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Oct 16, 2020, 3:10 PM

16-Oct-2020

Dear Mr. Nursalim:

Your manuscript entitled "Development of The Psychoeducation Model to Decrease Academic Stress when Learning From Home (LFH)" has been successfully submitted online and is presently being given full consideration for publication in the Cypriot Journal of Educational Sciences (CJES).

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Hüseyin Uzunboylu <onbehalf@manuscriptcentral.com>
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Mon, Feb 22, 2021, 4:45 PM

22-Feb-2021

Dear Mr. Nursalim:

Manuscript ID CJES-2020-0255 entitled "Development of The Psychoeducation Model to Decrease Academic Stress when Learning From Home (LFH)" which you submitted to the Cypriot Journal of Educational Sciences (CJES), has been reviewed. The comments of the reviewer(s) are included at the bottom of this letter.

The reviewer(s) have recommended publication, but also suggest some revisions to your manuscript. Therefore, I invite you to respond to the reviewer(s)' comments and revise your manuscript.

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Because we are trying to facilitate timely publication of manuscripts submitted to the Cypriot Journal of Educational Sciences (CJES), your revised manuscript should be submitted by 23-Apr-2021. If it is not

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Once again, thank you for submitting your manuscript to the Cypriot Journal of Educational Sciences (CJES) and I look forward to receiving your revision.

Sincerely,
Dr. Hüseyin Uzunboylu
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Editor Comments

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- The abstract should be written as a continuous paragraph with 120-150 words and recapitulative state the background of the research, purpose, methodologies, major conclusions and its contributions to the field. It should emphasize new or important aspects of the study.
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Reviewer(s)' Comments to Author:

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Comments to the Author

- 1) Abstract citation should not be used. Borg & Gall (2003) should be deleted.
- 2) After the relevant researches, the research gaps related to the subject studied should be written in one or two paragraphs, and the need for research should be expressed in a few sentences.
- 3) The method part should be explained in detail under the subtitles "Research model", "Participants", "Data Collection Tools", implementation ", and" data analysis ".
- 4) Findings obtained in the discussion section should be discussed in comparison with further relevant research results.
- 5) Some suggestions should be made in the "Sugestions" section.
References should be written according to APA 7 Style.
- 6) There are spelling mistakes. There are also sentence errors and grammar errors. Professionally proofreading should be done.

Reviewer: 2

Comments to the Author

(There are no comments.)



Development of The Psychoeducation Model to Decrease Academic Stress when Learning From Home (LFH)

Journal:	<i>Cypriot Journal of Educational Sciences (CJES)</i>
Manuscript ID	CJES-2020-0255
Manuscript Type:	Original Article
Keywords:	development, the psychoeducation model, academic stress

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Development of the Psychoeducation Model to Decrease Academic Stress when Learning from Home (LFH)

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Abstract

This study aims to develop and test the acceptability and effectiveness of the Psychoeducation Model to Decrease Academic Stress when Learning from Home (LFH). This research uses development research design as done by Borg & Gall (2003), with two main objectives: developing the product and testing the effectiveness of the product. The instruments used were questionnaires on rating scales about aspects of product use, feasibility, and accuracy and also stress academic scale. Data analysis was carried out quantitatively and qualitatively. Quantitative data were analyzed by descriptive statistical analysis. While qualitative data in the form of comments, suggestions, and criticisms, are analyzed qualitatively. Based on data analysis, it can be concluded that the psychoeducation model developed has fulfilled acceptability criteria which include utility, feasibility, and accuracy. The developed psychoeducation model is effective to reduce the academic stress on the college students when Learning from Home (LFH).

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Keywords: development; the psychoeducation model; academic stress; acceptability; effectiveness

1. Introduction

Since the announcement of the Universitas Negeri Surabaya Rector's letter number B/15254/UN.38/TU. 00.02/2020 dated 14 March 2020 concerning Prevention of the spread of the Coronavirus Disease (COVID-19) at Universitas Negeri Surabaya, then lecture activities carried out face-to-face are transferred to lectures online, or often called Learning From Home (LFH). This LFH is carried out as a way to stop the spread and transmission of COVID-19.

Even though so far there have been several courses that have implemented virtual learning and blended learning, since the COVID-19 pandemic outbreak, all courses apply virtual learning, and students are required to stay at home. This sudden change caused confusion, anxiety, and various problems for both lecturers and students. The COVID-19 pandemic which is increasing every day, increasing red zones, a lot of assignments from the lecturers, difficulty in signals, do not have enough money to buy internet credit, various rules that have changed, are various things that encourage reduced well-being in students, which in the end, unwittingly develops into academic stress on students. The emergence of stress in students will lead to a decrease in immunity, which makes it easy to contract COVID-19.

The various changes that occurred during the COVID-19 pandemic hurt a negative impact on students. In the lecture process, ideally, students should feel comfortable if they want to be able to study and understand the lecture material well, but the fact is that just a week since the implementation of LFH has caused anxiety that can trigger academic stress. The symptoms mentioned above are indicators of academic stress in students. The academic stress that appears in these students appears as a form of response both physically and mentally to changes in their environments that are felt to be threatening and disturbing. The emergence of stress at a high level of severity can reduce the level of endurance or body immunity (Taylor, 2006; Dietricha, 2014), meanwhile, the decreased immunity makes students sick and exposed to COVID-19.

Academic stress is defined as the pressures experienced by students about lectures, are perceived negatively, and have an impact on their physical, psychological, and learning performance (Campbell, 1992; Lukens & McFarlane, 2004; Ng Lai On, 2004).

The causes of stress can come from internal and external sources (Gadzella, 2012). Causes of stress related to internal factors: 1) Frustration that comes from within, for example, physical disabilities, beliefs, and frustrations related to the need for self-esteem 2) Conflict occurs when someone is under pressure to respond simultaneously to two or more strengths - opposing forces. 3) Daily pressures, even if they are small, for example, a lot of homework, but if they accumulate, over time it can become great stress (Sheehy & Horan, 2000). 4) Self-imposed relates to how a person imposes or imposes on himself. For example, I have to be the most outstanding person in the class and beat other friends or I am very afraid when I failed the exam because I am afraid to fail and my parents are not proud.

Therefore, efforts are needed to reduce stress on students, as an effort to increase student immunity and improve students' ability to adapt to LFH so that students can master the expected competencies. One approach that can be used to reduce stress is psychoeducation. This study uses psychoeducation to reduce stress on students during LFH

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74 with the reasons 1) psychoeducation is a treatment that integrates education and psychotherapy given professionally
 75 individually or in groups (Bordbar & Faridhosseini, 2010). 2) the target of psychoeducation is to increase the
 76 counselee's awareness, increase the counselee's participation in therapy, and develop the counselee's coping ability in
 77 dealing with problems related to stress (Chan, 1998).

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78 This model combines psychotherapy and educational activities to solve problems. Psychoeducation is an
 79 educational method that aims to provide useful information and training to change an individual's
 80 mental/psychological understanding. Psychoeducation is also useful in providing knowledge/ understanding as well
 81 as therapeutic strategies that are useful for improving the quality of life of individuals (Bhattacharjee, 2011;
 82 Supratiknya, 2011). Psychoeducation can be done through training with exploration, assessment, discussion, role-
 83 playings, and demonstration methods (Soep, 2009). The basis of psychoeducation interventions is on the strength and
 84 focuses on the present and the present (Lukens & McFarlane, 2004). This intervention not only provides important
 85 information related to individual/group problems in dealing with a problem situation but can also be applied in
 86 various age groups and educational levels. Besides, psychoeducation emphasizes the learning processes, education,
 87 self-awareness, and self-understanding where cognitive has a larger proportion than the affective component (Brown,
 88 2011).

