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# Improving Adolescents' Mental Health through Spiritual Motivation Training and Emotion Regulation Workshops

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**Abstract**: One of the most significant effects of the Covid-19 Pandemic on adolescents is the learning system at schools or universities that switches online and the social environment limitation. The incapacity of adolescents to adapt during a pandemic can cause stress, which affect on adolescents' poor mental health. Therefore, efforts must be made to maintain adolescents' mental health, including the provision of Spiritual Motivation Training and Emotion Regulation Workshops. The purpose of this study is to examine the effectiveness of Spiritual Motivation Training and Emotion Regulation Workshop in reducing stress levels, enhancing emotional regulation skills, and improving adolescents' mental health. This study employs action research methods. Observation, interviews, the Stress Inventory Scale, the Emotional Regulation Questionnaire, and the Mental Health Inventory were used to collect data. This study used a mixed-methods design. The Wilcoxon Test and the theories of Miles, Huberman, and Saldana were utilized to examine the data. 11 participants in this study filled out measurement instruments before and after receiving treatment. Spiritual Motivation Training and Emotion Regulation Workshop were found to be successful in reducing respondent stress and enhancing subject understanding of the steps involved in implementing emotion regulation, but less effective in improving respondent mental health.

**Keywords: Mental Health, Emotion, Spiritual Motivation**

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## INTRODUCTION

The mental health of children and adolescents can be disproportionately and easily overlooked in the context of emergencies and disasters (Danese, Smith, Chitsabesan, & Dubicka, 2020). The state of emergency in each country during the Covid 19 pandemic began in early 2020 throughout the world (Bao, Sun, Meng, Shi, & Lu, 2020), including in Indonesia. The COVID-19 pandemic is a health crisis that has affected many countries (Rajkumar, 2020). This pandemic has also affected aspects of education and other social aspects. In addition, the COVID-19 outbreak is also associated with increased psychological stress, mental illness, and suicide cases (Rajkumar, 2020). The negative impact of the pandemic is significantly felt by everyone, including teenagers. The global spread of COVID-19 can have a lasting impact on mental health (Daly & Robinson, 2021). Pandami's impact on mental health can affect the psychological development of adolescents in the future if this is not handled properly (Ananda & Apsari, 2020).

During the pandemic, teenagers experienced tough challenges. Teenagers around the world are experiencing major changes in the education system where they carry out the face-to-face learning process turning into online learning (Adedoyin & Soykan, 2020). In addition, the social environment of adolescents has also changed to become more limited. Almost all governments in all countries in the world carry out local lockdowns for areas that have high cases of Covid 19 (Mucci, Mucci, & Francesca, 2020), thus resulting in limited access to travel from one place to another.

The ability to adapt is very much needed in order to be able to adjust to the changes that occur during a pandemic. Adolescents need to have adaptive abilities in order to be able to adjust to the current situation and be able to maintain their mental health. This ability is important because the COVID-19 pandemic, social distancing and stay at home orders can directly affect the mental health and quality of life of adolescents (Armbruster & Klotzbucher, 2020). Changes and the inability of adolescents to adapt can trigger stress and anxiety which result in worsening of adolescent mental health. The World Health Organization states that depression and anxiety are common psychiatric disorders with the highest prevalence (WHO, 2017). Adolescents who have good mental health can manage stress and are able to adapt to deal with problems during the Covid-19 pandemic.

In addition, the ability to regulate emotions is also needed, so that the mental health of adolescents is maintained. Adequate resources are usually not provided to manage or mitigate the effects of the pandemic on mental health. For this reason, assistance is needed so that adolescents are able to maintain their mental health. Some techniques that can be done are by providing spiritual motivation training and emotion regulation workshops. Adolescence is a period of transition or adjustment which at that age is vulnerable to stress especially when faced with new changes. Handling stress in adolescents requires efforts that are psychoreligious in nature. Providing spiritual motivation training is a solution to reduce the stress felt by adolescents (Habiby & Wangid, 2013), especially in dealing with the Covid-19 pandemic situation and online learning.

The Covid-19 pandemic situation makes adolescents feel depressed, so it becomes difficult for them to control their emotions. One of the beginnings to deal with unstable emotions in adolescents is by giving workshops or emotional regulation training.

Emotion regulation according to Gross and Thomson is a series of processes when emotions are regulated according to individual intentions and goals, either in a controlled way or consciously or unconsciously (Nansi & Utami, 2016). The benefits of having an emotion regulation workshop make adolescents have the ability to manage, control, and overcome the emotional changes that exist in them. Therefore, these emotions can be expressed in the form of positive behavior. Furthermore, the ability to regulate emotions will support individuals in solving conflicts within themselves and around them, as well as being able to balance feelings such as sadness, anxiety, and frustration (Nansi & Utami, 2016).

