

The Effectiveness of Solution-Focused Brief Therapy to Reduce Generation Z Anxiety in the Age of Disruption

(Keefektifan Solution-Focused Brief Therapy untuk Menurunkan Kecemasan Generasi Z di Era Disrupsi)

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Abstract: Generation Z's use of technology inevitably allows them to get a lot of information from all over the world. Excessive information that has not been verified can cause anxiety. This study aims to determine the effectiveness of the solution-focused brief therapy approach to reducing anxiety experienced by Generation Z in the era of disruption. This research is an experimental research type of single-subject research. The research subjects were three counselees who were selected using purposive sampling with the initials NI, TS, and WD. The data collection technique in this study was obtained based on the self-assessment sheet that was conducted at the UPT LBK (counseling services center) at Universitas Negeri Yogyakarta. Individual counseling is conducted over two sessions using various techniques in solution-focused brief therapy, including scaling questions and miracle questions. The data analysis technique used quantitative descriptive analysis. The results showed that the anxiety experienced by the counselee could be reduced from very high to very low. Counseling with the solution-focused brief therapy approach has proven to be effective in reducing anxiety experienced by counselees because it offers a more concise and constructive counseling session, according to the characteristics of Generation Z.

Keywords: anxiety; solution-focused brief therapy; generation Z

Abstrak: Penggunaan teknologi oleh generasi Z yang tidak terelakkan membuat mereka mendapat banyak informasi dari berbagai penjuru dunia. Informasi berlebihan yang belum teruji kebenarannya, dapat menimbulkan kecemasan. Penelitian ini bertujuan untuk mengetahui keefektifan pendekatan *solution-focused brief therapy* terhadap penurunan kecemasan yang dialami oleh generasi Z di era disrupsi. Penelitian ini merupakan penelitian eksperimen jenis *single subject research*. Subjek penelitian merupakan 3 orang konseli yang dipilih menggunakan *purposive sampling* dengan inisial NI, TS, dan WD. Teknik pengumpulan data dalam penelitian ini diperoleh berdasarkan isian lembar *self-assessment* yang dilakukan di UPT LBK (*counseling services center*) di Universitas Negeri Yogyakarta. Konseling individu dilakukan selama dua sesi dengan menggunakan berbagai teknik dalam *solution-focused brief therapy*, diantaranya adalah *scaling questions* dan *miracle questions*. Teknik analisis data menggunakan analisis deskriptif kuantitatif. Hasil penelitian menunjukkan bahwa kecemasan yang dialami oleh konseli dapat berkurang dari sangat tinggi menjadi sangat rendah. Konseling dengan pendekatan *solution-focused brief therapy* terbukti efektif terhadap penurunan kecemasan yang dialami oleh konseli karena menawarkan sesi konseling yang lebih ringkas dan konstruktif, sesuai dengan karakteristik generasi Z.

Kata kunci: kecemasan; *solution-focused brief therapy*; generasi Z

INTRODUCTION

Generation Z is the generation born after 1995 and grew up in 2000. During its growth period, generation Z has a close relationship with the use of technology and the internet (Dolot, 2018; Schwieger & Ladwig, 2018; Gaidhani et al., 2019). Besides being known for their relationship with the use of technology and the internet, Generation Z is also known for being more prone to mental health problems and psychological disorders such as stress, anxiety, depression, suicidal tendencies, and self-harm compared to previous generations (Plochocki, 2019). According to a survey conducted in America, 18% of adults generation Z were diagnosed with an anxiety disorder. This number is higher than the baby boomers, gen X, and millennials who experience anxiety with a percentage of less than 15% (American Psychological Association, 2018).

Anxiety problems experienced by generation Z can be caused by several factors, including economic and work factors. Regarding economic factors, generation Z often complains about the financial condition of their parents, which makes them unable to meet their personal needs and work conditions that put a lot of pressure on them (American Psychological Association, 2018). In addition, the massive use of information technology as a characteristic of generation Z also affects anxiety. The high intensity of smartphone use and excessive exposure to information from social media and interactions in cyberspace also have the potential to cause stress and anxiety (Budury et al., 2020; Bystritsky et al., 2013; Matar Boumosleh & Jaalouk, 2017).

