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**COGNITIVE BEHAVIORAL THERAPY (CBT) BASED INTERVENTION:
AN EFFECTIVE STRATEGY OF INDIVIDUAL COUNSELING
FOR STUDENTS' SELF INJURY RECOVERY**

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**ISLAMIC GUIDANCE AND COUNSELING STUDY PROGRAM
FACULTY OF ISLAMIC PROPHECY AND COMMUNICATION
KH. MUKHTAR SYAFA'AT UNIVERSITY (UIMSYA)
BLOKAGUNG BANYUWANGI
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ARTICLE

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PRASYARAT GELAR

Cognitive Behavioral Therapy (CBT) Based Intervention: An Effective Strategy of Individual Counseling For Students' Self Injury Recovery

ARTIKEL

Diajukan Kepada Fakultas Dakwah dan Komunikasi Islam
Universitas KH. Mukhtar Syafaat (UIMSya) Blokagung Banyuwangi
Untuk Memenuhi Salah Satu Persyaratan Dalam Menyelesaikan
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Telah disetujui untuk diajukan dalam sidang ujian Artikel

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"Hinaan tak meruntuhkan, pujian tak melayangkan."

Persembahan:

Dengan penuh rasa syukur dan kerendahan hati, saya persembahkan tugas akhir ini sebagai bentuk penghargaan dan cinta kepada orang-orang yang berarti dan terlibat dalam perjalanan hidup dan proses akademik saya. Karya sederhana ini saya persembahkan kepada:

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PERNYATAAN KEASLIAN ARTIKEL

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Dengan sungguh-sungguh menyatakan bahwa artikel ini secara keseluruhan adalah hasil penelitian saya sendiri, kecuali pada bagian-bagian yang dirujuk sumbernya.

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Abstrak: Penelitian ini bertujuan untuk memberikan kontribusi yang signifikan terhadap pemahaman tentang perilaku self injury di kalangan santri, serta efektivitas layanan konseling berbasis CBT dalam membantu mereka. Penelitian ini menggunakan pendekatan kualitatif dengan metode studi kasus untuk mengeksplorasi pengalaman santri yang mengalami self injury dan menjalani konseling individu berbasis CBT. Subjek merupakan seorang santri dengan data dikumpulkan melalui wawancara mendalam, observasi, dan dokumentasi. Triangulasi data dilakukan dengan konselor dan pengasuh pondok. Analisis menggunakan teknik tematik Braun dan Clarke. Validitas dijaga melalui triangulasi dan member checking. Penelitian ini menyoroti perubahan perilaku, kognitif, dan emosional selama proses konseling dalam konteks pesantren. Hasil penelitian ini menunjukkan bahwa Perilaku self injury pada santri muncul sebagai respons terhadap tekanan emosional dan lingkungan sosial pesantren yang kurang mendukung ekspresi emosi. Distorsi kognitif seperti merasa tidak berharga dan asumsi negatif memperparah kondisi psikologis mereka. Konseling berbasis Cognitive Behavioral Therapy (CBT) efektif mengubah pola pikir negatif menjadi lebih rasional. Namun, keberhasilan intervensi sangat bergantung pada hubungan terapeutik yang empatik dan aman. Oleh karena itu, konseling di pesantren perlu menggabungkan pendekatan CBT dengan nilai-nilai humanistik untuk merespons kebutuhan emosional santri secara lebih menyeluruh.

Kata Kunci: *Self Injury, Cognitive Behavioral Therapy, Santri*

Abstract : This study aims to make a significant contribution to the understanding of self injury behavior among santri, as well as the effectiveness of CBT-based counseling services in helping them. This research uses a qualitative approach with a case study method to explore the experiences of santri who experience self injury and undergo CBT-based individual counseling. The subjects consisted of three santri, with data collected through in-depth interviews, observation, and documentation. Data triangulation was conducted with counselors and boarding school caregivers. Analysis used Braun and Clarke's thematic technique. Validity was maintained through triangulation and member checking. This study highlights behavioral, cognitive, and emotional changes during the counseling process in the context of pesantren. The results of this study show that self injury behavior in santri emerges in response to emotional distress and the social environment of the pesantren that is less supportive of emotional expression. Cognitive distortions such as feeling worthless and negative assumptions exacerbate their psychological condition. Cognitive Behavioral Therapy (CBT)-based counseling is effective in changing negative thought patterns into more rational ones. However, the success of the intervention relies heavily on an empathic and safe therapeutic relationship. Therefore, counseling in pesantren needs to combine the CBT approach with humanistic values to respond to the emotional needs of santri more thoroughly.

Keyword : Self Injury, Cognitive Behavioral Therapy, Student

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Cognitive Behavioral Therapy (CBT) Based Intervention: An Effective Strategy of Individual Counseling For Students' Self Injury Recovery

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ABSTRACT

This study aims to make a significant contribution to the understanding of Self Injury behavior among santri, as well as the effectiveness of CBT-based counseling services in helping them. This research uses a qualitative approach with a case study method to explore the experiences of santri who experience Self Injury and undergo CBT-based individual counseling. The subjects consisted of three santri, with data collected through in-depth interviews, observation, and documentation. Data triangulation was conducted with counselors and boarding school caregivers. Analysis used Braun and Clarke's thematic technique. Validity was maintained through triangulation and member checking. This study highlights behavioral, cognitive, and emotional changes during the counseling process in the context of pesantren. The results of this study show that Self Injury behavior in santri emerges in response to emotional distress and the social environment of the pesantren that is less supportive of emotional expression. Cognitive distortions such as feeling worthless and negative assumptions exacerbate their psychological condition. Cognitive Behavioral Therapy (CBT)-based counseling is effective in changing negative thought patterns into more rational ones. However, the success of the intervention relies heavily on an empathic and safe therapeutic relationship. Therefore, counseling in pesantren needs to combine the CBT approach with humanistic values to respond to the emotional needs of santri more thoroughly.

Keywords; Self Injury, Cognitive Behavioral Therapy, Santri Counseling

INTRODUCTION

The phenomenon of *self-injury* without suicidal intent is an alarming problem in Indonesia. As a recent YouGov Omnibus study found that more than a third (36%) of Indonesians have self-harmed. This is especially found among young Indonesians, with more than two in five people (45%) having self-harmed. Among young Indonesians, data shows that 7% frequently self-harm (Ho 2019). Two out of five respondents have self-harmed and it is especially prevalent among young people. This fact is in line with the statement of a mental health specialist at RSUD dr. Soetomo, Dr. dr. Yunias Setiawati SpKJ., that in an average week ten adolescent patients (average age 13-15 years) come in a condition that has scratched their hands, scratched, or hit themselves against the wall (Suud, 2019; Prabowo et al., 2025).

