



IMPLEMENTATION OF SOLUTION FOCUSED BRIEF THERAPY (SFBT) TO IMPROVE SELF-ESTEEM IN ADOLESCENTS AT THE AISYAH ORPHANAGE KOTO TANGAH TIMUR BRANCH, PADANG

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ABSTRACT

Adolescence is the stage between childhood and maturity. Adolescence is a particularly vulnerable stage of development for psychological problems, specifically low self-esteem. Self-esteem is an aspect of an individual's satisfaction with individual self-assessment. Given the consequences of low self-esteem, an intervention is necessary to maintain a healthy level of self-esteem. Various approaches include the following: Solution-Focused Brief Group Therapy (SFBGT). The objective is to alter the problematic condition in such a way that addressing the solution to the problem is identical. Purposive sampling is a research technique that is used to identify research subjects that have low self-esteem. The researchers used the Rosenberg questionnaire to assess adolescents living in the Aisyah orphanage in East Koto, Padang, who reported experiencing low self-esteem. Counseling on each subject involves 4 sessions, or 6 to 8 meetings of 60-70 minutes each. This study has a single group pre- and post-test design, with measurements taken before and after treatment. The Wilcoxon Test was used to examine the research data (Wilcoxon Signed Rank Test). The pre-test results indicated adolescents had low self-esteem (73.3%) prior to receiving the intervention at the Aisyah Orphanage in East Koto. Modules and worksheets were used to support each session of the intervention. There was a change in self-esteem scores (post-test) when compared to normal categories (86.7%). This study discovered that (p Value = 0.003) had a significant effect on the provision of interventions to adolescents in the Aisyah orphanage in East Koto, Padang.

Keywords: Adolescents, Solution Focused Brief Therapy, Self-Esteem

Introduction

Adolescence is the stage between childhood and maturity. According to WHO (2015) adolescent in early 10 to 20 years old, early adolescent in 10-20 years old, 10-14 years old is middle adolescent, late adolescent in 15-20 years old. Adolescence is a critical period of physical, social, psychological, and cognitive development, as well as the ability to express and understand emotions that drive behavior (Priyanka, Parasar, and Dewangan 2018). According to Erikson (1989) The stages of adolescent development include the formation of identity characters vs identity confusion. Adolescents will discover their identity not just in their immediate family, but also in their school and social environments.

Adolescents frequently compare their situation to that of other people while they are

searching for identity. This issue arises in the psychology of adolescents living in orphanages, since adolescents do not live in the same environment as others. Adolescents frequently alter their personalities to become inferior, passive, apathetic, withdrawn, easily discouraged, fearful, and anxiety, making it difficult for adolescents to form social relationships with other people (Martin 2015).

Adolescent self-esteem refers to the critical importance of building an individual's assessment of attainment of the ideal self that was previously established either by their-self or by others, for example, through recognition (Stuart 2012). According to Stuart (2012) Individual, parental, social, and substitute role aspects all contribute to self-esteem. Research conducted by Febristi (2019) shows (52,3%) adolescents in 30 units of the



Padang city orphanage had low self-esteem, and there was a significant impact of individual and caregiver factors.

This low self-esteem impacts adolescents' low self-acceptance, rigid in dealing with others, poor development, failure to achieve optimally, lack of courage, inability to compete with others, and hesitation in making decisions. Padang lacks a solution for detecting orphanage youth's psychological problems, both from the government and specifically for the institution. Given the critical nature of self-esteem among adolescents, several approaches are possible: Counseling individually, group and family counseling, and cognitive approaches (cognitive behavior therapy, solution focused brief therapy).

The SFBT (Solution Focused Brief Therapy) approach is a therapy that is built on the strength of counseling by developing and focusing on solutions to problems by emphasizing aspects of need and practicality, effectiveness and efficiency of time. This approach transforms the tough environment into one in which discussing solutions rather than problems is synonymous (Corey, 2009). With the goal that once a relationship of trust with the therapist is established, the individual will have the resources necessary to overcome a problem and create a brighter future.