The purpose of this study consists of two important aspects. The first aspect is that this study wants to test the effectiveness of Spiritual Motivation Training and Emotion Regulation Workshops in reducing adolescent stress levels. The second aspect is to analyze the effectiveness of Spiritual Motivation Training and Emotion Regulation Workshop in improving the ability to regulate emotions and mental health of adolescents.

This research has similarities with several previous studies that focused on spiritual motivation training and emotional regulation training. Patrika's research aims to determine the effectiveness of emotional regulation training to reduce stress and improve the quality of life in people with type II diabetes mellitus (Patrika, 2018). Lubis' research entitled Improving the mental health of children and adolescents through Islamic worship is a literature study which shows that the implementation of worship in an Islamic context such as performing dhikr, reading the Qur'an, especially prayer is a way to achieve good mental and physical health for adolescents to optimally develop their potential (Lubis, Sati, Adhinda, Yulianirta, & Hidayat, 2019). Yulia's research examines the effectiveness of AMT (Achievement Motivation Training) training with a spiritual approach to increasing self-efficacy of entry-level students in academic adjustment in tertiary institutions (Yulia, 2010). This research differs from previous studies in several aspects: (1) research objectives, (2) research focus, (3) research subjects, (4) data analysis approaches and methods. The novelty of this study is the use of treatments in the form of Spiritual Motivation Training and Emotion Regulation Workshops, which are carried out simultaneously to improve adolescent mental health.

## RESEARCH METHOD

### *Rerearch Design*

This study uses a mixed method approach or a combination of quantitative and qualitative approaches. The integrated use of the two approaches can make it easier for researchers to obtain complex and in-depth data regarding prevalence, context and individual experiences (Leavy, 2017). The use of this method is useful for evaluating the process and results of an intervention program (Creswell & Creswell, 2018).

The method used is action research method. Action research is a systematic search carried out by activity program implementers in collecting data about the implementation of a program or activity, the successes and obstacles encountered, and then developing plans to improve the programs that have been implemented (Sukmadinata, 2010). The process in action research is described in a spiral-shaped cycle, which consists of; planning, act, observe, and reflect (Kemmis, McTaggart, & Nixon, 2014). The cycle will repeat like a spiral. Two criteria for success in action research are respondents who actively participate in the entire program and respondents who experience increased understanding and practice (Kemmis et al., 2014).

This research consists of two cycles. The first cycle consisted of planning, filling out the MHI, SIS and ERQ scales, and giving treatment in the form of Spiritual

Motivation Training. In the second cycle, the treatment given was the Emotion Regulation Workshop. At the end of the second cycle, respondents filled out the scale again, and an evaluation was carried out. Treatment was given to respondents in the form of Spiritual Motivation Training and Emotion Regulation Workshops. Before and after the implementation of the treatment, respondents filled out several scales, namely, Mental Health Inventory (MHI), Stress Inventory Scale (SIS), and Emotion Regulation Questionnaire (ERQ). The following Figure 1 shows the implementation of the treatment process.

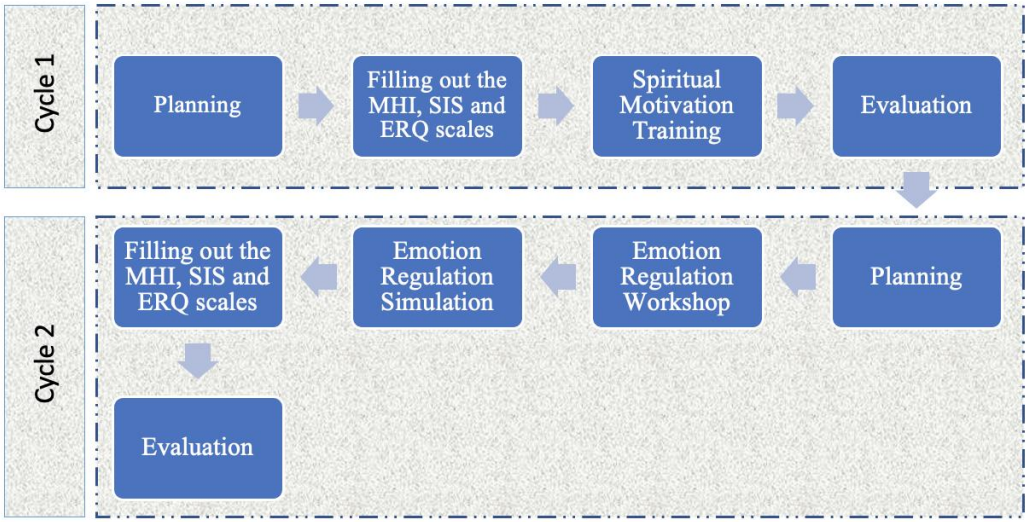


**Figure 1**. The Implementation of Treatment Process

**Research Data Sources**

The population is a general area consisting of subjects, objects and certain characteristics determined by the researcher (Sugiono, 2010). The sampling technique is a nonprobability sampling design, with a purposive sampling method. The purposive sampling method is a method of collecting data from data sources according to the considerations determined by the researcher (Sugiono, 2010). Respondents in this study were 11 teenagers. The characteristics of the respondents in this study are (1) domiciled in Kasihan District, Bantul Regency, Special Region of Yogyakarta, (2) the age of the respondent is in the early adolescent phase, (3) adolescents who are affected by the Covid 19 pandemic in terms of stress and emotional regulation.