Self Injury behavior is also possible in Pondok Pesantren. Islamic boarding schools are Islamic educational institutions that are a means for students to study, understand, appreciate, and practice Islamic teachings and emphasize akhlakul karimah in everyday life. The characteristics of Islamic boarding schools can be seen from the spirit, hard work, sincerity, discipline, and independence in accordance with the expectations of the nation (Nurul Romdoni & Malihah, 2020). Daily activities in Islamic boarding schools are quite dense, ranging from formal learning activities, yellow book learning activities, diniyyah school activities, to religious activities. These activities sometimes last until late at night. In addition,

students must also obey and obey the rules in the pesantren. The dense pesantren activities and the regulations that apply, do not deny that some students consider it a pressure. Santri as individuals who are in a period of self-discovery often face pressures that have the potential to affect their mental health (Khirunisah et al., 2023) . One of the impacts of this pressure is Self Injury behavior.

There have been many studies that discuss the phenomenon of Self Injury in students, such as research conducted by Isvania & Fahmawati (2021) found self-harm behavior without suicidal intent (Nonsuicidal Self-Injury) in students of An-Nur Sidoarjo Islamic Boarding School and research by Azizah & Yasin (2022) also found *self harm* or Self Injury behavior among female students of MANU Buntet Pesantren. Based on the initial study conducted by researchers at the Darussalam Islamic Boarding School management related to the behavior of students who commit Self Injury, researchers found the phenomenon of Self Injury among male students in the form of often hitting the wall to injure their own hands. Pondok Pesantren Darussalam Blokagung Banyuwangi, an Islamic-based educational institution known for its high discipline and commitment to the moral formation of students, is now facing the phenomenon of Self Injury.

Self Injury behavior can occur due to problems from within the individual that cannot be overcome properly, causing stress. Each individual's response to problems and stress is different, when the individual experiences a problem, the individual will look for a way out to solve the problem. Self Injury behavior is one of the negative problem solving for the perpetrator, but in the Self Injury perpetrators themselves, they state that Self Injury behavior is one of the coping that is quite

helpful in overcoming the negative emotions experienced so that it affects the perpetrator to continue to do Self Injury (Malumbot et al., 2022; Prabowo et al., 2024) .

Self Injury behavior is a problem that is increasingly faced by adolescents in various environments, including in Islamic educational institutions such as Islamic boarding schools (Fina Syifaatu Makhshush 2023) . This phenomenon is often considered taboo and rarely discussed, although its impact on individual mental health is very significant (Sabriana & Indrawan, 2022) . Santri, who are in a complex phase of emotional development, often face pressures stemming from academic demands, social expectations, and religious values.

In this context, Self Injury often stems from cognitive distortions, which are irrational and negative thought patterns (Yudotomo, 2024) . These cognitive distortions then create the urge to self-harm in an attempt to reduce emotional pain or gain control over a seemingly uncontrollable situation (Zebua et al., 2023) . These actions provide a temporary sense of relief, but afterwards, individuals typically feel guilt, shame, or disappointment in themselves (Guntur et al., 2021; Prabowo & Ekaningsih, 2025) . These feelings trigger the urge to repeat the same behavior, creating a destructive cycle that further worsens the psychological state (Anugrah et al., 2023) . To prevent and overcome the destructive cycle from getting worse, Cognitive Behavioral Therapy (CBT) is one of the effective approaches. CBT-based approaches are also flexible and can be tailored to individual needs, making them effective in diverse contexts, including the pesantren environment.

CBT focuses on the relationship between thoughts, emotions, and behaviors. This approach teaches individuals to recognize negative

thought patterns that can trigger maladaptive behaviors, including Self Injury. (Pihasniwati 2023) By helping students identify and replace those negative thoughts with more positive and realistic ones, CBT provides the necessary tools to change harmful behaviors. What's more, CBT also involves the development of emotion management skills, which is particularly relevant for santri who often face strong emotional distress (Ayu Iteng Purnamasari 2021).

A study conducted by Indra Saputra (2024) found that the problem of students who do Self Injury can be followed up using the Cognitive Behavior Therapy (CBT) approach which centers on the idea that an individual is able to change cognitive and therefore change the impact of thinking on individual cognitive well-being by understanding individuals based on distorted cognitive reconstruction, the belief of the counselee to bring about emotional change and behavioral strategies in a better direction. Meanwhile, Esti Paramitayani (2021) found that the application of Cognitive Behavior Therapy (CBT) with relaxation, cognitive restructuring and self-management methods was quite effective when the subject was in an emotional state that tended to be unstable such as sadness, anger, despair or facing problems that could not be expressed to others. Another study conducted by Elma Prastika Maharani (2022) states that Cognitive Behavior Therapy (CBT) using confrontation and self-management techniques can reduce self-injurious behavior. Cognitive confrontation successfully corrects incongruent thoughts and changes irrational thinking to be more rational.

Conclusion This literature review reveals that CBT is an effective method to address self-injury behavior, especially when tailored to the needs of the individual and their socio-cultural context. Further research

is needed to explore the adaptation of CBT in the context of pesantren or rural communities in Indonesia. In addition, efforts to increase public awareness and reduce stigma towards mental health are also crucial to support the widespread implementation of this intervention.

In this article, various CBT techniques that can be applied in individual counseling to address Self Injury behavior will also be outlined. These include the identification of negative thoughts, reframing, as well as the development of emotion management skills (Putra and Wahyuni 2023). These techniques not only aim to reduce Self Injury behavior, but also to improve the overall coping skills of santri. Thus, it is expected that santri can learn to deal with their emotional challenges in a more constructive way.

This research aims to make a significant contribution to the understanding of Self Injury behavior among santri, as well as the effectiveness of CBT-based counseling services in helping them. It is hoped that the results of this study will not only benefit the development of counseling programs at Pondok Pesantren Darussalam Blokagung, but can also serve as a reference for other pesantren in dealing with similar mental health issues. Thus, this article is expected to be the first step in creating a more supportive environment for the mental health and well-being of santri.

METHOD

This research uses a qualitative approach with a case study method to explore in depth the experiences of students who experience Self Injury and the recovery process through individual counseling interventions based on Cognitive Behavioral Therapy (CBT). This

approach was chosen because it is able to reveal the subjective meaning and psychological dynamics experienced by individuals in the social and cultural context of pesantren. The research subjects consisted of three santri who were identified as having a history of Self Injury and were willing to participate in CBT- based individual counseling sessions (Roosinda et al., 2021) .

