

THE EFFECTIVENESS OF TECHNOLOGY ENGINEERING RATIONAL EMOTIVE BEHAVIOR THERAPY AND POSITIVE REINFORCEMENT IN REDUCE CHILDREN WITHDRAWAL BEHAVIOR IN THE BANDUNG CHILD SOCIAL PROTECTION SERVICE UNIT

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Abstract

Some of the less than optimal withdrawal handlers are a technological engineering challenge. REPORT THERAPY offered to answer the problem. This therapy is the result of technological engineering that integrates Rational Emotive Behavior Therapy and Positive Reinforcement assigned with gradual assignments. REPORT THERAPY aims to change a child's withdrawal behavior by changing irrational beliefs into rational ones and providing positive encouragement to maintain the changing behavior. This study aims to test the effectiveness of REPORT in reducing children's withdrawal behavior. The indicators of withdrawal that were measured were speaking incoherently, panicking, avoiding other people, being alone, lowering the head when walking, and lack of concentration. The research method used is single subject research with A-B-A design. Tests were conducted on 3 children aged 17, 15 and 14 years. This study has a length of observation for 15 days, consisting of 5 days of baseline (A1), 5 days of intervention (B), and 5 days of baseline (A2), and between phases are given a break. The results of this study showed how to withdraw after therapy decreased from before, with a difference in scores of 20.4, 19.4 and 17, respectively. REPORT therapy was effective in reducing children's withdrawal behavior with effectiveness levels of 66%, 65%, respectively. and 68%, higher than previous studies, namely 45% and 53%, respectively. REPORT THERAPY can be a reference in handling withdrawal and can contribute to the development of social work practice with children.

Keywords

Child, Withdrawal Behavior, Social Work Technology Engineering, Rational Emotive Behavior Therapy, Positive Reinforcement

INTRODUCTION

Children are a very valuable asset of the nation, having a strategic role for the continuity of development and the existence of the nation in the future. Policy choices and investments for children will have a major impact on the nation's future. If Indonesia does not invest in children and its young generation at this time, then children's problems will develop more complex, many children whose development is disrupted, and Indonesia in the future will be left behind.. (UNICEF, 2020)

In fact, many children are in trouble-prone situations. The problem of these children is that their futures are threatened so that they need to be addressed by placing children in substitute institutions or families to ensure the continuity of good care for their continued development. To overcome these problems, the Indonesian government provides PSA (Child Social Institutions). However, that does not mean that children cannot have problems in the orphanage. Research that has been conducted by (Rahmah et al., 2016) explains that there are problems experienced by children in orphanages such as aggressiveness, disrespect for caregivers, low self-care and withdrawal from their social environment..

Withdrawal behavior is an effort made by a person by avoiding interaction with other people or avoiding relationships with other people. (Prabowo, 2014) The characteristics of withdrawal have four aspects, namely physical aspects (eating and drinking less, sleeping less or disturbed, less self-appearance, speech is not clear), emotional aspects (feeling alone (no support), feeling ashamed or guilty, easily panicked and suddenly angry), social aspects (sitting alone, bowing head, looking daydreaming, not caring about the

surroundings, avoiding other people, depending on others), intellectual aspects (difficulty understanding something and lack of concentration). (Astuti, 2005)

Withdrawal problems more often arise in adolescents both at instanti and at school. Previous research showed that 6 out of 24 junior high school children withdrew (Barorah & Tambunan, 2020). Research conducted by (Nurhidayati et al., 2021) showed that the period of child development in the adolescent stage is the most vulnerable period of experiencing problems with withdrawing from their environment. Adolescence is known as a period of shock (storm and stress) which is characterized by conflict and mood swings. The conflicts experienced by adolescents and the changes that occur in their lives are considered by adolescents as a source of pressure. Such stressful situations can be followed by disinterest and difficulty interacting and trigger withdrawal.