One effort that can be done to help generation Z overcome their anxiety is through counseling services. Counseling serves to help individuals identify problems, causes of problems, alternative solutions/problems solving, and consequences of actions taken (Widyatmoko & Purwanta, 2019). This is consistent with research results which show that generation Z is more open to seeking counseling assistance from professionals such as counselors and psychologists to deal with perceived mental disorders (American Psychological Association, 2018).

There are quite a number of studies that show the success of reducing anxiety by using various counseling approaches, including using a behavioral approach (Bakhtiar et al., 2017), cognitive approach (Shobabiya & Prasetyaningrum, 2011), cognitive restructuring and systematic desensitization (Leksono, 2013), and solution-focused brief therapy (Suranata & Prakoso, 2020). Generally, counseling is carried out in a relatively long time with many sessions. Corey (2016) stated that he had done counseling in one case with a total of 13 meetings, using several approaches. One counseling approach that requires a relatively short time is solution focused brief therapy. On average, solution-focused brief therapy counseling sessions can be done 2.9 times for each counselee (Biggs & Flett, 2005).

The solution-focused brief therapy approach places more emphasis on therapeutic conversations to find solutions and doesn't talk too much about the causes of the problem so that the counselee can focus on the solution of the problem (Franklin et al., 2017). The counseling session in solution-focused brief therapy focuses more on finding solutions from the counselee by using communication and social interaction between the counselor and the counselee. The miracle questions technique and the scaling questions technique in the solution-focused brief therapy approach can help counselees to better understand what they are feeling and find solutions to the problems they face. The counselee can be asked to fill out a form containing a scale from a score of 0 which means "very bad" to a score of 10 which means "very good /ideal" (Zhang et al., 2020).

The counseling process that focuses on finding solutions makes solution-focused brief therapy more positive and shorter than other approaches (Bannink, 2007). This shorter solution-focused brief therapy counseling session is in accordance with the characteristics of Generation Z who like things that are instant and fast, want something practical and tend to be more impatient than previous generations (Bencsik et al., 2016). These characteristics make solution-focused brief therapy a suitable approach for Generation Z.

Haron et al. (2020) stated that there had not been much research on the use of solution-focused brief therapy in overcoming anxiety disorders, even though the techniques in solution-focused brief therapy can help counselees to reduce anxiety in counselees. One of the studies that has applied the solution-focused brief therapy approach to anxiety is the research conducted by Fadhli and Siregar (2020). This study shows that the thought-stopping technique in the solution-focused brief therapy approach can be used to overcome the anxiety experienced by individuals during the Covid-19 pandemic.

The concept of solution-focused brief therapy that views humans as empowered individuals can reduce the individual's fear of the future as one of the symptoms of anxiety. This is in accordance with the results of the study by Ramesh (2015), which shows that the solution-focused brief therapy approach is effective in dealing with social anxiety disorder in adolescents because this approach does not emphasize past failures and problems but focuses on the counselee's strengths, past successes, and future success. The solution-focused brief therapy view is in accordance with the condition of the counselee who experiences anxiety and often focuses on bad things that will happen. These two studies show that the techniques in solution-focused brief therapy are suitable to be applied to overcome social anxiety, so researchers are interested in examining the solution-focused brief therapy approach to anxiety in general.

Suranata and Prakoso (2020) recently mentioned that online counseling based on solution-focused brief therapy can reduce anxiety in high school students. High school students and college students are both part of Generation Z who was born in the range of 1997-2012. Still, no research discusses the use of solution-focused brief therapy counseling approach to reduce anxiety in students as Generation Z. Based on these considerations, this study aims to examine the effectiveness of the solution-focused brief therapy counseling approach on reducing anxiety in generation Z in the era of disruption.

METHOD

This type of research is single-subject research. The type of single-subject research in this study was chosen because of the number of subjects in the form of one or more people in experimental research (Heppner et al., 2016). The single-subject research model used is the AB model, consisting of a baseline phase (A) and an intervention phase (B). In phase A, an analysis of the anxiety conditions experienced by the subject was carried out before being given treatment. In phase B, an analysis of the anxiety conditions experienced by the subject was carried out after being given treatment in the form of individual counseling with a solution-focused brief therapy approach.

