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Rational emotive behavioral education model to reduce aggressive behavior in adolescents

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ABSTRACT

Aggressive behavior is behavior that is manifested in the form of destroying objects or attacking other people verbally or non-verbally. This research tested the effectiveness of the Rational Emotive Behavior Education Model in reducing aggressive behavior in 36 class XI students at SMKN 2 Tasikmalaya. The selected students had high levels of aggressive behavior based on the Buss-Perry Aggression Questionnaire (BPAQ) scale. The experimental study with Time Series Design was conducted for 5 weeks, with one REBE intervention session per week for 40-60 minutes. The results showed a significant decrease in overall aggressive behavior scores from pre-intervention ($M = 104.35$) to post-intervention ($M = 84.94$). A significant decrease was also observed in the scores of each dimension of aggressive behavior, namely physical (29.93 to 24.42), verbal (17.68 to 14.24), anger (25.94 to 21.25), and hostility (30.49 to 24.64). These results indicate that REBE is effective in reducing aggressive behavior in students, helping them to think rationally, reducing emotional disturbances, increasing self-understanding, developing more adaptive coping strategies, and improving self-concept and sense of responsibility.

Keywords :

Adolescents
Aggressive
Rational emotive behavior
Education (REBE)
Classical guidance model
Buss-perry aggression
Questionnaire (BPAQ)

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Introduction

Aggressive behavior in adolescents is a serious problem that requires immediate and comprehensive treatment. Adolescents tend to be more aggressive, emotionally unstable, and unable to control their desires (Yanizon, 2019). Aggressive behavior is a form of individual emotional expression due to failure experienced, this behavior can be manifested in the form of actions such as destroying objects or attacking others either verbally or non-verbally which are carried out with elements of intent (Yunalia & Etika, 2020). Adolescents who are in transition tend to cause a lot of conflict, frustration, other social pressures, and act aggressively (Isnaeni, 2021). Aggressive behavior is a serious problem that has a negative impact on students' mental health and student achievement in school (Ferdiansa & Neviyarni, 2020). Thus, this aggressive behavior is one of the problems that often occurs in adolescents.

The problem of adolescent aggressiveness in various regions is increasingly worrying. Data from various sources show an increase in the number of violence among adolescents, both in the form of physical violence, verbal violence, and cyberbullying. As global data shows the urgency of this problem. Data on cases of aggressive behavior in Iran shows a score of 63.61% in adolescents (Muarifah et al., 2022). In Russia, 80% show that adolescents tend to commit verbal aggression (Muarifah et al., 2022). In China, adolescents commit physical aggression ranging from 39.2% in the moderate category (Muarifah et al., 2022). Meanwhile, in Spain, adolescents show aggressive

behavior in verbal form of 57.60%. In Indonesia, various forms of aggressive behavior often occur among adolescents including gang fights, murder, rape, and torture (Romadona et al., 2024). The Coordinating Ministry for Human Development and Culture (2023) noted that cases of aggression in Indonesia mostly occurred in adolescents aged 13-17 years with a score showing 38% of the total victims of violence or 7,451 people. The Indonesian Child Protection Commission (Romadona et al., 2024) explained that aggressive behavior in Indonesia increased by 1.1% in 2022 compared to the previous year. In 2021, the number of cases was 12.9%, and in 2022 it increased by 14%.

Aggressive behavior can result in a variety of negative consequences, such as low academic achievement and poor peer interactions (Hardoni et al., 2019). Other impacts include anxiety, depression, legal problems, traumatic psychological and emotional reactions, panic, phobias, and depression (Hall, 2012), poor social interactions (Utami & Nurhayati, 2019), and helplessness (Utami et al., 2019). More severe consequences include adolescents experiencing positive schizotypal symptoms (Fagel & Sonnevile, 2019), risk of suicidal behavior (Zhang et al., 2018), and a leading cause of morbidity and mortality in adolescents worldwide, with 5.5% of adolescent deaths being caused by aggressive behavior (Mokdad et al., 2016). Given the significant and disruptive impact on adolescents, effective strategies are needed to manage and reduce aggressive behavior.

Baron (2013) stated that aggression is an individual's behavior that aims to hurt or harm others who do not want the behavior to occur. Myers (1993) describes aggressive behavior as an attempt to fight with extraordinary strength, including fighting, hurting, attacking, killing, or punishing others. Aggression is a physical or verbal action carried out with the intention of hurting (Myers & David, 2012). According to Baron et al. (2005), aggression can be understood as a form of deliberate torture in various forms of violence against others. Buss & Perry (1992) stated that aggressive behavior is a tendency to carry out deliberate actions to hurt others physically and verbally, which is characterized by anger and hostility. In addition, Denson et al. (2011) explained that aggressive behavior is often triggered by uncontrollable frustration and anger, causing the release of these emotions by disturbing others, creating chaos, or even carrying out detrimental behavior. Aggressive behavior is physical and verbal, intended to harm or hurt others (Ferdiansa & Neviyarni, 2020). This can occur due to minor problems, such as misunderstandings, dissatisfaction, and quarrels, which can escalate into acts such as murder, arson, or destruction of private and public property (Firman, 2016). Adolescents need to have the skills to manage their emotions through self-control (Nitakusminar et al., 2020).