Adolescence lasts from the age of 13 to 17 years. Adolescents experience phases of self-development, competence and need recognition from others. Adolescent developmental tasks are one form of task that must be achieved by a teenager. (Hurlock, 2017). One of the tasks of development in adolescence is to adapt to anyone and under any circumstances in carrying out their daily lives. When teenagers succeed in getting what they expect they will be happy. However, if it fails, it causes new problems such as staying away from the social environment, being alone and having difficulty in dealing with subsequent developmental tasks. (M. Jannah, 2015)

Adolescents who experience withdrawal behavior from their social environment often feel that if they try to join their social environment, they will be

rejected, the environment will perceive them as weak, or even people in the environment do not like them. Besides that, some teenagers also try to put up barriers and walls as high as possible by avoiding other people so that no one can disturb their existence. This withdrawal behavior shows symptoms of social deviations that are no longer assertive for adolescents in adjusting to their environment.

Some teenagers think that the tendency of failure in their lives is caused by feelings of depression, feelings of threat and feelings of not being accepted in their environment, therefore teenagers are more likely to withdraw, so that this withdrawal behavior becomes part of their personality.

People who are in the environment of individuals who withdraw from the environment are often invited to blend in and accept them very well. Many people assume that withdrawal does not have a negative impact on children. Whereas if the problem with withdrawal the worst thing that happens is depression and attempted suicide. (Gallery, 2014) This shows that withdrawal behavior must be handled properly and correctly.

One of the treatments for withdrawal can be overcome with REBT (Rational Emotive Behavior Therapy) therapy. The purpose of REBT is to change irrational believe into rational believe. The results of research conducted by (F. M. Jannah, 2017; Muraidandini, 2018) show that the REBT approach can be used to reduce withdrawal behavior. REBT is also able to improve children's social relationships (Afa et al., 2020)

Although it is quite capable of reducing withdrawal behavior, there are still some weaknesses in REBT that were found, such as research conducted by (F. M. Jannah, 2017; Muraidandini, 2018) REBT only

focuses on changing cognition without any assignments in the form of training children to reduce behaviors that become indicators of withdrawal, REBT that is carried out there is no reinforcement given to children to maintain behavior change. The experience of the results of the Psychosocial Therapy Practicum activities of researchers also shows that REBT produces positive behavior changes, but there are still weaknesses that need to be overcome to achieve maximum change goals. During the intervention process, subjects were not given activities or assignments to train children in reducing withdrawal behavior based on indicators of withdrawing, not just assignments in the form of directions to turn irrational into rational. Children are also not given reinforcement to maintain behavior changes. Rewards that are often used are in the form of goods that trigger children to become dependent. In addition, during the process of expressing irrational beliefs, it is still possible for the subject to find it difficult to express it to social workers, so there is a need for new media to facilitate the expression of the subject's feelings and thoughts.

Based on the practical experience of researchers and previous research, it is necessary to engineer technology so that new technologies can be obtained so that the results obtained by social workers in dealing with children's problems are maximized. According to (Leksono et al., 2021) social work technology engineering is the process of making modifiable designs, developing, or creating new technologies to improve existing functions.

The results of the practicum offer engineering design technology that integrates REBT and Positive reinforcement. The existence of Positive Reinforcement as a positive stimulus to maintain the behavioral

changes shown. Positive reinforcement can be a medium to prevent children from having withdrawal problems. (Krisnawardhani & Noviekayati, 2021) Appreciation and praise are needed so that children continue to try to do good (Fitriani et al., 2014). Apart from combining The researcher also gave step-by-step assignments and the use of the paper method to make it easier for the subject to express his feelings and thoughts.

The assumptions underlying REPORT's engineering technology are Cognitive Behavior Theory, Behavioristic Learning Theory, Reinforcement Theory and Cognitive Social Theory. REPORT technology is characterized by providing positive reinforcement and assignment gradually according to the withdrawal indicator. This technology has been tested for feasibility during the practicum, but its effectiveness has never been tested directly in dealing with the problem of withdrawing children, so its effectiveness needs to be tested. Therefore, this study tested the "Effectiveness of Rational Emotive Behavior Therapy and Positive Reinforcement Technology Engineering in reducing Children's Withdrawal Behavior in the Bandung Child Social Protection Service Unit." Researchers wanted to see the effectiveness of REPORT engineering in reducing children's withdrawing behavior. The researcher hopes that this research can provide benefits for the development of social work practices with children and can practically improve the competence of social workers with children.