**Data Collection Technique**

The three measurement instruments used in this study are the Mental Health Inventory, the Stress Inventory Scale, and the Emotion Regulation Questionnaire. The Mental Health Inventory (MHI) is a scale used to measure adolescent mental health. This scale consists of 18 statement items, with 6 answer options, very often with a score of 6 and never with a score of 1. The indicators of this instrument are anxiety, depression, behavioral and emotional control, and positive affect. This instrument was developed by the consortium of Multiple Sclerosis Centers Health Services Research Subcommitee. Sherbourne stated that the MHI is a reliable instrument and has a high correlation with several other mental health assessment instruments (Ritvo et al., 1997).

The Stress Inventory Scale (SIS) is a scale to measure the stress level of respondents. The scale consists of 12 statement items, with 5 answer options, always with a score of 5 and never with a score of 1. The Emotion Regulation Questionnaire (ERQ) is a questionnaire used to measure the level of emotional regulation of respondents. The questionnaire consists of 9 items with 7 answer choices, strongly disagree with a score of 1 and strongly agree with a score of 7. The indicators of this instrument are reappraisal and suppression. This instrument was developed by Spaapen, Waters, Brummer, Stopa and Bucks. Moreover, ERQ with 9 items gives better data fit than 10 items ERQ (Spaapen, Waters, Brummer, Stopa, & Bucks, 2014).

**Data Analysis Technique**

The data that has been collected consists of two types of data. The data is qualitative data in the form of observations and interviews and quantitative data in the form of numbers. Qualitative data were analyzed using the Miles, Huberman, and Saldana techniques. This technique consists of three stages namely; data condensation, data presentation and conclusion or verification (Miles, Huberman, & Saldana, 2014). Quantitative data obtained from the MHI, SIS, and ERQ scores will be analyzed using descriptive statistics and the Wilcoxon signed-rank test.

## RESULTS AND DISCUSSION

### *Results*

**Demographic Information**

Demographic information from research respondents can be seen in table 1 below.

**Table 1**. Demographic Data

| Subject Number | Gender | Age | Education Level | Activities |
|---|---|---|---|---|
| **1.** | Male | 17 | Senior High School | Full-Time Student |
| **2.** | Male | 19 | Undergraduate Degree | Full-Time Student |
| **3.** | Male | 20 | Senior High School | A Part-Time Worker |
| **4.** | Female | 20 | Undergraduate Degree | Full-Time Student |
| **5.** | Female | 20 | Undergraduate Degree | Full-Time Student |
| **6.** | Female | 19 | Undergraduate Degree | Full-Time Student |
| **7.** | Male | 23 | Senior High School | Job Seekers |
| **8.** | Male | 22 | Undergraduate Degree | Full-Time Student |
| **9.** | Female | 21 | Senior High School | A Full-Time Worker |
| **10.** | Male | 19 | Undergraduate Degree | Full-Time Student |
| **11.** | Male | 17 | Senior High School | Full-Time Student |

Table 1 shows that as many as 36.4% or four of the respondents were female and 63.5% of the respondents were male. The age range of respondents was from 17 years to

23 years. The background of the respondents consisted of high school and undergraduate. The activities of the respondents are quite diverse, namely, high school, undergraduate, full time, part time and job seeker.

**Stress Levels**

The average score of the Stress Inventory Scale has decreased by 1 point. The score on the pretest was 49 and the posttest score was 48. Thus, the stress level of the respondents decreased after the treatment. As shown in table 2, the number of respondents with low stress levels in the posttest was 3, while the number of respondents with medium and high stress levels decreased.