Individuals with low self-control tend to engage in risky behavior and break rules without considering the long-term consequences, while individuals with high self-control tend to be more aware of the impact of their actions (Purwasih et al., 2018). In addition to skills, the attachment formed between individuals and their parents from a young age can influence a person's character throughout adolescence. The character developed can be a determining factor in whether an individual engages in aggressive behavior (Sasmitha et al., 2023). Therefore, coping is an individual's response both cognitively and behaviorally in facing challenges, through behavioral management, prevention, resolution, and resilience to demands (Sugara et al., 2024). Myers (1996) classifies aggression into two types, namely hostile aggression and instrumental aggression. Lopez et al. (2018), aggressive behavior can be categorized into three types, namely direct aggression, such as hitting and pushing; relational aggression, such as spreading rumors and isolating friends; and instrumental aggression, such as hitting friends to get money. Meanwhile, Buss & Perry (1992) explain aspects of aggressive behavior to measure the tendency of aggressive behavior based on three basic dimensions, namely motor, affective, and cognitive. These dimensions are classified into four aspects, namely physical aggression, verbal aggression, anger, and hostility (Nurhayati & Setyani, 2021). Physical aggression and verbal aggression are representations of the affective and cognitive components of aggressiveness (Setiawan & Dinardinata, 2020).

General forms of aggressive behavior include committing violence to the point of hurting others, enjoying fighting, causing trouble in society or at school, excessive teasing, ignoring orders, breaking rules, often lying, enjoying ordering others around, being selfish, vengeful, enjoying harassing the opposite sex, and others (Islamarida, 2022). During adolescence, individuals tend to express more

negative emotions (Sovitriana & Sianturi, 2021). This is due to the various challenges faced by adolescents in meeting their needs (Yuhbaba et al., 2023). When adolescents face this situation, they tend to deal with various problems with negative emotions and even aggressive behavior (Sabintoe & Soetjningsih, 2020). This problem is also caused by the lack of communication skills of adolescents, especially in the school environment (Isti'adah, 2017).

Several factors associated with aggressive behavior in adolescents include unhealthy family environments, poor parenting, and school-related factors (Estévez López et al., 2018; Herts et al., 2012; Zahrt & Melzer-Lange, 2011). Then, individual personality traits such as anxiety, difficulty controlling emotions, and mood instability can also influence aggressive behavior in adolescents (Misno & Lubis, 2023). Related to the classification of problems faced by adolescents, there are individuals who are able to overcome and recover from the serious problems they experience, while there are also those who fail to cope with stressful situations (Sugara et al., 2020).

Putri (2019) explains the factors that influence aggressive behavior, including personal conditions of adolescents such as congenital disorders, both physical and psychological, weak self-control in dealing with environmental influences, difficulty adjusting to environmental influences, lack of religious foundations, unhealthy social environments such as inadequate educational facilities in the community, lack of supervision of adolescents, and the influence of new norms from outside. In addition, the school environment such as inadequate educational facilities to channel adolescents' talents and interests, lack of teacher attention, rigid discipline, or less enforced educational norms also play a role. Yanizon & Sesriani (2019) identified internal and external factors that play a role in the occurrence of aggressive behavior. Internal factors include weak self-control, frustration, and gender differences. External factors include a disharmonious or disharmonious family environment that has a negative impact on adolescents, lack of attention from both parents, poor role models from parents or one parent, and expectations of revenge or a desire for revenge.

There are several other factors that trigger aggressive behavior, such as emotional intelligence (Illahi et al., 2018). Goleman (2009) stated that emotional intelligence is the ability to manage emotions which includes the ability to control oneself, maintain resilience when facing problems, manage impulses, motivate oneself, regulate mood, empathize, and build relationships with others. In addition, the intensity of playing online games can also trigger aggressive behavior (Putra & Rusli, 2021). Aggressive behavior is also related to peer influence, because individuals are often easily influenced to carry out certain behaviors when directly provoked by their peer group (Ainni & Rusli, 2022). Furthermore, there is a relationship between self-control and aggressive behavior, because low self-control can have an impact on aggressive tendencies (Rozzaqyah et al., 2023). This is because self-control is one of the factors that can reduce or minimize an individual's level of aggressiveness (Sulasmi, 2023).

Based on the results of preliminary studies and interviews with BK teachers at SMKN 2 Tasikmalaya, several phenomena were identified that needed attention. From a physical perspective, there were behaviors such as swearing, fighting, and even involvement in motorcycle gangs. Meanwhile, from a verbal perspective, anger and hostility, for example, were seen during sports matches where the defeat of one party triggered anger and hostility. This shows the need for appropriate preventive and intervention efforts to address various forms of negative behavior that emerge in the school environment. Therefore, the development and implementation of prevention and intervention programs for adolescent aggression are global priorities. Various approaches have been developed to address aggression in adolescents, including Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI). CBT focuses on changing maladaptive thought patterns and behaviors through the identification and adjustment of cognitive and behavioral (Beck, 1976). CBT has been shown to be effective in reducing aggression in some adolescent populations, but its implementation requires significant time and resources. MI, on the other hand, is a more directive approach, helping adolescents increase their motivation to change by exploring their values and goals (Miller & Rollnick, 2013). MI is also effective, but may be less effective for adolescents with high levels of aggression and difficulties with self-reflection.

