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COGNITIVE BEHAVIORAL THERAPY TO REDUCE DEPRESSION IN FEMALE COLLEGE STUDENTS FROM BROKEN HOMES

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ABSTRACT
This study aims to reduce depression levels among female college students from broken homes through the application of cognitive behavioral therapy. This study used a single-case experimental design. The subjects were selected using purposive sampling—three female college students from broken homes who were diagnosed with severe depression based on the Beck Depression Inventory (BDI-II). Data analysis in this study was conducted using data triangulation, which involved comparing increases or decreases in depression scores at the beginning and end of therapy sessions, supplemented by interviews and observations of the subjects regarding changes observed in each therapy session. The results indicate an improvement in the psychological condition of all three participants, marked by a reduction in depression levels from the severe category to the mild category. Qualitatively, positive changes were observed, characterized by the emergence of realistic thinking, more stable emotions, and more productive behavior. Based on these findings, it can be concluded that the application of cognitive-behavioral therapy can help reduce depression levels in female college students from broken homes

INTRODUCTION

In family life, marriage is not always characterized by happiness and harmony; sometimes marriages are happy, and at other times they face problems. If couples or families can handle these problems well, they will not have a negative impact on the family's well-being; but conversely, if the family cannot address problems wisely, this can lead to adverse situations within the family, including family disharmony, a breakdown in fulfilling respective roles, a lack of warmth, and divorce—all of which characterize a "broken home" (Haryadi et al., 2018). A "broken home" is a condition characterized by a lack of harmony within the family. According to (Willis, 2013), a "broken home" can be viewed from two aspects: first, a family whose structure is fractured due to divorce or the death of a parent;

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and second, a family whose structure is incomplete because the father or mother does not live under the same roof or fails to demonstrate affection—whether toward the spouse or the children. Many factors can contribute to a "broken home," including: 1) Family disharmony; 2) Lack of communication; 3) Infidelity; 4) Domestic violence; 5) Forced marriage; 6) Education; 7) Economic factors; and others.

According to (Haryadi et al., 2018) states that there are several negative impacts that can occur in children from broken homes, including: 1) Academic decline; 2) A tendency to be influenced by negative behaviors; 3) A low quality of life; 4) Experiencing abuse; 5) Eating disorders; 6) Psychological stress; 7) Apathy in relationships; 8) Engaging in casual sex.

Preliminary research data collected by the researcher from three female college students from broken homes through interviews and observations yielded results supporting the above statements. The data collection results indicate that female college students who have experienced a broken home currently experience many negative emotions, including feelings of sadness, anger, heartache, worthlessness, worry about the future, confusion, anxiety regarding relationships with the opposite sex or socializing, self-harm, and suicidal thoughts—all of which indicate symptoms of depression. This depressive condition stemming from a broken home background is further corroborated by measurements from psychological instruments designed to assess the severity of depressive symptoms. Based on the Beck Depression Inventory–II (BDI–II), the scores of the three female college students fell within the range of 29 to 63, indicating severe depression.

The (World Health Organization (WHO), 2012) defines depression as a mental disorder characterized by a depressed mood, manifested as a loss of interest in activities, reduced energy, excessive feelings of guilt, low self-esteem, disturbances in sleep and eating patterns, persistent fatigue, and impaired concentration. This disorder has the potential to become chronic if not treated promptly and appropriately, thereby hindering the subject's functioning in daily life and increasing the risk of suicide.

The depression these students are experiencing undoubtedly significantly affects their ability to fulfill developmental tasks; at this stage, they should be able to accept their circumstances, build healthy relationships—including with members of the opposite sex—become emotionally independent, understand the values of parents and adults, and prepare for future family life (Hurlock, 2010). Therefore, intervention is needed for these three female college students so that the depressive symptoms they are experiencing can be effectively addressed.

In Indonesia, numerous studies have been conducted on individuals from broken homes and their impact on depressive psychological conditions; however, most of these studies still focus on risk factors and relationships between variables, as seen in the research by (Apriliana et al., 2022). Meanwhile, studies examining the effects of psychological interventions on college students—particularly those from broken homes—remain limited. Furthermore, research on the application of cognitive-behavioral therapy in Indonesia has indeed shown many positive results in improving individuals' problem-solving abilities; however, most studies generally only evaluate changes in scores before and after the intervention, without explaining the process of cognitive, emotional, and behavioral changes during the course of therapy, as in the study conducted by (Fadhila & Ananda, 2026).