**Table 2**. Average Stress Inventory Scale (SIS)

| | **Mean Score** |
|---|---|
| **Prestest** | 49 |
| **Posttest** | 48 |

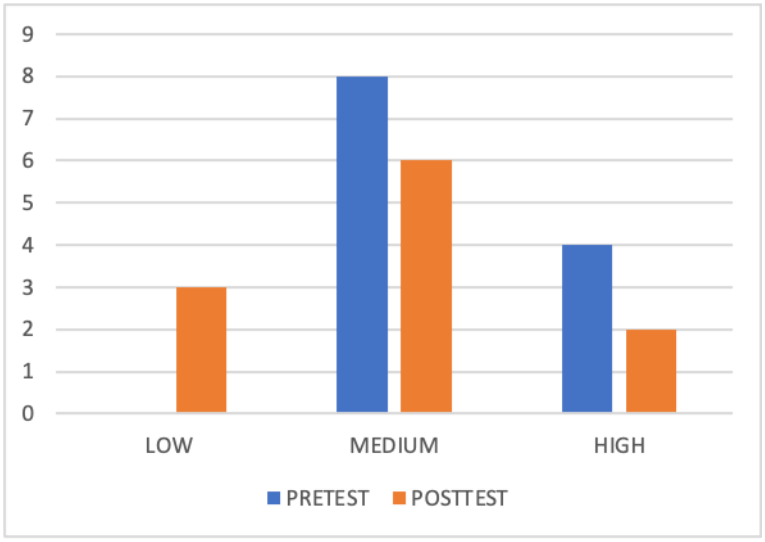


**Figure 2**. Pretest and Posttest Results of Stress Levels

**Table 3**. SIS Pretest and Posttest Results

| | **N** | **Mean Rank** | **Sum of Ranks** |
|---|---|---|---|
| **Negative Ranks** | 7 | 6.21 | 43.50 |
| **Positive Ranks** | 3 | 3.83 | 11.50 |

Figure Table 3 shows that there were 7 respondents who experienced a decrease in their scores during the posttest, this means that the 7 respondents experienced a decrease in their stress level with an average decrease of 6.21. This decrease in score was experienced after the respondent received treatment. Meanwhile, there was 1 respondent who had the same pretest and posttest scores.

**Table 4**. Table of Analysis Test Results

| | **Post-pre** |
|---|---|
| **Z** | -1.647 |
| **Asymp. Sig. (2-tailed)** | 0.100 |

The significance of the statistical test table in Table 4 shows 0.100 > 0.05, meaning that the treatment did not increase the respondent's stress, but the treatment did reduce the respondent's stress.

**Emotional Regulation Ability**

The average Emotion Regulation Questionnaire score increased by 2 points. The pretest score was 40 and the posttest score was 42. Seven respondents (64%) had low emotional regulation abilities. While in the posttest it is known that 8 respondents (73%) have moderate emotion regulation scores.

**Table 5**. Means of Emotion Regulation Questionnaire

| | Mean Score |
|---|---|
| **Prestest** | 40 |
| **Posttest** | 42 |

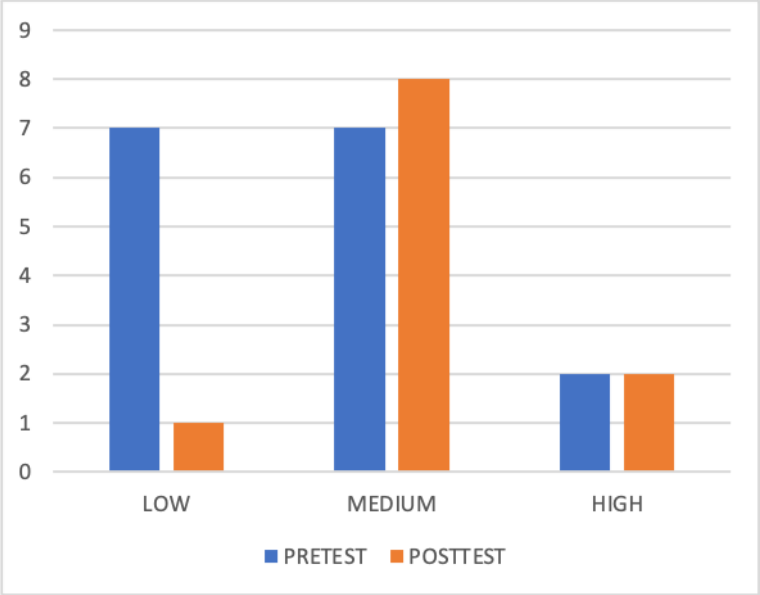


**Figure 3**. Emotional Regulation Pretest Posttest Results

**Table 6**. Average Emotional Regulation Score

| | N | Mean Rank | Sum of Ranks |
|---|---|---|---|
| **Negative Ranks** | 4 | 4.75 | 19.00 |
| **Positive Ranks** | 7 | 6.71 | 47.00 |

Table 6 shows that 4 respondents experienced a decrease in the value of the pottest. Meanwhile, 7 respondents increased their posttest scores with a mean rank of 6.71.

