IMPLEMENTATION OF BEHAVIOR MODIFICATION TECHNIQUES FOR CHILDREN WITH LOW SOCIAL SKILLS (A CASE STUDY AT THE SOCIAL PROTECTION SERVICE UNIT FOR CHILDREN IN GARUT, WEST JAVA)

Implementasi Teknik Pengubahan Perilaku Bagi Anak Yang Memiliki Keterampilan Sosial Yang Rendah (Studi Kasus Di Satuan Pelayanan Perlindungan Sosial Anak Garut Di Jawa Barat)

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Abstract
This research focuses on the application of behavior modification techniques in various specific behaviors agreed upon, aiming to influence the levels of social skills. The research method employed is the Single Subject Design approach. The respondents of this study are children with low social skills receiving services at SATPEL PSA. Instruments used to measure baseline A1, treatment (B1), and baseline A2 are based on the results of behavior assessments, identifying 9 behaviors with 36 specific behaviors. The implementation of behavior modification techniques aims to reduce maladaptive behaviors in children, utilizing motivation techniques, positive reinforcement, modeling, counseling, and self-help groups. The research results indicate that two children, SS and MK, showed increased measurements in cognitive, behavioral, and emotional aspects during baseline and intervention. The highest results were recorded in the behavioral aspect, while the cognitive aspect showed a comparatively lower improvement.

INTRODUCTION

Recently, public attention has intensified on the attitudes and behavior of children, particularly teenagers. They are often perceived as lacking respect for manners, ethics, empathy, and solidarity. This view is reinforced by previous research (Rizki, 2020), which concludes that adolescent empathy is currently nearly extinct and considered irrelevant. The lack of manners and ethics in children and adolescents is reflected in daily events, such as the indifference of children who let parents stand on public transportation while engrossed in their cellphones, as reported by tirto.id on November 11, 2016 (Ningtyas, 2021). A similar phenomenon was also found in the *Tanjakan Emen* accident in Subang, West Java, on February 10, 2018, where witnesses reported that people who arrived did not offer help, even refusing to lend smartphones to victims.

The situation above reflects the lack of empathy, lack of solidarity, and indifference of the younger generation towards others, as was the case with the Sarinah bombing in early 2016. The youth were primarily concerned with documenting the occurrence rather than assisting the victims or obeying the instructions given by law enforcement. This condition can be interpreted as a lack of social skills in children and adolescents, which in the literature is often referred to as low or lacking social skills (Hapsari & Hasanah, 2010). Social skills involve the ability to interact and communicate with others, being an important key in human life that depends on social interaction (Chen, 2006).

Low social skills can have a negative impact on various aspects of children and adolescents' lives, such as difficulty managing emotions, bullying behavior, difficulties in social interaction, aggressiveness, interpersonal relationship problems, low self-concept, academic failure, concentration difficulties, social isolation, and depression (Milyartini, 2016). Children's social skills are formed through parental care, influencing the child's personality and outlook on life (Hawari, 2001). Therefore, the child's relationship with parents becomes the basis for the child's attitude towards the surrounding environment. Social skills, as the first lesson from the family, play a key role in shaping children to be independent in the future (Lund, 2014).

Given the urgency of the phenomenon of low social skills in the community, the researcher is interested in further examining "the process of social skills development carried out by parents with their children since childhood in Bandung City." This research is considered important in addressing contemporary challenges, especially under the conditions of the Covid-19 pandemic, which can affect the dynamics of social skills in children (Ayuningtyas & Rayhani, 2018).

METHOD
Research Design
This study was categorized as experimental research, as researchers provided interventions to the research targets (Bulkeley & Cramer, 1990). Since the research was conducted on individual subjects, it included a single experiment. According to Sunanto et al. (2005), this experiment fell into the category of single-subject research (SSR), or as Sugiyono (2013) called it, Single Subject Design. This type of investigation aimed to evaluate the impact of interventions directed at specific individual cases or systems. The research design used followed the A-B-A pattern (Sunanto et al., 2005). Specifically, the study employed an SSD reversal design with the A-B-A technique: (A1) was the baseline phase before the intervention, B was the treatment phase, and A2 was the baseline phase after the intervention was no longer given. This design was used to determine the effect of providing interventions using behavior change techniques to increase self-efficacy (Carson & Arnold, 2000).