The data is described in the form of tables, graphs, and descriptions to provide information about changes in behavior felt by the counselee. The data in this study were obtained based on records of the counseling process carried out at the Guidance and Counseling Service Implementing Unit (*UPT LBK*) or the counseling services center at Universitas Negeri Yogyakarta. Pretest data regarding the counselee's anxiety was obtained from the self-assessment form which was filled out by the counselee before joining the counseling process. Meanwhile, the final data (posttest) about the client's anxiety was obtained from the self-assessment form which was filled out again by the counselee to determine the change in the counselee's behavior after following the counseling process. Anxiety scores consist of a scale ranging from 1 which means very low, to 5 which means very high.

The sample in this study was selected using a purposive sampling technique. The sampling technique was chosen to obtain samples that match the criteria needed in the study, namely students who are Generation Z with an age range of 20-23 years and show symptoms of anxiety according to Nevid et al (2005) as follows: (1) physical symptoms, including profuse sweating, difficulty sleeping at night, difficulty breathing, limbs shaking, heart beating fast, sleeping difficulty, body weakness, and chills, (2) behavioral symptoms, including avoiding behavior, being shaken, easily angry or irritated, feeling restless, and dependent behavior or depending on others, (3) cognitive symptoms, including worry, fear of something that will happen in the future, belief that something scary will happen soon, fear of not being able to solve problems, restless mind, confusion, and difficulty concentrating.

The sample in this study were three students who became counsees at the *UPT LBK* (counseling service center) with the initials NI, TS, and WD. The first counselee is NI, a 23-year-old student who shows symptoms of physical anxiety, namely difficulty sleeping at night and headaches, behavioral symptoms, namely frequent crying and cognitive symptoms, namely often feeling anxious and afraid of bad things happening in connection with Gastroesophageal Reflux Disease (GERD) he experienced. The second counselee is TS, a 23-year-old student who shows symptoms of physical anxiety, namely difficulty sleeping, behavioral symptoms, namely avoidance and restlessness, and cognitive symptoms, namely unsettled thoughts and fears about the condition of his future relationship with friends who are in conflict with her. The third counselee is a student named WD, a 23-year-old student. WD shows symptoms of cognitive anxiety, namely difficulty concentrating, fearing that his grades will decrease

because he doesn't have time to do college assignments, and fear of being shunned by his friends in the future. The three counselees have met the criteria as research samples, namely, they are generation Z and show symptoms of anxiety both physically, cognitively, and behaviorally.

Data analysis in this study was carried out with reference to single subject research data analysis based on Heppner et al. (2016). In the first stage, data preparation is carried out by preparing a self-assessment form containing details of behavior and feelings that show symptoms of the problems experienced by the counselee and analyzing the score results from the self-assessment as baseline data (A). In the second stage, the counselor conducts treatment in the form of counseling and asks the counselee to fill out the self-assessment form again after the counseling process is complete. This final data is used as data intervention (B). The data is then analyzed and presented in graphic form to understand the changes in the counselee's condition after following the treatment.

RESULTS

Changes in the counselee's level of anxiety after following the individual counseling process with the solution-focused brief therapy approach are presented in Table 1.

Table 1. Client Anxiety Scores

Counselee	Anxiety Scores in The Baseline Phase (A)	Category	Anxiety Scores in The Intervention Phase (B)	Category	Anxiety Level
NI	5	Very high	2	Low	Decrease
TS	4	High	1	Very Low	Decrease
WD	5	Very high	1	Low	Decrease
mean	4.67	Very high	1.3	Low	Decrease

Based on table 1, it can be seen that the counselee experienced a significant change after attending counseling with the solution-focused brief therapy approach. At first, the average client anxiety score was 4.67 from a maximum score of 5 which means very high, but after attending 2 counseling sessions, the client's anxiety dropped to a score of 1.3 from a minimum score of 1 which means very low. The graph of decreasing anxiety can be seen in Figure 1.