**Table 7**. Analysis test results

| | **Post-pre** |
|---|---|
| **Z** | -1.249 |
| **Asymp. Sig. (2-tailed)** | 0.212 |

Figure 8 shows the results of the significance of the Wilcoxon test is 0.212 > 0.05, which means that the treatment was not effective in increasing the ability to regulate the emotions of the respondents. This research shows that there are 2 main things that cause adolescent stress. The main things are the implementation of online lectures and work problems. As many as 7 respondents stated that they felt stressed because the implementation of online lectures and schools made it difficult to understand the material, besides that the assignments of each subject or lesson made respondents feel overwhelmed. The problem of unstable internet network is also one of the obstacles in learning so that it becomes not optimal. Meanwhile, 4 respondents felt stressed due to work problems, including termination of work contracts during a pandemic and difficulty finding a new job. In addition, the company where the respondent works also applies salary deductions.

**Mental Health Levels**

Respondents' mental health scores increased by 9 points after participating in the Spiritual Motivation Training and Emotion Regulation Workshop. However, when viewed from chart 10, there is no change in the pretest or pottest scores. The number of respondents who had a low level of mental health was 2 respondents (18%), respondents with a moderate level of mental health were 7 respondents (64%) and as many as 2 respondents (18%) had a high level of mental health. The number of respondents remained the same, both in the pretest and posttest. However, based on the results of the Wilcoxon rank test, it is known that 7 respondents experienced an increase in their scores on the posttest, while 4 respondents experienced a decrease in their scores on the posttest.

**Table 8**. Means of Mental Health Score

| | **Mean Score** |
|---|---|
| **Prestest** | 69 |
| **Posttest** | 78 |

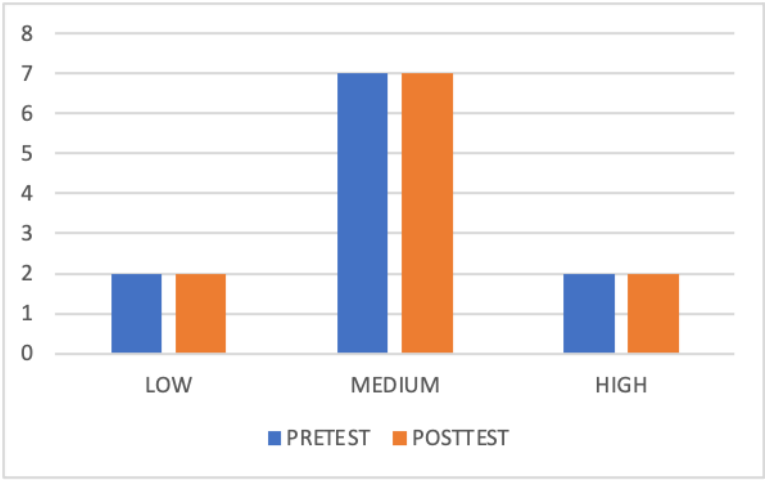

**Figure 4**. Mental Health Pretest and Posttest Results

**Table 9**. Average Mental Health Score

| | N | Mean Rank | Sum of Ranks |
|---|---|---|---|
| **Negative Ranks** | 4 | 4.13 | 16.50 |
| **Positive Ranks** | 7 | 7.07 | 49.50 |

**Table 10**. Mental Health Analysis Test Results

| | Post-pre |
|---|---|
| **Z** | -1.468 |
| **Asymp. Sig. (2-tailed)** | 0.142 |

The significance of the Wilcoxon rank test in Table 10 is known to be 0.142 > 0.05, meaning that there is no significant difference in the pretest and posttest scores of the Mental Health Inventory. Therefore, the treatment was not effective in improving the mental health of the respondents.

**The Result of Emotion Regulation Simulation**

In cycle two, a simulation of emotion regulation is carried out, as well as evaluation and mentoring activities. The following is the result of a simulation of emotion regulation from 11 respondents as shown in Table 11.