Research conducted by [Prisgrove \(1991\)](#) showed that the Motivational Interviewing approach is effective for individuals with aggressive tendencies who show ambivalence in managing aggression ([Parti, 2019](#)). In contrast, research by [Putra & Wahyuni \(2023\)](#) showed that Cognitive Behavioral Therapy (CBT) is an effective counseling approach to reduce aggressive behavior. This approach focuses on the interaction between individuals and their social environment, using various techniques to bring about changes in unhealthy thought patterns and behaviors ([Stromeyer et al., 2020](#)), with the aim of fostering more adaptive behavior ([Hollin, 2019](#)). In addition, research by [Sari et al. \(2020\)](#) shows that the Solution-Focused Brief Counseling (SFBC) approach can be used as a solution to reduce aggressive behavior. However, among these intervention models, none have specifically discussed how to train individuals to manage healthy thinking skills. This study chose Rational Emotive Behavior Education (REBE) as the main method for several reasons. REBE is a preventive and educational approach that teaches adolescents to identify and manage their irrational emotions and thoughts, which often trigger aggressive behavior ([Ellis, 1994](#)). REBE emphasizes the development of critical thinking skills, problem solving, and constructive emotion management. Unlike the more therapeutic CBT and the more directive MI, REBE is easier to implement in an educational and preventive context. REBE can be integrated into the school curriculum and taught to all students, not just those who are already exhibiting aggressive behavior. This allows for a broader and more sustainable preventive approach.

Students who have high levels of aggressive behavior are given counseling support with the Rational Emotive Behavior Therapy (REBT) approach which helps students realize that their aggressive behavior is detrimental to themselves and others ([Khotimah, 2017](#)). This is because aggressive behavior arises from irrational beliefs ([Affandi, 2017](#)). These irrational beliefs are manifested in the form of basic demands that are divided into three main categories: demands on oneself, demands on others, and demands on the world ([Ellis, 1994](#)). Rational Emotive Behavior Education (REBE) is an approach in which the lessons to be delivered are planned according to a systematic and structured curriculum, based on the principles of REBT. This approach teaches students how to think, feel, and behave to improve themselves ([Vernon & Bernard, 2019](#)). The main goal of REBE is to equip students with rational thinking skills, which enable them to solve problems effectively. In addition, students are encouraged to develop insight into the emotional aspects of their behavior, and they learn coping strategies to reduce the emotional distress and disturbance they may experience ([Vernon, 1990](#)).

[Knaus \(2004\)](#) stated that Rational Emotive Behavior Education is a positive and preventive program in psychological education, which aims to change irrational beliefs to produce more functional emotions and behaviors. REBE states that individuals strive to accept themselves, determine their own destiny, and have a sense of responsibility. REBE is based on the premise that emotions and behavioral reactions are consequences of how individuals define their current situation ([Knaus, 1977](#)). REBE has a strong influence in overcoming irrational beliefs and dysfunctional behaviors in children and adolescents, helping them draw positive conclusions and reduce negative emotions ([Trip et al., 2007](#)). A study by [Abiogu et al. \(2021\)](#) found that the REBE program had a significant effect on improving students' desired value systems and reducing negative value orientations that lead to inappropriate behavior. The methods used in REBE include curricular programs ([Vernon, 2002](#)), anger management materials ([Flanagan et al., 2010](#); [Sharp et al., 2005](#)), and improvements in mathematics instruction ([Shannon et al., 1998](#)). Furthermore, REBE can improve several dimensions of self-concept and increase students' internal locus of control ([Omizio et al., 1985](#)). REBE has also been shown to reduce anxiety and neuroticism in students ([DiGiuseppe & Kassino, 1976](#)).

REBE focuses not only on the symptoms of aggression, but also on its underlying causes, namely maladaptive thought patterns and emotions. By teaching adolescents to identify and change irrational thought patterns, REBE helps them develop the ability to cope with stress, conflict, and frustration in a more constructive way. In addition, REBE is more accessible and easier to implement than CBT, which requires specialized skills and a longer time. REBE also places more emphasis on educating and empowering adolescents, so that they can manage their emotions and behaviors independently in

the future. Several studies have shown the effectiveness of REBE in reducing aggressive behavior in adolescents (DiGiuseppe et al., 2000; Dryden, 2001).

Several studies on the provision of REB to control aggressive behavior in clients with violent behavior have been conducted, including a study conducted by Retno Yuli Hastuti et al. (2015) in Indonesia involving 56 respondents showed that after the administration of REB there was a significant decrease in symptoms of violent behavior and hallucinations which were greater in respondents in the treatment group compared to respondents in the control group ($p < 0.05$). Research by Fhadilah et al. (2017) showed that progressive muscle relaxation therapy had an effect on reducing angry emotions in patients at risk of violent behavior ($p = 0.000$). Another study conducted on 155 respondents reported that rational emotive behavior therapy had a significant effect on increasing cognitive, social responses and symptoms of violent behavior ($p = 0.000$) (Pardede et al. 2020). A qualitative study involving 6 respondents also reported that after being given rational emotive behavior therapy, clients were able to control their aggressive behavior so that the violent behavior carried out by patients decreased (Siauta et al., 2020). REBE is also easier to integrate into broader prevention programs in schools and communities. This study will evaluate the effectiveness of REBE in reducing aggressive behavior in adolescents in Indonesia. By considering internal and external factors that influence adolescent aggression in Indonesia, as well as the advantages of REBE compared to other approaches, this study is expected to provide a significant contribution to efforts to prevent and treat aggressive behavior in adolescents in Indonesia.