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89 Psychoeducation is a form of education or training for someone, which aims at the treatment and rehabilitation
 90 process. The goals of psychoeducation are to develop and increase the patient's acceptance of the disease or disorder,
 91 increase the patient's participation in therapy, and develop coping mechanisms when the patient has problems
 92 associated with the disease (Bordbar & Faridhosseini, 2010).

93 Psychoeducation is built on various theories including ecological systems theory, cognitive-behavioral theory,
 94 learning theory, group practice models, stress and coping models, social support models, and narrative approaches.
 95 Behaviorism theory emphasizes the effects of environmental manipulation. Meanwhile, the cognitive theory focuses
 96 on the mastery of cognitive-emotional skills which is a component of the psych training process (Lukens &
 97 McFarlane, 2004). According to Bhattacharjee, (2011) there are six types of psychoeducation, namely 1) the
 98 information model, 2) the skill training model, 3) the supportive model, 4) the comprehensive model, 5) the multiple
 99 family group therapy model, 6) the behavioral management model and (7) Peer o peer psychoeducation approach.

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100 Psychoeducation procedures online, in general, can be text and voice. There are online media in the form of text,
 101 including WhatsApp, email, and mail. Online voice media can use video calls on various webs. As with face-to-face
 102 psychoeducation, the online psychoeducation process during LFH is divided into stages: (1) preparation, (2)
 103 implementation, and (3) termination. The preparation stage includes preparing online tools to carry out
 104 psychoeducation, in addition to preparing general competencies which include knowledge, attitudes, and skills, as
 105 well as how to involve family, and parents, in the counseling process (needed or not needed). The implementation stage
 106 includes assessing the problem of academic stress that is experienced by students, education about problems
 107 experienced by clients through an Information Model in the form of video tutorials on academic stress and how to
 108 manage stress, followed by two self-healing exercises, namely 1) relaxation exercises, and (2) systematic
 109 desensitization exercises. At this stage of implementation also includes the empowerment of families and

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110 communities. The termination stage includes monitoring the counselee's behavior after treatment, as well as
 111 evaluating the results of psychoeducation using a google form, WhatsApp, and email.

112 Several supporting studies on stress include; Roulston, Audrey(2018), **who** found that there were significant
 113 changes in students' well-being scores, stress, and resilience after obtaining the mindfulness technique. Thao &
 114 Granger (2016) The relationship between parents and children negatively affects stress levels and mental health of
 115 children in the future. Pervanidou & Chrousos (2016), found that behavioral and neurobiological are associated with
 116 chronic stress regarding obesity. Dorit, Segal, & Sarid (2016) Give intervention to people experiencing stress due to
 117 the earthquake in Nepal and show that a single session of intervention can reduce stress. Meanwhile, research on
 118 psychoeducation includes Tambag, Hatice & Fatma (2013). After giving the psychoeducation program there was a
 119 significant reduction in stress and an increase in a healthy lifestyle and a comfortable life. Tabeleão, Viviane, (2018)
 120 Psychoeducation can help provide information about illness and provide emotional support and implementation of
 121 coping and stress management strategies. Psychoeducation models are also practiced in helping victims of echoes,
 122 tsunamis, and liquefaction in Palu, Sigi, and Donggala with Nursalim (2019).

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123 2. Method

124 This development research model uses the Borg & Gall model (1983), with two main objectives: developing the
 125 product and testing the effectiveness of the product. The development procedure is modelled as follows: (1) needs
 126 analysis, (2) planning, (3) initial product development, (3) expert testing, (4) revision, (5) small-scale field test, and
 127 (6) large-scale field test. A needs analysis is carried out to identify student academic stress during LFH through
 128 literature review, focus group discussions (FGDs), and surveys. Initial trials were carried out by experts in
 129 Psychology and Guidance and Counselling. The instruments used were questionnaires on rating scales about aspects
 130 of product use, feasibility, and accuracy. Data analysis is carried out quantitatively and qualitatively. Quantitative
 131 data were analyzed by descriptive statistical analysis. While qualitative data in the form of comments, suggestions,
 132 criticisms, are analyzed qualitatively. To evaluate the effectiveness of the model to reduce academic stress on college
 133 students with pre-test and post-test to a control group is conducted.

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134 3. Results

135 This expert test is intended to test the acceptability level of the psychoeducation model according to the expert
 136 and obtain the deficiencies of the psychoeducation model. Based on the results of the analysis of the data from
 137 experts and users of the psychoeducation model developed can be described as follows.

138 Based on the survey found that around 58,68% of students experienced academic stress related to online lectures.
 139 The complaints that arise include; many tasks deadlines are too tight, eyes get tired, physically tired, especially eyes
 140 and hands, confused, unstable health, feel unhappy, can't sleep well, dizzy headaches, boredom, difficulty dividing
 141 times, tired back, blurred vision. In addition to the survey results, based on the UCC Team report, data showed that
 142 there were some students who experienced anxiety related to the COVID-19 pandemic, including some who felt
 143 anxious about being infected with COVID-19 after returning from a street vendor place, feeling anxious about being

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144 infected with COVID-19 because they had a fever and sore throat, **feeling** anxious about being infected with
 145 COVID-19 because of experiencing fever fluctuating, coughing a cold, sore throat, shortness of breath, Feeling the
 146 anxiety of contracting and overthinking related to the COVID-19 pandemic.

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147 The acceptability level of the psychoeducation model developed is based on three indicators namely; aspects of
 148 utility (utility), feasibility (feasibility), and accuracy (accuracy). To obtain acceptability levels, expert tests and user
 149 tests were carried out. The results of expert and user assessments are manifested **on** quantitative data and
 150 data, which are explained as follows.

151 The results of the assessment on the utility aspect show that the psychoeducation model developed was very
 152 useful applied to students. The results of the assessment indicate that the average score of the experts is 3,47. The
 153 results when consulted with the criteria developed in this study indicate that the psychoeducation model developed is
 154 very useful so that the psychoeducation model can be further developed to reduce academic stress. This result is in
 155 lines with and supported by an assessment of the utility aspects carried out by the student as users of the
 156 psychoeducation model, which shows that the average score of the student is 3.54 The results when consulted with
 157 the criteria developed to show that the model developed is very useful.

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158 The results of the assessment on the feasibility aspect (feasibility) show that the psychoeducation model
 159 developed meets the feasibility aspect. Based on the results of an expert assessment it can be concluded that the
 160 psychoeducation model developed was included in the feasible category, with an average score of 3,43. Meanwhile,
 161 the results of the feasibility assessment conducted by students show that the psychoeducation model developed was
 162 included in the feasible category with an average score of 3.54. The assessment of the indicator of accuracy is based
 163 on two sub-indicators, namely the accuracy of the object and the accuracy of the formulation of objectives and
 164 procedures. The results of the expert assessment note that the average accuracy aspect is 3.47. By looking at the
 165 average scores of the appraisal accuracy from the expert and classifying the score on the aspect of accuracy, it can be
 166 seen that the psychoeducation developed is included in the right category.