Research Variables
a.   Independent Variable
The independent variable is: Behavior Change Technique, which is one of the therapies derived from behaviorv and cognitive approaches, which in the process consists of several techniques and is oriented towards cognitive-behavior-action (Heimberg & Becker, 2002). In other words, this therapy focuses on thinking, assessing, deciding, analyzing, and taking action or behaving. In the research process, the independent variable is the implementation of Positive and Negative Reinforcement techniques, Assertive training, Prompting, Coaching, Systematic desensitization, Play therapy while the cognitive approach is counseling.

b.   Dependent Variable
In this research process, which is the dependent variable, there are 3 aspects that are seen and each aspect has 4 variables to be measured, namely the cognitive aspect with 4 variables to be measured, namely relationships with friends, relationships with assistants/social workers and task work, as well as for the behavioral aspects and emotional aspects of the two informants, namely MK and SS.

Operational Definition
a.   The implementation referred to in this study is a planned and structured activity based on the procedure for conducting the intervention.
b.   Social skills, is a process of training directly or indirectly in helping a person to be able to adjust to the standard expectations of society in the norms that apply around him (Cappadocia &

Weiss, 2011). In this study, social skills that are categorized as low experienced by research subjects include: laziness in doing assignments, relationships with friends and relationships with officers / instructors (Cartledge & Milburn, 1995).

c.   Behavior change techniques are a set of techniques aimed at assistants / social workers and lazy attitudes in doing tasks to change the behavior of informants or research subjects that are planned and given systematically. In this study, the techniques used include: Motivation techniques, positive reinforcement, modeling and psychosocial therapy (counseling and self help groups) (Tristanto, 2020).

Data Source

Data sources that will be used in this study include primary data sources and secondary data sources. Primary data sources are data sources obtained directly from two informants who have low social skills (Mercer & Rubin, 1997). Secondary data sources are data collected to complement primary data related to the problem under study. Secondary data sources can be documents, books, scientific magazines, sources from archives, personal documents and official documents, photographs and statistical data.

Data Collection Technique

The study informants were two children who had low or insufficient social skills who were assisted by Satpel PSAA Cisurupan, Garut Regency. The sampling technique was carried out by purposive sampling. Data collection uses the implementation of behavior change techniques, observation and measurement of results. Data collection is carried out before, during and after the provision of therapy, using previously agreed measurements. While the intervention or therapeutic treatment provided is based on the stages of the techniques carried out which have been conceptually determined through the application of techniques from the Cognitive approach and techniques from the Behavioral approach.

Data Analysis Technique

Data analysis in this study is a description of the picture obtained from graph analysis and the ratting scale observation process based on behavioral measurements. Sunanto et al (2005) reveal that in single case research the use of complex statistics is not carried out but rather uses simple descriptive statistics, because single case research focuses more on individual data than group data.

In the process of analyzing data in single subject research, many present data into graphs, especially line graphs. Therefore, graphs play an important role in the analysis process of general principles in making graphs (Stuart & Sundeen, 1998). The data obtained from the graph is interpreted by looking at the decrease in the graph in the baseline1 phase, intervention phase and also the A2 baseline phase. When an increase in the graph does not occur in the A2 baseline phase, the therapy is interpreted as effective, and vice versa. Charting has two main purposes, namely, (1) to help organize data throughout the data collection process which will make it easier to evaluate, (2) to provide a summary of quantitative data and describe the target behavior which will help in the process of analyzing the relationship between the independent and dependent variables (Safitri et al., 2017).

By displaying graphs, researchers will find it easier to explain subject behavior efficiently, compactly, and in detail. In addition, the graph will also make it easier to communicate to the reader about the sequence of experimental conditions, the time required for each condition, showing the independent and dependent variables, the design used, and the relationship between the independent and dependent variables (Sunanto et al., 2005).

