosperous. Thus, the dialogue between the clients and the counsellors is centred on the capability and the strength of the client. In addition, the counsellor enhanced the ability and the positive characters of the clients (Lutz, 2014).

Daki & Savage (2010) in the meta-analysis study convinced that SFBC is effective to be implemented in the educational setting such as counselling for students, teachers, and parents as well as class management. Fadilah and Setiawati (2015) conducted SFBC to improve the self-openness among junior high school students. The findings proved that the treatment of SFBC increased the self-openness of junior high school students. Kok-Mung Ng, Parich & Guo (2012) found that the integration of person-centred skills and guided imagery into Solution-Focused Brief Therapy with a Chinese female college student who was experiencing emotional distress due to relationship loss. Farrington, McCallum & Skinner (2011) research also focused on the implementation of SFBC for academic intervention in the school setting.

Franklin (in Lutz, 2014) summarized the principles of SFBC. The first is SFBC focuses on the solution rather the problem analysis. The focus of the counselling is on the expected future of the client (Visser, 2013). Thus, the counsellor directs the client to continue useful behaviour for the client. In addition, the counsellor need to remind the client that the problems do not occur at all times and there is exception or the time when there is no problem. The collaboration between the counsellor and client should be done to find various alternatives in the unexpected patterns of behaviour, thinking, and interaction so that the counsellor and client can work together to rebuild the new pattern. It is important to note that small success will contribute to the bigger achievement. The solution does not have to be directly related with the problems encountered by the client and the counsellor. Moreover, the dialogical skill of the counsellor is significant in finding solution together with the client.

Guterman (2013) argued that SFBC's principles focused on solutions, client and counsellor collaboration approaches, small changes that produce major changes, emphasis on counselling processes, open to eclectic, concise and brief counselling designs, and respect for diversity of values individual cultural values.

Steve de Shazer et al. (in Walsh, 2010) mentioned the main principles in solution-focused therapy. The dynamics of problems should be seen in the perspective of interpersonal relations. Thus, the purpose of counselling is to make clients to do different ways to achieve their goals. The counsellors should view the clients as experts in solving their problems. In this case, resistance is seen as the way the client communicates with the counsellor. Giving meaning

towards a behaviour is valued as important thing to avoid labelling. Finally, the goals must be made small and achievable because small changes may lead to major results.

The followings are the most commonly used techniques in SFBC (Kotler & Shepard, 2011):

Miracle question

"If a miracle happens and your problem is gone, what will change? or what will be different? and how will you know it?". This technique requires counsellor to invite client to clearly imagine his or her self-condition when the problem is solved. The answer from the client contains way out or strategies to solve the problems that will become materials of discussion between the counsellor and the client. The miracle question technique aims to identify solution and existing resources as well as to clarify the client's objectives in a realistic manner. This technique can be used in the first and the following session (O'Connell in Palmer 2011).

Pretending

This technique requires the client to do the opposite way. For example, when the client wishes to reduce the body weight, the counsellor will ask the client to increase the body weight instead. This technique will lead to some condition. Firstly, when the client gained weight then the counsellor can observe that the client has the ability or indication to reduce the weight. the second possibility is the client will consider the counsellor as illogical and the client will have stronger commitment to reduce the weight.

Exception Finding

Counsellors and clients together find out when the problem does not arise. The situation when the problem does not appear is an indication that the client has a solution in managing or resolving the problem. Counsellors help clients to recognize the various methods that have been done so that problems can be managed or resolved properly.

Scaling question

The counsellor invites the client to measure the changes that have occurred throughout the counselling process regarding the achievement of the client's goals. This technique also helps clients determine the steps in achieving change. For example, *"mention 1 or 2 things you want to do this week to increase or decrease 2 points?"*.

Task assignments

The counsellor will ask or assign the client to repeat the method found in "exception finding". The counsellor holds the principle that the tasks that the client does are in accordance with the client's goals and abilities.

The SFBC process is divided into 3 outlines (O'Connell, 2001), i.e.: First, problem talk. Counsellors pay attention and listen to client problems. The things the counsellor does in this process, namely recognizing and justifying client problems; ask the client to summarize the problem in one word and describe the words in the sentence; turning problems into goals; using

operational descriptions/concrete descriptions rather than labels; flexible in the style of counselling; and redefining the problem.