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167 The results of the T-test analysis of the academic stress scores of subjects treated by psychoeducation are
 168 presented in Table 1.

Table 1. T-test analysis

	Pre-test	Post-test
Mean	108,6818	26,81818
Variance	83,27489	175,2035
Observations	22	22
Pooled Variance	129,2392	
Hypothesized Mean		
Difference	0	
df	42	
t Stat	23,88308	
P(T<=t) one-tail	2,3E-26	
t Critical one-tail	1,681952	
P(T<=t) two-tail	4,6E-26	
t Critical two-tail	2,018802	

170
 171 From Table 1, it can be seen that T-test values: T = 23.883, df = 42, and sig = 0.0. The significant test shows that
 172 the difference between the mean values of the post-test and pretest among groups of subjects treated **by** is strongly
 173 significant. It can be seen in figure 1 **that** shows the comparison scores of academic stress, before and after treatment.

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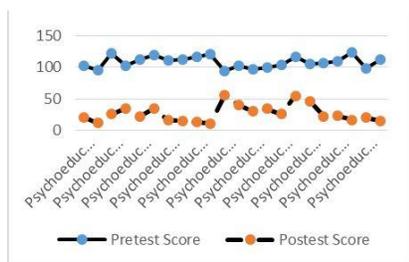


Figure 1. Score academic stress: before and after treatment

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184 **4. Discussion**

185 It has been shown that there is a significant difference in academic stress pretest scores compared to the academic
186 stress post-test scores. It can be proven that psychoeducation is able to decrease the academic stress of subjects. This
187 finding is in accordance with the previous research results conducted by (Tambag; 2013, Tabeleão; 2018; Nursalim,
188 2019) who stated that the psychoeducation was able to decrease different types of academic stress of persons from a
189 different level of age.

190 The lowering post-test scores of the experimented subjects show the healing of academic stress is caused by the
191 treatment using the psychoeducation. Moreover, the research shows that the hypothesis of psychoeducation is
192 effective.

193 Some reasons why the psychoeducation is the most effective to heal the academic stress subjects is because
194 during the counseling process the main cause and source of academic stress can be solved, clients have high
195 motivation to do their assignment since they want to reduce their academic stress, and tutorial videos give the best
196 information and the best solution so that the clients can change optimally

197 The results of the descriptive analysis show that subjects in the experimental have tried to practice the treatment to
198 decrease their academic stress dan almost all subjects have high motivation to change. Therefore, it makes sense if
199 the academic stress scores decreasing. It is similar to what Beutler (1983) wrote in his paper, that the success of
200 therapy is mostly dependent on the motivation and involvement of the clients during the therapy processes.

201 Even though psychoeducation is effective to treat academic stress, however, there is some limitation, Firstly, this
202 research does not use a control group and a follow-up for testing the effectivity of the treatment, therefore, in the next
203 research, a follow-up must be included. Secondly, this research uses cyber psychoeducation, therefore, in the next
204 research on hybrid psychoeducation needs to be conducted.

205 Even though there are some limitations in this research the results of this research give a substantial
206 contributions related to treating academic stress in college students by using cyber psychoeducation. The results of this
207 research are consistent with other findings related to affection psychoeducation to heal academic stress.

208 **5. Conclusion**

209 Psychoeducation models are effective to reduce the academic stress of the subjects. The psychoeducation model
210 developed has fulfilled acceptability criteria which include utility, feasibility, and accuracy. It can be said that
211 psychoeducation models are effective to be used for treating academic stress in college students in Surabaya.

212 Some suggestions are given below. Psychoeducation is effective to treat academic stress, however, there is some
213 limitations. Firstly, this research does not use a control group and a follow-up for testing the effectivity of the
214 treatment, therefore, in the next research, a follow-up must be included. Secondly, this research uses cyber
215 psychoeducation, therefore, in the next research hybrid psychoeducation needs to be conducted. Dissemination of
216 these results needs to be conducted, mainly to a counselor in high schools such that these methods can be applied to
217 help traumatic high school students.

218 **References**

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Development of The Psychoeducation Model to Decrease Academic Stress when Learning From Home (LFH)

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Abstract

This study aims to develop and test the acceptability and effectiveness of the Psychoeducation Model To Decrease Academic Stress when Learning From Home (LFH). This research uses a development research design, with two main objectives, developing the product and testing the effectiveness of the product. The instruments used were questionnaires on rating scales about aspects of product utility, feasibility, and accuracy and also stress academic scale. Data analysis is carried out quantitatively and qualitatively. Quantitative data were analyzed by descriptive statistical analysis. While qualitative data in the form of comments, suggestions, criticisms, are analyzed qualitatively. Based on data analysis, it can be concluded that the psychoeducation model developed has fulfilled acceptability criteria which include utility, feasibility, and accuracy. The developed psychoeducation model is effective to reduce the academic stress on college students when Learning From Home (LFH).

Keywords: development, the psychoeducation model, academic stress, acceptability, effectiveness

1. Introduction

Since the announcement of the Universitas Negeri Surabaya Rector's letter number B/15254/UN.38/TU. 00.02/2020 dated 14 March 2020 concerning Prevention of the spread of the Coronavirus Disease (COVID-19) at Universitas Negeri Surabaya, then lecture activities carried out face-to-face are transferred to lectures online, or often called Learning From Home (LFH). This LFH is carried out as a way to stop the spread and transmission of COVID-19.

Even though so far there have been several courses that have implemented virtual learning and blended learning, since the COVID-19 pandemic outbreak, all courses apply virtual learning, and students are required to stay at home. This sudden change caused confusion, anxiety, and various problems for both lecturers and students. The COVID-19 pandemic which is increasing every day, increasing red zones, a lot of assignments from the lecturers, difficulty in signals, do not have enough money to buy internet credit, various rules that have changed, are various things that encourage reduced wellbeing in students, which in the end, unwittingly develops into academic stress on students. The emergence of stress in students will lead to a decrease in immunity, which makes it easy to contracted COVID-19.

The various changes that occurred during the COVID-19 pandemic hurt a negative impact on students. In the lecture process, ideally, students should feel comfortable if they want to be able to study and to understand the lecture material well, but the fact is that just a week since the implementation of LFH has caused anxiety that can trigger academic stress. The symptoms mentioned above are indicators of academic stress in students.

During the COVID-19 Pandemic period, there were various problems such as reduced physical activity, online learning, and various pressures including competition in the class, financial burdens, and family-related pressures which caused academic stress to arise in students (Chandra, 2020). Research on academic stress was also conducted by (Moawad, 2020) who found that the highest academic stress was in the form of uncertainty about their uncertainty over the end of semester exams and assessments. Also, the report by (UCC, 2020) indicated that many students experienced and felt anxiety about contracting and overthinking related to the COVID-19 pandemic.

Based on the survey found that around 58,68% of students experienced academic stress related to online lectures. The complaints that arise include; many tasks deadlines are too tight, eyes get tired, physically tired, especially eyes and hands, confused, unstable health, feel unhappy, can't sleep well, dizzy headaches, boredom, difficulty dividing time, tired back, blurred vision. In addition to the survey results, based on (UCC, 2020), data showed that some students who experienced anxiety related to the COVID-19 pandemic, including some who felt anxious about being infected with COVID-19 after returning from a street vendor place, feeling anxious about being infected with COVID-19 because they had a fever and sore throat, feeling anxious about being infected with COVID-19 because of experiencing fever fluctuating, coughing a cold, sore throat, shortness of breath, Feeling the anxiety of contracting and overthinking related to the COVID-19 pandemic.