Method

Ethical Approval

This ethical approval is granted by Universitas Muhammadiyah Tasikmalaya with protocol number 621/UMTAS-FKIP/B.4/V/2024. Written consent is obtained from prospective participants after explaining the purpose of the study to them and in accordance with ethical standards for research with human participants as determined by the American Psychological Association (2013). This research code of ethics guarantees the confidentiality of data and the identity of research subjects. All data obtained will be stored securely and can only be accessed by researchers involved in this study. The identity of research subjects will not be published in the research report and will be kept confidential. Researchers are committed to protecting the privacy and rights of research subjects in accordance with research ethics standards.

Participant

This study involved 36 students from SMKN 2 Tasikmalaya who were selected based on high levels of aggression, as measured using the Buss-Perry Aggression Questionnaire (BPAQ). Students were selected based on criteria set by the researcher: 1) participants were adolescents aged 14-16 years; 2) participants selected for the intervention had high levels of aggressive behavior; 3) based on the perspective of the REBE classical guidance model, an effective group size is 12-20 members; 4) considering the feasibility and availability to participate in the classical guidance process, so that all participants attended an initial orientation and were informed about the objectives, main content, and overall direction of the intervention.

Procedure

This research examines the effectiveness of the rational emotive behavior education model in reducing aggressive behavior. The type of design used in this study is a quasi-experimental design using a time series design, which involves repeated measurements (Creswell, 2016). Quasi-experimental research is a method used to find the effect of certain treatments on controlled conditions (Sugiyono, 2014). Research with a time series design is characterized by repeated measurements of the dependent variable or aggressive behavior (Riyanto & Hatmawan, 2020). In the initial stage, a pretest was conducted to measure the initial conditions of students' aggressive

behavior before the intervention. After the pretest, an intervention in the form of the Rational Emotive Behavior Education (REBE) Guidance Model was given, then a posttest was conducted to re-measure students' aggressive behavior. By comparing the pretest and posttest scores, researchers can analyze the effectiveness of the REBE intervention in reducing aggressive behavior in students.

Measure

The BPAQ aggressive behavior scale was developed by Buss & Perry (1992) and adapted from Diaz (2016) which is used to reveal aggressive behavior in adolescents. This measuring instrument measures 4 main dimensions of aggressiveness, namely, Physical Aggression measures a person's tendency to use physical force in dealing with problems or frustration; Verbal Aggression measures a person's tendency to attack others verbally, such as with harsh words or sarcasm; Anger measures the level of negative emotions such as intense anger, which often triggers aggressive behavior, 4) Hostility measures a person's tendency to have negative views of others, such as suspicion or hatred. The BPAQ (Buss & Perry Aggression Questionnaire) consists of 29 question items using a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). The scores from each dimension are added up to obtain a picture of the individual's overall level of aggressiveness and per dimension to obtain a Cronbach alpha reliability score ($\alpha = 0.91$) which shows that the level of aggressiveness is in the high category, so that the BPAQ scale is adequate and can be used as a standard instrument and can be used as a standard in research.

Rational Emotive Behavior Education (REBE)

Intervention through the rational emotive behavior education model to reduce aggressive behavior in students was carried out for 5 weeks, with one session per week for 40-60 minutes. The classical guidance session followed the Vernon (2006) curriculum module, which emphasized the concept of Thinking, Feeling, and Behaving. Before and after the intervention, students' aggressive behavior was measured using an aggression behavior questionnaire to assess the level of aggression experienced by students. This session was facilitated by the researcher, the intervention was facilitated in a special guidance room, so that participants could be actively involved.

In the first session, the topic taken was self-acceptance with the material Circle of Self and Accept Yourself. This session aims to provide an understanding of students being able to identify physical, intellectual, spiritual, emotional and social aspects within themselves. The second about accepting yourself aims to provide an understanding that students are able to learn the difference between self-assessment from others and self-assessment. In the first session, the researcher began the session with a warm greeting and activities that lightened the atmosphere, then explained the concept of Circle of Self and the importance of accepting yourself. After the intervention process was given, the researcher gave the subject the opportunity to share their experiences.

The second session, the topic taken is about feelings with the material Overcoming Excessive Emotions and the Connection between ABC Within, with the aim of overcoming excessive emotions so that students are able to learn effective ways to deal with excessive emotions, while the connection between ABC, *Activating Event* (A), *Belief* (B), *Consequence* (C) aims to provide students with an understanding so that they are able to analyze pain according to the ABC theory. The second session is a continuation session so that researchers can evaluate the previous session, then researchers can continue to the core stage of session two. The third session, the topic taken is about belief with the material Overcoming Overthinking and What Will Happen, with the aim of providing understanding to students so that they are able to have positive thinking habits and achieve individuals who are able to behave positively, learn to be responsible for accepting the consequences of behavior related to their best interests. The third session, is still carried out the same as the second session, but with a different topic, at the end of each session the researcher gives the subject the opportunity to share their experiences during the session.

The fourth session, the topic taken about beliefs that are at odds with the material of Challenging Irrational Beliefs and Accepting Others Skills, aims to provide students with an understanding to be able to develop more flexible thinking by learning to challenge irrational beliefs and aims for students

to be able to accept others from what we think. After the intervention process was given, the researcher gave the subjects the opportunity to share their experiences. The fifth session, the topic taken about problem-solving beliefs with the material The Importance of Self-Control and There Are Several Solutions, aims to provide students with an understanding so that they are able to recognize factors in certain problems that are under a person's control or not and aims for students to be able to accept others. The fifth session is the last session in the intervention process, so that researchers can ensure that they carry out an assessment of the ongoing intervention process.