Data collection techniques were carried out through in-depth interviews, participatory observation, and documentation of counseling process notes. The researcher also triangulated data through interviews with counselors and caregivers to obtain a more holistic perspective. Data analysis used Braun and Clarke's thematic analysis technique which includes the process of coding, theme identification, and interpretation of meaning. Data validity was maintained through source and method triangulation techniques, as well as member checking with subjects to ensure the accuracy of data and interpretations (Sari et al., 2022) .

This research not only focuses on changes in Self Injury behavior, but also examines cognitive and emotional transformations that occur during the counseling process. Thus, this research method is expected to be able to fully describe the effectiveness of CBT interventions in dealing with Self Injury among santri, as well as contribute to the development of guidance and counseling services based on a cognitive approach in a pesantren environment (Abdussamad & Sik, 2021) .

RESULTS AND DISCUSSION

Santri Self Injury Patterns Influenced by Emotional Stress and Pesantren Social Environment

One of the important findings in this study shows that self-injury behavior in santri does not solely appear as a form of behavioral deviation, but is more triggered by intense and accumulative emotional pressure, which is not channeled in a healthy manner. In the context of life in pesantren that demands high discipline, order, and compliance with rules, there is often not enough space for students to express feelings, especially negative emotions such as anger, disappointment, and sadness. Pressure from academic assignments, spiritual demands, and the dynamics of social relations between students create vulnerable psychological conditions, especially for individuals who have high emotional sensitivity or a less supportive family background. In situations like this, some santri tend to seek escape through self-harming behavior as a way to relieve inner tension or divert emotional pain to physical pain that is more "controllable." This was corroborated by one informant, a 17-year-old female santri, who stated in an in-depth interview:

"Sometimes I feel really tired, but I can't tell anyone. Even if I cry, there is no place. So I end up hurting myself to relieve myself, so that I have a feeling that I can manage myself."

This quote indicates a disconnect between the emotional needs of individuals and the support system available in the pesantren environment. This situation shows the importance of developing a counseling system and a safe emotional expression space for santri, so that selfinjury behavior can be prevented through interventions that are more humanistic and responsive to their emotional needs. In the dynamics of life in pesantren, santri are faced with various demands, both from academic, spiritual, and social aspects. Although pesantren is

known as an educational environment that emphasizes discipline and character building, the emotional reality of the students is often hidden behind the routine and compliance with the rules. This study reveals that the self-injury behavior experienced by some santri does not occur suddenly, but rather as a response to accumulated emotional distress and the lack of healthy expression channels. To understand more systematically the patterns that drive the emergence of this behavior, the following main indicators found in the field findings are presented, which can clarify how emotional distress and the social environment of pesantren contribute to the phenomenon of self-injury among santri.

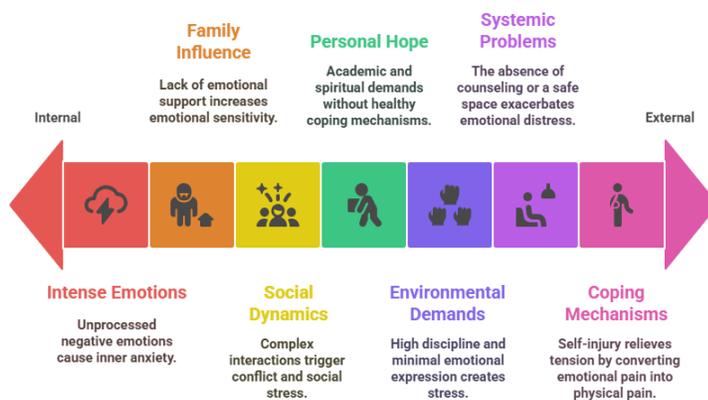


Figure 1; Understanding the triggers of self-injury based on internal and external factors.

The pattern of self-injury in santri is influenced by the accumulation of emotional stress and the pesantren social environment that does not provide a healthy space for expression. Disciplinary demands, academic-spiritual burdens, and social dynamics are the main triggers for self-harm behavior. When emotional needs are not met and psychological support is minimal, some students choose Self Injury as a form of escape.

Therefore, it is necessary to develop a counseling system and a safe space to express emotions so that the psychological needs of students are met humanely and adaptively.

The interpretation of these findings confirms that self-injury behavior among santri cannot be understood solely as a form of behavioral deviation or moral weakness, but rather as a psychological response to intense emotional pressure in a closed social environment. In the perspective of stress and coping theory by Wolfers & Utz, (2022) , Self Injury can be categorized as a form of maladaptive coping, which is a strategy to relieve psychological distress when healthy coping mechanisms are not available or not taught. This finding is in line with a study by Vafaei et al., (2023), which states that adolescents with limited access to emotional support and open interpersonal communication tend to be more prone to Self Injury as a way to regulate their negative emotions. In the context of pesantren, the hierarchical structure, strict social norms, and the absence of space to channel emotional expression make it easier for santri to feel emotionally isolated. The need for a safe place to express frustration, disappointment, and sadness is not met, so these emotions are internalized and manifested in self-harm. Therefore, from a humanistic perspective Ou et al., (2024), it is important to have a counseling approach that emphasizes empathy, unconditional acceptance, and contextual understanding of the emotional background of santri. This study recommends that pesantren begin to build a psychological support system that allows students to talk openly about their feelings without fear of being judged, so that self-injury behavior can be prevented preventively and treated restoratively.

Cognitive Distortion is the Dominant Factor in Self Injury Behavior

This study reveals that cognitive distortion is one of the dominant factors behind self-injury behavior among santri. Cognitive distortions refer to irrational and negative thought patterns that cause a person to view themselves, the environment, and the future incorrectly. In the case of santri who commit Self Injury, it is found that they tend to have thoughts that are full of judgment towards themselves, such as feeling worthless, feeling that they have failed to meet the expectations of parents or pesantren, and having a deep sense of guilt for small mistakes. The most common forms of distortions were overgeneralization ("I always fail at everything"), dichotomous or black-and-white thinking ("If I am not perfect, then I am really bad"), and negative assumptions about others' judgments. These distortions form negative beliefs that are embedded in their minds, which then encourage the emergence of self-harming behavior as an escape mechanism from the cognitive and emotional stress. One informant, a 16-year-old male santri, revealed in an interview session.