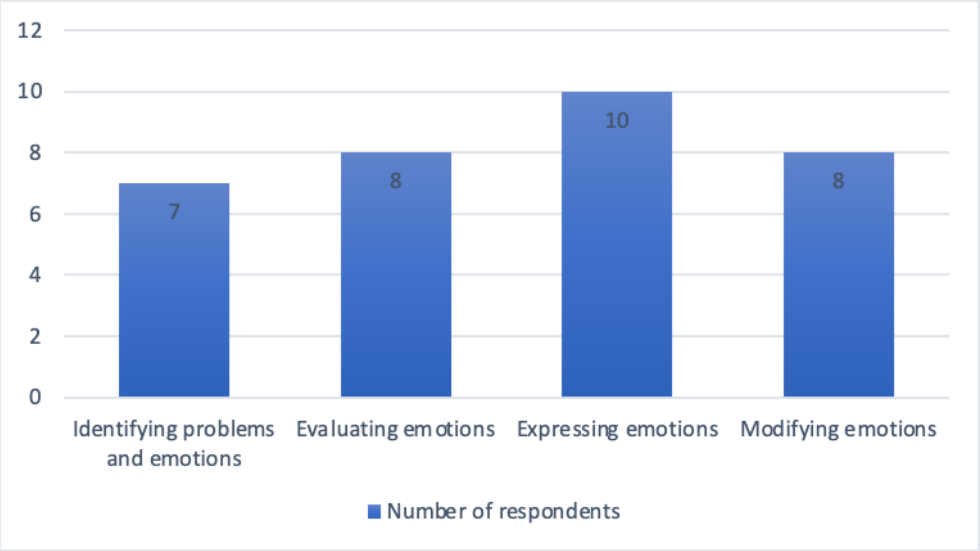


**Figure 5**. Result of A Simulation of Emotion Regulation

In the emotion regulation simulation, the respondents had to do four important activities, namely, identify problems and emotions, evaluate emotions, express emotions, and modify emotions. There were 4 respondents out of 11 respondents who were unable to identify the problems and emotions they were feeling. This is because the respondent has many things to think about and is unable to focus on the problem at hand. Respondents also did not understand the types of emotions. In terms of evaluating emotions, there were 8 respondents who were able to do this, while 3 respondents were unable to evaluate the emotions they were feeling. Meanwhile, 90% of respondents were

able to express emotions, especially through dialogue with peers. In terms of modifying emotions, it was found that 3 respondents had not been able to do this.

***Discussion***

The level of stress in adolescents can be caused by several reasons, such as lack of contact with peers and limited understanding of the global crisis (Vyjayanthi, Banerjee, & Rao, 2020), financial problems (Feurer et al., 2021), as well as home quarantine and restrictions on travel and contact with friends and relatives (Bajoulvand et al., 2022), and education with face-to-face models shifts to online modes and distance learning (Mheidly, Fares, & Fares, 2020). In line with the respondents in this study who stated that several factors that trigger stress are the implementation of online education and financial problems due to job loss and workplace regulations for cutting wages during the pandemic.

Yulia in her research explained that AMT (Achievement Motivation Training) with a spiritual approach has proven effective in increasing student self-efficacy in academic adjustment (Yulia, 2010). Research by Sim and Moon states that respondents who have high self-efficacy will have low levels of stress (Sim & Moon, 2015). This is in line with the results of this study that the implementation of Spiritual Motivation Training has an impact on reducing the stress level of respondents. Spiritual motivation training is a training that underlies increasing motivation to achieve predetermined goals with a spiritual approach (Yulia, 2010). In the implementation of spiritual motivation training there is a process to instill an understanding of spiritual health through certain methods and training with the aim of providing positive changes in individuals (Hadi, 2009). With the provision of motivation, adolescence becomes motivated to always try and not feel hopeless when they want to achieve what they want. In this study, Spiritual motivation Training is one of the treatments given to respondents, with the aim of increasing respondents' motivation in dealing with situations during a pandemic and reducing stress levels.

Emotion regulation training for 11 respondents was effective in reducing stress levels, in line with the results of Valencia and Sinambela's research that emotional regulation training was found to reduce stress and depression (Valencia & Sinambela, 2022). In addition to reducing stress levels, emotional regulation workshops can also generate optimism and enthusiasm in respondents (Karjuniwati, 2019). Emotion regulation training is very relevant during a pandemic, because from this training it was found that many teenagers experienced negative emotions (Mulyana, Izzati, Budiani, & Dewi, 2020). However, training on emotion regulation is also needed by adolescents in the post-pandemic period, because during this period adolescents must adapt to return to their pre-pandemic routines.

Meanwhile, by looking at the score of the Emotional Regulation Questionnaire, the treatment in the form of an Emotion Regulation Workshop given to respondents could not increase the ability of respondents to regulate their emotions. This is caused by 3 main things, namely, respondents did not understand the types of emotions, respondents were less able to identify the problems they were experiencing, and respondents were not able to evaluate and modify the emotions they were feeling. Even so, respondents have been able to express emotions appropriately by way of dialogue with peers. In this case the emotion regulation workshop can increase the respondent's knowledge about the steps in carrying out emotion regulation.

The significance of the Wilcoxon rank test shows that there is no significant difference in the pretest and posttest scores of the Mental Health Inventory. Therefore, the two treatments were not effective in improving the mental health of the respondents. Bad

jobs, bad relationships with family and friends can be a trigger for poor mental health (Yasipin, Rianti, & Hidaya, 2020). During a pandemic, adolescents are very vulnerable to having poor mental health due to several regulations that emerged to deal with Covid-19 such as quarantine at home for long periods of time, school closures, and reduced interaction with peers as well as limited opportunities for exploration and physical activity. (Jiao et al., 2020). In line with the respondents in this study who stated that they find it difficult to meet and discuss with friends and spend more time at home.

