Overcoming Academic Anxiety and Improving Hope of University Students: A Group Cognitive Behavioral Therapy (CBT)

Larissa Amira Giyani, Universitas Indonesia, Indonesia
Adhityawarman Menaldi, Universitas Indonesia, Indonesia

The Asian Conference on Education 2020
Official Conference Proceedings

Abstract
University students' anxiety is mostly caused by academic anxiety. It is a disruptive thought pattern followed by physiological responses and behavior as a result of concern regarding the possibility of having poor academic performance. It may cause detrimental effects such as procrastination, poor academic performance, and withdrawal from social relations. Cognitive-behavioral therapy (CBT) facilitates the identification of thoughts, emotion, situations, and behavior that affect emotion and improve emotion by altering dysfunctional thoughts and behavior. CBT is an effective treatment for managing anxiety in adults, including university students (Situmorang, 2018; Situmorang, 2017; Cuijpers et al., 2016; Corey, 2012). Furthermore, hope as a protective factor against anxiety can be fostered through CBT protocols that act as a resource for pathways and therapeutic relationship which facilitates agentic thought. This research examined the effect of group CBT on reducing university students' academic anxiety and improving hope. Group CBT was conducted in five sessions with six participants of Universitas Indonesia's undergraduate students. The data were collected using validated pre-existing questionnaires: Student Worry Questionnaire and Snyder's Hope Scale for pre-test, post-test, and follow-up measurements. The data gathered was analyzed using Friedman's ANOVA. There is no significant effect of group CBT on reducing participants' academic anxiety ($x^2(2) = 3.20$ $p > .05$) but there is a significant effect on improving participants' hope ($x^2(2) = 6.52$ $p < .05$). The implications of hope as a protective factor for academic anxiety are discussed.

Keywords: Academic Anxiety, CBT, Group Therapy, Hope, University Students

iafor

Introduction

University Students and Academic Anxiety

Anxiety is a complex cognitive, affective, physiological, and behavioral responses (Clark & Beck, 2010). Anxiety is experienced when one perceives some situation as uncontrollable, especially threatening. A certain level of anxiety will drive someone to move forward, but an anxiety level that is too high will cause the individual many obstacles (Bamber & Schneider, 2016). Among many groups that experience anxiety, one of them is undergraduate students who possess a high level of anxiety (Falsafi 2016; Lun et al., 2018). Undergraduate students are expected to make adjustments to deal with new patterns in their life. This adjustment ranging from academic assimilation, personal, emotional, and social aspect (Gray, Vitak, Easton & Ellison, 2013).

The transition period from school to university life brings out several new demands and challenges for university students. So it can be understood that this period may cause increasing psychosocial distress and adjustment difficulty. From an academic aspect, students face a strict curriculum and must manage their time effectively (Conley, Travers & Bryant, 2013). It is a much more challenging phase, where working on assignments demand more of the students' time, compared to assignment in high school (Park, Edmondson & Lee, 2012). In the social aspect, numerous students need to separate from their family and close friends. While at the same time they need to make new friends, build a relationship with their academic advisors (Conley et al., 2013).

From several factors that cause anxiety in university students, most of them are caused by academic anxiety (Beiter, et. al, 2015; Hooda & Saidi, 2017). It is a disturbing thought pattern that is followed by physiological responses and behavior as a result of concern regarding the possibility of having an unacceptable poor performance on facing academic tasks (Ottens, 1991). Academic anxiety felt by university students will result in maladaptive cognition, behavior, affect, and psychological aspect (Situmorang, 2018; Situmorang, 2017).

Tremendous academic anxiety may disturb students' learning activities such as decreasing study motivation, poor performance during tests and tasks (DordiNejad et al. (2011). Psychological symptoms might appear in a form of tension and panic in the classroom, feel incapable of completing tasks, and not interested in gaining a better understanding of difficult materials. Physiological symptoms may include sweaty hands, cold sensation, rapid breathing, palpitation, and stomachache (Vitasari, Wahab, Othman, Herawan, & Sinnadurai, 2010). If ignored, academic anxiety may cause detrimental effects such as procrastination, poor academic performance, and withdrawal from social relations (Mattoo, & Nabi, 2012).