The SFBT approach's objectives Identify and fully exploit the counselee's talents and abilities; Develop the counselee's ability to notice problems and sort out irrelevant items (no benefit) in identifying problems; appropriate skills in providing motivation and questions that are not focused on the problem (problem), but on the solution. The stages of the Solution-Focused Brief Counseling (SFBC) approach that should be followed to ensure its best application. According to Seligman, these stages (in Mulawarman, 2014: 70) as follows: Establishing Relationship (Building Good Relationships), Identifying a solvable

complaint (Identifying Problems to find Solutions), Establishing goals (Setting Goals), Designing and Implementing Interventions (Designing and Establishing Interventions), Termination, Evaluation and Follow-up (Termination, Evaluation, and Follow-up) are carried out using the Solution-Focused Brief Counseling (SFBC) Approach Technique according to Corey, Seligman and Macdonald, as quoted by Mulawarman (2014: 70) Exception-finding questions (Questions discovery exception), Miracle questions (Question miracle), Scaling questions (Question-scale) (0-10 Scaled Questions).

According to the initial survey, three out of five adolescents admitted to being embarrassed by orphanage kids and feeling inferior while interacting with individuals outside the orphanage.

According to Arikunto (2006) This study employs a one-group pretest-posttest design, in which the plan prior to and following the intervention of one group reveals strategic steps that can be taken to construct individuals with low self-esteem through the use of the SFBT (Solution Focused Brief Therapy) approach to problem-solving to improve the future and contribute to society.

MATERIAL AND METHODS

This study falls under the category of quantitative research. Experimental research is used in this work, but it is a quasi-experimental type of research using the single group pretest-posttest design method, which entails experiments conducted in a single group without comparison. To begin, a pre-test will be conducted using the Rosenberg Self-Esteem Scale (RSES) questionnaire to ascertain adolescents' self-esteem. Comprising 10 statements with response options, the score for "strongly agree" was 4, "agree" was 3, "disagree" was 2, and "strongly disagree" was 1. There are many stages/sessions that will be documented using a workbook, followed by a re-measurement (post-test) using the Rosenberg Self-Esteem Scale (RSES).



This research was conducted during June and July 2021 at the Aisyah Orphanage in East Koto Tengah Cab. The population comprised adolescents who were residents of the Aisyah Orphanage in Koto Tengah Timur and met the criteria of having a low self-esteem as measured by the validated Rosenberg Self-Esteem Scale (RSES) questionnaire will thereafter be used as a sample for Solution Focused Brief Therapy. The intervention included a worksheet with 4 sessions over 1 week, each session lasting 75 minutes. The researcher provided an application letter to become a respondent and an informed consent

letter to become a respondent at the implementation stage. After completing the questionnaire, it was returned to the researcher under study ethics, which included: Informed Consent, Anonymity, and Confidentiality. Bivariate tests were used to determine the relationship between independent and dependent variables. A normality test is used to establish whether a data set's distribution is normal. The paired T-test is employed if the data are normally distributed; otherwise, the Wilcoxon and Mann-Whitney tests are used (Dahlan, 2010).

RESULTS

The researcher recounts the findings of a survey at the Aisyah Orphanage, Koto Tengah, with 15 respondents. The findings of this chapter include univariate and bivariate analysis of the relationship between independent

and dependent variables, as well as an assessment of whether there is a difference between Pre and Post self-esteem following intervention with Solution Focused Brief Therapy (SFBT).

A. Distribution of Average Pre-Test Self Esteem (Self-Esteem) of Adolescents Living in the Aisyah Orphanage, Koto Tengah Timur Branch.