The academic stress that appears in these students appears as a form of response both physically and mentally to changes in their environment that are felt to be threatening and disturbing. The emergence of stress at a high level of severity can reduce the level of endurance or body immunity (Taylor, 2010) (Dietrich & Verdolini Abbott, 2014), meanwhile, the decreased immunity makes students sick and exposed to COVID-19. Academic stress is defined as the pressures experienced by students about lectures, which are perceived negatively, and have an impact on their physical, psychological, and learning performance (Campbell et al., 1992) (Lukens & McFarlane, 2006) (Ng Lai On, 2004)

The causes of stress can come from internal and external sources (Gadzella et al., 2012). Causes of stress related to internal factors: 1) Frustration that comes from within, for example, physical disabilities, beliefs, and frustrations related to the need for self-esteem 2) Conflict occurs when someone is under pressure to respond simultaneously to two or more strengths - opposing forces. 3) Daily pressures, even

if they are small, for example, a lot of homework, but if they accumulate, over time it can become great stress (Sheehy & Horan, 2004). 4) Self-imposed relates to how a person imposes or imposes on himself. For example, I have to be the most outstanding person in the class and beat other friends or I am very afraid when I failed the exam because I am afraid to fail and my parents are not proud.

Therefore, efforts are needed to reduce stress on students, in an effort to increase student immunity, and improve students' ability to adapt to LFH so that students can master the expected competencies. One approach that can be used to reduce stress is psychoeducation. This study uses psychoeducation to reduce stress on students during LFH for the reasons 1) psychoeducation is a treatment that integrates education and psychotherapy given professionally individually or in groups (Bordbar & Faridhosseini, 2012). 2) the target of psychoeducation is to increase the counselee's awareness, increase the counselee's participation in therapy, and develop the counselee's coping ability in dealing with problems related to stress (Kwiatkowski et al., 2016).

This model combines psychotherapy and educational activities to solve problems. Psychoeducation is an educational method that aims to provide useful information and training to change an individual's mental/psychological understanding. Psychoeducation is also useful in providing knowledge/understanding as well as therapeutic strategies that are useful for improving the quality of life of individuals (Bhattacharjee et al., 2011) (Supratiknya, 2011). Psychoeducation can be done through training with exploration, assessment, discussion, role-playing, and demonstration methods (Soep, 2011). The basis of psychoeducation interventions is on the strength and focus on the present and the present (Lukens & McFarlane, 2006). This intervention not only provides important information related to individual/group problems in dealing with a problem situation but can also be applied in various age groups and educational levels. Besides, psychoeducation emphasizes the learning process, education, self-awareness, and self-understanding where cognitive has a larger proportion than the affective component (Brown, 2011).

Psychoeducation is a form of education or training for someone, which aims at the treatment and rehabilitation process. The goals of psychoeducation are to develop and increase the patient's acceptance of the disease or disorder, increase the patient's participation in therapy, and develop coping mechanisms when the patient has problems associated with the disease (Bordbar & Faridhosseini, 2012).

Psychoeducation is built on various theories including ecological systems theory, cognitive-behavioral theory, learning theory, group practice models, stress and coping models, social support models, and narrative approaches. Behaviorism theory emphasizes the effects of environmental manipulation. Meanwhile, the cognitive theory focuses on the mastery of cognitive-emotional skills which is a component of the psych training process (Lukens & McFarlane, 2006). According to (Bhattacharjee et al., 2011) there are six types of psychoeducation, namely 1) the information model, 2) the skill training model, 3) the supportive model, 4) the comprehensive model, 5) the multiple family group therapy model, 6) the behavioral management model (7) Peer o peer psychoeducation approach.

Proposes an online counseling model with a psychoeducation approach for the welfare of children and adolescents (Triyono, 2020). This online counseling model is in the form of self-healing exercises consisting of affirmation exercises and exercises to overcome self-phobias by playing the ego function.

Psychoeducation procedures online, in general, can be text and voice. There are online media in the form of text, including WhatsApp, email, mail. Online voice media can use video calls on various webs. As with face-to-face psychoeducation, the online psychoeducation process during LFH is divided into stages: (1) preparation, (2) implementation, and (3) termination. The preparation stage includes preparing online tools to carry out psychoeducation, in addition to preparing general competencies which include knowledge, attitudes, and skills, as well as how to involve family, parents, in the counseling process (needed or not needed). The implementation stage includes assessing the problem of academic stress that is experienced by students, education about problems experienced by clients through an Information Model in the form of video tutorials on academic stress and how to manage stress, followed by two self-

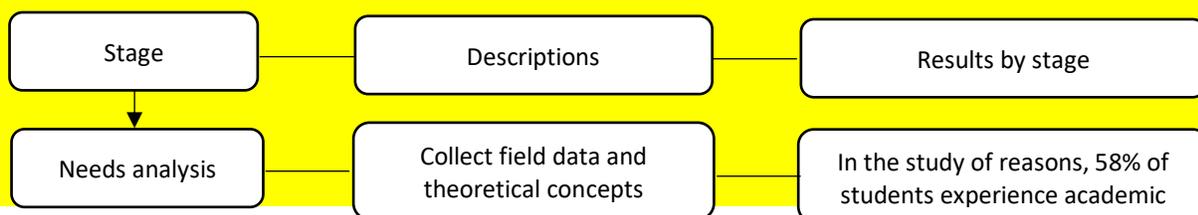
healing exercises, namely 1) relaxation exercises, and (2) systematic desensitization exercises. This stage of implementation also includes the empowerment of families and communities. The termination stage includes monitoring the counselee's behavior after treatment, as well as evaluating the results of psychoeducation using a google form, WhatsApp, and email.

Several supporting studies on stress include; (Roulston et al., 2018), who found that there were significant changes in students' well-being scores, stress, and resilience after obtaining the mindfulness technique. The relationship between parents and children negatively affects stress levels and the mental health of children in the future (Ha & Granger, 2016). Behavioral and neurobiological are associated with chronic stress regarding obesity (Pervanidou & Chrousos, 2016). Give intervention to people experiencing stress due to the earthquake in Nepal and show that a single session of intervention can reduce stress (Segal-Engelchin & Sarid, 2016). Meanwhile, research on psychoeducation includes (Tambağ & Öz, 2013). After giving the psychoeducation program there was a significant reduction in stress and an increase in a healthy lifestyle and a comfortable life. Psychoeducation can help provide information about illness and provide emotional support and implementation of coping and stress management strategies (Tabeleão et al., 2018). Psychoeducation models are also practiced helping victims of echoes, tsunamis, and liquefaction in Palu, Sigi, and Donggala (Nursalim, 2019).

2. Method

2.1. Research Design

This development research model uses (Borg, W.R. & Gall, 1983) and (Dick et al., 2001), with two main objectives: developing the product and testing the effectiveness of the product. The development procedure is modeled as follows: (1) needs analysis, (2) planning, (3) initial product development, (3) expert testing, (4) revision, (5) small-scale field test, and (6) large-scale field test.