Table 1. Design of Classical Guidance Model Based on Rational Emotive Behavioral Education (REBE)

Session	Topics	Objective	Activity
1	Self Acceptance (Cicle of Self & Accept Yourself)	Aims to be able to identify physical, intellectual, spiritual, emotional and social aspects within oneself and aims for students to be able to learn the difference between global self-assessment and self-acceptance.	Opening, Ice Breaking, Lecture, Creating a Circle of Self where each circle represents important aspects of one's life such as family, friends, hobbies, and providing positive affirmations to accept oneself by completing a worksheet. Discussion, Q & A, Closing.
2	Feelings (Coping with Excessive Emotions)	Aims for students able to learn how- an effective way to deal with excessive emotions and aims to analyze pain according to the ABC theory	Opening, Ice Breaking, Lecture on the ABC theory and how to manage excessive emotions, students are provided with a worksheet, Discussion, Q&A, Closing.
3	Confidence (Overcoming Overthinking and What Will Happen)	The aim is to be able to have positive thinking habits and to achieve a person who is able to think and behave positively and aims to learn to be responsible for the consequences of behavior in relation to his/her own best interests.	Opening, Ice Breaking, Lecture, students are divided into groups to complete the worksheet, Discussion, Q&A, Closing.
4	Conflicting Beliefs	Aims to develop more flexible thinking by learning to challenge irrational beliefs and Aims for students to be able to accept others for who they are rather than who we think they should be.	Opening, Ice Breaking, Lecture, students complete a worksheet on conflicting beliefs, Discussion, Q&A, closing.
5	Problem Solving (The Importance of Self-Control and Some Solutions)	The aim is for students to be able to recognize which factors in a particular problem are under a person's control or not and the aim is for students to be able to accept other people.	Opening, Ice Breaking, Lecture, students complete a worksheet on the material that has been provided, Discussion, Q&A, Closing.

Data analysis

This study uses a time series design to analyze the effects of intervention on the dependent variable. Data were collected using the AB variation type, where phase A is pre-intervention. (Pre-test/baseline), and phase B, namely intervention (Post-test). The statistical method that can be used to measure the effectiveness of an intervention that compares phases A and B is repeated measurements (Darmawan et al., 2024). Repeated measurements that allow tracking of changes and trends over time (Kinugasa et al., 2004; Sunanto et al., 2005; Harrington & Veliceer, 2015). The data analysis steps in this study were carried out using Winsteps Rasch software. First, data from the pre-test and post-test scores were entered into Winstep Rasch. Furthermore, the Paired-Samples T-Test using SPSS 25 for Windows software was applied to compare aggressive behavior scores before and after the intervention. Visual analysis of the data, including graphs showing increasing, decreasing, or changing trends, is key in evaluating the effects of the intervention (Ledford et al., 2018; Cooper et al., 2007; Lundervold & Belwood, 2000).

Additional analysis methods included percentage of non-overlapping data (PND) (Morgan, 2009), which compares intervention phase data to the lowest point of the baseline phase (because the intervention is intended to reduce aggressive behavior) to measure intervention effectiveness (Scruggs & Mastropieri, 1998; Vannest & Ninci, 2015). PND scores >90% indicate highly effective, 70-90%, 50-69% questionable, and <50% ineffective. This time series design allows for analysis of short-and long-term effects, as well as identification of causal patterns (Tankersley et al., 2008). Data were analyzed using SPSS 25 using t-tests to compare pretest and posttest scores, calculating Cohen's d effect sizes (Cohen et al., 2018), and Reliable Change Index (RCI) to measure significant change for each participant (RCI > 1.96 indicates significant change).

Results and Discussions

Paired sample t-test (Table 2) showed that there was a significant overall decrease from pre-intervention ($M = 10.435$, $SD = 8.63$) to post-intervention ($M = 84.94$, $SD = 14.84$), $T(36) = 4.91$, $sig < .000$ with a NAP value of (0.8) indicating that the intervention or difference in the data had a significant impact.

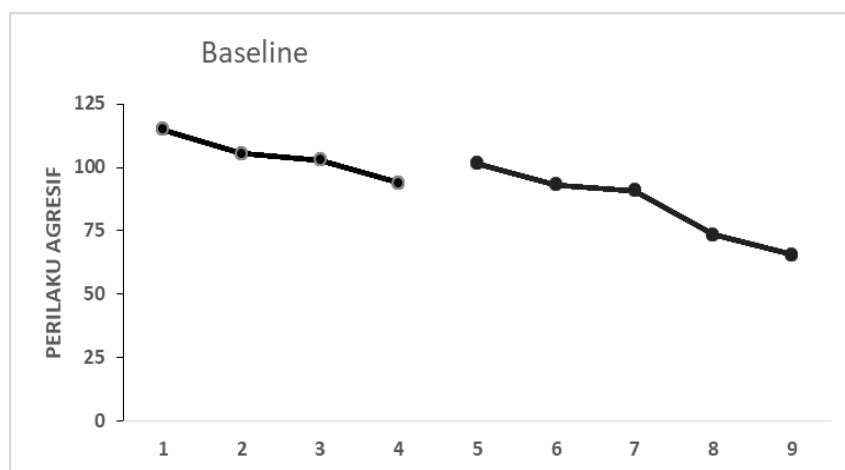


Figure 1. Aggressive Behavior Analysis

On the physical aspect category scores from pre-intervention ($M = 29.93$, $SD = 4.32$) to post-intervention ($M = 24.42$, $SD = 6.65$), $t(36) = 8.18$, $sig < .000$. A moderate intervention effect size ($d = 1.28$) was found on the decrease. This confirms the first hypothesis, that there would be a decrease in the level of the physical aspect category from pre-intervention to post-intervention. Meanwhile, for the verbal dimension, it shows that there is a significant decrease in the verbal dimension score from before the intervention ($M = 17.68$, $SD = 2.69$) to after the intervention ($M = 14.24$, $SD = 3.62$), $t(36) = 8.98$, $sig < .000$. An effect size ($d = 1.28$) was found on the decrease. This confirms that there will be

