

Development And Validation of An Online Group Narrative Therapy Protocol for Students with Poor Self-Regulated Learning and High Social Anxiety

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ABSTRACT

Narrative therapy is influenced by social constructivism, a philosophical theory suggesting that reality is not objective but is instead constructed through social interaction and language. There is a growing interest in exploring Narrative Therapy's effectiveness and potential benefits for individuals experiencing mental health challenges, but evidence of this approach in Indonesia is lacking. The current research aims to validate the narrative therapy protocol in an online group setting for university students. Narrative therapy is proposed to help them challenge the negative stories they tell themselves regarding social situations and develop more helpful stories to enhance their self-regulated learning. Three clinical psychologists with 10-12 years of working experience participated in the first round of expert judgment of the therapy protocol developed by author (Aiken's V score= 0.8476). Eleven clinical psychologists with 1-6 years of working experience participated in the second round (Aiken's V score= 0.9692). This protocol was applied in a quasi-experimental design to eight university students in the pilot intervention. In conclusion, the narrative therapy protocol is valid for further research with larger samples and more intricate study designs, for example, randomized controlled trials. Based on the pilot intervention, guidelines in the therapy protocol are applicable and easy to follow. However, further research is needed to claim its effectiveness compared to other therapy approaches.

Keywords: Narrative Therapy, protocol validation, self-regulated learning, social anxiety, university students

Introduction

Ability in self-regulated learning (SRL) is needed by individuals to support success in academic or work environments. When students have strong SRL abilities, they can evaluate themselves, examine their own cognitive processes, and manage how much effort is needed to achieve certain targets, so that they have a higher chance of achieving academic progress (Xu et al., 2022). The intrinsic drive to monitor and evaluate the learning process makes individuals with high SRL easily

adapt to academic challenges (Panadero, 2017). The use of various effective and productive learning methods and self-regulation is higher compared to peers with low SRL. On the other hand, students with low SRL have lower involvement in learning activities (Han et al., 2022), for example they are not enthusiastic in class, apathetic towards assignments, or tend to experience procrastination.

Pintrich's SRL theory recognizes the influence of contextual factors on SRL (Pintrich, 1999). This theory is in line with social cognitive theory. According to social cognitive theory, the processes necessary to manage one's health can be taught through social modeling, support, and feedback; gradually this external support is withdrawn when a person is able to self-regulate (Clark & Zimmerman, 2014). Pintrich's SRL theory also emphasizes the role of motivational beliefs in self-directed learning (Pintrich, 1999) with three general types including self-efficacy beliefs, task value beliefs, and goal orientation. Social anxiety, on the other hand, can affect students' motivation levels because it often causes individuals to engage in avoidant behavior. For example, feedback is necessary (Theobald & Bellhäuser, 2022), but students with social anxiety experience fear of asking for and receiving feedback. This leads to low motivation in participating in class discussions, seeking help from peers or instructors, or engaging in collaborative learning activities (Hakami et al., 2018). In result, preoccupation with social evaluation can divert students' attention and cognitive resources from effective learning strategies.

In this article, narrative therapy is proposed as an effective treatment for poor SRL and social anxiety. Narrative therapy is projected to help students with poor SRL to develop more helpful stories about themselves. When it comes to social anxiety, narrative therapy helps students challenge the negative stories they tell themselves about social situations (Yoosefi Looyeh et al., 2014). Through several narrative therapy techniques, students are accompanied to discover alternative narratives (Epston, 2020) that they are capable of being organized and self-motivated, that they can achieve their goals, and that they are able to be themselves in social situations without judgment.

There is still limited research in Indonesia that uses narrative therapy in a quasi-experiment. Several previous studies on narrative therapy for students in Indonesia were conducted using a qualitative case study approach (Swasti & Martani, 2013) and narrative interviews (Damayanti, 2020; Permana, 2019). These studies were conducted in individual settings. A quantitative approach with a quasi-experiment of narrative counseling was carried out (Rachmawati, 2016), but less detail was provided regarding measuring tools and intervention procedures, whether it was individual or group intervention. Further, the authors chose group approach

because it provides a valuable source of support from other group members who may be going through similar experiences (Borek & Abraham, 2018). In conclusion, it is difficult to find sufficient information about the application of group narrative therapy in Indonesia.