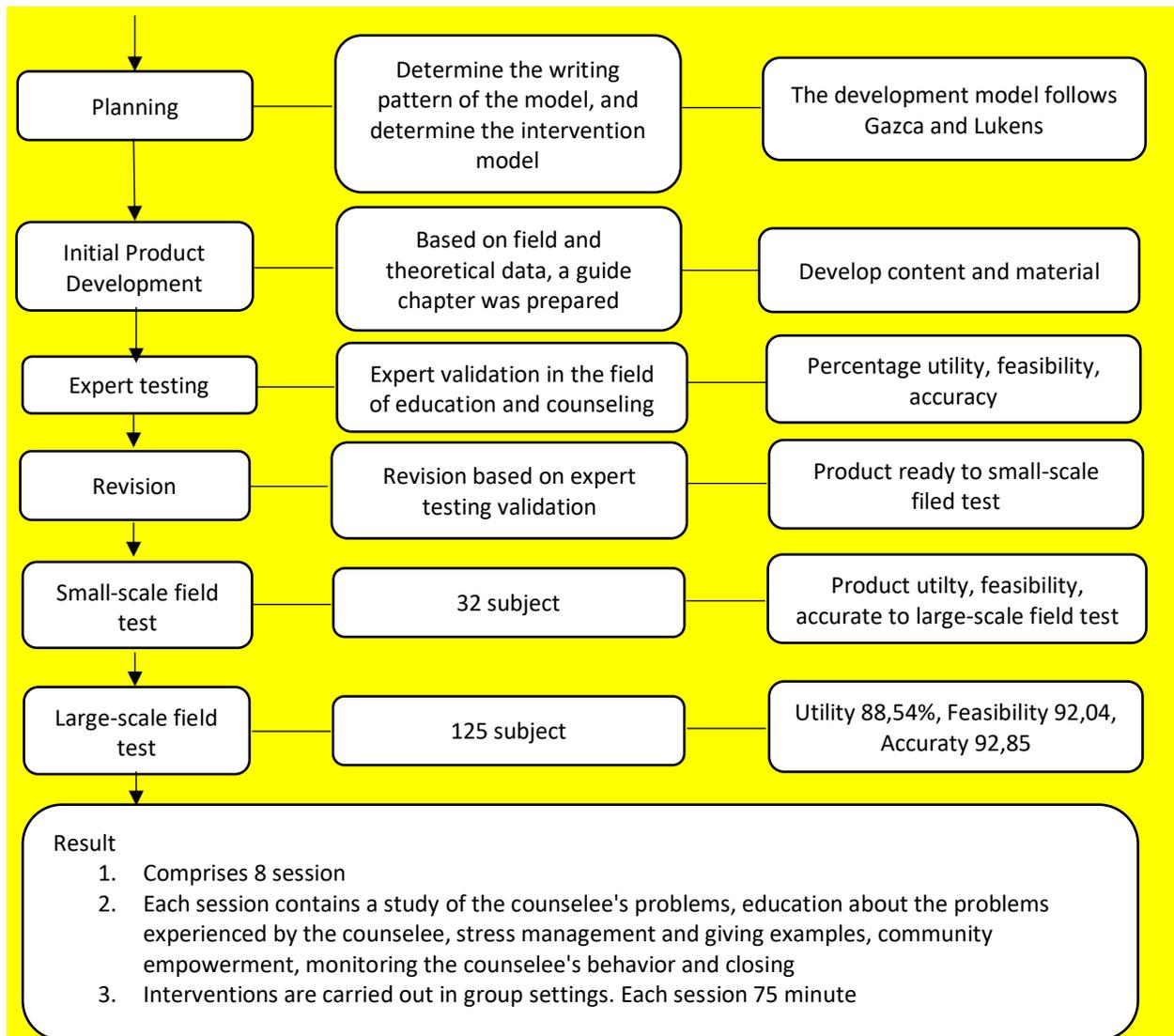


Figure 1. The development research model

2.2. Research Participant

Expert judgment in order to test the acceptability of the psychoeducation model. The expert judgment is the first stage of the trial which is carried out after the prototype model is arranged. The design of this expert assessment is descriptive to determine the degree of acceptability according to the expert and to obtain feedback on the deficiencies of the theoretical scientific model of psychoeducation. The subjects of expert assessment are three counseling and psychology guidance.

In order to obtain an adequate level of acceptability for the developed psychoeducation, in addition to an expert judgment, an assessment is also carried out by potential product users (in this case the counselor at Unesa). There are six Unesa counselors who act as user subjects who provide an assessment of the product being developed. This user test is intended to test the level of acceptability of the psychoeducation model according to counselors in tertiary institutions and to get back the deficiencies of the psychoeducation model scientifically.

Limited group assessment is the implementation of the product on the target to determine the effectiveness of the developed psychoeducation intervention. Participants in this limited group test were students who experienced high category academic stress.

2.3. Research Instrument and Procedures

Fill in the product development questionnaire instrument with reference to the rating scale 0 - 4. This assessment scale is a measure of acceptability with three assessment indicators covering aspects of utility, feasibility, and accuracy.

The instruments used were questionnaires on rating scales about aspects of product use, feasibility, and accuracy. Data analysis is carried out quantitatively and qualitatively. Quantitative data were analyzed by descriptive statistical analysis. While qualitative data in the form of comments, suggestions, criticisms, are analyzed qualitatively. To evaluate the effectiveness of the model to reduce academic stress on college students with pre-test and post-test to a control group is conducted.

The results of the development are in the form of a psychoeducation model, carried out by expert tests and user tests which are intended to obtain data in the form of responses, suggestions, criticism, input to the developed psychoeducation model. Expert and user validation are used as a way to obtain product acceptability. After the expert and user test, revisions were made based on the analysis of expert and user assessments based on the criteria of accuracy, feasibility, and usability. Meanwhile, the limited group test is the implementation of the product on the target to determine the effectiveness of the intervention.

2.4. Data Analysis

Data in the form of acceptability scale results were analyzed using descriptive statistics in the form of the mean. Data in the form of academic stress scores before and after the psychoeducation treatment were analyzed using t-test statistical analysis and descriptive statistics in the form of graphs. Below are presented the results of calculations using the Paired Two Sample for Means t-test.

3. Results

This expert test is intended to test the acceptability level of the psychoeducation model according to the expert and obtain the deficiencies of the psychoeducation model. Based on the results of the analysis of the data from experts and users of the psychoeducation model developed can be described as follows.

The acceptability level of the psychoeducation model developed is based on three indicators namely; aspects of utility (utility), feasibility (feasibility), and accuracy (accuracy). To obtain acceptability levels, expert judgment and user judgment were carried out. The results of expert and user assessments are manifested on quantitative data and qualitative data, which are explained as follows.