The self-esteem variable pre-test is a data category that was examined using

proportions and presented in a frequency distribution table prior to the intervention. In detail, the results are shown in Table 1.1:

Table1.1

Frequency Distribution of Self Esteem Pre Test for Adolescents in Orphanages (n = 15)

Variable	Category	f	%
Pre Test	Low	11	73,3
Self Esteem	Normal	4	26,7

According to the table above, more than half (73.3%) of adolescents living in orphanages exhibit low self-esteem in the Pre-Test prior

to receiving a Solution Focused Brief Therapy (SFBT) intervention.

B. Distribution of Average Post Test Self-Esteem of Adolescents Residents in the Aisyah Orphanage Koto Tengah Timur Branch

Variable Self Esteem Post-Test is a data category that was examined using

proportions and provided in a frequency distribution table to the intervention. In detail, the results are shown in Table 1.2:

Table1.2

Frequency Distribution of Self Esteem Pre Test for Adolescents in Orphanages (n = 15)

Variable	Category	f	%
Post Test	Low	2	13,3
Self Esteem	Normal	13	86,7



According to the table above, more than half (86.7%) of adolescents living in orphanages had normal self-esteem following a Solution

Focused Brief Therapy (SFBT) intervention.

C. The average difference between the Pre-Test and Post Test of Self Esteem (Self-Esteem) on the Solution Focused Brief Therapy (SFBT) Approach to Adolescents Living in the Aisyah Orphanage Koto Tengah Timur Branch

Table1.3
Average difference between Pre-Test and Post Test of Self Esteem (Self-Esteem) on the Solution Focused Brief Therapy (SFBT) Approach (n = 15)

Variable	N	Mean Rank	P value
Pre Test	15	1,27	0,003
Post Test		2,87	

According to the findings of the research, table 1.3 indicates that the mean score for adolescents prior to receiving a self-esteem intervention (self-esteem) is 1.27, whereas the mean score following the intervention is 2.87. The Statistical Test yielded a p-value $< \alpha$ ($P = 0.003$). This shows that there is a significant difference between before and after receiving Solution Focused Brief Therapy (SFBT) at the alpha 5% level.

frequently opt to remain silent about problems, giving the impression that they were fleeing from them.

Researchers discovered that adolescents, particularly those living in orphanages, had a proclivity for being easily stressed or depressed, owing to the variety of pressures and challenges encountered by orphanage adolescents. Adolescents who frequently compare themselves to other adolescents who live with their parents have different life experiences. Differences from other individuals (adolescents) of the same age can result in a variety of psychological problems; adolescents may experience depression (Sahad, Mohamad, and Shukri 2018). Depression has several negative effects on orphanage adolescents, including a lack of self-acceptance, decreased self-confidence in their abilities, an unwillingness to participate in social activities, and a tendency for academic achievement to decline.

Discussion

A. Pre-Test Self Esteem (Self-Esteem) Teens Living in Aisyah Orphanage Koto Tengah Timur Branch

Adolescents who live in the Aisyah Orphanage Koto Tengah Branch show that more than half (73.3%) have low Self Esteem (self-esteem). Supported by Hailegiorgis et al. (2018) where adolescents who live in orphanages have lower psychological health than adolescents who reside with their parents. Thus, adolescents who live in orphanages exhibit different feelings than adolescents who do not live in orphanages, including anger, worry, and feelings of discontent and melancholy as a result of the situations encountered (Kirkpatrick et al. 2012). Research (Diri et al. 2011) reported that at the time of the interview, the orphanage disclosed that many adolescent difficulties were kept to themselves; the lack of care from foster parents caused adolescents to

For adolescents who grow up in an orphanage and can provide support and acting as a substitute for their parents in terms of care, attention, and affection are the orphanage's carers. The orphanage staff fulfills the child's developing needs in place of the family (Llapo 2015). As a caregiver, the responsibility for taking care of others, providing care, attention, support, and affection. Caregivers of orphanages must provide appropriate opportunities,



guidance, and affection (Stuart 2012). Adolescents who are unable to fully assume the position of caregiver will feel as though their attention is reduced, their needs are unfulfilled, and this will have an impact on their interactions with their social environment and self-esteem.