a decrease in the level of the verbal dimension score from before the intervention to after the intervention. The Anger dimension *shows* that there is a significant decrease in the anger dimension score from before the intervention ($M = 25.94$, $SD = 3.5$) to after the intervention ($M = 21.25$, $SD = 5.66$), $t(36) = 8.46$, $sig < .000$. A moderate effect size ($d = 1.34$) was found on the decrease. Meanwhile, the *hostility* dimension showed that there was a significant decrease in the score before the intervention ($M = 30.49$, $SD = 4.55$) to after the intervention ($M = 24.64$, $SD = 6.62$), $t(36) = 7.88$, $sig < 0.000$. A moderate effect size (1.29) was found for the decrease. This confirms that there was a decrease in the level of hostility dimension scores from before the intervention to after the intervention.

Table 3. Comparison of Scores Before and After Intervention

SCALE	PRETEST		POST		GAIN	t	Sig.	RCI	D
	M	SD	M	SD					
Aggressive behavior	104.35	8.63	84.94	14.84	19.41	4.91	.000	5.30	2.25
Physique	29.93	4.32	24.42	6.65	5.51	8.18	.000	3.01	1.28
Verbal	17.68	2.69	14.24	3.62	3.44	8.98	.000	3.01	1.28
Anger	25.94	3.5	21.25	5.66	4.69	8.46	.000	3.16	1.34
Hostility	30.49	4.55	24.62	6.62	5.87	7.88	.000	3.04	1.29

To estimate the clinical significance of the intervention results, reliable changes, clinically significant changes, and identification of possible limitations were calculated, according to the method developed by [Buss & Perry \(1992\)](#) to measure the main results. Reliable Change (RC) was determined by comparing the scores between the pre-test and post-test, then dividing it by the standard error of the change in table 3, it is known that 33 out of 36 clients showed clinically significant changes after receiving intervention in the form of *Rational Emotive Behavior Education* (REBE). This shows a positive effect of the intervention on students' aggressive behavior.

Table 4. Participant Changes For REBE Intervention

Participant	Aggressive behavior			Rci	Clinical significance
	Pre	Post	Change		
AB	106	118	12	2.84	Y
AR	103.25	84.6	18.65	5.37	Y
AC	109	80.6	28.4	5.44	Y
AMR	99.5	87	12.5	1.84	N
AZ	118.5	85.2	33.3	18.69	Y
AMS	105.25	82.25	23	3.34	Y
BIH	99.25	75.8	23.45	58.18	Y
DTA	98	81.2	16	13.2	Y
ESP	98.5	72.4	26.1	6.08	Y
FM	108.25	90.6	17.65	9.24	Y
FRB	101	89.6	11.4	2.31	Y
FNH	97	80.4	16.6	2.28	Y
KNR	115.75	83.2	32.55	10.42	Y
MADN	103	79	24	3.09	Y
MRS	105.5	97	8.5	1.38	N
MRP	105	91.75	13.25	2.35	Y
MNF	109.5	91.6	17.9	2.31	Y

Participant	Aggressive behavior			Rci	Clinical significance
	Pre	Post	Change		
MAK	105	75.6	29.4	6.08	Y
MR	108.5	87.6	20.9	4.88	Y
NMP	106.5	90.8	15.7	3.98	Y
NF	103	63.8	39.2	7.39	Y
NMI	94.25	83.6	10.65	2.39	Y
NA	100	89.8	10.2	2.4	Y
NOV	104.25	92.6	11.65	2.77	Y
RD	102.25	84.4	17.85	3.42	Y
RS	107.25	95.6	11.65	3.66	Y
RPP	103.75	82.2	21.55	10.37	Y
RRN	114.75	100.6	14.15	4.7	Y
RSAP	92	89	3	0.74	N
RD	106.5	77.4	29.1	5.81	Y
RM	98.25	72	26.25	5.46	Y
RFM	109.75	80.6	29.15	5.59	Y
SAAT	90.75	76.4	14.35	2.64	Y
TW	99.75	86.2	13.55	4.56	Y
WNR	104.25	75	29.25	7.83	Y
YDAJ	113	90	23	5.07	Y

This research aims to test the effectiveness of the rational emotive behavior education model in reducing aggressive behavior. Of the 36 research subjects who have been intervened, 33 subjects showed clinically significant changes after receiving the REBE intervention, while 3 of them did not show significant changes. Subjects who do not show significant changes can occur due to several factors such as the personal conditions of adolescents such as congenital disorders both physically and psychologically, weak self-control in dealing with environmental influences, difficulty adjusting to environmental influences, lack of religious foundations, unhealthy social environments such as inadequate educational facilities in the community, lack of supervision of adolescents, and the influence of new norms from outside. In addition, the school environment such as inadequate educational facilities to channel adolescent talents and interests, lack of teacher attention, implementation of rigid discipline, or educational norms that are not implemented properly also play a role (Putri, 2019).