Second, future talk. The counsellor invites, supports, and reinforces the client's positive behaviour. The counsellor strengthens the future orientation during the dialogue process in which the client wishes to be involved. Clients may not be able to maintain a future perspective for a long period of time because clients tend to dwell on the causes of problems or feelings and thoughts caused. When the client is involved in dialogue (solution oriented), the counsellor follows the client's dialogue process by guiding him or her using the miracle question or scaling technique.

Tirth, strategy talk. The talk strategy stage occurs after the client knows the goals or expectations in the future. This stage explores as many steps as possible to reach the destination. The steps obtained are based on the steps that the client has done successfully in the past. The strategy used by the counsellor is based on the principle of utilization. Zeig and Munion (O'Connell, 2001) explained the principle of utilization as a counsellor's effort to use various things that are brought by clients during the counselling process, such as unconsciousness, awareness, resources, experience, abilities, hobbies, relationships, attitudes, problems, and shortcomings.

The process of SFBC according to Lutz (2014) are as follows. First, recognizing the strength and resources of the client. In the early stages, the counsellor begins by recognizing the strengths and resources that the client has, such as positive character, talents, or important figures in the client's life which are important sources of helping the counselling process. This initial stage is important for building relationships between clients and counsellors. Counsellors can use several methods, such as problem-free talk. Clients get time to tell about their strengths, talents, positive character, and successes that they have achieved. The next way is to thank the client and give complimentary for positive things or the client's successful experience in dealing with problems.

Second, determining the counselling goals. The determination counselling goal is done by making agreement between the client and the counsellor. This can be done by asking about the situation that the client expects to have in the future. Goal determination can help improving the process and success of counselling and strengthening client-counsellor relations. The purpose of counselling must be realistic, specific, achievable (small scale), operational, positive, and using proactive sentences. The counsellor helps clients to determine their goals using the miracle question technique. Scaling techniques can help the clients to develop the steps in achieving counselling goals.

Tirth, end of the session. The counsellor gives compliments for the assignments given to the client at the end of the session. The compliment is focused on the positive behaviour of clients such as for meeting the counsellors, for focusing on positive characters, or for cooperating in the counselling process. The last part of the session can also be used by counsellors to advise

clients to continue the action or activity that has been successfully helping clients, observing positive changes that occur, and taking small steps to achieve the desired goals of the client.

Guterman (2013) made a different stage, namely the implementation of pre-treatment change before entering the first session. Guterman stated that positive changes had taken place during the time the client had decided to conduct an initial consultation and meeting. Pre-treatment change can be done in the context of the counsellor already or have not heard the explanation of the problem from the client. This method will trigger the achievement of goals and faster resolution of client problems. Counsellors use exception techniques at the pre-treatment change stage. Clients are able to identify exceptions that are a sign of achieving goals and solving client problems.

The first session of counselling consists of understanding problems and setting goals, recognizing and strengthening exceptions (conditions when the client is free from problems or still having problems at a low level), and arranging tasks. The stage of understanding the problem can begin with the counsellor's question to the client, such as, "what prompted you to come to see me?" Or "what problems do you have that made you decide to come to see me today?". Another way to understand the problem is by doing problem talk, the client tells about the problems he is experiencing without interruption from the counsellor. The second way is to map the effect of the problem in which clients are invited to recognize the effect of problems on themselves.

The next step is to make a goal. One concept that can be used is the SMART method (specific, measurable, achievable, relevant, and time-based). If the client has not been able to make a goal, the counsellor and the client use an exception technique. Exception techniques help clients deal with their problems. The counsellor reinforces the client's behaviour that finds an exception with a certain set of questions, both those that have already occurred and have the potential to occur.

It is important to set goals that are operational and concrete (Perry, 2010). Operational and concrete goals help clients reach goals so that they increase expectations and then are able to increase the motivation of clients to keep trying. One method of determining goals is SPAMO (specific-not blurred or general; positive-what the client wants; achievable-the client is able to achieve goals independently; measurable; observable).

The next step is to arrange the task. This stage is given after the counsellor summarizes the counselling process, such as things the client has achieved (understanding the problem, setting goals, finding exceptions) and giving awards to the client. The tasks that the client does are based on the results of the previous process. For example, the counsellor asks the client to observe the things that happen so that the client can achieve the goals that have been prepared in the counselling process, starting from the completion of the session and the next session. The second and subsequent session stages consist of evaluating the effectiveness of the tasks carried out by the client as well as re-evaluating the problems and objectives. This keeps the client focus always solution-oriented so that changes continue to occur.