## CONCLUSION

This study concludes that the implementation of Spiritual Motivation Training and Emotional Regulation Workshop is effective in reducing adolescent stress and increasing adolescent insight to understand the steps in carrying out emotional regulation. However, the training and workshops were not effective in improving adolescent mental health, especially during a pandemic. The mentoring process needs to be carried out for adolescents so that they are able to identify problems and emotions that are being feel, also evaluate and modify the emotions adolescence feel. Suggestions for future researchers are to provide an understanding of the types of emotions for adolescents, both negative and positive emotions, and use similar treatments to improve adolescent mental health in the post-pandemic period, thus enriching the scientific scope of psychology or social humanities.

The contribution of this research to the development of counseling services is to provide a holistic approach that can increase client involvement in the guidance and counseling process. In the implementation of counseling guidance, it is very important to involve the physical, emotional, and spiritual aspects of the client. The Spiritual Motivation training and Emotion regulation workshop applied in this study can provide a holistic approach by paying attention to the client's spiritual and emotional aspects, beside that the implementation of the training in this study also can help to increase client involvement in the counseling guidance process. However, the implementation of Spiritual Motivation training and Emotion regulation workshop is not recommended to be carried out to improve mental health which needs to be initiated with other approaches.

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## REFERENCES

Adedoyin, O. B., & Soykan, E. (2020). Covid-19 pandemic and online learning: the challenges and opportunities. *Interactive Learning Environments*, 1–13. https://doi.org/10.1080/10494820.2020.1813180

Ananda, S. S., & Apsari, N. C. (2020). Mengatasi Stress pada Remaja Saat Pandemi Covid-19 dengan Teknik Self Talk. *Prosiding Penelitian dan Pengabdian Kepada Masyarakat*, *7*(2), 248. https://doi.org/10.24198/jppm.v7i2.29050

Armbruster, S., & Klotzbucher, V. (2020). Mental health in Germany. In *Mental Health*

*in Elite Sport*. https://doi.org/10.4324/9780367854973-4

Bajoulvand, R., Hashemi, S., Askari, E., Mohammadi, R., Dehzadifar, M., & Imani-Nasab, M.-H. (2022). Post-pandemic stress of COVID-19 among high-risk groups : A systematic review and meta-analysis. *Journal of Affective Dissorder*, (January), 638–345.

Bao, Y., Sun, Y., Meng, S., Shi, J., & Lu, L. (2020). 2019-nCoV epidemic: address mental health care to empower society. *The Lancet*, *395*(10224), e37–e38. https://doi.org/10.1016/S0140-6736(20)30309-3

Creswell, J. W., & Creswell, D. J. (2018). *Research Design Qualitative, Quantitative, and Mixed Methods Approaches* (Fifth Edit, Vol. 5). Los Angeles: Sage.

Daly, M., & Robinson, E. (2021). Psychological distress and adaptation to the COVID-19 crisis in the United States. *Journal of Psychiatric Research*, *136*(October 2020), 603–609. https://doi.org/10.1016/j.jpsychires.2020.10.035

Danese, A., Smith, P., Chitsabesan, P., & Dubicka, B. (2020). Child and adolescent mental health amidst emergencies and disasters. In *British Journal of Psychiatry* (Vol. 216). https://doi.org/10.1192/bjp.2019.244

Feurer, C., Granros, M., Calentino, A. E., Suor, J. H., Patel, K., & Burkhouse, K. L. (2021). The interplay of stress and electrocortical reactivity to reward in the prospective prediction of depression symptoms during COVID-19. *Journal of Psychiatric Research*, *140*, 124–131. https://doi.org/10.1016/j.jpsychires.2021.05.034

Habiby, W. N., & Wangid, M. N. (2013). Efektivitas Pelatihan Motivasi Untuk Menurunkan Tingkat Stres Siswa Dalam Menghadapi Ujian Nasional Sekolah Dasar. *Jurnal Prima Edukasia*, *1*(2), 208–221. https://doi.org/10.21831/jpe.v1i2.2637

Hadi, M. S. (2009). *Pengaruh pelatihan motivasi dan spiritual oleh Qolbun Salim Community (QSC) terhadap kesadaran mental spiritual siswa SMA Negeri 7 Surabaya*. Retrieved from http://digilib.uinsby.ac.id/28110/

Jiao, W. Y., Wang, L. N., Liu, J., Fang, S. F., Jiao, F. Y., Pettoello-Mantovani, M., & Somekh, E. (2020). Behavioral and Emotional Disorders in Children during the COVID-19 Epidemic. *The Journal of Pediatrics*, *221*, 264-266.e1. https://doi.org/10.1016/j.jpeds.2020.03.013

Karjuniwati. (2019). Pengaruh Pelatihan Regulasi Emosi terhadap pengurangan stress dan tingkat optimisme pada pengangguran di Yogyakarta. *Psikoislamedia Jurnal Psikologi*, *4*(1), 72–83.