METHODE

A. Research design

This study uses a single subject research with A-B-A design which has 3 phases. Researchers conducted a REPORT

intervention on 3 adolescent subjects at the Bandung Satpel PSA who had problems withdrawing. In this design, the subject is first measured continuously at the baseline condition (A1) before the target behavior is given an intervention in the intervention condition (B). it has a functional relationship between variables. (Sumanto et al., 2005)

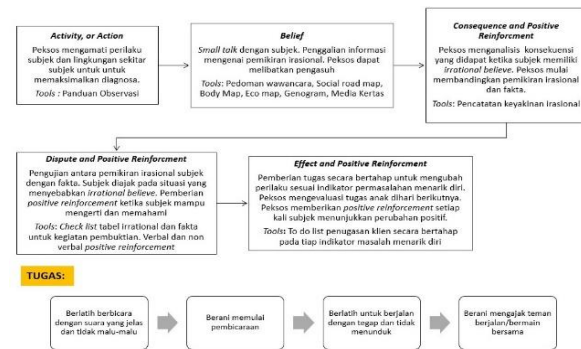


Figure 1 . Flow Of Report

The flow of REPORT Technology in this study is as follows:

1. **Activity, or Action**

Situations or events that precede or move the individual. The social worker observes the behavior of the subject and his environment to maximize the diagnosis.

2. **Belief**

Rational or irrational beliefs of the subject. The process that goes through is small talk with the subject, extracting information about the subject's irrational thinking, the goal is to get an idea of the causes of the subject's withdrawing behavior, social workers can involve caregivers or people closest to the child as complementary information

3. **Consequence and Positive Reinforcement**

The irrational or rational consequences of the subject. The Social Worker analyzes the consequences that the subject gets when the subject has an

irrational believe and begins to compare the subject's irrational thoughts whether it is in accordance with the facts or not. Giving positive reinforcement is done when the subject realizes that his irrational thinking is not in accordance with the facts.

4. **Dispute and Positive Reinforcement**

Irrational beliefs in individuals contradict each other, Testing between the subject's irrational thinking with the facts. the subject is invited to a situation that causes irrational believe.

5. **Effect and Positive Reinforcement**

When the subject's thinking or cognition has changed, then the task is given gradually to change behavior according to the indicators of the problem of withdrawing. The Social Worker evaluates the child's work the next day. Giving positive reinforcement when the subject changes in a positive direction.

B. Operational definition

Some terms are formulated as follows:

1. The effectiveness of the action is the achievement of a change in the subject of at least 30% of the behavior before the intervention is given and after the intervention is given.
2. REPORT technology is a combination of REBT technology with Positive Reinforcements which is strengthened by gradual assignments
3. Withdrawal behavior was measured as speaking incoherently (slow voice, stammering), panic (playing nails, scratching head, moving feet involuntarily when talking to people), avoiding other people, avoiding other people (avoiding invitations) friends to play/walk together), being alone (preferring to be alone in a room instead of joining friends), bowing their heads

when walking (when walking to a place of worship, social work room, canteen or playing field), lack of concentration (asking for an explanation when given directions, ask the other person to repeat the conversation)

4. Children aged 14, 15 and 17 years. There are three children who are subject to withdrawal problems (withdrawal behavior.)

C. Research subject and data sources

There were three children studied with characteristics: 1) YL (17 years old) Female, had a history of withdrawing because of being bullied, 2) RN (14 Years) Female, had a history of withdrawing due to bullying 3) AL (15 years) Male -male, has a history of withdrawing because of quarrels and disagreements with friends.

Sources of data used in this study are primary data sources and secondary data sources. Primary data sources are the words or behavior of people who are observed and interviewed in this case children and information from social workers who are directly involved in study. Secondary data sources are documents resulting from assessments of social workers with subjects.