This study aims to examine whether there is an effect of SFBC on the decline in academic procrastination. The hypothesis proposed is that there is an effect of SFBC on the decline in academic procrastination. Academic procrastination after getting SFBC intervention was lower than before getting intervention.

METHODS

Solution Focused Brief Counselling

SFBC is a counselling approach that focuses on the strength of the client which includes the positive character and success that the client has achieved. SFBC was compiled based on 3 theories namely O'Connell (2001), Lutz (2014), and Guterman (2013). SFBC focuses on the expectations that clients want in the future and solutions to problems. Counsellors and clients collaborate in the process of helping solutions and creating small steps that are believed to lead to major changes. The techniques used in SFBC include miracle questions, exceptions, scaling and task assignments. The KSFB stage consists of 3 meetings, which include: meeting 1 free talk problem, the counsellor invites the client to recognize the various positive qualities and successes that the client has achieved, then the client determines the problems and expectations of the counsellor, identifies the client regarding problems or expectations (pre-treatment change) and steps - steps to reach expectations. The second and third meetings of the client and counsellor conduct a review of the previous meeting, recognize and evaluate positive changes related to expectations and evaluate the steps taken in achieving positive change changes to achieve expectations.

Academic procrastination

Academic procrastination is a postponing behaviour of academic duties. In this study, academic procrastination was measured using the Procrastination Assessment Scale for Student (PASS) developed by Solomon and Rothblum (1994), which had various aspects i.e. writing assignments, learning ahead of examinations, reading, administrative assignments, attendance and general academic assignments. High PASS scores also indicate high academic procrastination, while low scores indicate low academic procrastination.

Research participants

The research participants were 6 students, with the ages 20 to 45 years, active students in the Psychology Masters program and conducting academic procrastination in the medium and high category.

Research design

Table 1. The experimental design in this study was one-group pretest-posttest.

Pre-test		Post-test 1	Post-test (follow up)
01	X	02	03

Remark:

- 01 : measurement of conditions before treatment
- 02 : measurement of conditions 1 week after treatment
- 03 : measurement of conditions 2 weeks after treatment
- X : treatment of a brief solution-focused counselling intervention

The independent variable manipulation carried out in this study was the provision of SFBC towards the research participants. Intervention activities are given by a counsellor with 4 meetings and each meeting lasts for 2 hours. Intervention activities include followings. The first meeting was "my strength" aimed at inviting participants to recognize the success and positive qualities that the participants had achieved. Next the participants choose the problem ("problem list") that is urgent to be discussed in the counselling process and then formulate expectations ("my hope") to be achieved after following counselling.

The second meeting; the "Positive Surprise" session (pre-treatment change) aims to invite participants to recognize positive changes (physiological, cognition/mind, emotional, and social behaviour) related to the expectations of participants. Pre-treatment change aims to invite participants to recognize the various positive changes that have occurred in the lives of participants related to the goals that have been written or the problems that are being faced by participants since participants decide to participate in research activities until the current meeting stage. The second thing to do is to develop steps to reach expectations in the 'My Baby steps' session. Steps to reach expectations are divided into two categories, namely positive steps that have been carried out by participants, but not continued. The second category is the positive step that will be taken.

The third meeting; in this meeting, the counsellor carried out monitoring the progress of achieving the expectations of participants conducted jointly between the participants and the counsellor with the participants filling out the 'Positive Change' sheet. The counsellor in this session uses scaling techniques to invite participants to see progress in achieving expectations.

The fourth meeting is the activity of progress monitoring of expectations and termination of counselling. Counsellors and participants evaluate expectations by monitoring positive changes. The counsellor applies scaling techniques to review the development of participants in achieving expectations. Counsellors offer one method, namely "ECA" (E = Enjoy what you have; C = change what you can change; A = accept what you can't change) in helping participants deal with progress that retreats when trying to achieve a more prosperous life.

At the end of each meeting, the counsellor consistently summarizes the meeting, gives compliment to the positive behaviors of the participants, invites participants to continue the ways to achieve expectations, and recognizes the positive changes that occur related to expectations. Each start of the next meeting, the counsellor consistently reviews the previous meeting, inviting participants to recognize positive changes in their lives, evaluating the effectiveness of the steps and expectations of participants.