The results of the assessment by expert judgment and users judgment can be shown in the following chart (Figure 2)

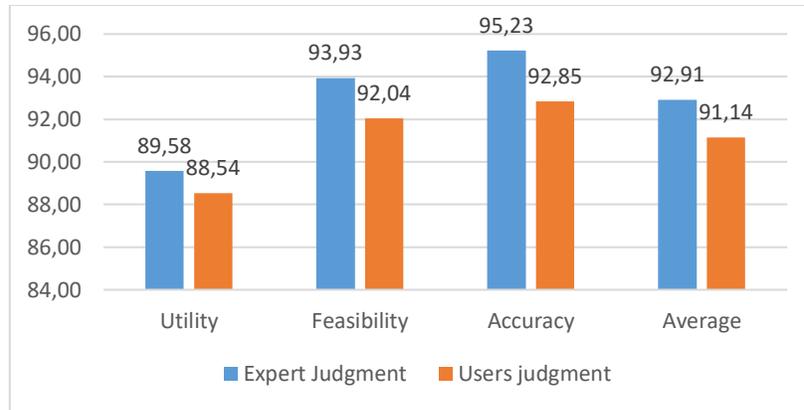


Figure 2. Expert judgment and users judgment

The results of the assessment on the expert judgment show that the psychoeducation model developed was very useful applied to students. The results of the assessment indicate that the average score of the experts is 92,91%. The results when consulted with the criteria developed in this study indicate that the psychoeducation model developed is very useful so that the psychoeducation model can be further developed to reduce academic stress. This result is in line with and supported by an assessment on user judgment which shows that the average score of the student is 91,14% The results when consulted with the criteria developed to show that the model developed is very useful.

The results of the assessment on the feasibility aspect show that the psychoeducation model developed meets the feasibility aspect. Based on the results of an expert assessment it can be concluded that the psychoeducation model developed was included in the feasible category, with an average score of 3,43. Meanwhile, the results of the feasibility assessment conducted by students show that the psychoeducation model developed was included in the feasible category with an average score of 3.54. The assessment of the indicator of accuracy is based on two sub-indicators, namely the accuracy of the object and the accuracy of the formulation of objectives and procedures. The results of the expert assessment note that the average accuracy aspect is 3.47. By looking at the average score of the appraisal accuracy from the expert and classifying the score on the aspect of accuracy, it can be seen that the psychoeducation developed is included in the right category.

The results of the T-test analysis of the academic stress scores of subjects treated by psychoeducation are presented in Table 1.

Table 1. T-test Analysis

	Pre-test	Post-test
Mean	108,6818	26,81818
Variance	83,27489	175,2035
Observations	22	22
Pooled Variance	129,2392	
Hypothesized Mean		
Difference	0	
df	42	
t Stat	23,88308	
P(T<=t) one-tail	2,3E-26	
t Critical one-tail	1,681952	
P(T<=t) two-tail	4,6E-26	
t Critical two-tail	2,018802	

From Table 1, it can be seen that T-test values: $T = 23.883$, $df = 42$, and $sig = 0.0$. The significant test shows that the difference between the mean values of the post-test and pretest among groups of subjects treated by is strongly significant. It can be seen in figure 3 that shows the comparison score academic stress, before and after treatment.

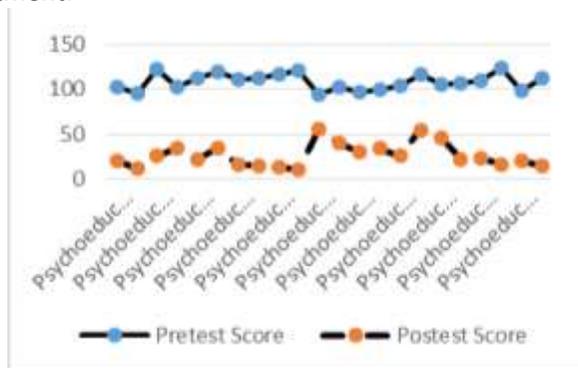


Figure 3. Score academic stress: before and after treatment

4. Discussions

It has been shown that there is a significant difference in academic stress pretest scores compared to the academic stress post-test scores. It can be proven that psychoeducation is able to decrease the academic stress of subjects. This finding is in accordance with the previous research results conducted by (Tambağ & Öz, 2013) (Tabeleão et al., 2018) (Nursalim, 2019) who stated that psychoeducation was able to decrease different types of academic stress of persons from a different level of age.

The lowering post-test scores of the experimented subjects show the healing of academic stress is caused by the treatment using psychoeducation. Moreover, the research shows that the hypothesis of psychoeducation is effective. This is in accordance with other studies that psychoeducation can increase student resilience and avoid difficult and painful experiences related to race issues. (Stevenson, 2018)

Some reasons why psychoeducation is the most effective to heal the academic stress subjects is because during the counseling process the main cause and source of academic stress can be solved. Clients have high motivation to do their assignment since they want to reduce their academic stress. Tutorial video's give the best information and the best solution such that the clients can change optimally. (Sun, et al., 2011) (Topkaya, 2015)

The results of the descriptive analysis show that subjects in the experimental have tried to practice the treatment to decrease their academic stress dan almost all subjects have high motivation to change. Therefore, it makes sense if the academic stress scores decreasing. It is similar to another study, that the success of therapy is mostly dependent on the motivation and involvement of the clients during the therapy processes. (Beutler et al., 1991) (Bachelor et al., 2007)

Even though psychoeducation is effective to treat academic stress, however, there is some limitation, Firstly, this research does not use a control group and a follow up for testing the effectivity of the treatment, therefore, in the next research, a follow up must be included. Secondly, this research uses cyber psychoeducation, therefore, in the next research hybrid psychoeducation needs to be conducted. Even though there are some limitations in this research, the results of this research give a substantial contribution related to treating academic stress college students by using cyber psychoeducation. Third, as this intervention lasted only 8 weeks, future research should discuss whether it is necessary to combine multiple treatments and provide a prolonged or post-follow-up treatment. Replication of this study in large numbers will provide clarity about the clinical implications of this study. The results of this research are consistent with other findings related to affection psychoeducation to heal academic stress. (Monteiro at al., 2014) (Gu et al., 2015)

5. Conclusion

The conclusions of this study are 1) a psychoeducation model has been produced that can be used to reduce student academic stress. 2) The psychoeducation model developed has fulfilled acceptability criteria which include utility, feasibility, and accuracy. 3) Psychoeducation models are effective to reduce the academic stress of college students.

6. Recommendations

Some suggestions are given below. Psychoeducation is effective to treat academic stress, however, there is some limitation. Firstly, this research does not use a control group and a follow-up for testing the effectiveness of the treatment, therefore, in the next research, a follow-up must be included. Secondly, this research uses cyber psychoeducation, therefore, in the next research hybrid psychoeducation needs to be conducted. Dissemination of these results needs to be conducted, mainly to a counselor in high schools such that these methods can be applied to help traumatic high school students.

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3 Attachments



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To: Daniel
Date: Aug 18, 2021, 9:47 PM