In this study, data analysis techniques were carried out using inferential statistics. Inferential statistics were conducted to test the hypothesis with a t-test, and to measure the average difference

between the target measurement scores obtained in the baseline phase and the intervention phase using a two standard deviation (2 SD) comparison. Two standard deviation (2 SD) used in this study refers to the procedure offered by Rubin & Babbie (2007) with the following steps:

Table 1. Calculation Steps and Data Obtained

No	Calculation Steps	Example of Data Obtained
1	Calculate the average of the baseline observations. For example, if observations were made over a period of 7 days, then add up all the observations and divide by the number of days.	M = 17+13+17+13+17 +13+15+7 M = 15
2	Subtract the value of each baseline from the average baseline value (M), then the results are squared.	17 – 15 = 2 2 = 4 13 – 15 = -2 (-2) = 4 17 – 15 = 2 2 = 4 13 – 15 = -2 (-2) = 4 17 – 15 = 2 2 = 4 13 – 15 -2 (-2) = 4 15 – 15 = 0 0 = 0
3	Sum the results of the above measurements	4 + 4 + 4 + 4 + 4 + 4 + 0 = 24
4	Divide the result of squaring the above by the number of observation times (number of days) minus 1.	$\frac{24}{(7-1)} = 4$
5	Standard Deviation (SD) is the square root of the result of the calculation in step 4 above.	SD = square root of 4 SD = 2
6	To get two Standard Deviation (SD), then multiply the standard deviation above by 2	2 SD = 2 X 2 2 SD = 4
7	Add 2 SD values to the mean (M) Subtract 2 SD values from the mean (M) values	15 + 4 = 19 15 – 4 = 11
8	Check the mean value of the data from the intervention	Average intervention score: $\frac{11 + 10 + 11 + 10 + 10 + 9 + 9}{7} = 10$
9	If the intervention mean is at least equal to or above two SDs of the baseline mean, then the change is statistically significant at the 0.05 level. Significant change may indicate that the intervention had a beneficial or harmful effect, depending on whether the intervention data values were above or below the baseline mean in the direction of interest. For example, in this study, if a reduction in maladaptive behavior is desired, then the intervention value should be below the mean baseline value.	A value of 10 is greater than 2 SD of 15, so the change is significant.

To obtain results before and after the intervention, the researcher conducted a paired sample t-test on Tangney's social skills scale. This measurement referred to the same subject to determine the extent to which an improvement in social skills was achieved.

RESULT AND DISCUSSION
Informant Characteristics
a.   Informant 1
MK, a 13-year-old male in the first grade of junior high school, is 163 cm tall and weighs 63 kg. He tends to withdraw from his environment, has a neat and generally attractive appearance. Other assessment results indicate poor adaptation both with peers and with staff/mentors, as well as being manipulative, lazy, and shy. MK is a young man who has been a foster child of SATPEL PSA Cisurupan Garut for two years, a technical service unit institution under the authority of the West Java Provincial Social Service. MK is of medium stature for a child his age, rather quiet and shy, rather closed and difficult to talk to, especially for people who are new to him, as well as relationships or relationships with companions / social workers and instructors are quite distant.

In addition, MK tends to withdraw from her friends so that she is often alone and not involved in group games both in the orphanage environment and her school. MK is also lazy to do the tasks that have been agreed upon with her dormitory friends and school assignments, so she is recommended by her social worker to be one of the informants who is considered low in social skills. However, during the research, MK was very cooperative and willing to work together so that the research process which was quite long and took a long time (18 sessions through 9 meetings) could be carried out well.

b.   Informant 2
SS, an 11-year-old female in the fifth grade of elementary school, is 110 cm tall and weighs 39 kg. She has difficulty making friends, often isolates herself, and struggles to relate to caregivers/social workers. SS is a teenage girl who is small / petite and thin rather quiet and seems shy, rather closed and difficult if spoken to, especially for people who just know her. However, if you already know and are able to approach him, SS looks like a smart, critical and easy to commit child. This can be seen from the research process carried out, very cooperative and willing to work together so that the research process which is quite long and takes a long time (18 sessions through 9 meetings) can be done well.

SS comes from a family that can be categorized as middle economic level, but the relationship between his family members seems less good / less harmonious. He stated this as part of his assessment that he felt he did not get enough attention from his family. At the request of SS as a research subject, the location and background of the family are not willing to be revealed in detail, and for this we researchers can accept it as a form of confidentiality principle that needs to be maintained.