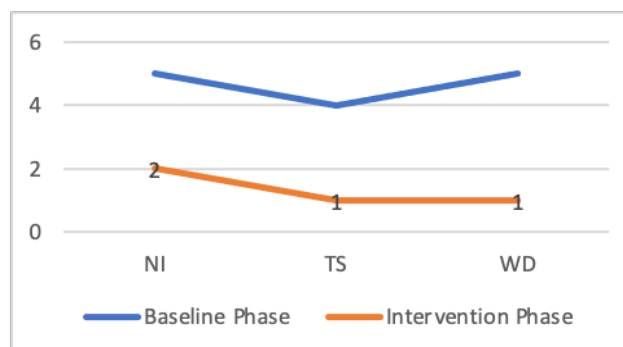


Figure 1. Graph of Decreasing Anxiety Levels

Based on the Figure 1, it can be seen that there is a decrease in the score of each counselee. The decrease in NI counselees occurred by 3 points, TS counselees by 3 points, and WD counselees by 4 points. This decrease in score was also followed by a decrease in anxiety symptoms shown by the counselee. Physical symptoms for NI counselees, which include difficulty sleeping and experiencing headaches, have decreased. NI has been able to sleep quite soundly at night and has rarely experienced headaches. The decrease in anxiety symptoms also occurred in behavioral symptoms, namely, they rarely cried because of anxiety. The decrease in cognitive symptoms in NI can be seen from the decrease in anxiety when telling about the illness they are experiencing and not imagining many bad things that will happen in the future. The second counselee, namely TS, also showed a decrease in physical and

behavioral anxiety symptoms, the insomnia behavior he experienced had decreased and he had tried not to avoid the problems he was experiencing. TS also has a calmer mind and is no longer afraid of the condition of his future relationship with a friend who is in conflict with him. WD counselees also showed a decrease in symptoms of cognitive anxiety, namely being able to concentrate, being more optimistic about their college grades, and reducing the fear of losing relationships with friends in the future. The three counselees have shown a decrease in anxiety symptoms both physically, behaviorally, and cognitively.

DISCUSSION

Theoretically, Stanley and Beck (2000) define anxiety as a result of a complex response system that involves affective, cognitive, psychological, and physical components due to the presence of a stimulus. Individuals who experience anxiety can feel afraid, have negative thoughts, avoid unpleasant situations, and show physical symptoms such as sweating and feeling pain in certain body parts. Anxiety and depression are also related to neurobiological and physiological conditions and activities in the individual's body (Fajkowska et al., 2018). Anxiety disorders can be divided into several types: panic disorder, agoraphobia, specific phobia, social phobia, acute stress disorder, and specific anxiety disorder. The stimulus that can cause anxiety disorders in individuals varies from one individual to another. Anxiety experienced by individuals is caused by a stimulus from the external environment as well as from the individual's own internal (Maina et al., 2016). Individuals will experience tension and excessive concentration of attention when they get a stimulus or are in certain situations that make them feel anxious.

Mental disorders due to receiving excessive exposure to information from the internet can be experienced by generation Z. As digital natives, students belonging to generation Z need smartphones in their daily lives (Isrofin & Munawaroh, 2021). This condition causes generation Z to have a high intensity of smartphone use. Generation Z is used to finding solutions to their problems on the internet (Bencsik et al., 2016). This shows that generation Z likes to search for information on the internet instead of directly asking professionals in their fields. The amount of information obtained from the internet can have a negative impact on users if they cannot receive it wisely. Excessive use of gadgets and social media can cause anxiety, depression, and various psychological disorders in users (Abbas et al., 2019; Ithnain et al., 2018). This opinion shows that anxiety in generation Z can be caused by excessive use of gadgets and social media. Therefore, reducing social media activity and using gadgets can help individuals to be calmer and avoid anxiety and other mental disorders.