Kemmis, S., McTaggart, R., & Nixon, R. (2014). The Action Research Planner: Doing Critical Participatory Research. In *Action Research*. Singapore: Springer.

Leavy, P. (2017). Research Design. In *The Guilford Press*. New York: The Guilford Press.

Lubis, L. T., Sati, L., Adhinda, N. N., Yulianirta, H., & Hidayat, B. (2019). Peningkatan kesehatan mental anak dan remaja melalui ibadah keislaman. *Jurnal Agama Dan Ilmu Pengetahuan*, *16*(2), 120–129.

Mheidly, N., Fares, M. Y., & Fares, J. (2020). Coping With Stress and Burnout Associated With Telecommunication and Online Learning. *Frontiers in Public Health*, *8*. https://doi.org/10.3389/fpubh.2020.574969

Miles, M. B., Huberman, M. A., & Saldana, J. (2014). Qualitative Data Analysis: A

Methods Sourcebook. In *Sage* (Third Edit, Vol. 5). California: Sage Publication.

Mucci, F., Mucci, N., & Francesca, D. (2020). Lockdown and Isolation: Psychological Aspects of Covid 19 Pandemic in The General Population. *Clinical Neuropsychiatry*, *17*(2), 63–64. https://doi.org/10.1002/wps.20764

Mulyana, O. P., Izzati, U. A., Budiani, M. S., & Dewi, N. W. S. P. (2020). Pelatihan Regulasi Emosi untuk Meningkatkan Strategi Regulasi Emosi pada Mahasiswa Psikologi FIP Unesa yang terdampak Pandemi Covid-19. *JURPIKAT (Jurnal Pengabdian Kepada Masyarakat)*, *1*(3), 249–261. https://doi.org/10.37339/jurpikat.v1i3.339

Nansi, D., & Utami, F. T. (2016). Jurnal Psikologi Islami Vol. 2 No. 1 (2016) 16-28. *PSIKIS: Jurnal Psikologi Islam*, *2*(1), 1–23.

Patrika, F. J. (2018). Efektivitas Pelatihan Regulasi Emosi untuk Menurunkan Stres dan Meningkatkan Kualitas Hidup Pada Penderita Diabetes Mellitus Tipe II. *Persona:Jurnal Psikologi Indonesia*, *7*(2), 135–150. https://doi.org/10.30996/persona.v7i2.1701

Rajkumar, R. P. (2020). COVID-19 and mental health: A review of the existing literature. *Asian Journal of Psychiatry*, *52*(March), 102066. https://doi.org/10.1016/j.ajp.2020.102066

Ritvo, P. G., Fischer, J. S., Miller, D. M., Andrews, H., Paty, D. W., & LaRocca, N. G. (1997). *Multiple Sclerosis Quality of Life Inventory: A user's manual*. New York, NY, USA: National Multiple Sclerosis Society.

Sim, H.-S., & Moon, W.-H. (2015). Relationships between Self-Efficacy, Stress, Depression and Adjustment of College Students. *Indian Journal of Science and Technology*, *8*(35), 1–4. https://doi.org/10.17485/ijst/2015/v8i35/86802

Spaapen, D. L., Waters, F., Brummer, L., Stopa, L., & Bucks, R. S. (2014). The emotion regulation questionnaire: Validation of the erq-9 in two community samples. *Psychological Assessment*, *26*(1), 46–54. https://doi.org/10.1037/a0034474

Sugiono. (2010). *Metode Penelitian Pendidikan (Pendekatan Kuantitatif, Kualitatif, dan R&D)*. Bandung: Alfabeta.

Sukmadinata, N. S. (2010). *Metode Penelitian Pendidikan*. Bandung: Remaja Rosdakarya.

Valencia, J., & Sinambela, C. (2022). Effectiveness of Emotion Regulation Training on Stress , Anxiety , and Depression for Doctors in Emergency Department During Pandemic Covid-19 Efektivitas Pelatihan Regulasi Emosi Terhadap Stres , Kecemasan , Dan Depresi. *Proyeksi*, *17*(1), 78–88.

Vyjayanthi, N. V., Banerjee, D., & Rao, S. T. S. (2020). The silent victims of the pandemic: Children and adolescents during the COVID-19 crisis. *Journal of Indian Association for Child and Adolescent Mental Health*, *16*(3), 17–31. https://doi.org/10.1177/0973134220200302

WHO. (2017). Depression and Other Common Mental Dissorders: Global Healths Estimates. In *World Health Organization*. World Health Organization.

Yasipin, Rianti, S. A., & Hidaya, N. (2020). Peran agama dalam membentuk kesehatan mental remaja. *Jurnal Manthiq*, *V*(1), 25–31.

Yulia, Y. V. (2010). *Efektivitas Pelatihan AMT (Achievement Motivation Training)*

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