CBT as an Effective Treatment

Cognitive-behavioral therapy (CBT) is a well-researched psychological treatment uses to manage emotional and behavioral problems (Butler, Chapman, Forman, & Beck, 2006). CBT process follows a principle that negative thoughts and dysfunctional assumptions can be challenged and change through behavioral experiments, that is testing the dysfunctional thoughts against the reality face by the individual (Marwick

& Birrell, 2018). CBT help develops skills that enable individuals to identify their thoughts, emotions, situations, and behavior that affect their emotions and improve their emotions by altering their dysfunctional thoughts and behavior (Cully & Teten, 2008). Distorted thoughts targeted in cognitive therapy are done by using several techniques such as identifying inaccurate thinking, analyze evidence for and against the automatic thoughts, challenging and changing maladaptive thoughts, changing non-adaptive behaviors, and becoming more adaptive in relating to other people. In managing anxiety disorders, cognitive therapy is conducted together using a behavioral technique that may include exposure exercises (Kaczkurkin & Foa, 2015). The numerous CBT techniques for managing different types of anxiety disorders have one important commonality which is that cognitive aspects causally influence fear and anxiety, where the dysfunctional beliefs and cognitive distortions take part in the maintenance of anxiety disorder (Hofmann & Asmundson, 2017).

Evidence show CBT is an effective treatment for reducing symptoms of anxiety disorders (Cuijpers et al., 2016; Hofmann & Smiths, 2008). Specifically, a meta-analysis study revealed that social anxiety disorder (SAD), generalized anxiety disorder (GAD), and panic disorder can be treated effectively with CBT. The effect size was high, regardless of whether these disorders were considered as disorder-specific or generic anxiety outcomes (Cuijpers et.al, 2016). Also, anxiety disorders treated with CBT in randomized placebo-controlled trials and natural real-life settings show an effective and efficacious result for adults (Otte, 2011). Related to a group setting, group cognitive therapy can help to change and restructure cognition, emotion, and behavior that cause anxiety (Dewinta & Menaldi, 2009). Specifically, group therapy can decrease academic anxiety levels in undergraduate students (Kifli, Sunawan, & Jafar, 2019).

Hope as Protective Factor

As one of the positive psychological constructs, hope is goal-oriented thought own by an individual that consist of agency thinking and pathway thinking. Agency thinking is the motivation to initiate and sustain movements toward goals, while pathway thinking is the capacity to create ways for goals attainment (Snyder, 2002; Snyder et al., 1991). Hope is generally regarded as a protective factor against anxiety (Michael, 2000; Snyder, 1999; Snyder, Feldman, Taylor, Schroeder& Adams III, 2000). The cognitive set owns by the individual affects how anxiety is experienced, will be a facilitative or a debilitating one, in regards to goal accomplishment. When individuals perceive that others, the world, or the future as threatening, anxiety affects the human mind and interferes with the individual's capability in creating a plan (pathway thought) and make progress (agency thought) to desired goals. On the other hand, when faced with potential threats to the desired goal, an individual may have a protective cognitive set consist of the perception that he/she is capable of achieving desired goals through perceived pathways and agentic thinking. In the second cognitive set, hopeful individuals are more inclined to follow through with their goals even when facing anxiety, compared to less hopeful individuals (Michael, 2000).

To bring out hope, agency and pathway thinking must be present. CBT protocols act as a resource for pathways and therapeutic relationship facilitates agentic thought (Taylor, Feldman, Saunders & Ilardi, 2000). In terms of anxiety among undergraduate students, the intervention aims to enhance hope should focus on techniques that enhance agency thinking. Those techniques include establishing personal goals, increasing positive self-

talk, and less negative self-talk, also giving positive and encouraging stories of effective coping examples **(**Buckelew, Crittendon, Butkovic, Price & Hurst, 2008).

The Current Study

This current research aims to examine the effect of group CBT on Universitas Indonesia's undergraduate students' academic anxiety and hope. Especially whether the group CBT intervention would decrease the participants' academic anxiety and improve their hope. This study uses a non-experimental pre-post measurement as its method. The data were collected using validated pre-existing questionnaires. The First instrument was The Student Worry Questionnaire – 30 (SWQ – 30) (Osman, Guttierez, Downs, Kopper, Barrios & Haraburda, 2001). It is a self-report consist of 30 items which represents various situation, feelings, and reaction related to anxiety experienced by college undergraduate students. The 30 items are categorized into six domains, which are: Worrisome thinking, financial related concerns, significant others well-being, social adequacy concerns, academic concerns, and general anxiety. The items were rated on a Likert scale of 0 - 4 (0 = "Almost never characteristic of me" to 4 = "Almost always characteristic of me"), with a score range of 0-120. SWQ-30 can yield a total score utilize to measure anxiety (worry) and each scale scores (Osman et. al, 2001). A higher score indicates a higher level of anxiety.