Target Change Aspect (Specific Behavior)
Table 2. Cognitive Aspects

No	Skill Aspect	Cognitive
1	Relationship with Friends	Friends' thoughts Does not respond well Thought friends would not accept friendship
2	Relationship with Social Workers/Instructors	The companion's thinking is not respond well Companion thinking will not accept
3	Doing chores (Dormitory and School)	Feeling like you can't do it Feeling useless in teamwork Feeling hopeless when unable to do the task

Table 3. Behavioral Aspects

No	Skill Aspect	Cognitive
1	Relationship with Friends	Start a Conversation Responding to a friend's speech Greeting/Inquiring
2	Relationship with Social Workers/Instructors	Engage in Play/Friendship Greeting/Inquiring Storytelling / Confidence Helping/Assisting the Companion
3	Doing chores (Dormitory and School)	Consultation Schoolwork/PR Dormitory duties Group Work (Home/Dormitory) Group Study (schoolwork)

Table 4. Emotional Aspects

No	Skill Aspect	Emotions
1	Relationship with Friends	Shy to greet friends Fear of starting a conversation with friends Worried about not being included in friendships
2	Relationship with Social Workers/Instructors	Shy to start a conversation with a companion Embarrassed to help the companion Worried about not being able to communicate with the companion Worried about not being able to help the companion
3	Doing chores (Dormitory and School)	Shy to start help with assignments Shy to start a conversation with friends when Working on assignments

Baseline Measurement A1

The measurement results at baseline A1 for behavior with the social skills aspect of 3 aspects, each has 3 behaviors with 4 and 3 specific behaviors according to the agreement and research needs. In the cognitive aspect with 3 behaviors, namely relationships with friends, relationships with social workers or instructors and doing assignments (dormitory and school) the measurement of SS clients shows results of 8 and 8 through A1 baseline measurements with 2 measurement sessions. Furthermore, the results of measuring the behavioral aspects of SS clients show the results of 24 and 25 with the same number of sessions. The last measurement was carried out on the emotional aspect with measurement results of 11 and 15 with the same number of sessions.

Intervention Measurement

The next stage that is carried out is the provision of treatment or the application of behavior change techniques to each behavior that has been determined together with clients SS and MK.

Some of the behaviors and behavior change techniques that have been determined and agreed upon are motivational techniques, positive reinforcement, modeling, counseling and self help groups. The application of this behavior change technique shows the results of measurements with 4 sessions on cognitive, behavioral and emotive aspects. The measurement results on cognitive aspects show the results of 15, 18, 19, 25. Furthermore, the measurement of behavioral aspects shows the results of 28, 32, 32, 38 and emotive measurements with measurement results 17, 24, 26, 28.

Baseline A2 Measurement

The measurement results at baseline A2 for behavior with aspects of social skills from various specific behaviors that have been given interventions and measured previously show results that have increased quite specifically with 2 sessions showing values of 29 and 32 in cognitive aspects, 40 and 43 in behavioral aspects and 33 and 36 in emotive aspects. The acquisition of these values is accumulated from 9 behaviors that are measured for changes, where in each of these behaviors an average is applied to each specific behavior that has been measured in order to get effective results.

Discussion

Discussion of research results based on data description of research results regarding the Implementation of Behavior Change Techniques for Children with Low Social Skills (Case Study at the Garut Child Protection Service Unit in West Java). This research was conducted on 2 child respondents with low social skills (SS and MK) at the Child Social Protection Service Unit (SATPEL PSA). The recapitulation results of research using the Single Subject Design approach regarding social skills include 3 aspects, namely cognitive, behavior and emotions. The results of the recapitulation of the implementation of behavior change techniques for SS informants in the cognitive aspect, related to skills in relating to friends, skills in relating to assistants (social workers and instructors) as well as skills in doing school assignments and dormitory/penti assignments. Each component is carried out in 8 meeting sessions with a score or assessment from a range of 1 to 4 with an interval of 0.5.

This study showed positive results from the application of behavior change techniques. In cognitive aspects related to relationships with friends, there was an increase in scores in sessions 5, 6, 7, and 8, indicating positive changes in thinking about friends' responses and friendships with the opposite sex. Similarly, in relationships with social workers or peer instructors, there was an increase in scores in sessions 3, 4, 5, 6, 7, and 8, indicating positive changes in thinking about the assistant. Finally, in cognitive aspects related to doing tasks (dormitory/school), there was an increase in scores in sessions 3, 4, 5, 6, 7, and 8, indicating a positive change in thinking related to these tasks.