Generation Z likes things that are instant, fast, and to the point (Arar & Yüksel, 2015; Gaidhani et al., 2019). These characteristics are consistent with the uniqueness of the solution-focused brief therapy counseling approach, which is concise and faster. This makes counseling with the solution-focused brief therapy approach suitable to be applied to generation Z who experience anxiety problems. In addition, generation Z wants faster therapy sessions due to their limited time and fast-paced lifestyle. Counseling with the solution-focused brief therapy approach generally lasts for 3-5 sessions only (Iveson, 2002). In several studies, solution-focused brief therapy counseling has proven to be an effective short-term approach for counselors to use in schools or for students who have limited time for counseling because solution-focused brief therapy offers a shorter counseling process (Brasher, 2009). This shows that solution-focused brief therapy counseling is effectively applied to generation Z who are experiencing problems. The solution-focused brief therapy approach has proven to be effective in dealing with psychological problems and behavioral disorders experienced by individuals (Roeden et al., 2014). This shows that the solution-focused brief therapy approach can also help the counselee resolve the anxiety problem. The function of the counselor is to support and encourage the counselee to realize his situation and strengths to solve problems (Zhang et al., 2020). In the solution-focused brief therapy, counselors make counselees realize that they are empowered people by not discussing problems too much and placing more emphasis on finding solutions so that counselees can find solutions to their own problems without relying on the counselor (Lightfoot, 2014; Liu et al., 2015).

The focus of solution-focused brief therapy is to find the individual's past success, look for exception situations when the individual did not experience the problem, and find new ways of solving the problems faced by the individual. In the problem of TS counselees, the focus of counseling is to help the counselee avoid stimuli that can make him anxious. This is in accordance with the opinion from Maina et al. (2016) that the anxiety experienced by this individual can be caused by a stimulus from the external environment as well as from the individual's own internal. The existence of a stimulus that comes from the environment, namely conflicts with peers makes TS feel anxious. Grupe and Nitschke (2013) state that avoiding a stimulus can make individuals reduce the anxiety they experience, but also efforts are needed to control the response to the stimulus. The stimulus can make the individual develop a more positive response. This opinion shows that solution-focused brief therapy treatment is appropriate for reducing anxiety.

The results showed that the decrease in the level of anxiety experienced by the three counselees was quite significant. NI counselees feel afraid and anxious after reading articles on the internet about the dangers of the physical disorders they experience. In fact, not all news on the internet and social media can be trusted and a lot of news and information on the internet are hoaxes or fakes (Westerman, et al., 2014; McGonagle, 2017). This shows that the counselee should not just trust the information available on the internet. The amount of health information available online can make users misunderstand and get inaccurate information (Swire-Thompson & Lazer, 2019).

Health information on the internet is a general description and cannot accurately reflect an individual's condition without further examination. Internet users need to sort and identify correct and reliable information from the amount of information available (Keshavarz, 2014). Internet users will feel overwhelmed if they receive all information raw. It can cause anxiety in themselves, especially in the current era of disruption, which allows unlimited access to information. This condition is in accordance with the statement by Indah et al. (2018) that one of the negative impacts of internet use is the disruption of individual physical and psychological functions. Individuals can experience psychological disorders in the form of anxiety and various other disorders if they use the internet too much and receive excessive information.

Anxiety due to receiving excessive information from the internet can be reduced by using the miracle questions technique and the scaling questions technique in solution-focused brief therapy. Miracle questions technique helps counselees to realize that news from the internet has a negative impact and find solutions to slowly reduce the intensity of searching for information on the internet. During the two weeks of implementing the solution, the counselee becomes calmer without any information that scares him. This condition is in accordance with the results of the study by Boumosleh and Jaalouk (2017) that the use of smartphones and high-intensity information seeking has a relationship with depression and anxiety disorders in college students.

The use of miracle questions technique has been proven to reduce anxiety problems experienced by individuals in this study. This is in accordance with the results of the study Astuti and Lestari (2018) that the miracle questions technique can help individuals to solve their problems. The miracle question technique can help individuals to develop specific goals about how the individual would be if they were not having problems by asking the individual to name what changed in his life so that the individual finally realized that a miracle had happened (Stith, et al., 2012). This opinion shows that the thing that makes individuals realize a miracle has occurred in the miracle questions technique, so that it can be a solution to the problem at hand.