D. Research measurements

The measuring instrument used in this study is an observation guide to record the frequency of appearance of behaviors that indicate withdrawal by writing a tally on the prepared paper. The tallies that have been prepared are as follows::

Table 1 Research Measurement Tools

Subject Name:		
Phase:		
Date:		
Session :		
Behavior	Tally	Total

Speak not clearly (slow, stuttering voice)		
Panic (playing nails, scratching head, moving feet involuntarily when talking to other people)		
Avoid other people (avoiding friends' invitations to play/walk together)		
alone (chooses to be alone in the room instead of joining friends)		
Bow your head when walking (when walking to a place of worship, social worker room, canteen or playing field)		
Lack of concentration (asking for an explanation again when given directions, asking the other person to repeat the conversation)		

E. Measurement equipment validity and reliability test

1. Validity test

Validity is a measure that shows the level of validity that the measuring instrument is right to measure (Nazir, 2014). The validity test used in the study is the face validity test. Efforts taken to test the validity of measuring instruments are by reviewing literature with journals, books, tested by expert judgment with several seminars and consulting with experts in this case are lecturers.

2. Measuring Instrument Reliability

The reliability of the measuring instrument uses the percent agreement formula. The reliability test used is a

reliability test of two observers with three sessions as described in the following table:

Table 2 Measuring Instrument Reliability Table

Sesi 1

Interval	1	2	3	4	5	6	7	8	9	10	11	12	Percentage
Observer1	-	+	-	+	-	-	-	+	-	+	-	+	83,34%
Observer 2	-	+	-	+	-	+	-	-	-	+	-	+	

Sesi 2

Interval	1	2	3	4	5	6	7	8	9	10	11	12	Percentage
Observer 1	+	+	-	+	-	-	-	-	+	-	+	-	91,6%
Observer 2	+	+	-	-	-	-	-	-	+	-	+	-	

Sesi 3

Interval	1	2	3	4	5	6	7	8	9	10	11	12	Percentage
Observer 1	-	+	+	+	-	+	+	-	-	+	-	-	91,6%
Observer 2	-	+	+	+	-	+	+	-	-	+	-	-	

The formula used is:

Information:

$$\frac{O + N}{T} \times 100\% =$$

O = occurrence agreement (interval in which The behavioral target occurs and there is a similarity between observer 1 and observer 2)

N = nonoccurrence agreement (interval where the target behavior does not occur according to observer 1 and observer 2)

T = number of intervals used.

The calculation is divided into 12 intervals, with each interval being 5 minutes. If the behavior occurs, it is denoted by (+), if the behavior does not occur, it is denoted by (-). Based on Table 3, the reliability of the researcher's measuring instrument is at a score of 91.6%.

F.Data collection technique

Data collection techniques used by researchers are interviews and observation. Interviews were conducted to obtain information about the subject's life history. The target of the interview was addressed to the subject and caregiver.

The observation technique used in this study is to observe withdrawal behavior so

that researchers get a broader picture of the problems being studied..

G. Data analysis technique

Analysis of the data in this study is a description of the picture obtained from graphic analysis based on behavioral measurements. obtained from the graph is interpreted by looking at the decrease in the graph in the baseline phase 1, the intervention phase and also the baseline phase A2. When a decrease in the graph occurs in the baseline phase A2 then the therapy is interpreted as effective, and vice versa.

H. Application of ethics

1. Upholding the dignity of the child.
2. Treat fairly and implement children's human rights.
3. Make children's lives more meaningful for themselves.
4. Create a family atmosphere.
5. Additional services according to problem handling needs. Social workers are limited in handling problems outside the context and capabilities of a social worker. so it requires the role of other professional disciplines. (Cole, 2015)

Research result

During the measurement period, subjects YL, RN and AL were divided into 5 baseline days (A1) which was carried out on April 19 to April 23, 2022, 5 days of intervention (B) which was carried out on May 13 to May 17 2022, and 5 days of baseline (A2) which will be held from May 22 to May 26, 2022.