Therefore, this study will make a major contribution to narrative therapy research by presenting a therapy protocol for an online group setting conducted on an Indonesian sample. The objectives of this study are: (1) To evaluate the validity of the narrative therapy protocol, including the intervention techniques, materials, and delivery methods written in the protocol, and (2) To determine if the intervention procedures are practical to be applied to the selected participants. Therefore, the hypotheses are: (1) The narrative therapy protocol is valid, and (2) The protocol is practical to be applied to participants.

Methods

Participants of pilot intervention

Participants were students from Universitas Gadjah Mada (UGM), Indonesia. The authors used purposive sampling method (Etikan, 2016). Research poster was disseminated via faculty staff of 18 faculties and 1 vocational school in UGM and student dormitories manager. Research participants inclusion criteria were students of undergraduate program of UGM having difficulties in self-regulation in independent learning activities and maintaining social interaction in academic context.

Instruments

Two instruments were used in this study: (1) Indonesian Social Anxiety Scale for Students or “Skala Kecemasan Sosial Mahasiswa”/SKS (Suryaningrum et al., 2019) that measures social anxiety in higher education context and developed in Indonesian language, and (2) the Online Self-regulated Learning Questionnaire - Indonesian adaptation/OSLQ (Ulfatun, et al., 2021) that measures student self-regulated learning. These instruments were used to gain data of participants before and after joining the pilot intervention based on protocol.

Research design

The pilot intervention occupied a quasi-experimental design.

Procedures

There were two main procedures applied in this study: (1) protocol development and validation, (2) pilot intervention using the protocol. This study was approved by School of Psychology Ethics Committee (Reference number: PSCETHS-703) on October 16th, 2023, and by The Ethics Committee of Faculty of Psychology UGM (Reference number: 893/UN1/FPSi.1.3/SD/PT.01.04/2024) on January 30th, 2024.

Regarding protocol development, the researcher started to write the protocol based on her former work on narrative therapy for individual interventions. To adapt to the need of the current study, the researcher revised the protocol and added more details to meet the requirements for online and group settings. The researcher later asked her fellow psychologists to review the protocol in two rounds. The first round was focused on the content, while the second round was more focused on the applicability of the protocol in after it was revised. Detailed activities about this can be found in Table 1.

Driven by their interest, students accessed the online questionnaire to register and provided their consent. They also filled out online demographic questionnaire to report data such as gender, age, year entering the university (student batch), grade point average/GPA, faculty, and academic struggle. After registration, researcher emailed them to send the questionnaire for baseline measurement, in the form of online-delivered measurements via Qualtrics. Students with qualified score for this study were asked to choose three schedules provided by the researcher, based on their priority schedule. The schedule chosen by more than 10 participants in the priority became the intervention schedule in the pilot intervention.

Treatment protocol

The narrative therapy protocol in this study is adapted from an unpublished “Panduan Terapi Naratif” (Narrative Therapy Guideline) which was developed in the Indonesian language by the first author in 2009. She used this protocol for her master research in a case study of a student dealing with social anxiety (Swasti & Martani, 2013). To meet the current purpose, she modified written instructions of the protocol to be used in a group therapy setting. Regarding the number of sessions, no modification was made. The narrative therapy protocol development and validation followed several steps. Firstly, the researcher developed the English version of the protocol. After it was approved by her supervisors (the second, third, and fourth author of this article), the first author started to translate them to Indonesian language and adapt the language context to be understood easily by Indonesian users. Adaptation from English to Indonesian language is needed to prevent any cultural bias caused by written instructions in the protocol. There were two rounds of an expert judgment process.

Table 1. Protocol Development

Agenda	Time Frame	Note
Narrative Therapy training	May 26 th – 28 th , 2023 and June 3 rd – 4 th , 2023	The researcher completed the training provided by the Vancouver School of Narrative Therapy, Canada
Treatment protocols writing in English	June - August 2023	-
Consultation to supervisors	August - September 2023	-
Treatment protocols translation into Indonesian	September - October 2023	-
The first-round experts review	November 1 st - 30 th , 2023	The reviewers were three Indonesian psychologist with 10 – 12 years' experience in practice in hospital and private clinic, all females.
Treatment protocols (Indonesian version) refinement and revision	November 10 th – December 12 th , 2023	-
Client/participants handbook writing	November 15 th - December 13 th , 2023	-
The second-round experts review	December 13 th , 2023 - January 3 rd , 2024	Reviewers were eleven Indonesian psychologist with 1 – 6 years' experience in practice, working as psychologists in UGM, three males and eight females.
Client handbook evaluation	Early April 2024 pilot study.	Brief evaluation given by participants of the

Secondly, the first author not only developed the protocols but also the client handbook consisting of information about overall group therapy agenda, worksheets, provisions of joining the group sessions, and procedures related to access to psychological services for participants who decide to withdraw from the study.