"I feel stupid, I have nothing to be proud of. If one thing fails, it feels like everything I do must be wrong too. So I thought, maybe I deserve to be punished, and self-harm became a kind of punishment for me."

This quote clearly illustrates how unaddressed negative thoughts can develop into destructive beliefs, which ultimately lead to selfinjury as a form of self-punishment. This finding emphasizes the importance of CBT-based interventions that are able to identify and transform cognitive distortions into healthier and more rational mindsets.

This finding strengthens the understanding that cognitive

distortions play a central role in the emergence of self-injury behavior among santri. In the cognitive perspective by Menzel, (2023) , cognitive distortion is a systematic bias in thinking that is rooted in negative cognitive schemes, and this becomes the main foundation of emotional disorders and maladaptive behavior. Students who experience Self Injury show internalization of negative thoughts such as feelings of worthlessness, excessive guilt, and perceptions of total failure, all of which are the result of cognitive distortions such as overgeneralization, catastrophizing, and personalization. This finding is in line with research by Fallah Neudehi et al., (2023) which emphasizes that cognitive distortions contribute significantly to the emergence of Non-Suicidal Self-Injury (NSSI), mainly because individuals with such distortions have difficulty in validating emotions and understanding reality objectively. In the context of pesantren, the pressure for high academic and spiritual performance can reinforce extreme mindsets in santri, especially those with low self-concept. This distortion gives rise to the need for self- punishment as a form of "redemption" for what they perceive as failure, as reflected in the informants' quotes. Thus, the Cognitive Behavioral Therapy (CBT) approach becomes highly relevant to address case, as CBT directly targets negative thought patterns and replaces them with more adaptive cognitions. This intervention not only provides a new understanding of the reality of the self, but also equips students with rational thinking strategies that can prevent recurrence of Self Injury in the future.

Safe and Empathic Therapeutic Relationship is the Key to the Success of CBT Counseling

In the implementation of individual counseling based on Cognitive Behavioral Therapy (CBT), this study found that the quality of the therapeutic relationship between counselors and students plays a crucial role in the success of the intervention. Students who experience self-injury behavior generally have complex emotional backgrounds, as well as a tendency to withdraw from the social environment due to shame, fear of being judged, or not believing that others are able to understand their condition. In situations like this, an empathic, open, and non-judgmental counseling approach becomes the main foundation so that students feel safe to express the psychological burden that has been harbored. The therapeutic relationship that is built with trust allows the intervention process to run more deeply, because students begin to open themselves, explain the background of their behavior, and accept cognitive input from the counselor more openly. Counselors who are able to show their full emotional presence through body language, warm intonation, and validation of santri feelings are proven to be able to build bonds that support behavior transformation more effectively.

This is illustrated in the quote of one 18-year-old female santri who underwent CBT counseling for six sessions:

"At first I was afraid to tell because I was afraid of being judged badly, but the way the counselor talked made me feel understood. I became brave enough to be honest, and it turns out that by talking about everything, I feel lighter."

This quote shows that a safe therapeutic relationship not only

facilitates communication, but also becomes the starting gate in the process of emotional recovery and mindset change. Therefore, aspects of empathy and trust are not just complements, but the core of an effective counseling approach.

In the CBT counseling process for students with self-injury behavior, the quality of the therapeutic relationship is the main foundation for the success of the intervention. To understand the key elements that make up an effective therapeutic relationship, the following table presents the aspects and descriptions of the findings of this study.

Table 1: Key Aspects in the Therapeutic Relationship of CBT Counseling

No	Aspect	Description
1	Counselor Empathy	The counselor's ability to understand the feelings of students without judgment or negative labeling.
2	Santri's Trust	Santri feel safe to open up because they believe the counselor understands and supports them.
3	Emotional Presence of the Counselor	Body language, tone, and responses of the counselor that show full acceptance.
4	Open and Warm Communication	The counselor creates an atmosphere where students are free to tell their stories without fear of being judged.
5	Validation of Feelings	The counselor creates an atmosphere where students are free to tell their stories without fear of being judged.
6	Mindset Transformation	Santri are more open to receiving cognitive interventions after feeling emotionally accepted.

The success of CBT counseling for students who experience Self Injury is highly dependent on the quality of the therapeutic relationship that is built. Aspects such as empathy, trust, emotional presence, and validation of feelings play an important role in creating a safe space for students to open up. When this relationship is built warmly and sincerely, students become more responsive to cognitive interventions, so that the process of emotional recovery and behavior change can take place more effectively and deeply.

The interpretation of these findings confirms that the success of Cognitive Behavioral Therapy (CBT)-based individual counseling does not only depend on the cognitive and behavioral techniques used, but is largely determined by the quality of the therapeutic relationship between the counselor and the client. In Shepherd's (2024) theory of humanistic therapy, it is stated that three core conditions namely empathy, genuineness, and unconditional positive regard are the main conditions for positive psychological change. Although CBT comes from a more structural and cognitive logic-based paradigm, this finding shows that the principles of the humanistic approach remain relevant and even synergistic in the context of CBT, especially in cases of Self Injury that are closely related to emotional wounds and fragile self-confidence. This research is also in line with a study from Simpson et al., (2021) which states that the strength of the therapeutic alliance has a greater impact than the approach of a particular therapeutic method. In the context of santri, safe and empathic relationships open up space for emotional expression that has been inhibited by pesantren norms that tend to be formal and restrain personal expression. Therefore, counselors need to prioritize building therapeutic relationships as an initial foundation

before conducting cognitive restructuring. This shows that the effectiveness of CBT will be much more optimal when applied in a humanist and relational atmosphere, not just mechanistic. Trust and empathy are the entrance to change that cannot be underestimated in the practice of counseling adolescent students.

CONCLUSION

Based on the results and discussion of this study, it can be concluded that Self Injury behavior in santri is a complex response to intense emotional pressure and the pesantren social environment that is less responsive to the needs of individual emotional expression. Life in pesantren that demands high discipline and strict social norms often creates a narrow space for students to manage emotions healthily. In this condition, self-harm behavior becomes a form of maladaptive *coping* used to relieve inner tension. This finding is reinforced by the presence of cognitive distortion as a dominant factor that exacerbates the psychological condition of santri. Negative mindsets such as feeling worthless, failing, or deserving to be punished, arise due to excessive generalizations, negative assumptions, and irrational cognitive schemes embedded in santri. These distortions lead them to self-harming behavior as an outlet for emotions and a form of self-punishment. In the context of intervention, Cognitive Behavioral Therapy (CBT)-based counseling has proven to be effective because it is able to identify and change negative thought patterns to become more rational. However, the success of counseling does not only depend on the CBT technique itself, but is also strongly influenced by the quality of the therapeutic relationship between counselors and students. A safe, empathic, and judgment-free relationship is proven to be the main key in

opening up the emotional openness of students and encouraging healthier behavior changes. Thus, the counseling approach in pesantren must combine CBT principles with humanistic values in order to be able to respond to the psychological conditions of santri as a whole and effectively.