Table 2. The summary of the manipulation of the independent variables as the flow of intervention.

Meeting	Activities
1	<ol style="list-style-type: none"> 1. Clients recognize positive past successes and positive qualities 2. Digging into the problem 3. Build hope 4. Summary of activities & giving compliment to clients 5. Home assignments (applying steps and recognizing positive changes)
2	<ol style="list-style-type: none"> 1. Review of activities 2. Pre-treatment change 3. Strategy talk 4. Summary of activities and appreciation to clients 5. Home assignment
3	<ol style="list-style-type: none"> 1. Review activities and re-evaluate objectives 2. Summary of activities and appreciation to clients 3. Home assignment
4	<ol style="list-style-type: none"> 1. Recognizing positive changes 2. Summary of activities and praise to clients 3. Termination of intervention

Data collection method

Academic procrastination variables were revealed using the Procrastination Assessment Scale for Student (PASS) developed by Solomon and Rothblum (1984), which consists of two parts. The first part that measures the tendency of academic procrastination and the second part that measures the reasons for individuals doing academic procrastination. In its development, Solomon and Rothblum (1994) included two third items that measure how far individuals want to reduce procrastination tendencies.

The first part of PASS covers six academic domains, namely writing assignments, studying before examinations, reading, administrative assignments, attendance and general academic assignments. The first part of the PASS consists of two types of items with five answer choices. The first type of item measures how often the subject feels procrastination. The score for each item moves from one (almost never) to five (almost always). The second type of item

measures whether the subject feels procrastination behaviour is a problem for him. The score for each item moves from one (not at all) to five (very).

Both types of items are included in the academic domain so that the items in this section are twelve. The values of these two items are summed to get a score of the tendency for academic procrastination. The higher the scale score means the higher the individual has the tendency to academic procrastination and vice versa, the lower the scale score, the lower the tendency of individuals to do academic procrastination. The results of testing the measuring instruments for 17 undergraduate program students and 13 science master students found that 10 valid items with different power coefficients moved from 0.312 to 0.674. The reliability coefficient for valid items is $\alpha = 0.731$.

Data analysis

Data analysis was performed using the Wilcoxon Signed Ranks technique to assess whether there were differences in academic procrastination before and after intervention.

RESULTS AND DISCUSSION

Descriptive data

Table 3. Academic Procrastination Score in pre-test, post-test, and follow-up

No.	Participant	Pre-test		Post-test		Follow-up*	
		Score	Category	Score	Category	Score	Category
1	Da	33	Medium	22	Low	24	Medium
2	Na	24	Medium	22	Low	12	Low
3	Ni	30	Medium	26	Medium	33	Medium
4	Si	30	Medium	20	Low	21	Low
5	Yu	35	Medium	18	Low	12	Low
6	Ri	36	Medium	32	Medium	30	Medium
Mean		31,33	Medium	23,33	Medium	22,00	Medium

Hypothesis testing

Quantitative hypothesis testing was conducted aimed at analysing the differences in academic procrastination before and after taking a brief counselling focusing on the solution. The Wilcoxon test results obtained Z values = -2.207 ($p < 0.05$) which means that there are differences in the level of participant academic procrastination at the time before and after participating in a brief counselling activity-focused solution. This condition is also supported by a decrease in the mean results before and after counselling. The mean score before counselling was 31.33 and after counselling was 23.33 with an average difference of 8. This means that there

was a decrease in the level of participant academic procrastination after following a solution-focused brief counselling.

The results also showed that there were differences in the level of procrastination after counselling and that the follow-up stage was no different. This is supported by the coefficient of Z value = 0.420 ($p > 0.05$). This also indicates that the effect of short-focus counselling solutions persists for 2 weeks since the counselling termination process.

DISCUSSION

The hypothesis test results show that there are differences in academic procrastination before and after the SFBC treatment, where the post-test is higher than the pre-test, this causes that the hypothesis is accepted. There is an influence of SFBC on the decline in academic procrastination.

SFBC assumes that individuals able to independently make themselves prosperous and when stressful and stressful conditions are blocked (Lutz, 2014). The counsellor enters the problem-free talk stage, namely the counsellor's process to recognize the positive strength of students who will be useful to solve problems or reach expectations and build relationships between counsellors and clients (Lutz, 2014). Recognition of positive character by the client (positive self-esteem) results in clients judging that they are empowered and able to deal with problems (Lutz, 2014), including study problems faced by students that cause them to procrastinate.