Lastly, to check whether the narrative therapy protocol is applicable or not, the pilot intervention was conducted in a weekly Zoom conference sessions with a duration of 90 – 120 minutes. The first author took a role as therapist who delivered the pilot intervention. Agenda for each session based on order of sessions are (1)

Introduction to life stories, (2) Externalization, (3) Deconstruction, (4) Re-authoring session, (5) Re-remembering and Definitional Ceremony session, (6) Building Therapeutic Alliance, and (7) Therapeutic Letter Writing session.

Analysis

The researcher calculated Aiken V score manually to analyze protocol validation while calculated paired sample t-test with the help of Jamovi version 2.3.28.

Results

Protocol reviews were done by three psychologists in the first round and eleven psychologists in the second round (see result in Table 3). Most reviewers are female (78,51%). They work in student service center in UGM (78,51%), hospital (7,14%), and private practice (14,29%). All reviewers were graduated from Magister Psikologi Profesi UGM, with one of them is currently pursuing a doctoral degree.

Table 3. Inter-rater Validity Measurement

	The first-round review	The second-round review
Aiken's V Score	0.8476	0.9692

Following the protocol validation process by experts, the authors continued to test its applicability in the pilot intervention to several participants who agreed to participate in the study. The students registered for this online group therapy program confirmed their participation by providing their consent and completing the baseline measurements. From total 59 students who accessed the online questionnaire for registration, there were eleven students selected and invited to join the online group therapy sessions. However, only eight students finally received the intervention.

Majority of participants of the pilot intervention were female (87.5%) and in their first year in university (62.5%). Surprisingly, more than half of the students joined this program (62.5%) reporting their GPA were above 3.75 on a 4.0 scale of GPA. Two participants attended all sessions (28.57%), five participants attended six out of seven sessions (85.71%), and one participant attended five out of seven sessions (14.29%).

This means that participants have a fairly high commitment to completing this online group therapy.

Table 4. Descriptive Statistics

	N	Mean	Median	SD	SE
OSLQ pre	8	56.1	56.0	16.8	5.94
OSLQ post	8	87.1	86.5	11.4	4.02
SKS pre	8	83.9	85.0	10.1	3.56
SKS post	8	54.3	55.0	19.1	6.74

From the descriptive statistics in table 4, it can be concluded that students' condition after receiving narrative therapy were more likely the same in terms of self-regulated learning (Mean= 87.1, SD= 11.4) compared to social anxiety (Mean= 54.3; SD= 19.1). There were more variations in the participants' score of social anxiety than in self-regulated learning. However, the sample mean estimate is less precise in social anxiety (SE= 6.74) than in self-regulated learning (SE= 4.02)

Table 5. Result of Paired Samples T-Test

			statistic	df	p		Effect Size
OSLQ pre	OSLQ post	Student's t	-3.49	7.00	0.010	Cohen's d	-1.23
SKS pre	SKS post	Student's t	3.27	7.00	0.014	Cohen's d	1.16

Note. $H_a \mu_{\text{Measure 1}} - \mu_{\text{Measure 2}} \neq 0$

Based on the p value in table 5, it can be concluded that the changes in participants because of participating in online group therapy are significant ($p < 0.05$). The authors also considered the effect size which in Table 5 shows Cohen's $d = 1.16$ and -1.23 on changes in social anxiety and self-regulated learning, respectively. These results suggest that narrative therapy protocol positively impacts participants if it is applied as per se.

Discussions

Hypothesis 1: The narrative therapy protocol is valid.

Treatment protocol validation was carried out covering five aspects of assessment: (1) explanation of basic knowledge about therapy, (2) explanation of the therapist's role and therapy agenda, (3) therapy implementation procedures, (4)

worksheets and exercises, and (5) reference and resources. The involvement of experts follows recommendations of previous research (Rubio et al., 2003). The first-round panel members provided Aiken's V score for the narrative therapy protocol that is 0.8476. Even though the Aiken's V score in the first round is not statistically significant, the first author used qualitative feedback from the reviewers to evaluate and revise the protocol. As a continuation of the validation process, the first author distributed the narrative therapy protocol to be evaluated in the second-round of validation. This stage was done after the researcher refined the protocol based on feedback gained in the first round. They examined each session in more detailed way. Aiken's V score from the second-round validation process is 0.9692 (statistically significant). This score indicates a high level of agreement among the eleven reviewers, results in a conclusion that narrative therapy protocol is valid.