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LAMPIRAN-LAMPIRAN

Lampiran 1: Sertifikas jurnal / LoA (Letter Of Acceptance)



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Email: putriasilesteri89@gmail.com

LETTER OF ACCEPTANCE (LoA)

No. 1060/JOECY/VI/2025

Journal of Innovative and Creativity editorial team at University of Pahlawan Tuanku Tambusai (UP) declared that the manuscript with the following information:

**Title : Cognitive Behavioral Therapy (CBT) Based Intervention:
An Effective Strategy of Individual Counseling For
Students' Self Injury Recovery**

Author : Royhan Azizi¹, Halimatus Sa'diah²

Affiliation : University of KH Mukhtar Syafa' at Blokagung Banyuwangi, Indonesia

Has been **Accepted** for publication in Journal of Innovative and Creativity Volume 5 Number 2 in 2025. This journal is indexed by Sinta 5, Brin, Crossref, Garuda, Moraref, One Search, Base, and Google Scholar. Thus, this letter of statement is prepared to be used properly.

Bangkinang, June 07, 2025
Editor in Chief

Dr. Putri Asilestari, M.Pd

Lampiran 2: Surat Pengantar Penelitian



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Nomor : 51.2.12/041.41/UIMSya/FDKI/C.8/I/2025

Lamp. : -

Hal : **SURAT KETERANGAN PENELITIAN**

Kepada Yang Terhormat:

Kepala Pondok Pesantren Darussalam Blokagung

di –

Tempat

Assalamu'alaikum Wr. Wb.

Yang bertanda tangan di bawah ini Dekan Fakultas Dakwah dan Komunikasi Islam Universitas KH. Mukhtar Syafaat (UIMSya) Blokagung Banyuwangi, memohonkan izin penelitian atas mahasiswa kami :

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Program Studi : Bimbingan dan Konseling Islam
Alamat : Kotengah, Gunung Sari, Maesan, Bondowoso
No HP : 081336411393
Dosen Pembimbing : Halimatus Sa'diyah, S.Psi., MA.

Untuk dapat diterima/melaksanakan penelitian di lembaga/instansi yang Bapak/Ibu pimpin, dalam rangka penyelesaian program tugas akhir.

Adapun judul penelitiannya adalah:

"Intervensi Berbasis Cognitive Behavioral Therapy (CBT) : Strategi Efektif Konseling Individu Untuk Pemulihan Self Injury Santri"

Atas perkenan dan kerjasamanya yang baik diucapkan banyak terima kasih.

Wassalamu'alaikum Wr. Wb.

Banyuwangi, 1 Januari 2025
Dekan

Agus Baihaqi, S.Ag., M.I.Kom
NIY : 3150128107201

Lampiran 3: Surat Keterangan Telah Melakukan Penelitian



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Nomor : 51.3.1/144/PPDSPA/A.10./VII/2025

Hal : SURAT PERNYATAAN PENELITIAN

Kepada Yang Terhormat

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Di –

Tempat

Assalamu'alaikum warahmatullahi wabarakatuh

Salam silaturahmi kami sampaikan, semoga kita selalu mendapat taufiq dan hidayah Allah SWT. Sehingga kita dapat melaksanakan aktivitas sehari-hari, Amin.

Berdasarkan surat yang kami terima perihal permohonan izin penelitian yang diajukan oleh mahasiswa atas nama :

Nama : ROYHAN AZIZI

NIM : 2112211022

Program Studi : Bimbingan dan Konseling Islam

Alamat : Gunung Sari, Maesan, Bondowoso

Judul Penelitian : "Intervensi Berbasis Cognitive Behavioral Therapy (CBT): Strategi Efektif Konseling Individu Untuk Pemulihan Self Injury Santri"

Maka kami selaku pengurus PP Darussalam Blokagung menerima permohonan izin penelitian dari mahasiswa tersebut untuk menjadi bahan dalam melengkapi data yang dibutuhkan untuk menyelesaikan tugas akhir (SKRIPSI) sarjana strata satu di **UNIVERSITAS KH MUKHTAR SYAFAAT**.

Demikian surat ini kami buat untuk digunakan sebagai mestinya, terima kasih.

Wassalamu'alaikum warahmatullahi wabarakatuh

Blokagung, 05 Juli 2025

Kepala Pesantren Putra


DIMAS ARISANDI

Lampiran 4: Surat Keterangan Bebas Plagiasi



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SURAT KETERANGAN BEBAS PLAGIASI

Nomor : 51.2.V.050.23/UIMSYA/ FDKI/ B-4/VI 2025

Yang bertanda tangan dibawah ini Dekan Fakultas Dakwah dan Komunikasi Islam Universitas KH. Mukhtar Syafaat Blokagung Banyuwangi, dengan ini menerangkan bahwa telah dilakukan cek similaritas terhadap naskah Skripsi:

Nama : Royhan Azizi
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Prodi : Bimbingan dan Konseling Islam
Fakultas : Dakwah dan Komunikasi Islam
Jenjang : Sarjana (S.1)
Dengan Hasil : 16%

Demikian surat keterangan ini dibuat untuk dipergunakan sebagai salah satu syarat menempuh ujian Skripsi.

Banyuwangi, 18 Juni 2025



Agus Baihaqi, S.Ag., M.I.Kom.