According to Schraw & Wadkins (2007), one of the causes of academic procrastination is stress experienced by students. SFBC assumes that students in high stress conditions are caused by the meaning of events beyond their capacity so students need to rearrange meaning or view from other perspectives that occur in the process of dialogue between clients and counsellors (O'Connell, 2001). What happens next is called problem talk (O'Connell, 2001). Quick (1996) mentioned problem talk as a stage of clarifying problems and choosing what is important for clients. Interactive dialogue between the client and the counsellor makes the problem clear or concrete so that the client knows the real problem and is a good step for the next counselling process. That is, clients and counsellors know the client's goals or expectations for counselling activities (Lutz, 2014; O'Connell, 2001). Clear goals or expectations help clients and counsellors develop small steps that can be achieved by clients, giving rise to self-confidence to achieve counselling expectations (O'Connell, 2001).

The research by Kaur & Amin (2017) & Kevereski et al., (2016) showed that self-confidence (self-efficacy), optimism, or resilience has a negative correlation with stress, meaning that individual stress levels are low due to an increase in the level of individual self-confidence. Furthermore, Patnaik (2013) stated that optimism has a positive impact on affective and motivational aspects and helps individuals manage stress so that they are able to function optimally. Self-confidence and optimism can complete the study faster, making students more

enthusiastic to do their academic tasks, in this case the job practice and thesis. Thus, students reduce the intensity of academic procrastination.

In the next stage, namely pre-treatment change, the counsellor invites the client to recognize positive changes that have occurred in the client's life since the client first decided to take part in counselling activities until the initial meeting. The counsellor's invitation to recognize positive change triggers and reinforces positive things that have been done by the client (Corey, 2012). Client awareness of changes that occur triggers change at a later stage, increasing self-confidence and optimism in the client (O'Connell, 2001). The results of several studies state that self-confidence (self-efficacy), optimism, or resilience have a negative correlation with stress (Kaur & Amin, 2017; Kevereski et al., 2016). This means that individual stress levels are low due to an increase in the level of individual confidence. Patnaik (2013) specifically observed that optimism has a positive impact on aspects of affection and motivation and helps individuals manage stress. The ability to manage stress when doing academic assignments causes individuals not to delay the academic tasks.

In the next stage, the counsellor and client continue to identify positive changes. The counsellor reinforces positive changes and steps that have been taken so that positive changes continue to occur in the client. When the client considers himself capable of being independent in managing problems and achieving client expectations, the counselling process is stopped. This can be done by using scaling techniques to measure the readiness of independent clients in managing problems (O'Connell, 2001). Independence in managing academic problems faced directs students not to procrastinate in these academic tasks.

Based on the results of interviews with participants, it was found that participants felt a change in academic procrastination. The results of the interview can be seen in Table 1.

Table 4. Academic procrastination before, during and after the intervention based on the interview results.

Participant	before intervention	during the intervention	after intervention
Ma	Participants heard and responded to the stimulus from the social environment that they were unable to reach the target (PKPP completion) so that they lowered their self-confidence. Participants also felt confused and lazy to think about	Participants began to grow enthusiasm in the participants even though there were plans that failed to be realized due to external factors, such as being invited by classmates to go for a walk. Participants began to schedule, reject friend invitations, and take care	Focus on working on assignments according to the target and time determined by the participants. This is because participants know the steps in achieving expectations.

	academic activities so they chose to rest and not to go to campus.	of themselves (self-talk), give a smile to themselves while reflecting & listening to music in the morning).	
Da	Participants hope to register for the PKPP exam. At first the participants assessed themselves relaxed and adjusted their emotional conditions in completing PKPP. For example, if there is no desire to work on the PKPP report, the participant does not work on the report.	The mind is more focused and complements the PKPP case data. My 'baby steps' session helped participants focus on achieving expectations, such as completing case assessment data, working on PKPP reports, sharing with friends regarding case assessments, and compiling a list of things to do (target and completion time).	The 'my baby steps' session helps participants to know more clearly the points that must be done ('my baby steps' session) so that expectations can be achieved.
Si	Participants experienced cancer, which affected the PKPP settlement process. Participants are confused about activities that need to be done after waking up; make schedule	During the PKPP process, participants build new habits, such as arranging a daily schedule, working on reports according to physical conditions, setting targets and allocating time for completion, installing schedule alarms, and sharing past successes to restore the spirit of working on PKPP reports.	Positive thoughts and regular eating patterns so that it helps in the process of working on the PKPP report; set the pattern of reporting work according to physical capacity and strength (15 minutes working on the report and then taking a 20-minute break), maintaining habits that have begun in the middle of the counselling process, such as making a daily schedule in the morning.
Ni	When participants experience deadlocks in academics, participants do not work, go home, go out of town, or go to	Participants find ways that used to help participants through difficult times in completing a thesis. Positive enthusiasm and	If the participant is tired of working on the PKPP report, the participant stops to rest then resumes. Participants do self-talk to