The technique of scaling questions can measure real individual feelings or experiences. The scaling questions technique helps the counselee to develop solutions in the counseling process by asking the counselee to provide a scale, for example 1-10, about the problems he or she is experiencing (Strong et al., 2009). The scaling questions technique given at the beginning of the session can make individuals realize how much anxiety symptoms they experience, whether they are very anxious in the 10 score range or not too anxious in that score range. The technique of scaling questions can also indicate how bothered the individual is with the problem, whether it is not bothered, moderately disturbed, or very disturbed. Counselors can also use the scaling questions to determine the intensity of the problems experienced by the counselee and determine which problems priority they want to solve first. This effort needs to be done because the counselee often has difficulty in analyzing the feelings and conditions he is experiencing.

Individual counseling using miracle questions and scaling questions in the solution-focused brief therapy approach can reduce the anxiety experienced by NI, TS, and WD counsees as samples in this study. The results of this study are in accordance with the results of the study Suranata and Prakoso (2020) which shows that online counseling based on solution-focused brief therapy can reduce anxiety in high school students. The solution-focused brief therapy approach can help counsees to be aware of the anxiety problems they are experiencing and find solutions that can be done to reduce anxiety. The results of this study also support research by Fadhli and Siregar (2020) which shows that the solution-focused brief therapy approach can be used to overcome the anxiety experienced by individuals during the Covid-19 pandemic because of the characteristics of solution-focused brief therapy which views humans as empowered individuals that can reduce symptoms of anxiety, namely the individual's fear of the future and the tendency to think negatively about the future. The results of this study also support research conducted by Ramesh (2015) that the solution-focused brief therapy approach is effective for overcoming social anxiety disorder because solution-focused brief therapy focuses on the client's strengths and past and future successes. This solution-focused brief therapy view is in accordance with the condition of the counselee who experiences anxiety because he thinks about bad things that have happened and has worries about bad things that could happen in the future.

The solution-focused brief therapy approach in this study has been shown to be effective in reducing the anxiety experienced by the counselee. However, this study has limitations, namely the success of the counselee's case cannot be generalized. Furthermore, the decrease in anxiety experienced by students is not only caused by the intervention given but can be influenced by other factors outside the counseling session. This is in accordance with the opinion by Heppner et al. (2016) that single-subject design research has several limitations related to internal validity, namely although it may be true that variable X affects variable Y in several ways, there are also many other variables that influence variable Y. This opinion shows that the decrease in anxiety experienced by counsees can be influenced by issues of internal validity such as the counselee's life history, the maturity of the counselee, and experiences outside the counseling session that cause the counselee's anxiety to decrease.

Many other factors can also influence the success of solution-focused brief therapy in helping to solve problems, including the type of anxiety experienced, the source of anxiety, the environment around the counselee, and the characteristics of each counselee. Different types of anxiety also require different handling and treatment. Counselors need to pay attention to the characteristics of the counselee, the type of anxiety experienced and the source of the counselee's anxiety before determining the approach to be used. If the source of the client's anxiety is different, then the treatment given can be different according to the counselee's needs. The number of counseling sessions in this study also cannot be used as a reference, because the counseling session can only be ended when the counselee feels finished with the problem. Although solution-focused brief therapy emphasizes a brief counseling process, it does not mean that the shorter the counseling session, the better the results (Beyebach, 2014). In solution-focused brief therapy counseling sessions in other cases, the number of counseling sessions can be fewer or more according to the circumstances and needs of each counselee being served.

CONCLUSION

The problems experienced by the counselee in this study can be resolved by using the solution-focused brief therapy approach. Counseling with the solution-focused brief therapy approach can reduce the anxiety experienced by the counselee which was initially in the very high category to very low. However, the success of counseling in this study may be influenced by other factors outside the intervention provided and cannot be generalized to anxiety problems in other counsees. Different levels of anxiety, sources of anxiety, and individual characteristics may require different treatment according to the needs of each counselee. Future research can use the solution-focused brief therapy approach to reduce anxiety in counsees with different characteristics from this study. This is intended to obtain a more comprehensive picture of the effectiveness of counseling with the solution-focused brief therapy approach.

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