NIPY : 3150128107201

Lampiran 5: Kartu Bimbingan Tugas Akhir



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KARTU BIMBINGAN TUGAS AKHIR

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 NIM : 2112211022
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 Pembimbing : Halimatus Sa'diah, S.Psi., M.A

No.	Topik Pembahasan	Tanggal	Tanda Tangan Pembimbing
1	Judul Artikel		<i>[Signature]</i>
2	Revisi Pendahuluan		<i>[Signature]</i>
3	Revisi metode pembahasan		<i>[Signature]</i>
4	Revisi Referensi pada pendahuluan		<i>[Signature]</i>
5	Revisi Referensi pada metode		<i>[Signature]</i>
6	Menyetorkan poin pembahasan		<i>[Signature]</i>
7	Revisi pembahasan		<i>[Signature]</i>
8	Pembahasan Gambar & Tabel		<i>[Signature]</i>
9	Keperenulisan Referensi		<i>[Signature]</i>
10	ACC Artikel		<i>[Signature]</i>

Blokagung, 16 Jui 2025

Ketua Prodi
 Bimbingan dan Konseling Islam

[Signature]

Nurin Baroroh, M.Psi. Psikolog
 NIP. 3152304039301

Lampiran 6: Pedoman Wawancara

No	Informan	Pertanyaan Wawancara
1	Pengurus Pondok (Bidang Keasramaan)	<ul style="list-style-type: none"> ○ Bagaimana pandangan Anda terhadap fenomena <i>self injury</i> yang terjadi di kalangan santri ? ○ Apakah sebelumnya sudah ada perhatian terhadap masalah kesehatan mental di pesantren ? ○ Bagaimana sikap awal pengurus ketika pertama mengetahui kasus <i>self injury</i> ? ○ Apakah pondok mendukung penuh pelaksanaan konseling individu ini ? ○ Menurut ustadz, apakah ada kendala dalam dalam mengintegrasikan pendekatan konseling seperti ini dengan budaya dan nilai-nilai pesantren ? ○ Apa harapan Ustadz ke depan terhadap layanan konseling di pondok ?
2	Kepala Asrama Klien	<ul style="list-style-type: none"> ○ Apakah Bapak menyadari adanya santri yang melukai diri sendiri di asrama ? ○ Bagaimana ciri-ciri perilaku santri yang terindikasi mengalami tekanan mental di asrama ? ○ Langkah apa yang biasanya dilakukan ketika mengetahui ada santri yang menunjukkan gejala menyakiti diri ? ○ Bagaimana kerja sama antara pihak asrama dan pengurus pondok dalam menangani kasus ini ? ○ Seberapa penting menurut Bapak pemahaman tentang konseling bagi pengurus asrama ? ○ Bagaimana respon santri lain terhadap teman yang menjalani konseling ? ○ Harapan ke depan terhadap pengembangan layanan konseling dan keterlibatan pengurus asrama ?
3	Konselor	<ul style="list-style-type: none"> ○ Sejak kapan bapak menangani kasus <i>self injury</i> ini ? ○ Apa yang menjadi indikasi awal bahwa

		<p>santri mengalami <i>self injury</i> ?</p> <ul style="list-style-type: none"> ○ Bagaimana Bapak melihat penyebab utama dari <i>self injury</i> ini pada santri ? ○ Sejak mulai diterapkan, bagaimana efektivitas CBT dalam menangani kasus-kasus seperti ini ? ○ Apa tantangan terbesar dalam menerapkan konseling CBT ini di pesantren ? ○ Apa strategi Bapak untuk membangun hubungan terapeutik yang aman dan empatik ? ○ Apa harapan Ibu ke depan terhadap program konseling seperti ini di lingkungan pondok ?
4	Klien	<ul style="list-style-type: none"> ○ Bagaimana perasaan Anda saat mengalami tekanan emosional di pesantren? ○ Apa yang biasanya Anda lakukan saat menghadapi tekanan tersebut? ○ Apa yang kamu rasakan setelah melakukan itu? ○ Bagaimana pengalaman kamu saat menjalani konseling dengan pendekatan CBT? ○ Apakah ada perubahan yang kamu rasakan selama menjalani konseling? ○ Apa yang paling membantu dari konseling itu menurut kamu? ○ Kalau boleh tahu, bagaimana pandangan kamu sekarang terhadap diri sendiri setelah melewati proses konseling?

Lampiran 7: Verbatim

1. Wawancara dengan pengurus pondok (Bidang Keasramaan)

Peneliti	Pengurus pondok (Bidang Keasramaan)
Assalamu'alaikum, terima kasih banyak atas kesediaan waktunya, Ustadz. Kami sedang melakukan penelitian terkait intervensi CBT	Wa'alaikumussalam. Terima kasih juga sudah mengangkat tema ini. Bagi kami, fenomena ini adalah peringatan. Bahwa meskipun

<p>terhadap santri yang mengalami self injury. Saya ingin mulai dengan pertanyaan, bagaimana pandangan Ustadz terhadap fenomena self injury yang mulai muncul di lingkungan pesantren ?</p>	<p>pondok dikenal sebagai tempat yang penuh nilai-nilai agama dan pendidikan akhlak, ternyata tetap ada tekanan psikologis yang dirasakan santri. Ini tentu perlu kita sikapi dengan bijak.</p>
<p>Bagaimana respon pihak pengasuh ketika pertama kali mengetahui ada santri yang menyakiti diri ?</p>	<p>Awalnya kami kaget dan tentu saja prihatin. Tapi kami tidak langsung mengambil sikap hukuman. Kami berdiskusi dengan bagian konseling dan pengurus asrama. Kami sadar, ini bukan soal nakal, tapi masalah yang lebih dalam. Maka kami mulai terbuka untuk intervensi seperti CBT ini.</p>
<p>Apakah pondok mendukung penuh pelaksanaan konseling individu dengan pendekatan CBT ini ?</p>	<p>Insya Allah sangat mendukung. Kami sudah memberikan keleluasaan kepada bagian konseling. Bahkan kami mulai mempertimbangkan untuk menerapkan bimbingan konseling dalam pembinaan santri baru. Tapi tentu butuh penyesuaian dengan nilai-nilai pondok dan Islam.</p>
<p>Menurut Ustadz, apakah ada kendala dalam mengintegrasikan pendekatan konseling seperti ini dengan budaya dan nilai-nilai pesantren ?</p>	<p>Kendalanya lebih ke pemahaman awal. Beberapa ustadz atau wali santri kadang menganggap masalah mental itu aib, atau hanya soal kurang ibadah. Tapi kalau dijelaskan bahwa ini bagian dari ikhtiar dan pendekatan yang tetap Islami, mereka bisa menerima. Perlu edukasi terus-menerus.</p>
<p>Apa harapan Ustadz ke depan terhadap layanan konseling di pondok ?</p>	<p>Saya berharap konseling tidak hanya untuk yang bermasalah, tapi menjadi bagian dari kehidupan pondok. Seperti halnya pengajian, olahraga, atau jadwal takhassus. Semua santri punya hak untuk didengarkan. Kalau kita bisa ciptakan suasana pesantren yang mendukung mental dan spiritual sekaligus, insya Allah akan lahir santri-santri yang kuat lahir batin.</p>