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	shops. Problems with emotional aspects (sad and disappointed) related to relations with parents and siblings affect the process of carrying out academic tasks, such as PKPP.	the methods that have been done, tried again by the participants. Participants also remember that there are many solutions to problems.	make emotional conditions stable. Participants change the focus of emotion (anger and sadness) to look for alternative things that can be done, such as working on the revision of the PKPP report, and making scenarios and conducting simulations for the events to be faced. This helps participants be more confident and confident to deal with it.
Yu	Participants took study while taking care of two children. Participants assess that before marriage is not the type of procrastination and after marriage many responsibilities begin to become easy to feel tired and feel chased by the task. Participants feel burdened because they judge that all things must be resolved.	Growing confidence in managing time to take care of children and completing college assignments. If the assignments can be paid in instalments so that you feel happy, not sleepy during college, and not in a hurry. Participants work on assignments 1 hour before going to bed and after morning prayer.	The 'my baby steps' session helped participants to arrange the things that needed to be done so that the process of carrying out the report did not feel chased. Class assignments are completed one day before the deadline.
Ri	The participants were confused about how and almost felt stuck in completing the PKPP process. A thought arises 'where do I start? after this process is complete, what should I do? ' Participants also felt insecure about their ability to complete	The 'my baby steps' session helps participants develop steps to reach expectations. for example, setting time to work independently at home and library and routinely meet with the supervisor. The effect is that the thoughts identified at the beginning of counselling are reduced.	Participants know the priority scale and steps that need to be done in achieving expectations, namely completing PKPP. Participants feel calmer and know what needs to be done regarding PKPP. Participants take the initiative to continue to take positive steps that

	PKPP.	The 'I hope' session helped participants in choosing priorities, namely completing PKPP. The 'my strength' session (recognizing positive self-character) helps participants to resist laziness, keep trying, and be responsible for completing PKPP. have been taken during the counselling process.
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CONCLUSION

The results showed that student academic procrastination after getting SFBC treatment was lower than before getting SFBC treatment. SFBC affects the decline in academic procrastination. Referring to the results of the study, the researchers recommended that practitioners, psychologists, and educational institutions utilize SFBC as one of the interventions to reduce academic procrastination.

REFERENCES

- Abramowski (2018). Is procrastination all that 'bad'? A qualitative study of academic procrastination and self-worth in postgraduate university students. *Journal of Prevention & Intervention in the community*, 46(20, 158 – 170, DOI: 10.1080/10852353.2016.1198168.
- Corey, G. (2012). *Theory and practice of group counselling* (Edisi 8). USA: Brooks/Cole Cengage Learning.
- Creswell, J. W. (2009). *Research design: quantitative, qualitative, and mixed methods approaches* (Edisi 3). USA: SAGE Publication, Inc.
- Daki, J. & Savage, R. S. (2010). Solution-focused brief therapy: impacts on academic and emotional difficulties. *The Journal of Educational Research*, 103, 309-326. DOI: 10.1080/00220670903383127.
- Fadilah, N. & Setiawati, D. (2015). Penerapan *solution focused brief therapy* (SFBT) untuk meningkatkan keterbukaan diri pada siswa kelas VIII SMPN 1 Prambon. *Jurnal BK UNESA*, 5(3), 1-7.