Meanwhile, the 33 subjects who experienced changes are in line with one of the basic goals of Rational Emotive Behavior Education (REBE), which is to help individuals learn to regulate their emotions and behavior. The initial step involves changing their mindset, which allows students to learn how to reduce emotional distress. Reductions were seen across all dimensions of physical aggression, verbal aggression, anger, and hostility. REBE successfully helped subjects manage excessive emotions and behaviors, and subjects were able to recognize and challenge irrational beliefs underlying aggressive behavior, such as self-demands, thereby reducing the emotional intensity associated with aggressive behavior.

This study is in line with the results of the study (Siauta et al. 2020), which involved 6 respondents showing that the provision of REBE can make participants able to control the aggressive behavior they feel so that violent behavior carried out by participants can be prevented. The results of the study also showed that participants were not seen talking to themselves, were able to interact with others and their skills increased. This happened because during the intervention, participants were taught how to think rationally, change disturbing emotions into pleasant emotions so that patients could solve

the problems they faced well. By providing REBE, participants learned to think logically, control their feelings, and behavior, so that the autonomic nervous system did not react and physiological responses would decrease and aggressive behavior felt could be controlled.

Theory Based on Rational Emotive Behavior Education (REBE) proposed by [Ellis \(1994\)](#). REBE explains that aggressive behavior arises from irrational beliefs. Irrational beliefs are manifested in the form of basic demands that are divided into three categories, personal demands, other people, or the environment. The REBE model, which is a development of REBT, helps students identify and challenge irrational beliefs. Students are taught that it is not the event itself that causes negative feelings or unproductive behavior, but rather their interpretation of the event ([Vernon & Bernard, 2019](#)). In REBE, students learn to identify and challenge irrational beliefs, such as "I must always win" or "Others must always respect me." When these beliefs are reframed into more rational beliefs, children and adolescents become calmer and less irritable or aggressive in conflict situations. [Sugara et al. \(2023\)](#) explain that irrational thoughts often arise from negative experiences and illogical learning processes that come from parents, family, society, and culture, which naturally or unintentionally shape an individual's thought patterns. Adolescents, with their complex thinking and high emotional sensitivity, are particularly vulnerable to such irrationality ([Sugara, 2023](#)).

Students are taught that it is not the event itself that causes negative feelings or unproductive behaviors, but rather their interpretation of the event. They are also instructed in how to distinguish between facts and assumptions, identify cognitive distortions, and challenge irrational beliefs. The goal is to help them think more rationally, replace unhealthy negative emotions with positive ones, and minimize or eliminate self-destructive behaviors ([Vernon & Bernard, 2019](#)). Emotion regulation involves strategies for managing and changing intense emotions that cause problems in one's life ([Sugara, 2023](#)). Research by [David et al. \(2014\)](#) showed that the REBE program helped children reduce irrational beliefs associated with aggressive behavior, such as those involving revenge or justifying violent acts ([David et al., 2014](#)). The basic concepts of REBE can be developed into classroom lessons that cover themes such as thinking, feeling, behaving, distinguishing facts from assumptions, and challenging beliefs ([Vernon, 2006](#)). The content of the REBE curriculum aligns with the core principles proposed by [Vernon \(2004\)](#), including self-acceptance, emotions, beliefs, and challenging beliefs.

Through REBE, students not only learn to reduce aggressive behavior but also develop problem-solving skills and the ability to assess situations with calm, logical thinking rather than impulsive or aggressive actions. Participants are encouraged to pause and think before responding, especially in situations that trigger aggression. REBE equips students with better self-regulation skills, allowing them to respond to conflict more constructively ([Knaus, 2004](#)). The findings confirm that REBE can effectively reduce aggressive behavior in students. After undergoing a classic counseling session, students showed a better understanding of others' perspectives, developed empathy, and reduced aggressive behavior. Through REBE instruction, students learn to see conflict from multiple perspectives and respect the feelings and rights of others. [Vernon \(2006\)](#) supports this approach, noting that REBE helps children and adolescents increase understanding and tolerance, thereby reducing aggressive responses ([Vernon, 2006](#)).

REBE effectively addresses aggressive behavior by helping individuals recognize and replace their irrational beliefs. The program teaches better self-control skills, which are essential to reducing aggression based on REBT principles. Techniques such as reframing (changing perspective on a situation) and relaxation allow individuals to regulate their emotions and reactions more effectively. Improved self-control can prevent aggressive responses to stress or frustration ([Ellis, 1997](#)). In REBE, individuals are encouraged to understand the perspectives of others and develop more effective communication skills. This reduces the tendency towards conflict and aggressive behavior. When individuals learn to understand others better and communicate their feelings more constructively, aggressive behavior can be minimized ([Cahyani et al., 2023](#)). REBE approach has a great influence on improving self-esteem and psychological conditions and can reduce a person's symptoms of depression ([Indrasari et al. 2024](#)). The REBE approach with assertive techniques can improve an individual's self-esteem ([Lestari et al., 2020](#)). REBE also helps participants change beliefs about

perfectionism and the inability to accept imperfection in themselves or others. By releasing themselves from unrealistic standards, individuals tend to be more patient and tolerant of uncertainty, reducing aggression that stems from disappointment or frustration (Neenan & Dryden, 2013). The results of the study support previous research showing that the REBE model helps students reduce irrational beliefs associated with aggressive behavior (David et al., 2014).