The strong consensus among raters in evaluating the narrative therapy protocol has several important implications for the quality and effectiveness of the protocol (Rubio et al., 2003). Firstly, the narrative therapy protocol is reliable and can be implemented consistently across different settings and by different individuals. Secondly, when raters agree on the quality and appropriateness of the protocol, it indicates that the content and procedures outlined in the protocol align with best practices and evidence-based guidelines. Thirdly, high agreement on the clarity, feasibility, and relevance of the protocol shows that the protocol is more likely to be adopted and followed by practitioners, leading to better adherence and fidelity to the treatment approach. When a therapy protocol is valid, it is assumed that the intervention provided with reference to the protocol is in accordance with its intended purpose. Based on previous study (Gadke et al., 2021), this pilot intervention focused on feasibility of intervention process to address questions about how narrative therapy can be implemented and evaluated. Therefore, a valid protocol is crucial to serve as guidance to make sure that sessions are running smoothly as they are intended (Buhagar, 2021).

Hypothesis 2: The narrative protocol is practical to be applied to participants.

As hypothesized, narrative therapy protocol positively impacts participants as it is applied as per se. Practical significance stated by Cohen's d value shows that the effect of intervention using narrative therapy protocol is large to be meaningful to help students in this pilot intervention dealing with social anxiety and promote their self-regulated learning in the real world (Schwaferts & Augustin, 2021; Sullivan & Feinn, 2012). This result supported by previous research of narrative group therapy for university students with academic difficulties (Esposito et al., 2017). The novelty of the narrative approach

in this study is reflective activities outside of the sessions, which was helpful to stimulate participants self-regulated learning strategies. The worksheets as reflection tools gave participants freedom to express themselves in a creative way to find new point of view that is required to strengthen the new alternative narratives (White, 2007). Structured reflection in each session as written in the protocol facilitated them to become better learners as enhance their life stories using narrative techniques (Buhagar, 2021) and reflective mirroring with other group members (Borek & Abraham, 2018; Esposito et al., 2017). These findings attest to the practicality of clear, easy-to-follow protocol.

The second novelty of findings from the pilot intervention is that Zoom video conference facilitated participants with screensharing feature so participants could easily present their worksheets to group members and the therapist. At first, participants reported the increased feeling of anxiousness but in the later sessions, they can manage the social anxiety quite well. The experience to share their worksheet and gain responses from other members and the therapist is important for participants to step out from their narratives of anxiety. Continuing the process stated in the protocol, participants can gradually be involved in the Zoom activities, by speaking directly or leaving comments on the Zoom chat box. The narrative online group therapy provided space to practice clear communication and sense of belonging (Donham et al., 2022) that hopefully can be generated to their own classroom.

Based on the narrative therapy protocol, narrative therapist is the group facilitator who perform certain leadership functions such as shaping participants perspective through questions and exploring new ideas to challenge the former constructed meaning about their experience (Laube, 1998). For some participants who were not familiar with type of probing and active questioning, this process can be seen more like interrogating. However, questioning is one of narrative therapy techniques, known as deconstruction (White, 2007) to help clients to recognize their own authority in their lives (Menard et al., 2018). This narrative therapy protocol is equipped with sample questions that can be use by user to deliver this therapy approach.

Limitation of the study and future suggestions

Important findings from this study are that the narrative therapy protocol is valid and its application on participants provides positive effect to group members, through clear practical procedures and result in quantitative measurement. However, implementation of narrative therapy protocol in this study is limited in its small number of participants and its preliminary nature to meet its goal as a pilot

intervention study. The authors suggest future research to apply narrative protocol in larger sample and in a more controlled study environment, for example randomized controlled trial, that is still uncommon in Indonesia.

Conclusion

In conclusion, the narrative therapy protocol is valid and can be implemented effectively. The research design, procedures and data collection methods were stated to be practical, as evidenced by significant changes in participants' conditions. However, this research needs to be replicated with a larger sample and with other experimental designs, for example by adding a control group.

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