Based on the previous studies outlined above, it can be concluded that there is a research gap regarding cognitive-behavioral therapy; therefore, the researchers propose a novel study that incorporates a single-case experimental design combined with the BDI-II scale, observation, and interviews to obtain comprehensive results. In this approach, the research subject is not only assessed for quantitative changes in depressive symptoms but also for changes in psychological dynamics during each therapy session through observation and interviews.

(Beck, 2011) states that cognitive-behavioral therapy is a form of psychotherapy based on the understanding that an individual's interpretation of an event influences their emotional response and behavior. Therefore, in cognitive-behavioral therapy, the therapeutic process is directed toward identifying and transforming maladaptive thought patterns into more adaptive ones, enabling the individual to develop more adaptive emotional responses and behaviors. (Oemarjoedi, 2003) argues that cognitive-behavioral therapy is directed toward modifying the functions of thinking, feeling, and acting, emphasizing the brain's role in analyzing, deciding, questioning, acting, and re-deciding.

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By altering one's state of mind and emotions, it is hoped that individuals can transform their behavior from negative to positive.

RESEARCH METHODS

This study used a single-case experimental design to determine whether there was a reduction in depression levels among the three female college students after receiving the therapeutic intervention. Measurements in this study were conducted before and after the intervention using the BDI-II scale, with data supplemented by observations and interviews. According to (Barlow & Durand, 2013), the single-case experimental design is an experimental method used to observe changes in behavior or psychological conditions resulting from an intervention.

The female college students in this study were selected using purposive sampling, a technique for determining participants based on specific characteristics aligned with the study's objectives (Creswell & Creswell, 2018). The criteria for participants in this study were female college students aged 18 to 23 years, from broken homes—whether due to divorce or disharmonious family conditions—experiencing severe depression as measured by the BDI-II, and willing to participate in the study by completing the full course of cognitive-behavioral therapy from start to finish.

The primary research instrument used in this study was the Beck Depression Inventory-II (BDI-II), developed by (Beck et al., 1996). The BDI-II is a psychological measurement scale designed to assess the severity of a person's depression; it consists of 21 statements drawn from four domains: cognitive, affective, motivational, and somatic. Each item in the BDI-II is scored on a scale of 0 to 3, resulting in a total score ranging from 0 to 63. In this context, the higher a person's score, the more severe their depression; conversely, the lower the score, the fewer depressive symptoms the person experiences. In this study, all three subjects scored between 29 and 63, indicating that they fell into the category of severe depression.

This study employed data triangulation to strengthen the research findings. Triangulation was conducted using BDI-II measurement results, observations, and semi-structured interviews. BDI-II measurements were taken at the beginning before the intervention and at the end after the intervention, while observations and interviews were conducted at each stage of the therapy sessions. Observations were conducted to assess the subjects' engagement, emotional expressions, and behavioral changes during therapy, while interviews were conducted to obtain in-depth information based on the observations and to gather insights regarding thought patterns, feelings, behaviors, and coping strategies that emerged as the subjects participated in the cognitive-behavioral therapy intervention series.

Behavioral cognitive therapy interventions were carried out in 6 meeting sessions. This stage refers to the stages of cognitive behavioral therapy described by , the following stages of therapy are carried out: (Oemarjoedi , 2003)

Stages	Activities
Session 1	BDI-II Pre-Test, Assessment and identification of problems, Contract therapy
Session 2	Identification of thoughts, emotions and behaviors (with subjects looking for maladaptive automatic thoughts of an event and psychoeducation the link between cognitive, emotional, and behavioral)
Session 3	Cognitive Restructuring (with the subject looking for automatic thinking that is more adaptive to an event, transforming negative thoughts into more rational), psychoeducation of the link between cognitive, emotional, and behavioral
Session 4	Adaptive Behavior Training (Reality Testing)
Session 5	Strengthening coping skills and evaluation of development
Session 6	Final evaluation, termination, relapse prevention and Post Test BDI-II

RESULTS AND DISCUSSION

Results of BDI-II measurements in the three subjects before being given cognitive behavioral therapy and after being given cognitive behavioral therapy:

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Meetings	Subject 1	Category	Subject 2	Category	Subject 3	Category
Pre-Tests (Session 1)	32	Depression Weight	32	Depression Weight	34	Depression Weight
Post-Test (Session 6)	19	Depression Lightweight	18	Depression Lightweight	18	Depression Lightweight

Summary of the results of psychological dynamics from interviews and observations of the three research subjects:

Meetings	Observation Results	Interview Results
Session 1 (BDI-II Pre-Test, Assessment and identification of problems, Contract therapy)	The three subjects looked sad when telling about their family's condition, this can be seen from the behavior of the subjects who were seen wiping tears several times, lowering their eyes, diverting eye contact, stroking their chest while holding back tears and even looked hysterical.	The three subjects stated that the broken home event experienced greatly affected their current life, the role of parents who were not complete in the subjects made the three subjects often feel insecure, pessimistic, inferior, closed down, afraid, had no motivation to learn, had no vision of the future and even felt worried when they were going to establish relationships with other people or the opposite sex.
Session 2 Identification of thoughts (together with subjects looking for maladaptive automatic thoughts of an event), psychoeducation of the link between cognitive, emotional, and behavioral	The three subjects seem to be able to identify problems, this can be seen from the behavior of the subjects who understand the therapist's questions and can answer maladaptive automatic thoughts arising from an event experienced.	All three subjects stated that they began to understand their mindset when experiencing an event, and three subjects admitted that when they experienced an event, what often came out of their mind was a thought pattern that led more to maladaptive than adaptive thinking. They also begin to understand how maladaptive thinking can adversely affect emotions and behavior.
Session 3 Cognitive Restructuring (with the subject looking for automatic thinking that is more adaptive to an event), psychoeducation of the link between cognitive, emotional, and behavioral	Third, the subjects were able to perform cognitive restructuring, this can be seen from the behavior of the subjects who understood the therapist's questions and were able to choose a more adaptive thinking alternative when facing an event.	All three subjects stated that they began to be open to more adaptive thinking alternatives, they realized that they had only been fixated on the wrong thought patterns when experiencing an event such as fear, anxiety, worry and others, all of which affected their emotions and behavior.
Session 4 Adaptive behavior training (reality testing)	The three subjects are committed to conducting behavioral exercises with the results of cognitive restructuring that have been studied in the community. Subjects appear to be more	Third, the subjects stated that with behavioral exercises using more adaptive thinking alternatives, the subjects felt their emotions were better, as well as behavior, the

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	active when in class, actively organizing and socializing.	subjects stated that what they had been afraid and worried about did not always happen as they thought.
Session 5 (Strengthening skill coping skills and developmental evaluation)	The three subjects looked enthusiastic when conveying their experiences while doing behavioral exercises. The conditions seen in the evaluation session showed a better state of affairs in the three subjects compared to the first meeting	The three subjects stated that although it is sometimes still difficult to get used to applying an adaptive mindset, but the reinforcement of coping skills provided by the therapist such as relaxation, positive selft talk can help the subjects in doing good habits.
Session 6 (Final evaluation, termination, relapse prevention and Post Test BDI-II)	In terms of the measurement of the overall depressive condition of the subject, it fell into the category of mild depression, as well as the condition of the subject, the condition of the subject seemed to show a better state, as seen from the behavior of the three subjects who began to be able to tell stories with stable emotional affectation and showed more positive emotional expression.	The three subjects stated that after a series of cognitive behavioral therapy, they were more able to think positively and optimistically, feel better emotions, such as feelings of relief and calm, and were able to behave more productively.

Based on the data in the table above, it can be seen that 6 sessions of cognitive behavioral therapy made the condition of severe depression in the three subjects decrease to the mild category, changes also seem to occur consistently from the results of interview observations in each therapy session which shows a change in a more positive direction in the three subjects both from cognitive, emotional and behavioral aspects. The change in the level of depression in students who experience depression is in line with the findings of the study results that state that cognitive behavioral therapy interventions are proven to reduce depression in adolescents. It also states that cognitive behavioral therapy can improve the cognitive aspects of a person that affect a person's emotions and behavior which (Hasanah, 2022) (Radityawan & Kurniawan, 2025) is characterized by an increase in the ability to recognize and evaluate negative thoughts, a reduction in symptoms of anxiety or negative affect, and courage to face social situations that were previously avoided.

Discussion

The Efficacy of CBT in Mitigating Depression among Broken Home Students The primary objective of this study was to evaluate the effectiveness of Cognitive Behavioral Therapy (CBT) in reducing depression among female college students from broken homes. The findings of this single-case experimental design clearly demonstrate that a structured, six-session CBT intervention significantly reduces depressive symptoms, shifting the subjects' psychological conditions from the severe category to the mild category. This aligns with the foundational premise of cognitive-behavioral theory, which posits that psychological distress, including depression, is largely maintained by maladaptive cognitive schemas and dysfunctional thought patterns (Beck, 2011). For individuals originating from broken homes, the family disruption often serves as a critical psychological trauma that distorts their core beliefs about themselves, their environment, and their future.