- Fearrington, J. Y., McCallum, R. S., & Skinner, C. H. (2011). Increasing math assignment completion using solution-focused brief counselling. *Education and Treatment of Children*, 34(1), 61-80.
- Goroshit, M. (2018). Academic procrastination and academic performance: An initial basis for intervention. *Journal of Prevention & Intervention in The Community*, 2018, Vol 46 (2), 131–142. <https://doi.org/10.1080/10852352.2016.1198157>.
- Guterman, J. T. (2013). *Mastering the art of solution-focused counselling* (Edisi 2). USA: American Counselling Association.
- Kaur, J. & Amin, S. (2017). Psychological capital and stress among school students. *Indian Journal of Positive Psychology*, 8(4), 495-499.
- Kevereski, L., Dimovska, M. K., & Ristevski, D. (2016). The influence of the emotional intelligence in protection of the mental health in conditions of psychosocial stress. *International Journal of Cognitive Research in Science, Engineering and Education*, 4(1), 17-21.
- Kok-Mung Ng., Parikh, S., & Guo, L. (2012). Integrative solution-focused therapy with a Chinese female college student dealing with relationship loss. *International Journal of Adv Counselling*, 34, 211-230. DOI: 10.1007/s10447-012-9152-x
- Kotler, J. A. & Shepard, D. S. (2011). *Introduction to counselling: voices from the field* (Edisi 7). United States of America: Brook/Cole, Cengage Learning.
- Lutz, A. B. (2014). *Learning solution-focused therapy: an illustrated guide*. USA: American Psychiatric Publishing.
- Negara, P. P. (2013). Hubungan Antara Usia, Jenis Kelamin, Impulsiveness, Mood, Timing Of Rewards and Punishment, dan Task Aversiveness dengan Prokrastinasi Akademik Mahasiswa. *Tesis (tidak diterbitkan)*. Yogyakarta: Universitas Gadjah Mada.
- Noran, F. Y (2000). *Procrastination among students in institutes of higher learning: Challenges for K-Economy*. Retrieved from <http://www.mahdzan.com/papers/procrastinate/>
- O'Connell, B. (2001). *Solution-focused stress counselling*. London: SAGE Publication.

- Palmer, S. (Eds.). (2011). *Konseling dan psikoterapi* (Haris H. Setiajid, Terjemahan). Yogyakarta: Pustaka Pelajar.
- Patnaik, G. (2013). Impact of optimism and positive emotions on mental health. *Social Science International*, 2(1), 121-127.
- Perry, W. (2010). *Dasar-dasar teknik konseling: kotak perkakas untuk konselor/terapis pemula* (Helly Prajitno Soetjipto dan Sri Mulyantini Soetjipto, Terjemahan) (Edisi 2). Yogyakarta: Pustaka Pelajar.
- Pradinata, S & Susilo, J.D. (2016). Prokrastinasi Akademik dan dukungan sosial teman sebaya pada mahasiswa Fakultas Psikologi Universitas Katolik Widya Mandala Surabaya. *Jurnal Experientia*, Vol 4 (2), 85 – 95.
- Quick, E. K. (1996). *Doing what works in brief therapy: a strategic solution focused approach*. California: Academic Press.
- Schraw, G. & Wadkins, T (2007). Doing the things, we do: A grounded Theory of Academic Procrastination. *Journal of Educational Psychology*, 2007, Vol. 09 (1), 12 – 25.
- Schouwenburg, H. C. (1995). Academic procrastination: Theoretical notions, measurement, and research. In Ferrari, J.R., Johnson, J.L., & McCown, W.G. (Eds.), *Procrastination and task avoidance: Theory, research, and treatment* (pp. 71–96). New York: Plenum Press.
- Solomon, L. J. & Rothblum, E. D. (1984). Academic procrastination: frequency and cognitive behavioural correlates. *Journal of counselling psychology*, 31, (4), 503-509.
- Solomon, L. J. & Rothblum, E. D. (1994). Procrastination assessment scale for student. *Measures for clinical practice*, 2, 446-452.
- Ursia, N.R., Siaputra, I.B., & Sutanto, N. (2013). Prokrastinasi akademik dan self-control pada mahasiswa skripsi Fakultas Psikologi Universitas Surabaya. *Makara Seri Sosial Humaniora*, 2013, 17(10): 1 – 18. DOI: 10.7454/mssh.v17i1.1798.
- Visseer, C. F. (2013). The origin of the solution-focused approach. *International Journal of Solution-Focused Practices*, 1(1), 10-17.
- Walsh, T. (2010). *The solution-focused helper: ethics and practice in health and social care*. New York: Open University Press.

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Zeenath, S., & Orcullo, D. J. C. (2012). Exploring academic procrastination among undergraduates. *International Proceedings of Economics Development & Research*, 47, 42-46.