The second instrument was The Hope Scale (Snyder, 1995), consist of 12 items divided into agency (items 2, 9, 10, and 12) pathway subscale (items 1, 4, 6, and 8. While items 3, 5, 7, and 11 were distracters items to create a less obvious content of the scale. The items were rated on a Likert scale of 1-4 (1= Definitely false, 2= Mostly false, 3=Mostly True, and 4= Definitely True). The score ranging from 8 – 32.

Information regarding the group therapy was announced on social media and participants were recruited through social media as well. Participants interested in joining the group therapy were asked to fill out the SWQ questionnaire through a google form. The inclusion criteria for the participant to join group therapy is an SWQ score ≥ of 40. 44 participants signed up for the group therapy but after the screening and selection process, six undergraduate students of Universitas Indonesia joined the group therapy (M age = 19.3 years, SD = 0.52).

The Intervention: Group CBT

The intervention module of this group CBT was created based on principles of cognitive-behavioral therapy, *What? Me Worry!?! Mastering Your Worries* module by Saulsman et al. (2015) and Manual for Cognitive-Behavioral Therapy of Major Depression (Munoz, Ippen, Rao, Le & Dwyer, 2000). The group CBT was designed to be conducted face to face in 5 sessions with one session per week. Each session has a duration of 2 – 2.5 hours. However, due to the Covid-19 situation, the group therapy was conducted online via the zoom meeting platform for 5 sessions with a 2.5-hour duration for each session. The group therapy program is as follows:

Agenda	Day/Date	Objectives	Activities
Pre-Assessment	March – June 2020	• Need assessment • Problem mapping • Participant's availability to join group therapy	Individual interview with each participant, which covers: • Explore the participant's SWQ-30's result • Demographic information (Name, sex, age, GPA, non-academic activities)
Session 1	1st week of July 2020	• Sense of belonging to the group • Gain another perspective regarding academic anxiety	• Group forming • Sharing session
		• Participants can identify how disturbing their academic anxiety is	• Participants rate how disturbing their academic anxiety on a scale of 0-10
		• Understand what academic anxiety is	• Brief materials on: • Difference between fear and anxiety • Academic anxiety and its daily life examples
Session 2	2nd week of July 2020	• Understand the underlying mechanism of academic anxiety through CBT's ABC model	• Discussion on CBT's ABC model of academic anxiety: • **A**: Antecedents/ Activating Event • **B**: Belief • **C**: Consequences
		• Understand what negative automatic thoughts (NATs) and types of NATs are • Participants can identify their NATs	• Brief materials on types of NATs • Participants identify which types of NATs operates in them frequently

		• Help participants manage their anxiety and negative thoughts • Familiar with several relaxations and grounding techniques	• Brief materials, discussion, and guided trial on several relaxation techniques such as deep breathing exercises and grounding techniques
		• Participants can apply the ABC model to their daily routine, outside the therapy session	• Homework 1: Identify the ABC model of their academic anxiety in the next one week
Session 3	3rd week of July 2020	• Participants share their homework • Able to identify the ABC model correctly	• Homework discussion • The therapist and other participants give inputs if necessary
		• Participants can identify which evidence support or against their NATs • Participants can examine their NATs more objective	• Introduction on evidence hunting: A tool to look for evidence that supports and against NATs • Working and discussion on evidence hunting worksheet discussion • Participants give feedback and point of view for one another
Session 4	4th week of July 2020	• Participants understand the effect of holding on or letting go of their NATs	• Golden questions worksheet: A tool to help participants examine the positive and negative effects of holding on or letting go of their NATs
		• Participants understand the process that needs to be done to create an alternative thought in an anxious situation	• Brief materials on alternative thought • Creating a new and more adaptive thought • Creating a mantra, a short form of