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Aug 24, 2021, 7:06 AM

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Daniel Sekyere-Asiedu <bdcenter.editorial@gmail.com>
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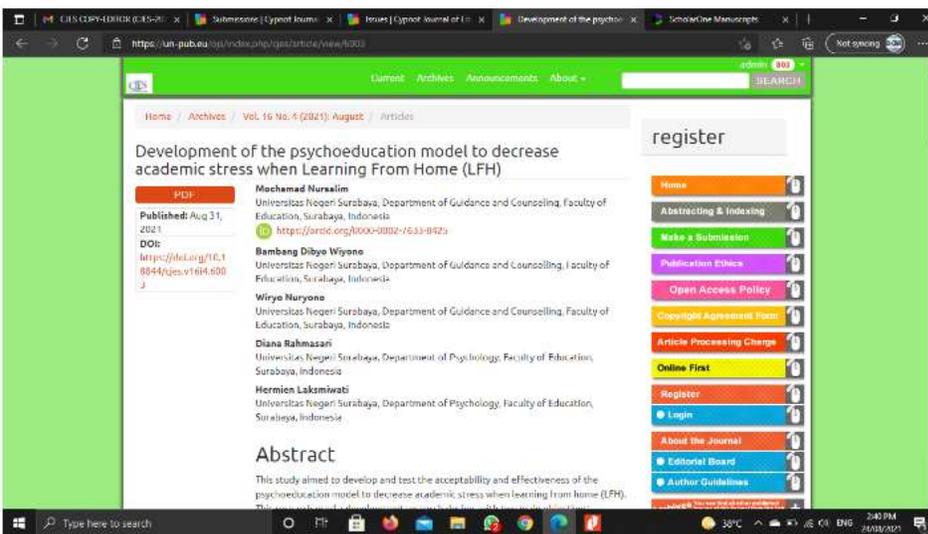
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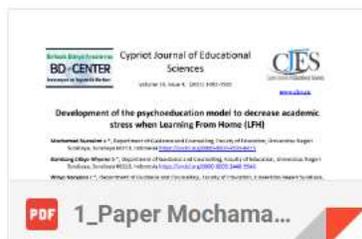
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Development of the psychoeducation model to decrease academic stress when Learning From Home (LFH)

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Abstract

This study aimed to develop and test the acceptability and effectiveness of the psychoeducation model to decrease academic stress when learning from home (LFH). This research used a development research design, with two main objectives: developing the product and testing the effectiveness of the product. The instruments used were questionnaires on rating scales about aspects of product utility, feasibility, accuracy and also stress academic scale. Data analysis was carried out quantitatively and qualitatively. Quantitative data were analysed by descriptive statistical analysis, while qualitative data in the form of comments, suggestions and criticisms were analysed qualitatively. Based on the data analysis, it can be concluded that the psychoeducation model developed fulfils the acceptability criteria which includes utility, feasibility and accuracy. The developed psychoeducation model is effective in reducing academic stress among college students when LFH.

Keywords: development, psychoeducation model, academic stress, acceptability, effectiveness

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1. Introduction

Since the announcement of the Universitas Negeri Surabaya Rector's letter number B/15254/UN.38/TU.00.02/2020 dated 14 March 2020 concerning Prevention of the spread of the Coronavirus Disease (COVID-19) at Universitas Negeri Surabaya, then lecture activities carried out face-to-face are transferred to lectures online, or often called Learning From Home (LFH). This LFH is carried out as a way to stop the spread and transmission of COVID-19.

Even though so far there have been several courses that have implemented virtual learning and blended learning, since the COVID-19 pandemic outbreak all courses have applied virtual learning and students are required to stay at home. This sudden change has caused confusion, anxiety and various problems for both lecturers and students. With the COVID-19 pandemic increasing every day, increasing red zones, a lot of assignments from lecturers, difficulty in signals, not enough money to buy internet credit and various rules that have changed are the various things that have contributed to the reduced well-being of students, which in the end has unwittingly developed into academic stress on students. The emergence of stress in students will lead to a decrease in immunity, which will make it easy to contract COVID-19.

The various changes that have occurred during the COVID-19 pandemic have a negative impact on students. In the lecture process, ideally, students should feel comfortable if they want to be able to study and to understand the lecture material well, but the fact is that just a week since the implementation of LFH has caused anxiety that can trigger academic stress. The symptoms mentioned above are indicators of academic stress in students.

During the COVID-19 pandemic period, there were various problems such as reduced physical activity, online learning and various pressures, including competition in the class, financial burdens and family-related pressures which have caused academic stress to arise in students (Chandra, 2020). Research on academic stress was also conducted by Moawad (2020) who found that the highest academic stress was in the form of uncertainty about their end semester exams and assessments. Also, the report by UCC (2020) indicated that many students have experienced and felt anxious about contracting COVID-19 and overthinking symptoms related to the pandemic. Based on the survey, it was found that around 58.68% of the students experienced academic stress related to online lectures. The complaints that arose included many tasks, deadlines are too tight, eyes are getting tired, physically tired, especially eyes and hands, confused, unstable health, feeling unhappy, cannot sleep well, dizziness, headaches, boredom, difficulty dividing time, tired back and blurred vision. In addition to the survey results, based on UCC (2020), data have showed that some students experienced anxiety related to the COVID-19 pandemic, including some who felt anxious about being infected with COVID-19 after returning from a street vendor place, feeling anxious about being infected with COVID-19 because they had a fever and sore throat, feeling anxious about being infected with COVID-19 because of experiencing fever fluctuating, coughing, cold, sore throat, shortness of breath, feeling anxious of contracting COVID-19 and overthinking symptoms related to the pandemic.

Academic stress that appears in these students appears as a form of response to both physical and mental changes in their environment that are felt to be threatening and disturbing. The emergence of stress at a high level of severity can reduce the level of endurance or body immunity (Dietrich & Verdolini Abbott, 2014; Taylor, 2010); meanwhile, decreased immunity makes students sick and vulnerable to COVID-19. Academic stress is defined as the pressures experienced by students about lectures, which are perceived negatively, and have an impact on their physical, psychological and learning performance (Campbell et al., 1992; Lukens & McFarlane, 2006; Ng Lai On, 2004).

The causes of stress can come from internal and external sources (Gadzella et al., 2012). The causes of stress are related to internal factors: 1) frustration that comes from within, for example, physical disabilities, beliefs and frustrations related to the need for self-esteem; 2) conflicts occurring when someone is under pressure to respond simultaneously to two or more strengths – opposing forces; 3) daily pressures, even if they are small, for example, a lot of homework, but if they accumulate over time it can become great stress (Sheehy & Horan, 2004); 4) self-imposed stress, which relates to how a person imposes on himself. For example, 'I have to be the most outstanding person in the class and beat other friends or I am very afraid when I failed the exam because I am afraid to fail and my parents are not proud'.

Therefore, efforts are needed to reduce stress on students in an effort to increase student immunity and improve students' ability to adapt to LFH so that students can master the expected competencies. One approach that can be used to reduce stress is psychoeducation. This study uses psychoeducation to reduce stress on students during LFH for the following reasons: 1) psychoeducation is a treatment that integrates education and psychotherapy given professionally to an individual or a group (Bordbar & Faridhosseini, 2012); 2) the target of psychoeducation is to increase the counselee's awareness, increase the counselee's participation in therapy and develop the counselee's coping ability in dealing with problems related to stress (Kwiatkowski et al., 2016).

This model combines psychotherapy and educational activities to solve problems. Psychoeducation is an educational method that aims to provide useful information and training to change an individual's mental/psychological understanding. Psychoeducation is also useful in providing knowledge/understanding as well as therapeutic strategies that are useful for improving the quality of life of individuals (Bhattacharjee et al., 2011; Supratiknya, 2011). Psychoeducation can be carried out through training with exploration, assessment, discussion, role playing and demonstration methods (Soep, 2011). The basis of psychoeducation interventions is on the strength and focus on the present (Lukens & McFarlane, 2006). This intervention not only provides important information related to individual/group problems in dealing with a problem situation but can also be applied in various age groups and educational levels. Besides, psychoeducation emphasises the learning process, education, self-awareness and self-understanding where cognition has a larger proportion than the affective component (Brown, 2011).