The orphanage and the house are 2 different environments. A caregiver has a significant role in addressing the physiological and psychological needs of orphanage adolescents, one of which is the development of a positive self-concept (Maundeni and Malinga-Musamba 2013). Thus, the caretaker of the orphanage must possess several skills, including an understanding of the needs of the orphanage youth, which continue to grow in lockstep with the adolescent's age, and the ability to assist the orphanage youth in their growth and development, particularly in terms of their self-concept (Castillo et al. 2012). The researcher discovered that caregivers at the Aisyah Orphanage Koto Tengah Timur Branch are parents with vastly varied age ranges, which means they have vastly different perspectives and methods of education. Because of their inability to disclose all to caregivers, adolescents are more prone to conceal their own problems both within and outside the orphanage.

B. Self-Esteem Differences Following a Post-Test of the Solution-Focused Brief Therapy (SFBT) Approach with Adolescents Living at the Aisyah Orphanage Koto Tengah Timur Branch

The difference between the pre- and post-test scores indicates an increase in self-esteem. Post-test data indicate that the majority (86.7%) of adolescents had a normal self-esteem following the intervention of solution-focused brief group therapy. The researchers conduct continuous counseling interventions that are solution-focused, spanning up to 4 sessions with 8 meetings until the conclusion of each session, which lasts 60-70 minutes. Information Consent sheet in conjunction with personal data to ensure

data quality.

Implementation of the intervention was carried out by complying with health protocols, namely: measuring temperature, washing hands or hand scrubbing, using face shields and masks during the implementation of the intervention and maintaining distance between adolescents. After the sample is determined where adolescents who have low self-esteem will be grouped into adolescents who will be given an intervention. Interventions are run staged according to Seligman (Mulawarman, Munawaroh, and Nugraheni 2016) as follows: Establishing Relationship (Building Good Relationships) fostering good relations between counselors and counsees to build good communication, Identifying a solvable complaint (Identifying Problems That Can Be Found Solutions) giving questions to counseling so that they know the problems that occur in the orphanage, Establishing goals (Setting Goals), Designing and Implementing Intervention (Designing and Establishing Interventions), Termination, Evaluation and Follow-up (Termination, Evaluation, and Follow-up) at this stage the counselor gives scaled questions to determine the increase in self-esteem of orphaned children before and after counseling. The techniques used in the SFBT intervention are Exception-finding questions (Questions discovery exception), Miracle questions (Question miracle). Scaling questions (Question-scale).

In Session 1, the SFBT intervention focused on Establishing Relationships (building good relationships), where counseling must be able to foster healthy relationships with adolescents for them to follow along from beginning to end of the session. Session 2 is about resolvable identity complaints (identifying problems), and adolescents are asked to complete an identification worksheet, during which the counselor identifies the challenges that the adolescents have encountered. After analyzing the problem, the adolescent will prioritize it.



Session 3 set goals and completes worksheets on Goals. Adolescents are asked to select 3 problems to solve and to describe the desired answer and the scale of success in attaining the goal, namely in solving difficulties. Session 4: Identifying the Termination Solution and identifying the issues that must be resolved at the termination stage. Termination is the stage in which a time contract is made with the caregiver to resolve the issues chosen by the youth, such as feeling neglected by the orphanage, feeling that the orphanage is unfair, feeling that the orphanage rules are too strict, and feeling uneasy about being prohibited from using cellphones despite the fact that they are not illegal to own it, engages in brawls with other orphanage children, withdraws from school classmates, and has never gained recognition from the orphanage.

The agreed solution to this problem is that the orphanage will attempt to share as much attention as possible for the orphanage, will do its best for the orphanage, and will also reach a democratic agreement with the orphanage regarding the orphanage's existing regulations, so that if anyone violates the orphanage's rules, the consequences are mutually agreed upon. The researcher's assumption is based on the wide range of age groups in which caregivers' parenting styles are authoritarian, focusing exclusively on their own decisions without discussing them with adolescents.