The initial severe depression observed in the three subjects (with BDI-II scores ranging from 32 to 34) is highly consistent with the psychological vulnerabilities associated with family disharmony and divorce. As noted in the preliminary data, the subjects exhibited profound feelings of insecurity, pessimism, inferiority, and a pervasive fear of establishing relationships, particularly with the opposite sex. In the context of emerging adulthood, a

Sosioedukasi
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developmental stage where individuals are tasked with forming intimate relationships and achieving emotional independence (Hurlock, 2010), the absence of a harmonious family model severely impedes these developmental milestones. The broken home experience often internalizes a cognitive schema of "rejection" or "abandonment," leading the individual to anticipate failure in social and romantic interactions. The CBT intervention effectively targeted these specific maladaptive schemas, proving that therapeutic intervention can disrupt the negative trajectory often associated with children of divorce (Apriliana et al., 2022).

Quantitative Shifts: Analyzing the Reduction in BDI-II Scores The quantitative data derived from the Beck Depression Inventory-II (BDI-II) provides a clear metric of the intervention's success. Prior to the intervention, all three subjects scored within the severe depression range (Subject 1: 32, Subject 2: 32, Subject 3: 34). The BDI-II assesses depression across four domains: cognitive, affective, motivational, and somatic. The high initial scores indicated that the subjects were experiencing pervasive negative thoughts, profound sadness, a lack of motivation to engage in daily activities (such as studying), and somatic manifestations of psychological distress.

Following the six-session CBT intervention, the post-test scores dropped significantly to 19, 18, and 18, respectively, placing all subjects in the mild depression category. This quantitative reduction is not merely a statistical shift but represents a clinically meaningful improvement in the subjects' daily functioning. A drop of approximately 13 to 16 points indicates a substantial alleviation of the cognitive triad of depression (negative views of the self, the world, and the future). While the subjects still fall into the "mild" category rather than "minimal" or "no depression," this is a highly realistic and positive outcome for a short-term, six-session intervention. It suggests that while the acute, debilitating symptoms of severe depression have been successfully managed, residual cognitive vulnerabilities remain, which is typical in the recovery process of complex psychosocial trauma such as a broken home. These findings strongly corroborate previous research indicating that CBT is highly effective in reducing depressive symptoms in adolescents and young adults by enhancing cognitive flexibility and emotional regulation (Hasanah, 2022; Radityawan & Kurniawan, 2025).

Qualitative Dynamics: The Cognitive and Behavioral Transformation Process While the quantitative data highlights the extent of the change, the qualitative data from observations and interviews illuminates the process of psychological transformation. Unlike studies that merely evaluate pre- and post-intervention scores (Fadhila & Ananda, 2026), this study utilized data triangulation to capture the nuanced psychological dynamics occurring within each therapy session.

In Session 1, the observation data revealed intense emotional distress; subjects were seen wiping tears, avoiding eye contact, and exhibiting hysterical behavior when discussing their family conditions. This emotional release is a critical first step in psychotherapy, as it indicates the establishment of therapeutic rapport and the breaking of emotional suppression. The interview data confirmed that the subjects felt their broken home experience had robbed them of parental roles, leaving them feeling closed off and anxious about the future. By validating these feelings and establishing a therapy contract, the therapist created a safe psychological space, which is essential for clients with attachment trauma.

Session 2 and Session 3 marked the core cognitive phase of the intervention. The observation data showed a shift from emotional dysregulation to cognitive engagement. The subjects began to understand the therapist's questions and successfully identified their maladaptive automatic thoughts. The interview data revealed a profound "aha moment" for the subjects: they realized that their prevailing thought patterns were maladaptive and directly caused their negative emotions. For instance, they recognized that their fear of socializing or engaging with the opposite sex was rooted in irrational beliefs stemming from their parents' failed relationships. During cognitive restructuring in Session 3, the subjects demonstrated the ability to generate alternative, more adaptive thoughts. This cognitive shift is the cornerstone of CBT; by altering the interpretation of the "broken home" event—viewing it not as a personal flaw or a predictor of future failure, but as a life circumstance that they can navigate—the subjects effectively disrupted the maintenance cycle of their depression (Oemarjoedi, 2003).