Furthermore, behavioral measurements showed that behavior therapy also had a positive impact. In relationships with friends, there were positive changes in conversation, greeting, responding, and playing/being friends in sessions 5, 6, 7, and 8. Likewise, in relationships with companions, there was an increase in behaviors such as greeting, helping, talking, and consulting, especially in session 4 onwards. The measurement results also show that the implementation of the Behavior Change Technique in the aspect of doing chores (school/dormitory assignments) has a positive and stable impact, except for group work behavior which decreased in session 5 but increased again in sessions 6, 7, and 8. Thus, it can be concluded that the Behavior Change Technique has a positive effect on the aspect of doing chores both at school and dormitory/residence.

The following is a table and graph of the measurement results for client SS. The discussion section is expected to provide new contributions and colors for the development of science, especially in the field according to the article written. For this reason, the author is expected to really pay special attention to ensure that the discussion written is an important part of the overall content of the article, which can improve scientific quality.

Table 5. Behavioral Measures of Cognitive, Behavioral and Emotive Aspects of SS clients

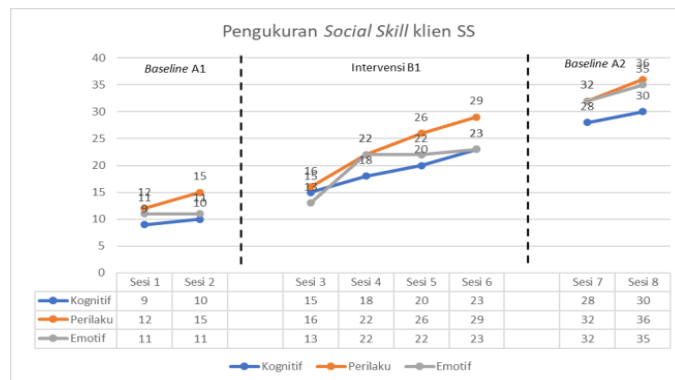| Sessions	Cognitive	Behavior	Emotive
1	9	24	11
2	9	25	15
3	15	28	17
4	18	32	24
5	19	32	26
6	25	38	28
7	29	40	33

Figure 1. Graph of Behavioral Measurement of Cognitive, Behavioral and Emotive
Aspects of client SS

The recapitulation results of the measurement of behavior change techniques for informant MK show that there are positive changes in several aspects. The behavioral aspect has increased significantly, while the cognitive aspect tends to be stable or decreased. This can be related to the closed characteristics of informant MK. In cognitive aspects related to relationships with friends, there were improvements in sessions 5, 6, 7, and 8, while in relationships with social workers or instructors, improvements were seen from sessions 3 to 8. Likewise, in terms of doing assignments (dormitory/school), there were improvements in sessions 3, 4, 5, 6, 7, and 8.

Furthermore, the results of behavioral measurements showed positive changes in relationships with friends, especially in terms of starting conversations, greeting/asking, responding to speech, and playing/being friends in sessions 5, 6, 7, and 8. In relationships with assistants (social workers and instructors), behaviors such as greeting, helping, talking, and consulting experienced positive changes, especially in session 4 onwards. In terms of doing tasks (school/dormitory assignments), there was a high and stable increase in behavior in the three aspects of tasks measured, except for group work behavior which decreased in session 5, but increased again in sessions 6, 7, and 8. Thus, it can be concluded that the Behavior Change Technique has a positive effect on the aspect of doing tasks both at school and dormitory.

In addition, the implementation of the Behavior Change Technique also had a positive impact on the emotional aspect of doing assignments. Although there were initial concerns related to the ability to do the task, in the end there was an increase. Other emotions also improved and stabilized until the final session. Thus, it can be concluded that the Behavior Change Technique through an emotional approach also has a positive effect on the aspect of doing tasks both at school and dormitories. The following are the results of measurements taken on client MK.