			alternative thought
Session 5	1st week of August 2020	• Participants able to identify and see whether there is a difference regarding their academic anxiety	• Participants rate again on how disturbing their academic anxiety on a scale of 0-10 • Comparison of the rate between session 1 and session 5 • Participants share what feels different and the efforts they have done to improve their condition
		• Participants understand the possibility of having a setback in managing academic anxiety • Create a self-management plan	• Brief materials on managing setbacks • Setbacks are a normal process in the journey of managing anxiety • Creating a self-management plan: • Identify signs that might lead to setbacks and adaptive strategies to minimize setbacks
		• Participants appreciate one another and identify positive things about the group	• Participant are encouraged to give appreciation and share a positive thing about the group
Follow-Up Session	3rd week of August 2020	• Gain an overview of participants' condition after joining the group therapy	• Individual interview by phone • Discussion on participant's condition, progress, benefit felt from the group therapy, techniques application on daily activities

Table 1. Group Therapy Program

Research Result

Quantitative

The data gathered was analyzed using Friedman's ANOVA. There is no significant effect of group CBT on reducing university students' academic anxiety ($x^2(2) = 3.20\ p > .05$). Wilcoxon tests were used to follow up on this finding. A Bonferroni was applied and so all effects are reported at a 0.0167 (0.05/3) level of significance. Even though the statistical analysis showed non-significant results, there was a large effect size for the pre-test and follow-up measurement (r = -.55) (Table 1). Regarding the participants' hope result showed that there is a significant effect on improving university students' hope ($x^2(2) = 6.52\ p < .05$).
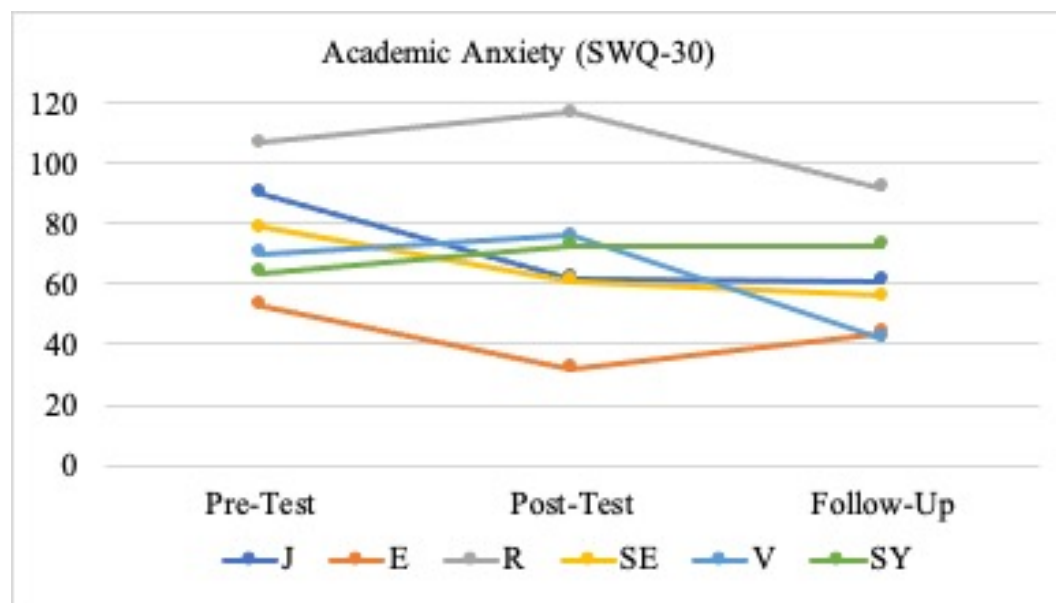

Figure 1: Score Changes of Participants' Academic Anxiety

Time of measurement	Z	p-value	Effect Size (r)
Pre – Post	-0.943	.438	-0.27
Pre – Follow Up	-1.892	.094	-0.55
Post – Follow Up	-1.214	.313	-0.35