Behavioral Activation and Reality Testing in Social Contexts Cognitive change alone is often insufficient without corresponding behavioral modifications. Sessions 4 and 5 focused on adaptive behavior training and reality

Sosioedukasi
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testing. The observation data highlighted a significant behavioral shift: subjects became more active in class, engaged in organizing events, and initiated social interactions. The interview data confirmed that by applying their newly restructured cognitions in real-world settings, the subjects experienced "reality testing." They discovered that the catastrophic outcomes they had feared (e.g., being rejected by peers or failing in social situations) did not materialize. This behavioral activation is crucial for individuals from broken homes, who often resort to social withdrawal as a coping mechanism. By actively challenging their avoidance behaviors, the subjects built self-efficacy and dismantled their feelings of inferiority.

Furthermore, in Session 5, the subjects reported that although applying an adaptive mindset was sometimes challenging, the coping skills reinforced by the therapist—such as relaxation techniques and positive self-talk—were instrumental in maintaining their emotional stability. This highlights the importance of equipping clients with practical, everyday tools to manage residual stress and prevent emotional relapse.

Triangulation of Data: Validating the Therapeutic Process The use of data triangulation in this study significantly strengthens the validity of the findings. Relying solely on self-report measures like the BDI-II can be subject to response bias, where subjects might alter their answers to please the therapist or reflect a temporary mood shift. However, by corroborating the BDI-II scores with direct behavioral observations and in-depth semi-structured interviews, this study provides a holistic and robust evaluation of the therapy's impact.

The congruence between the three data sources is evident. The quantitative drop in BDI-II scores is directly explained by the qualitative interview data, where subjects reported feeling more optimistic, experiencing emotional relief, and behaving more productively. Similarly, the observational data of stable emotional affect and positive emotional expressions in Session 6 perfectly mirrors the post-test scores. This methodological rigor addresses the research gap identified in the introduction, demonstrating that evaluating the process of change is just as important as measuring the outcome of change in psychological interventions.

Limitations, Relapse Prevention, and Future Directions Despite the significant positive outcomes, this study has certain limitations that must be acknowledged. First, the single-case experimental design, while providing in-depth insights, limits the generalizability of the findings to the broader population of college students from broken homes. Future research should consider expanding the sample size or utilizing a multiple-baseline design across different subjects to enhance external validity.

Second, the post-test results indicate that the subjects still fall into the "mild depression" category. This suggests that six sessions, while sufficient to alleviate severe symptoms and initiate cognitive restructuring, may not be enough to completely eradicate deeply ingrained schemas related to family trauma. The subjects themselves noted that maintaining an adaptive mindset still requires conscious effort. Therefore, it is highly recommended that CBT for this specific demographic be extended beyond six sessions, or include "booster sessions" spaced out over several months post-termination. These booster sessions are critical for relapse prevention, ensuring that the subjects can independently apply cognitive restructuring techniques when faced with future stressors or triggers related to their family dynamics.

Additionally, while CBT is highly effective for cognitive and behavioral modification, the emotional wounds of a broken home often require deeper emotional processing. Future interventions could benefit from integrating CBT with positive psychology approaches. Incorporating elements such as self-compassion, forgiveness (toward parents or oneself), and self-acceptance could help these students not just to "think rationally," but to achieve emotional peace and post-traumatic growth. Religiosity or spiritual coping mechanisms could also be integrated, as they have been shown to provide a strong psychological buffer for individuals facing family adversity in the Indonesian cultural context.

CONCLUSIONS

Based on the results of therapy that has been carried out as many as 6 sessions, it can be concluded that cognitive behavioral therapy has a positive impact on the three subjects in reducing depressive conditions. Through the 6 stages of therapy sessions, the subjects showed improvements in cognitive processes, emotional and behavioral

Sosioedukasi
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Volume 15 No. 3. September 2026 https://ejournal.unibabwi.ac.id/index.php/sosioedukasi/index

management. Although there are still challenges and habits that must be applied by the subject in order not to return to a state of relapse, the current results show that the behavioral therapy approach for female students who experience a broken home is an effective therapeutic approach in reducing depression.

The advice that can be given by the researcher is that cognitive behavioral therapy should be carried out in more than 6 meeting sessions or according to the needs of the subject, especially in cognitive restructuring sessions and adaptive behavior exercises, it should be done repeatedly until the subject really understands and can apply it in daily life so that it has a strong basis to have beliefs against irrational thinking that affects emotional and behavioral conditions. In addition, it is important to collaborate with other approaches in cognitive behavioral therapy such as collaborating in positive psychology approaches, for example forgiveness, self-acceptance or religiosity, this can be done for more comprehensive results.

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