Table 6. Behavioral Measurement of Cognitive, Behavioral and Emotive Aspects of MK clients

Sessions	Cognitive	Behavior	Emotive

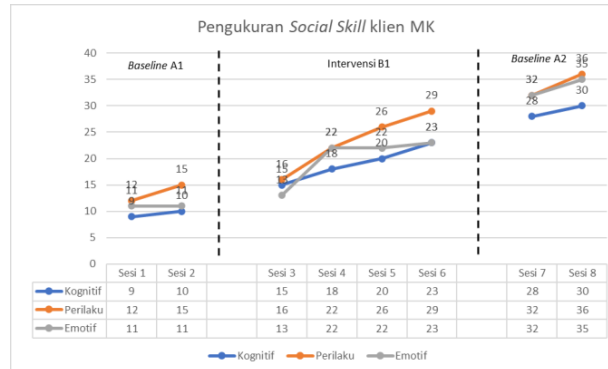| 1	9	12	11
2	10	15	11
3	15	16	13
4	18	22	22
5	20	26	22
6	23	29	23
7	28	32	32

Figure 2. Graph of Behavioral Measurement of Cognitive, Behavioral and
Emotive Aspects of MK clients

The behavior change techniques used/implemented in this study are a combination of techniques derived from cognitive, behavioral and emotive approaches. This therapy has more in common with cognitive, behavioral and action-oriented therapies in the sense of emphasizing thinking, judging, deciding, analyzing, and acting, and then combined with a behavioral approach that tries to implement several activities that can be done as a follow-up to thoughts that have been minimized through cognitive techniques / approaches (Widyawati, 2021). If done through specific mechanisms, this combination of behavioral and cognitive approaches is similar to the CBT model.

Beck (2011) reveals CBT Cognitive Behavior Therapy (CBT), is a form of therapy that refers to a cognitive approach and behavioral approach, in its application CBT is often carried out through a counseling process. The basic principles of this therapy are: an evolving formulation of the client's problems and cognitive conceptualization, the same understanding between the counselor and the client of the problems faced by the client, requires collaboration and active participation, is goal-oriented and problem-focused, focuses on current events, is educational, aims to teach the counselee to become a therapist for himself and emphasizes prevention and this therapy teaches clients to identify, evaluate and respond to their dysfunctional thoughts and beliefs.

In this study, researchers provided interventions for 2 subjects, namely children who had low social skills, namely MK and SS using behavior change techniques The implementation of this study is divided into three (4) stages covering 18 sessions in 9 meetings (Kneisl & Trigoboff, 2004). The first stage of the assessment is carried out so that the results are obtained: there are 5 variables that will be measured both from the cognitive aspect and the behavioral aspect, the five variables are: staring, smiling, greeting, shaking hands and patting shoulders. Furthermore, measurements were made for the five variables (as described above) (Ramdhani, 2007). After that the second stage is to use cognitive therapy through gestalt techniques (empty chair and nourisment), in this session the research subject is asked to release all his thoughts and feelings when relating to his friend, the first meeting he released his uneg- uneg verbally and non-verbally through the empty chair technique, all words describing his thoughts and feelings were shed such as: swearing, disappointment, anger expressed everything even to the point of throwing something towards the chair that was considered occupied by the perpetrator (van Dam-Baggen & Kraaimaat, 2000).

This technique is successful in showing the subject's catharsis in addition to negative memories of the perpetrator have begun to decrease. The next meeting continued with the nourishment technique, all memories and feelings about relationship activities both with friends and companions were issued through writing. Sheets of research subjects express their feelings towards the perpetrators of social skills, it can be seen that the sentences of anger, disappointment, sadness and even dirty words are released, all revealed in the writing. As with the first technique, this second technique seems effective as evidenced in the measurements as reported in the research results. The first stage through two gestalt techniques and measurement of social relationship skills showed significant changes towards positive changes. This shows that the gestalt technique in a cognitive approach effectively changes the behavior of research subjects in relating to their friends.

The third stage, conducting therapy with a behavioral approach through systematic dezentitation techniques and the application of tasks or task centers (Towsend, 2011). Through several meetings, measurements of the 5 variables that have been agreed upon are carried out, the procedure carried out is: the research subject performs the tasks that must be done (5 variables: staring, smiling, greeting, greeting and patting the shoulder), then measurements are made of each variable with predetermined measurement indicators. The results showed that the Behavioral approach through Systematic dezentitation and task center techniques was effective in changing the behavior of the research subjects so that they could improve in relating to their friends even though there were parts that were stagnant (fixed), especially in the greeting and shaking hands variables in both cognitive and behavioral measurements, this may be in addition to other intervening variables that also influence also considering that the behavior of shaking hands and patting shoulders requires activity or "movement" from research subjects who still have obstacles However, overall and the final results of these two approaches show an increase in other words there are positive changes in social skills as a result of the application of techniques in the behavioral approach (Keliat, 2011).