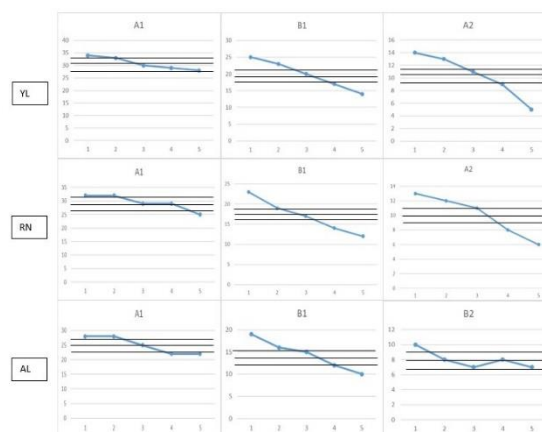


Figure 2 Research Stability

The intervention process carried out is as follows:

1. Prepare a comfortable and conducive place
2. Explaining to the subject of irrational believe along with examples so that the subject understands and does not misinterpret what is irrational believe.
3. Disclosure of irrational believe is done with two-way chat and paper media to make it easier for the subject to express his feelings and thoughts.
4. Researchers compare the subject's irrational believe with the facts.
5. When the subject's irrational turns into rational, the researcher strengthens this thought by doing evidence in which the subject is brought directly to activities that are prone to irrational believe.
6. Gradual assignments with activities such as practicing speaking clearly and not being shy, daring to start a conversation first, practicing to walk up straight and not lowering your head and daring to invite friends to walk or play together.
7. Positive reinforcement is given whenever the subject displays positive changes.
8. Rewards or reinforcement given are verbal and nonverbal such as saying "you are great", "cool!", "you are amazing", giving thumbs up and smiles and applause.

After passing the baseline phase (A1), the intervention phase (B) and the baseline phase (A2). Researchers began to get the results of stability, overlap and direction of the graph. The stability of the study can be seen in Figure 2 as follows:

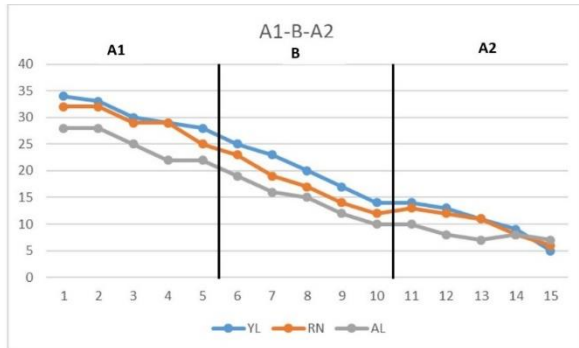


Figure 3 Measurement Result Chart

The measurement results in the A1-B-A2 phase of YL, RN and AL subjects can be seen in Figure 3.

Based on Figure 2, the highest stability in this study was 80%, located in the baseline phase (A1) of YL subjects and the baseline phase (A2) of AL subjects. If seen in Figure 3, both YL, RN, and AL subjects, the measurement results tend to continue to decrease between phases.

The result of overlap is the amount of data that overlaps from the phase after to the phase before (B/A1) and (A2/B). The less the overlap percentage, the more influential the intervention given to the subject. The results of this research overlap can be seen as follows:

Table 3 Overlapping Results

Subjek	Overlap	
	B/A1	A2/B
YL	0%	0%
RN	0%	0%
AL	0%	0%

To see the level of effectiveness, researchers used the calculation of the mean or average in comparing the conditions of the

three subjects before and after being given the intervention. The comparison between the mean is then converted into the percentage of effectiveness. The mean value of YL subjects before being given the intervention was 30.8 and after being given the intervention it was 10.4. The percentage of the effectiveness of REPORT Technology Engineering in reducing the withdrawal behavior of YL subjects is 66%.

The mean value of RN Subjects before being given an intervention was 29.4 and after being given an intervention it was 10. Percentage of effectiveness The percentage of REPORT Technology Engineering's effectiveness in reducing the withdrawal behavior of RN subjects was 65%.