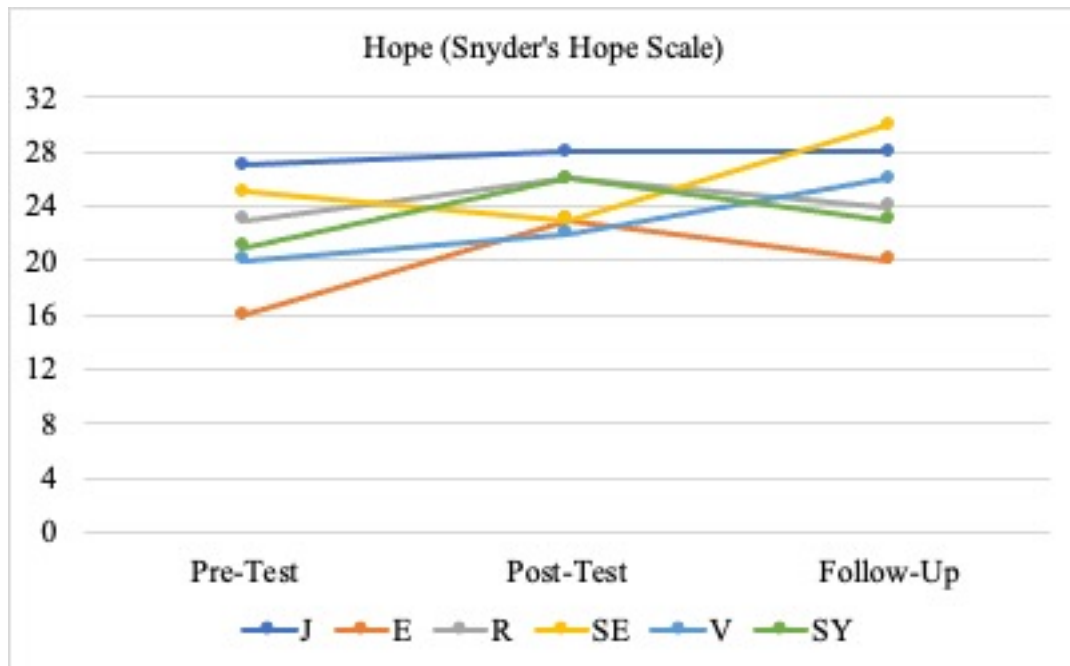Table 2. Effect Size of Group CBT on Participants' Academic Anxiety

Figure 2: Score Changes of Participants' Hope

Qualitative and SUDS

According to qualitative evaluation, all of the participants stated that the sessions delivered and group dynamics were helpful for them in managing their academic anxiety. They are also sure that they can apply the techniques learned in the sessions, especially evidence hunting and deep breathing, to manage their anxiety. In terms of the subjective unit of distress scale (SUDS) score, participants reported a decreasing SUDS score from session 1 to session 5 on how disturbing their academic anxiety for them. The SUDS score ranging from 1-10, where 1 is least disturbing while 10 is very disturbing. In the 1st session, participants' SUDS scores were 8-10 while in the 5th session their SUDS scores were 4 – 6.5.

Conclusions

At first, problems faced by participants regarding academic anxiety include facing difficult subjects, competitive university environment, comparing themselves with other students with better scores, disturbing negative thoughts, feeling hopeless, worry, and anxious about their scores, achievement, and future. To overcome those problems, participants did several efforts such as: discuss their problems with a friend, avoiding tasks and not studying, emotion-focus coping such as crying, or consuming calming food such as ice cream. Those efforts done to overcome academic anxiety were not fully effective, so the participants would like to learn more about how to manage their anxiety effectively.

After joining the group therapy, five participants stated that the group therapy was very helpful (Score 9 and 10 on a 0-10 scale) and one participant stated that the group therapy was helpful (Score 8 on a 0-10 scale) for managing their academic anxiety. Participant no. 1 stated that now she realizes the pattern that operates frequently in her, which was focusing on the negative side and predicting negative events, even though the facts show the opposite. She felt that the materials are given, really helped her to see things

objectively, and determined to apply evidence hunting in her daily life. Participant no. 2 said that by joining the group therapy she learns to appreciate the process of doing things and there are kind people that need to be appreciated who helps her in the process of managing her anxiety. Participant no. 3 learns to see things from both sides and efforts to calm herself when facing anxiety through grounding techniques, alternative thoughts, and evidence hunting. Participant no. 4 can manage her anxiety better, especially it is easier for her to think more positively. Participant no. 5 learns how to understand herself and managing her negative automatic thoughts better. Participant no. 6 feels grateful to learn how to manage and face the anxiety that is not only applicable to the academic aspect but also other aspects of her life.