Rational Emotive Behavior Education (REBE) is a structured educational approach derived from the principles of Rational Emotive Behavior Therapy (REBT), designed to address and reduce aggressive behavior through a focus on cognitive restructuring, emotion regulation, and behavioral adaptation. This approach is particularly effective in educational settings that target the irrational beliefs that often underlie aggression, encouraging healthier emotional responses and constructive interpersonal interactions. Aggressive behavior is often rooted in irrational beliefs, such as the perception that others should always act fairly or respectfully. These beliefs trigger heightened emotional responses, leading to impulsive and maladaptive behaviors. Through REBE, individuals are guided to identify and challenge these irrational beliefs, replacing them with more rational alternatives. For example, rather than thinking, "People should always respect me, and if they don't, I'm justified in being angry," students learn to adopt a more balanced perspective, such as, "Not everyone will treat me with respect, but I can control how I respond."

This cognitive shift has been shown to significantly reduce aggression by reducing the emotional intensity associated with perceived transgressions (Omizo et al., 1985; DiGiuseppe & Bernard, 1990). REBE also focuses on teaching emotion regulation skills. Students are trained to recognize the connection between their thoughts, emotions, and behaviors, allowing them to pause and assess their reactions. Burnett (2004) emphasized that programs incorporating REBE effectively improve students' ability to manage anger and frustration, which are common precursors to aggressive behavior. By practicing mindfulness techniques and reframing cognitive distortions, participants gain greater control over their emotional responses, leading to more thoughtful and measured behavior.

In addition to cognitive and emotional training, REBE incorporates practical behavioral strategies. Simulation scenarios and role-playing exercises provide opportunities for students to practice assertive and nonaggressive responses in challenging situations. For example, students who typically respond to teasing with verbal or physical aggression learn to communicate their feelings assertively while remaining calm. Research by Voelm et al. (1984) showed that this behavioral intervention not only reduced external aggression but also improved overall social interaction and conflict resolution skills. Another important aspect of REBE is its emphasis on moral reasoning and empathy. Students are encouraged to consider the broader impact of their aggressive behavior on their relationships and social environment. This reflective process fosters a sense of responsibility and motivates individuals to adopt more prosocial strategies for dealing with conflict. By promoting empathy and understanding, REBE strengthens students' capacity for cooperative and respectful communication.

Empirical studies support the efficacy of REBE in reducing aggression across multiple dimensions. Omizo et al. (1985) found that participants in a REBE program demonstrated significant improvements in self-concept and emotion regulation. Similarly, DiGiuseppe & Bernard (1990) reported that a REBE intervention effectively reduced cognitive distortions that contribute to aggressive tendencies, while Burnett (2004) highlighted the approach's efficacy in fostering emotional resilience and conflict management skills. In conclusion, Rational Emotive Behavior Education offers a comprehensive, evidence-based framework for addressing aggression. By targeting the cognitive, emotional, and behavioral dimensions of aggressive behavior, REBE not only reduces its occurrence but also equips individuals with lifelong skills for healthier social interactions and emotional well-being. This multifaceted approach underscores the transformative potential of combining cognitive restructuring with practical emotional and behavioral strategies in educational interventions.

REBE services have significant implications for schools in dealing with cases of aggressive student behavior. REBE offers a preventive and educational approach that teaches students to identify and manage their irrational emotions and thoughts, which often trigger aggressive behavior. By

integrating REBE into the school curriculum, schools can equip all students with critical thinking, problem-solving, and constructive emotion management skills. This allows schools to carry out broader and more sustainable prevention, not only focusing on students who already exhibit aggressive behavior, but also helping all students to develop the ability to cope with stress, conflict, and frustration in a more constructive way. In addition, REBE is more accessible and easier to implement compared to cognitive behavioral therapy (CBT), which requires specialized expertise and a longer time.

Conclusion

This research succeeded in showing that the rational emotive behavior education model is effective in reducing aggressive behavior in class XI students at SMKN 2 Tasikmalaya. This is proven by the results of data analysis which showed a significant decrease in overall aggressive behavior scores, as well as in each dimension, namely physical aggression, verbal aggression, anger, and hostility, after being given REBE intervention for five sessions. The decrease in aggressive behavior scores in students who were given the REBE intervention indicates that this approach is able to help students better manage their emotions and behaviors. REBE helps students recognize and challenge irrational beliefs that underlie aggressive behavior, such as demands on themselves, others, and the world. By replacing irrational beliefs with more rational beliefs, students can reduce the emotional intensity associated with perceived violations, thereby minimizing aggressive behavior. In addition, REBE also teaches students about emotion regulation skills, such as mindfulness techniques and reframing cognitive distortions, which allow them to better control their emotional responses.

The results of this study are in line with previous research which shows that REBE is effective in reducing aggressive behavior in adolescents. REBE is a comprehensive, evidence-based approach that targets the cognitive, emotional, and behavioral dimensions of aggressive behavior. By combining cognitive restructuring with practical emotional and behavioral strategies, REBE not only reduces the incidence of aggressive behavior, but also equips individuals with lifelong skills for healthier social interactions and emotional well-being. By integrating REBE into the school curriculum, schools can equip all students with critical thinking, problem solving and constructive emotional management skills. This allows schools to carry out broader and more sustainable prevention, not only focusing on students who are already showing aggressive behavior, but also helping all students to develop the ability to deal with stress, conflict and frustration in more constructive ways. Additionally, REBE is easier to access and implement compared to cognitive behavioral therapy (CBT), which requires specialized skills and more time.

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