The mean value of AL Subjects before being given an intervention was 25 and after being given an intervention it was 10. The percentage of effectiveness of REPORT Technology Engineering in reducing the withdrawal behavior of AL subjects was 68%.

After the measurement process was completed, the researchers still followed up on the condition of the three subjects through social workers as caregivers at the Satpel PSA Bandung. Researchers want to see the extent to which children or subjects maintain their behavior even without the researcher in the location where they are. This is also done to prevent manipulative behavior where children only show changes in behavior when there are researchers. The results obtained after continuing to follow up with caregivers to monitor the subject's behavior are that the three subjects still show positive behavior.

DISCUSSION

The length of observation for the conditions of this study was 15 days, between phases were not carried out consecutively but

had a gap. This is because to prevent children from getting bored with the research process and to see the consistency of the progress produced by each subject in each phase. Pauses are also used by researchers to give assignments so that the subject can continue to practice.

After doing the statistical process of the research data, it was found that the subjects YL, RN, and AL, there was a significant decrease from the baseline (A1), intervention (B) and baseline (A2) phases. Although the percentage level of overlap is not completely 0% for each indicator item, this is because there are still some behaviors that have risen again even though they have decreased in the previous session. Many factors are the cause, one of which is the emotional condition of each subject that is not yet fully stable, considering that the three subjects are teenagers who are still in the child development stage. -subjects are 66%, 65% and 68% respectively. Effectiveness calculation analysis was carried out by comparing scores A2 and A1, the condition after being given the intervention and before being given the intervention.

The different results between subjects were due to the fact that each subject had a different history or background that made them withdrawn. Like YL, who withdrew because she had been bullied by her friends regarding the condition of her uneven tooth structure and her small stature that was not commensurate with her age. RN withdrew because she had been bullied by her friends because her skin color was darker than the other girls and the ridicule she got because RN came from a poor family. AL withdrew because he had quarreled and had disagreements with other male dorm mates when he was a new kid and had no friends to

defend him, AL also still hasn't adapted well to the rules and environment.

The Rational Emotive Behavior Therapy approach has the main goal of helping individuals to realize that they are able to live more productively with rational thinking, this study strengthens the conclusion (Hapsyah et al., 2019). The addition of Positive Reinforcement as a positive stimulus to maintain the changes that exist in the subject so that the desired changes occur more frequently.

Previous studies that have been conducted (F. M. Jannah, 2017; Muraidandini, 2018) the use of REBT is able to reduce withdrawal behavior but is still considered less than optimal because the percentage they produce is lower than the level of effectiveness of REPORT Technology Engineering reaching 68% in three subjects with this type of different genders and ages. The percentage level of overlap of previous studies is also higher than that of the researcher, this is because in previous studies it was found that behavior increased in the intervention phase (B).

In previous studies, the application of REBT only focused on changing irrational beliefs through assignments or directives that were not take-an-action such as training and practicing directly in stages according to indicators of withdrawal as a process of behavior change. Even after its application, there is no reinforcement to maintain the desired behavior. Testing the irrational to be rational is only in the form of giving direction and input without providing concrete evidence by bringing the child to a situation that allows the emergence of irrational believe.

When compared with previous research, in REPORT Technology Engineering, the disclosure of irrational

believe subjects is not only a two-way chat, but using paper media. Subjects wrote down all their thoughts and feelings so that they could more freely express them. The researcher tested irrational believe by bringing the subject in a condition where he was vulnerable to giving rise to irrational beliefs, not only supposing but concretely proven. The assignments given are gradual assignments that focus on changing behavior based on indicators of withdrawal such as practicing speaking clearly and not being shy, daring to start a conversation first, practicing to walk up straight and not bowing your head and daring to invite friends to walk or play together.

In REPORT Technology Engineering, researchers also provide positive reinforcement in the form of social rewards such as saying "Cool!", "You are great", "Thank you" and nonverbal praise such as thumbs up or applause whenever the subject shows significant changes. positive. This social reward is not in the form of material, it is intended so as not to have a bad impact on children because it is dependent on rewards, prevents manipulative behavior because there is something being targeted, namely rewards and makes behavior change a necessity because behavior will be strong if needed.