On the other hand, the quantitative result shows a non-significant effect of group CBT on reducing university students' academic anxiety. This result might be caused by several factors such as: Due to the pandemic, the group therapy was switched from offline to an online platform. This condition might decrease the opportunity for each participant and therapist to create a deeper therapeutical alliance, unlike a face-to-face group therapy. This was supported by feedback from participants that prefer the group therapy to be conducted offline so the interaction between participants and therapist is more natural and comfortable. The therapeutic alliance is known to be an important predictor of therapy outcome where strong therapeutic alliance such as Agreement on task, goals, and bond) is more likely to result in a better outcome of treatment in anxiety disorders (Newman, Stiles, Janeck, & Woody, 2006; Newman, Erickson, Przeworski & Dzus, 2003). Specifically, group therapy with anxious participants, which has high cohesiveness resulted in better immediate outcomes compared to less cohesive groups (Hand, Lamontagne, & Marks, 1974). Second, online and distance learning put more academic burden on the participants, where they need to adjust the learning method. They need to focus on watching the lecture from their laptop which increases their fatigue. Due to the increasing academic challenges, they might need constant support and supervision to manage their study load. Where the support in a form of online interaction only, might not be enough to fully facilitate their needs in managing academic anxiety.

However, a follow-up test confirmed that there is a large effect size for the pre-test and follow-up measurement. A small sample size may affect the statistical power and thus resulting in a non-significant result (Fritz, Moritz & Richler, 2012). On the other hand, a large effect size with no statistical significance shows that there is some evidence for a meaningful effect, though greater power is needed for further research (Fan & Konold, 2010). This finding indicated some evidence of a meaningful effect of the group therapy for overcoming undergraduate students' academic anxiety.

The second finding, showed a significant effect of group CBT to improve the hope of university students. This finding is in line with the literature that states CBT treatment protocols act as a source for pathways thought and therapeutic relationship facilitates agentic thought (Taylor et al., 2000). When faced with the inability of task completion and other negative beliefs of self, they refocus their attention on the task completion itself. Though in that situation they are also likely to experience anxiety, it is facilitating anxiety that channeled to agentic thought. That sense of agency protects an individual from impairing effects of anxiety and they make use of the anxiety-related arousal to facilitate greater agentic thinking (motivation). Through repetition of this process, the hopeful individual is better protected from anxiety problems (Michael, 2000).

In the context of academic success in college, when faced with educational obstacles, high hope individuals are fluent in channeling their energies to their new avenues. Internal, agentic self-talk statements such as "Keep going!" reinforced the energy production and maintenance of high hope individual characteristics (Snyder, LaPointe, Jeffrey Crowson, & Early, 1998). That finding is actually in line with current findings, where the participants utilize and felt that several techniques learned in the group therapy help them to manage their anxiety. Specifically for the agentic self-talks statements (Snyder et al., 1998) that can be manifested or exercised through the alternative thoughts and mantra that they created. One example of the mantra was "Good job, you've made it this far". Participants were able to create alternative thoughts and mantra that is relatable and applicable to their situation.

To conclude, qualitatively the participants in this study can apply a more adaptive approach to overcoming their academic anxiety. They felt the tremendous benefit from materials and positive interaction gained from the group therapy. However, this study found no statistically significant effect of Group CBT on reducing university students' academic anxiety. But a large effect size was found for pre-test and follow-up measurement. There is a significant effect of Group CBT on improving university students' hope. From the literature review and the current study, we conclude that hope may act as a protective factor for anxiety. It is probably possible that the mechanism by which CBT works to tackle academic anxiety is done through the improvement of hope. Future study may investigate the mechanism that underlies the effectiveness of CBT on reducing academic anxiety, that might be done through the improvement of hope. For further research, a greater sample size is needed. This can be done by having more participants and a greater number of intervention groups.

References

Bamber, M. D., & Schneider, J. K. (2016). Mindfulness-based meditation to decrease stress and anxiety in college students: A narrative synthesis of the research. *Educational Research Review*, *18*, 1-32.

Beiter, R., Nash, R., McCrady, M., Rhoades, D., Linscomb, M., Clarahan, M., & Sammut, S. (2015). The prevalence and correlates of depression, anxiety, and stress in a sample of college students. Journal of Affective Disorders, 173, 90-96.

Buckelew, S. P., Crittendon, R. S., Butkovic, J. D., Price, K. B., & Hurst, M. (2008). Hope as a predictor of academic performance. *Psychological Reports*, *103*(2), 411-414.