2. Wawancara dengan kepala asrama klien

Peneliti	Kepala Asrama Klien
<p>Assalamu'alaikum, terima kasih banyak atas kesediaan waktunya, Ustadz. Kami sedang melakukan penelitian terkait santri yang mengalami self injury. Saya mulai dengan pertanyaan Apakah bapak menyadari adanya santri yang mengalami self injury di asrama ?</p>	<p>Ya, kami mulai menyadari adanya beberapa perilaku mencurigakan dari beberapa santri, terutama yang sering menyendiri, tampak murung, atau menghindari kegiatan bersama. Beberapa kali ditemukan bekas luka ditangan dan kaki yang mencurigakan, dan itu memunculkan kekhawatiran kami bahwa mereka mungkin menyakiti diri sendiri.</p>
<p>Bagaimana ciri-ciri perilaku santri yang terindikasi mengalami tekanan mental di asrama ?</p>	<p>Biasanya mereka cenderung menarik diri, tidak aktif dalam kegiatan, sering terlihat melamun, jarang bergaul dengan teman, dan ada juga yang menjadi sangat sensitif atau mudah marah.</p>
<p>Langkah apa yang biasanya dilakukan ketika mengetahui ada santri yang menunjukkan gejala menyakiti diri ?</p>	<p>Saya biasanya menanyakan dulu kepada teman-teman di asrama, apakah dia memang melakukan hal tersebut atau memang ada yang melukainya. Terus kalo memang si anak melakukan sendiri yang kami lakukan adalah pendekatan secara personal dan emosional. Kami mencoba berbicara empat mata dengan santri tersebut. Jika dirasa perlu, kami langsung melaporkan ke bagian konseling agar ditindaklanjuti dengan lebih profesional.</p>
<p>Bagaimana kerja sama antara pihak asrama dan pengurus pesantren dalam menangani kasus ini ?</p>	<p>Kerja sama kami cukup erat. Kami rutin melaporkan perkembangan atau perilaku santri kepada pengurus</p>

	pesantren. Jika ada hal-hal yang butuh penanganan lebih lanjut, biasanya pengurus pesantren akan mengundang kami untuk diskusi bersama.
Seberapa penting menurut Bapak/Ibu pemahaman tentang bimbingan konseling bagi pengurus asrama ?	Penting sekali. Karena jika pengurus asrama paham sedikit tentang prinsip bimbingan konseling , maka mereka bisa membantu dalam hal pendekatan awal sebelum santri dirujuk ke konselor. Minimal bisa membangun komunikasi dan kepercayaan.
Bagaimana respon santri lain terhadap teman yang menjalani konseling ?	Alhamdulillah, tidak ada anggapan negatif. Kami selalu menekankan bahwa konseling bukan untuk orang 'bermasalah' tetapi justru bentuk ikhtiar untuk menjadi lebih baik. Santri lain malah memberi dukungan.
Harapan ke depan terhadap pengembangan layanan konseling dan keterlibatan pengurus asrama ?	Harapan saya, program konseling diperkuat dan dilanjutkan secara konsisten. Idealnya, pengurus asrama juga diberi pelatihan dasar tentang kesehatan mental agar bisa menjadi perpanjangan tangan konselor.

3. Wawancara dengan konselor

Peneliti	Konselor
Terima kasih Bapak, sudah berkenan meluangkan waktu untuk wawancara ini. Saya ingin menanyakan terlebih dahulu, sejak kapan Ibu menangani kasus self injury di lingkungan pondok?	Sebenarnya, gejalanya sudah saya perhatikan sejak dua bulan terakhir. Tapi baru satu bulan belakangan ini kami benar-benar mendalami dan menangani secara lebih sistematis, termasuk dengan pendekatan CBT.
Apa yang menjadi indikasi awal	Biasanya terlihat dari perubahan

<p>bahwa santri mengalami self injury?</p>	<p>perilaku. Mereka lebih sering menyendiri, terlihat murung, dan ada luka di bagian tubuh seperti lengan atau tangan yang mereka sembunyikan. Ketika kami gali lebih dalam, ternyata itu akibat mereka menyakiti diri sendiri.</p>
<p>Bagaimana Bapak melihat penyebab utama dari self injury ini pada santri?</p>	<p>Kebanyakan karena tekanan emosional. Santri kita hidup dalam lingkungan yang sangat disiplin dan padat aktivitas. Banyak dari mereka tidak terbiasa mengekspresikan emosi secara terbuka. Mereka bingung harus bicara ke siapa, apalagi kalau datang dari keluarga yang kurang suportif. Akhirnya, pelarian mereka ya ke perilaku menyakiti diri.</p>
<p>Sejak mulai diterapkan, bagaimana efektivitas CBT dalam menangani kasus-kasus seperti ini?</p>	<p>Alhamdulillah, CBT cukup efektif. Kami ajarkan santri untuk mengenali pikiran negatif mereka, kemudian kami bantu mereka melihatnya dari perspektif yang lebih rasional. Seiring waktu, mereka mulai mampu mengelola emosi dengan lebih baik. Kami juga melibatkan teknik relaksasi dan journaling untuk mendampingi prosesnya.</p>
<p>Apa tantangan terbesar dalam menerapkan konseling CBT ini di pesantren?</p>	<p>Pertama, membangun kepercayaan. Banyak santri yang takut terbuka karena khawatir dianggap berdosa atau melanggar aturan pondok. Jadi hubungan awal itu sangat penting. Kami tidak bisa langsung masuk ke teknik CBT kalau santri belum merasa aman secara emosional.</p>
<p>Apa strategi Bapak untuk membangun hubungan terapeutik yang aman dan empatik?</p>	<p>Saya berusaha jadi pendengar yang baik tanpa menghakimi. Bahasa tubuh, nada bicara, semua saya sesuaikan agar santri merasa diterima. Saya juga selalu bilang bahwa di ruangan ini mereka bebas mengekspresikan apapun yang dirasakan, karena kita bukan sedang</p>

	mengadili tapi mendampingi.
Apa harapan Ibu ke depan terhadap program konseling seperti ini di lingkungan pondok?	Saya berharap layanan konseling ini bisa diperluas, dan semua pengasuh atau ustadz punya pemahaman dasar tentang kesehatan mental. Santri butuh ruang aman untuk bicara, dan pendekatan CBT ini sangat membantu kalau didukung dengan pendekatan humanis. Semoga ke depan bisa lebih sistematis dan didukung penuh oleh pimpinan pondok.