In line with the Cognitive and Behavioral Theory developed by Beck, it explains that a person's thoughts and beliefs influence a person's subsequent behavior and actions. Dysfunctional behavior is caused by dysfunctional thinking, and that thinking forms beliefs, beliefs then lead to action (Judith, 2011). When children have irrational thoughts or beliefs, it also affects their emotions such as worry, upset, fear. From these emotional problems, children have

behavioral problems, one of which is withdrawal behavior problems.

The gradual assignment of REPORT adheres to the Behavioristic Learning Theory developed by Skinner and the Social Cognition Theory developed by Bandura. Both are oriented towards measurable and observable results. Repetition and training are used so that the desired behavior can become a habit. The more often the behavior is repeated, trained, and practiced, the stronger the desired behavior will be. The process of change is not only assessed from a cognitive perspective, because cognitive change is hidden. (Pratama, 2019) In line with the two theories, the gradual assignment given to the subject aims to create a change that is not only cognitively and emotionally but also behaviorally. Trained subjects were given assignments so that they were accustomed to new, more positive behaviors.

Rewards are given every time the subject shows positive behavior, not only at the end of the therapy implementation process. This is in line with Reinforcement Theory where the correct response needs to be given reinforcement (reinforcement) so that the person wants to do it again. Giving positive reinforcement is immediate. If the desired behavior has emerged and will be maintained or improved then immediately followed by the provision of positive reinforcement so that the frequency, magnitude, and quality of the behavior will be maintained.

REPORT therapy has a chance of success in dealing with children's withdrawal problems. Information and impressions obtained by researchers from caregivers a few days after the end of the study, the desired behavior was still carried out by children even in the absence of researchers at the location.

REPORT therapy can be applied in the practice of social work with children. Social workers as the primary profession in the implementation of social welfare play a role in the implementation of social welfare development. Improving the quality of competence is absolutely necessary in order to provide good social services. Given the increasingly complex and dynamic social problems, to respond to social problems is to optimize the quality of appropriate services. One of them is by creating or applying social work technology engineering to answer the weaknesses of previous service practices.

REPORT therapy is a new breakthrough in dealing with children's withdrawal problems more effectively and efficiently, so that social workers can become agents of change who are able to respond to the challenges of children's social problems, especially withdrawal problems. Even so, there are still some limitations of researchers while conducting research such as the lack of research that discusses REBT and positive reinforcement in dealing with children's problems, effectiveness results are only measured based on the difference after and before the intervention is given and this engineering still needs to be tested directly with children outside the orphanage.

CONCLUSION

REPORT therapy is the result of technological engineering that integrates Rational Emotive Behavior Therapy and Positive Reinforcement which is strengthened by gradual assignments and the provision of positive reinforcement. REPORT therapy aims to change the child's withdrawal behavior by changing irrational beliefs into rational ones and providing positive reinforcement to maintain the desired behavior.

The study was conducted on three children who have self-disability with the initials YL, RN and AL at the Bandung Child Social Protection Service Unit. Each subject was 17, 14 and 15 years old with a different history. Measurements were carried out with a length of 15 days with three phases, namely the baseline phase (A1), the intervention phase (B), and the baseline phase (A2). Each phase was carried out for 5 days.

The results showed that the mean value of YL subjects before being given the intervention was 30.8 and after being given the intervention it was 10.4. The mean value of RN subjects before being given the intervention was 29.4 and after being given the intervention it was 10. The mean value of AL subjects before being given the intervention was 25 and after being given the intervention to 10. The effectiveness levels of YL, RN and AL subjects were 66%, 65, respectively. % and 68%. it is concluded that REPORT (Rational Emotive Behavior Therapy and Positive Reinforcement) engineering is effective in reducing behavior. Mean withdrawal after therapy decreased from before.

REPORT therapy can be a reference in handling withdrawal and can contribute to the development of social work practice with children.

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