Research by (Bireda and Pillay 2018) Adolescents will explore the communication between parents and children who are warm, responsive, and have reasonable expectations and hopes in order to increase their self-esteem. While in an orphanage, the parental function is assumed by a caregiver (EL Koumi et al. 2012).

Following the termination, the researcher administered the Post Test Self Esteem in order to increase the number of Pre op. The termination evaluation found that adolescents felt happy, relieved, more

valuable, and more confident following the adoption of the Solution-focused brief therapy session. Adolescents might communicate their feelings and desires to caregivers in an appropriate and accurate manner, preventing caregivers from making unilateral judgments/authoritaria.

Solusion focused brief therapy according to (O'Connell, Palmer, and Williams 2013) is a type of counseling that is built on the counselor's abilities with the goal of assisting the counselee in achieving desired results through the generation and building of solutions to problems. According to (Cowburn 2003) Solution oriented brief therapy is a highly efficient, practical, and proven approach for assisting individuals, groups, and organizations in learning to solve problems in order to redirect their lives toward success and so improve their self-esteem.

According to the findings of this study, there was a significant impact on the provision of Solution-Focused Brief Group Therapy interventions to adolescents residing at the Aisyiah Orphanage in Koto Tengah Timur Branch, Padang, with a p value of (p Value = 0.003). These findings are consistent with previous research (Sameve, Basaria, and Pranawati 2018) The increase in scores between before and after the intervention indicated that the efficiency of Solution-Focused Brief Group Therapy in improving the self-esteem of five young men at Orphanage X was classed as less successful. The factor that supports this is the researcher's ability to develop a positive, warm, open, caring, empathetic, and caring relationship with the adolescent in order for the adolescent to participate in all sessions and express the problem for which he will find a solution honestly to the researcher without fear of the orphanage's caregiver with the goal of increasing the self-esteem of orphaned adolescents.

Self-confidence is an aspect of individual and self-assessment. Individuals who possess self-confidence can maximize



their potential without fear or hesitation, to develop into individuals who are more responsible for themselves and their family, to think positively and be more optimistic when confronted with any problem (Eryanti 2020)

Self-confidence is a main asset of an individual's ability to improve and develop; without confidence, it will be impossible to accomplish goals since they would constantly be doubtful and scared to explore different things.

CONCLUSION

The pre-test revealed adolescents had low self-esteem (73.3 %) prior to the intervention, which involved administering the Rosenberg Self Esteem questionnaire to up to 15 adolescent children at the Aisyah Orphanage Koto Tengah Timur Branch. Adolescents who have the lowest scores will receive a Solution-Focused Brief Group Therapy Intervention comprising 4 sessions, 6 to 8 meetings lasting 60 to 70 minutes each.

The intervention was implemented using modules and worksheets for each session to assist counselors in assessing the problems encountered by adolescents for subsequent counseling to focus on solutions to adolescent problems at the Aisyah Orphanage Koto Tengah Timur Branch. Termination is used to mediate a solution between the adolescent and the caregiver in order to resolve the adolescent's problems.

After the intervention, there was a change in adolescents' self-esteem scores on the self-esteem of adolescents from the value (pre-test), as evidenced by the results of measures using the Self Esteem questionnaire (post-test) with the normal category (86.7%). The present study discovered a significant impact on the provision of Solution-Focused Brief Group Therapy interventions to adolescents living at the Aisyah Orphanage Koto Tengah Timur Branch, Padang, with p value (p Value = 0.003). The factor that supports this is the

researcher's ability to develop a positive, warm, open, caring, empathetic, and caring relationship with the adolescent for the adolescent to participate in all sessions and express the problem for which he will find a solution honestly to the researcher without fear of the orphanage's caregiver with the goal of increasing the self-esteem and self-quality of adolescents living in orphanages in order to help them become better.

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