From the results of the study, the intervention on social skills variables using psychosocial therapy and behavior change techniques showed an increasing matrix, meaning that there was a change for the better, so it can be categorized as an appropriate solution in dealing with social skills problems (Prawitasari et al., 2002). So this therapy can be recommended because it has succeeded in providing positive changes for research subjects in conducting their friendship relationships. The results of the study also show changes in emotional behavior that differ between male informants (MK) and female informants (SS), it appears that women's emotional development is faster and easier, this is related to the emotional development of Piaget and Vigotsy, besides this research also shows enrichment of the use of techniques in general which are behavior change techniques applied continuously in accordance with coaching, enrichment and practical experience in relation to the subjects being fostered and in the context of Community Service activities.

In its implementation by using techniques from the cognitive approach and techniques in the behavioral approach successfully change thinking and behavior so that from that change, a satisfying experience is obtained, and can fulfill a certain lifestyle, by modifying certain patterns of thinking and behavior. The cognitive approach seeks to focus on placing a thought, belief, or form of self-talk (self-talk) against others (for example, all friends will bully, there are no good friends, making friends is unpleasant, etc.). While the analysis of the behavioral approach, trying to change specific behavior as a condition to facilitate behavior change (J Fisher & H. Gochros; 1978). Therefore, the variables to be changed or measured are aimed at specific behaviors (staring, smiling, greeting, greeting and patting shoulders with the thought that these behaviors are easy / doable, measurable and observable.

In addition, the effectiveness of behavior change is also determined by: the client or in this case the research subject knows that he has mal-adaptive behavior (obstacles to friendship relations), then wants to be changed, and agrees to make changes with behavior change techniques. These three conditions for the effectiveness of change exist or are present in the research process carried out. FM as the subject of the study knew she had a problem in her relationship, wanted

change and agreed to the therapy/research process including measurement. When viewed from the concept of relationships, there are several factors that influence good relationships, namely: productive communication that will produce understanding, trust, communicator facilitating behavior (facilitating behavior of communicators / social workers (Apdillah et al., 2022). Based on this opinion, good relationships are also determined by cognitive aspects (mutual understanding and trust) and behavioral aspects (facilitating behavior).

CONCLUSION
Based on the research results through description, analysis and discussion, it can be concluded that the behavior change technique has a positive influence on the social skills of both informants SS and MK. This is indicated by the graph of research results which shows an increase in both cognitive, behavioral and emotive interventions. Thus it can be concluded that there is an effect of the implementation of behavior change techniques on the social skills of informants SS and MK as research subjects can be accepted, in other words, all research questions can be answered. In more detail, it can be conveyed that basically the three aspects measured and carried out show changes so that it can be said that the behavior change techniques carried out are effective for improving the social skills of informants.

REFERENCES

Apdillah, D., Harmika, Z., Sahera, M., & Harahap, H. U. (2022). Communication Ethics as Virtual Virtue Control in Media Behavior Society in the Digital Age. *JOURNAL OF HUMANITIES, SOCIAL SCIENCES AND BUSINESS*, *1*(3 SE-Articles), 49–60. https://doi.org/10.55047/jhssb.v1i3.148

Ayuningtyas, D., & Rayhani, M. (2018). Analisis situasi kesehatan mental pada masyarakat di Indonesia dan strategi penanggulangannya. *Jurnal Ilmu Kesehatan Masyarakat*, *9*(1), 1–10.

Beck, J. S. (2011). Cognitive-behavioral therapy. *Clinical Textbook of Addictive Disorders*, *491*, 474–501.

Bulkeley, R., & Cramer, D. (1990). Social skills training with young adolescents. *Journal of Youth and Adolescence*, *19*(5), 451–463.

Cappadocia, M. C., & Weiss, J. A. (2011). Review of social skills training groups for youth with Asperger syndrome and high functioning autism. *Research in Autism Spectrum Disorders*, *5*(1), 70–78.