Butler, A. C., Chapman, J. E., Forman, E. M., & Beck, A. T. (2006). The empirical status of cognitive-behavioral therapy: a review of meta-analyses. *Clinical psychology review*, *26*(1), 17-31.

Clark, D. A. & Beck, A. T. (2010). Cognitive therapy of anxiety disorders: Science and practice. New York: The Guilford Press.

Conley, C. S., Travers, L. V., & Bryant, F. B. (2013). Promoting psychosocial adjustment and stress management in first-year college students: The benefits of engagement in a psychosocial wellness seminar. *Journal of American College Health*, *61*(2), 75-86.

Corey, G. (2012). *Theory and practice of group counseling* (8th ed.). Brooks/Cole, Cengage Learning.

Cuijpers, P., Gentili, C., Banos, R. M., Garcia-Campayo, J., Botella, C., & Cristea, I. A. (2016). Relative effects of cognitive and behavioral therapies on generalized anxiety disorder, social anxiety disorder, and panic disorder: A meta-analysis. *Journal of Anxiety Disorders*, *43*, 79-89.

Cully, J. A., & Teten, A. L. (2008). A therapist's guide to brief cognitive-behavioral therapy. *Houston: Department of Veterans Affairs South Central MIRECC*.

Coolican, H. (2014). Research methods and statistics in psychology *(6th ed.).* London, United Kingdom: Psychology Press

Dewinta, P., & Menaldi, A. (2009). Cognitive Behavior Therapy for Generalized Anxiety Disorder: A Case Study of Arrhythmia Patient. Humaniora, 9(2), 161-171. Retrieved from http://journal.binus.ac.id/index.php/Humaniora/article/view/4715

DordiNejad, F. G., Hakimi, H., Ashouri, M., Dehghani, M., Zeinali, Z., Sadegh, M., Daghighi, M. S., Bahrami, N. (2011). On the relationship between test anxiety and academic performance. doi:10.1016/j.sbspro.2011.04.372. P*rocedia Social and Behavioral Sciences 15,* 3774-3778.

Falsafi, N. (2016). A randomized controlled trial of mindfulness versus yoga: effects on depression and/or anxiety in college students. *Journal of the American Psychiatric Nurses Association*, *22*(6), 483-497.

Fan, X., & Konold, T. R. (2010). Statistical Significance Versus Effect Size. *International Encyclopedia of Education*, 444–450. doi:10.1016/b978-0-08-044894.

Fritz, C. O., Morris, P. E., & Richler, J. J. (2012). Effect size estimates: Current use, calculations, and interpretation. *Journal of experimental psychology: General*, *141*(1), 2.

Hofmann, S. G., & Asmundson, G. J. (Eds.). (2017). *The science of cognitive-behavioral therapy*. Academic Press.

Hofmann, S. G., & Smits, J. A. (2008). Cognitive-behavioral therapy for adult anxiety disorders: a meta-analysis of randomized placebo-controlled trials. *The Journal of clinical psychiatry*, *69*(4), 621.

Gray, R., Vitak, J., Easton, E. W., & Ellison, N. B. (2013). Examining social adjustment to college in the age of social media: Factors influencing successful transitions and persistence. *Computers & Education*, *67*, 193-207.

Hand, I., Lamontagne, Y., & Marks, I. M. (1974). Group exposure (flooding) in vivo for agoraphobics. *British Journal of Psychiatry*, *124*(5), 88-602.

Hooda, M., & Saini, A. (2017). Academic anxiety: An overview. International Journal of Education and Applied Sciences, 8(3), 807-810.

Kaczkurkin, A. N., & Foa, E. B. (2015). Cognitive-behavioral therapy for anxiety disorders: an update on the empirical evidence. *Dialogues in clinical neuroscience*, *17*(3), 337.

Kifli, I., Sunawan, S., & Jafar, M. (2019). Cognitive Behavior Group Counseling to Reduce Academic Anxiety. *Jurnal Bimbingan Konseling*, *8*(2), 119-124.

Lun, K. W., Chan, C. K., Ip, P. K., Ma, S. Y., Tsai, W. W., Wong, C. S., ... & Yan, D. (2018). Depression and anxiety among university students in Hong Kong. *Hong Kong Med J*, *24*(5), 466-472.

Marwick, K. F., & Birrell, S. (2018). *Crash Course Psikiatri* (A A A A. Kusumawardhani, P R. Lukman, & F. Kaligis, Trans.). Elsevier Ltd. (Original work published 2013).