4. Wawancara dengan klien

Peneliti	Konselor
Terima kasih sudah bersedia meluangkan waktu. Saya ingin mulai dengan menanyakan, bisa diceritakan sedikit tentang bagaimana perasaan kamu saat pertama kali mengalami tekanan di pesantren ?	Awalnya saya merasa capek banget, tapi nggak tahu harus cerita ke siapa. Saya takut dibilang lemah atau manja. Jadi, saya simpan sendiri perasaan itu.
Apa yang biasanya kamu lakukan saat perasaan itu muncul ?	Kadang saya nangis sendiri di kamar, tapi lama-lama rasanya nggak cukup. Akhirnya saya nyakitin diri, bukan karena pengen mati, tapi lebih ke... biar lega. Biar saya ngerasa punya kendali atas rasa sakit itu.
Bentuk melukai diri seperti apa yang kamu lakukan saat perasaan itu muncul ?	Saya mukul tembok atau nyubit diri sendiri sampai biru. Kadang nendang lemari. Rasanya kayak semua salah itu tanggung jawab saya.
Apa yang kamu rasakan setelah melakukan itu ?	Pas awal sih ngerasa lega, tapi setelahnya malah nyesel. Kayak... kenapa harus seperti itu, tapi tetap aja saya ulang lagi kalau perasaan itu muncul.
Bagaimana pengalaman kamu saat menjalani konseling dengan pendekatan CBT ?	Awalnya saya takut cerita karena takut dinilai buruk. Tapi cara Konselor ngomong tuh bikin saya merasa dimengerti. Lama-lama saya

	bisa cerita banyak hal, dan itu bikin perasaan saya lebih ringan.
Apakah ada perubahan yang kamu rasakan selama menjalani konseling ?	Iya, lumayan. Saya mulai sadar kalau pikiran-pikiran saya itu banyak yang salah. Dulu saya sering ngerasa nggak berguna, semua hal yang saya lakukan salah. Tapi sekarang, saya mulai belajar buat mikir lebih rasional dan nggak langsung nyalahin diri sendiri.
Apa yang paling membantu dari konseling itu menurut kamu ?	Yang paling membantu itu waktu Konselor bilang kalau semua emosi itu valid. Saya jadi ngerasa lebih berharga. Dan sekarang saya punya cara lain buat ngeluarin emosi selain nyakitin diri.
Adakah perubahan setelah mengikuti konseling ?	Ada. Saya sekarang lebih bisa nahan kalau lagi marah. Nggak langsung mukul. Saya juga punya cara buat nulis pikiran saya kalau lagi suntuk.
Kalau boleh tahu, bagaimana pandangan kamu sekarang terhadap diri sendiri setelah melewati proses konseling ?	Saya masih belajar, tapi setidaknya saya nggak sekeras dulu ke diri sendiri. Sekarang saya lebih coba untuk menerima diri dan ngerti kalau saya juga berhak ngerasa lelah atau sedih.
Terima kasih banyak sudah berbagi. Ceritamu sangat berharga dan semoga terus kuat menjalani proses pemulihan ini ya.	Iya, terima kasih juga sudah mendengarkan.

Lampiran 8: Dokumentasi



Lampiran 9: Biodata Penulis



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Riwayat Pendidikan Formal

Jenjang Pendidikan	Tahun Masuk	Tahun Keluar	Nama Instansi	Bidang Studi
SD	2009	2015	SD Negeri Gunung Sari 01	
MTs	2015	2018	MTs Raudlatul Syabab	
SMA	2018	2021	SMA Darussalam Blokagung	IPS
S.1	2021	2025	Universitas KH. Mukhtar Syafaat Blokagung	Bimbingan dan Konseling Islam

Riwayat Pendidikan Non Formal

Jenjang Pendidikan	Tahun Masuk	Tahun Lulus	Nama Instansi
Ula	2018	2020	Madrasah Diniyyah Al-Amiriyyah Blokagung
Wustho	2020	2022	Madrasah Diniyyah Al-Amiriyyah Blokagung

Ulya	2022	2024	Madrasah Diniyyah Al-Amiriyyah Blokagung
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Pengalaman Organisasi

1. Ketua OSIM MTs Raudlatus Syabab Tahun 2016 – 2017
2. Pengurus HMPS BKI Divisi Sumber Daya Mahasiswa Tahun 2022 - 2023
3. Pengurus DEMA F Divisi pengembangan Minat Bakat Tahun 2023 – 2024
4. Pengurus Rayon PMII Sunan Kalijaga Divisi Pengkaderan Tahun 2022 2023
5. Ketua Kamar Al-Qudsiyyah D.03 Tahun 2022 – 2023
6. Pengurus Asrama Al-Qudsiyyah Sie. Keamanan 2023 – 2024
7. Pengurus Madrasah Diniyyah Al-Amiriyyah Bagian TU 2024 – Sekarang
8. Ketua Panitia EBTADIN Madrasah Diniyyah Al-Amiriyyah Tahun 2025 – Sekarang

Prestasi Akademik

1. Ujian Kenaikan Kelas SD Negeri Gunung Sari 1 Pararel III Dari Kelas 2 – 6
2. Ujian Kenaikan Kelas MTs Raudlatus Syabab Pararel II Kelas 7 dan 8
3. Ujian kenaikan Kelas SMA Darussalam Pararel II Kelas 10 dan 11
4. Ujian Daur Awal Madrasah Diniyyah Al-Amiriyyah Pararel I Kelas 1 Ulya

COGNITIVE BEHAVIORAL THERAPY (CBT) BASED INTERVENTION: AN EFFECTIVE STRATEGY OF INDIVIDUAL COUNSELING FOR STUDENTS' SELF INJURY RECOVERY

This study examines the phenomenon of self-injury among Islamic boarding school students (santri) and the effectiveness of Cognitive Behavioral Therapy (CBT) in the recovery process. Using a qualitative case study method, the research explored students' experiences through interviews, observation, and documentation, validated with data triangulation. Findings reveal that self-injury is triggered by emotional pressure, academic-spiritual burdens, and limited emotional expression space, further exacerbated by cognitive distortions such as feelings of worthlessness and extreme negative thinking.

CBT was found effective in transforming irrational thought patterns into more rational ones and developing emotional regulation skills. The success of the intervention is strongly influenced by a safe, empathetic, and non-judgmental therapeutic relationship. The study recommends integrating CBT with a humanistic approach, providing safe spaces for students, and educating school caregivers on mental health to make Islamic boarding schools more responsive in preventing and addressing self-injury.

**ISLAMIC GUIDANCE AND COUNSELING STUDY PROGRAM
FACULTY OF ISLAMIC PROPHECY AND COMMUNICATION
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2025**