Carson, V. B., & Arnold, E. N. (2000). Mental health nursing: The nurse-patient journey. *(No Title)*.

Cartledge, G., & Milburn, J. F. (1995). Teaching social skills to children and youth: Innovative approaches. *(No Title)*.

Chen, K. (2006). Social skills intervention for students with emotional/behavioral disorders: A literature review from the American Perspective. *Educational Research and Reviews*, *1*(4), 143.

Hapsari, M. I., & Hasanah, N. U. (2010). Efektivitas pelatihan keterampilan sosial pada remaja dengan gangguan kecemasan sosial. *Psycho Idea*, *8*(1).

Hawari, D. (2001). *Manajemen stress, cemas dan depresi*. Fakultas Kedokteran Universitas Indonesia.

Heimberg, R. G., & Becker, R. E. (2002). *Cognitive-behavioral group therapy for social phobia: Basic mechanisms and clinical strategies*. Guilford Press.

Keliat, B. A. (2011). Keperawatan kesehatan jiwa komunitas. *Jakarta: Egc*.

Kneisl, C. R., & Trigoboff, E. (2004). *Contemporary psychiatric-mental health nursing*. Pearson/Prentice Hall Upper Saddle River, NJ.

Lund, C. (2014). Poverty and mental health: Towards a research agenda for low and middle-income countries. Commentary on. *Social Science & Medicine*, *111*, 134–136.

Mercer, Y., & Rubin, K. H. (1997). *Social withdrawal, inhibition*. New Jersey: Lawrence Erlbaum Associates Publishers.

Milyartini, R. (2016). *Meningkatkan keterampilan sosial anak usia dini melalui kegiatan bermain angklung (Penelitian tindakan kelas di TK Laboratorium Percontohan Universitas Pendidikan Indonesia)*. Indonesia University of Education.

Ningtyas, H. S. (2021). Pendampingan perkembangan anak berkebutuhan khusus kategori gifted berdasarkan pola asuh otoritatif. *Jurnal Shanan*, *5*(2), 79–94.

Prawitasari, J. ., Rochman, M., Ramdhani, N., & Utami, M. . (2002). *Psikoterapi: Pendekatan konvensional dan kontemporer, Yogyakarta: Pustaka pelajar offset.*

Ramdhani, N. (2007). Pelatihan keterampilan sosial untuk terapi kesulitan bergaul. *Jurnal Psikologi*, *3*.

Rizki, H. (2020). *Hubungan Antara Kecenderungan Adiksi Gadget Dengan Empati Pada Mahasiswa*. UIN Raden Intan Lampung.

Rubin, A., & Babbie, E. R. (2009). *Research methods for social work* (7th ed.). Linda Schreiber. https://www.researchgate.net/publication/237131811_Research_Methods_for_Social_Work

Safitri, A. H., Widianingsih, I., & Halimah, M. (2017). Koordinasi Dalam Penanganan Gelandangan Pikotik Di Kota Bandung. *JANE-Jurnal Administrasi Negara*, *2*(1).

Stuart, G. W., & Sundeen, S. J. (1998). Principles and practice of psychiatric nursing. *(No Title)*.

Sugiyono, D. (2013). *Metode penelitian pendidikan pendekatan kuantitatif, kualitatif dan R&D*.

Sunanto, J., Takeuchi, K., & Nakata, H. (2005). Introduction to Research with Single Subjects. *Center for Research on International Cooperation in Educational Development (CRICED): University of Tsukuba*.

Towsend, M. C. (2011). *Essentials of psychiatric mental health nursing*. Philadelphia: FA Davis Company.

Tristanto, A. (2020). Dukungan kesehatan jiwa dan psikososial (dkjps) dalam pelayanan sosial lanjut usia pada masa pandemi Covid-19. *Sosio Informa: Kajian Permasalahan Sosial Dan Usaha Kesejahteraan Sosial*, *6*(2), 205–222.

van Dam-Baggen, R., & Kraaimaat, F. (2000). Group social skills training or cognitive group therapy as the clinical treatment of choice for generalized social phobia? *Journal of Anxiety Disorders*, *14*(5), 437–451.

Widyawati, W. (2021). Kemenkes Beberkan Masalah Permasalahan Kesehatan Jiwa di Indonesia. *Retrieved December*, *8*, 2021.