Mattoo, N. H., & Nabi, R. (2012). A study on academic anxiety among adolescents (14-16 years). *International Journal of Social Science Tomorrow, 1*(3), 1-3.

Michael, S. T. (2000). Hope conquers fear: Overcoming anxiety and panic attacks. In *Handbook of hope* (pp. 301-319). Academic Press.

Munoz, R. F., Ippen, C. G., Rao, S., Le, H., Dwyer, E. V. (2000). *Manual for Group Cognitive-Behavioral Therapy of Major Depression*. San Francisco, CA: Cognitive-Behavioral Depression Clinic Division of Psychosocial Medicine San Francisco General Hospital University of California.

Newman, M. G., Erickson, T., Przeworski, A., & Dzus, E. (2003). Self-help and minimal-contact therapies for anxiety disorders: Is human contact necessary for therapeutic efficacy?. *Journal of clinical psychology*, *59*(3), 251-274.

Newman, M. G., Stiles, W. B., Janeck, A., & Woody, S. R. (2006). Integration of therapeutic factors in anxiety disorders. In L. G. Castonguay & L. E. Beutler (Eds.), *Principles o/therapeutic change that work* (pp. 187-202). New York: Oxford University Press.

Osman, A., Gutierrez, P. M., Downs, W. R., Kopper, B. A., Barrios, F. X., & Haraburda, C. M. (2001). Development and psychometric properties of the Student Worry Questionnaire–30. *Psychological reports*, *88*(1), 277-290.

Otte, C. (2011). Cognitive behavioral therapy in anxiety disorders: current state of the evidence. *Dialogues in clinical neuroscience*, *13*(4), 413.

Ottens, A. J. (1991). *Coping with academic anxiety*. The Rosen Publishing Group.

Park, C. L., Edmondson, D., & Lee, J. (2012). Development of self-regulation abilities as predictors of psychological adjustment across the first year of college. *Journal of Adult Development*, *19*(1), 40-49.

Saulsman, L., Nathan, P., Lim, L., Correia, H., Anderson, R., & Campbell, B. (2015). *What? Me Worry!?! Mastering your worries*. Perth, Australia: Centre for Clinical Interventions.

Situmorang, D. D. B. (2017). Mahasiswa mengalami academic anxiety terhadap skripsi? Berikan konseling cognitive behavior therapy dengan musik. *Jurnal Bimbingan dan Konseling Ar-Rahman*, *3*(2), 31-42.

Situmorang, D. D. B. (2018). Keefektifan konseling kelompok cognitive behavior therapy (CBT) dengan teknik passive dan active music therapy terhadap academic anxiety dan self-efficacy. *Unpublished master's thesis). Program Pascasarjana Universitas Negeri Semarang, Indonesia*.

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., ... & Harney, P. (1991). The will and the ways: development and validation of an individual-differences measure of hope. *Journal of personality and social psychology*, *60*(4), 570.

Snyder, C. R. (1995). Conceptualizing, measuring, and nurturing hope. *Journal of Counseling & Development*, *73*(3), 355-360.

Snyder, C. R. (1999). Hope, goal-blocking thoughts, and test-related anxieties. *Psychological reports*, *84*(1), 206-208.

Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological inquiry*, *13*(4), 249-275.

Snyder, C. R., Feldman, D. B., Taylor, J. D., Schroeder, L. L., & Adams III, V. H. (2000). The roles of hopeful thinking in preventing problems and enhancing strengths. *Applied and Preventive Psychology*, *9*(4), 249-269.

Snyder, C. R., LaPointe, A. B., Jeffrey Crowson, J., & Early, S. (1998). Preferences of high-and low-hope people for self-referential input. *Cognition & Emotion*, *12*(6), 807-823.

Taylor, J. D., Feldman, D. B., Saunders, R. S., & Ilardi, S. S. (2000). Hope Theory and Cognitive—Behavioral Therapies. In *Handbook of Hope* (pp. 109-122). Academic Press.

Vitasari, P., Wahab, M. N. A., Othman, A., Herawan, T., & Sinnadurai, S. K. (2010). The relationship between study anxiety and academic performance among engineering student. *Procedia Social and Behavioral Sciences 8,* 490–497.

Contact email: larissa.amira81@ui.ac.id, a.menaldi@ui.ac.id