Psychoeducation is a form of education or training for someone which aims at the treatment and rehabilitation process. The goals of psychoeducation are to develop and increase the patient's acceptance of the disease or disorder, increase the patient's participation in therapy and develop the coping mechanisms when the patient has problems associated with the disease (Bordbar & Faridhosseini, 2012).

Psychoeducation is built on various theories including ecological systems theory, cognitive behavioural theory, learning theory, group practice models, stress and coping models, social support models and narrative approaches. Behaviourism theory emphasises the effects of environmental manipulation. Meanwhile, cognitive theory focuses on the mastery of cognitive-emotional skills which are a component of the psych training process (Lukens & McFarlane, 2006). According to Bhattacharjee et al. (2011), there are seven types of psychoeducation, namely 1) the information model, 2) the skills training model, 3) the supportive model, 4) the comprehensive model, 5) the multiple family group therapy model, 6) the behavioural management model and (7) Peer-to-peer psychoeducation approach.

An online counselling model with a psychoeducation approach for the welfare of children and adolescents was proposed by Triyono (2020). This online counselling model is in the form of self-healing exercises consisting of affirmation exercises and exercises to overcome self-phobias by playing the ego function. Psychoeducation procedures online, in general, can be text and voice. There are online media in the form of text, including WhatsApp and email. Online voice media can use video calls on various webs. With regard to face-to-face psychoeducation, the online psychoeducation process during LFH is divided into three stages: (1) preparation, (2) implementation and (3) termination. The preparation stage includes preparing online tools to carry out psychoeducation, in addition to preparing general competencies which include knowledge, attitudes and skills, as well as how to involve family and parents in the counselling process (needed or not needed). The implementation stage includes assessing the problem of academic stress that is experienced by students, education about problems experienced by clients through an information model in the form of video tutorials on academic stress and how to manage stress, followed by two self-healing exercises, namely 1) relaxation exercises and (2) systematic desensitisation exercises. This stage of implementation also includes the empowerment of families and communities. The termination stage includes monitoring the counselee's behaviour after treatment, as well as evaluating the results of psychoeducation using Google Form, WhatsApp and email.

Several supporting studies on stress include Roulston et al.'s (2018) study, which found that there were significant changes in students' well-being scores, stress and resilience after obtaining the mindfulness technique. The relationship between parents and children negatively affects stress levels and the mental health of children in the future (Ha & Granger, 2016). Behavioural and neurobiological stress are associated with chronic stress regarding obesity (Pervanidou & Chrousos, 2016). The intervention given to people experiencing stress due to the earthquake in Nepal showed that a single session of intervention reduced stress (Segal-Engelchin & Sarid, 2016). Meanwhile, some research were carried out on psychoeducation (Tambag & Oz, 2013). After the psychoeducation programme, there was a significant reduction in stress and an increase in a healthy lifestyle and a comfortable life.

Psychoeducation can help provide information about illness and provide emotional support and implementation of coping and stress management strategies (Tabeleao et al., 2018). Psychoeducation models are also used to help victims of echoes, tsunamis and liquefaction in Palu, Sigi and Donggala (Nursalim, 2019).

2. Method

2.1. Research Design

This development research model uses Borg and Gall (1983) and Dick et al.'s (2001) studies, with two main objectives: developing the product and testing the effectiveness of the product. The development procedure is modelled as follows: (1) needs analysis, (2) planning, (3) initial product development, (3) expert testing, (4) revision, (5) small-scale field test and (6) large-scale field test (Figure 1).

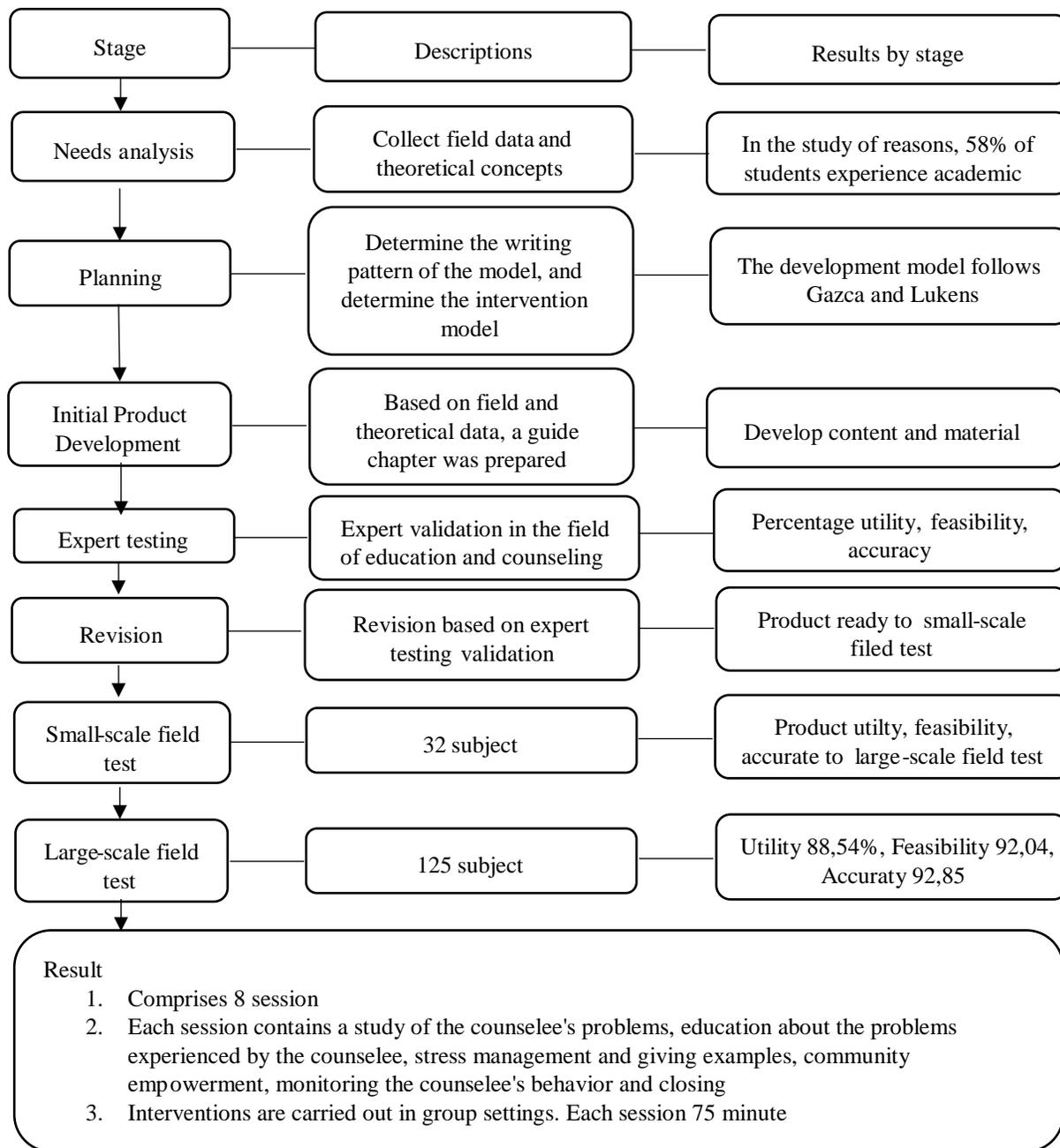


Figure 1. The development research model and expert judgment in order to test the acceptability of the psychoeducation model

2.2. Research Participant

The expert's judgment is the first stage of the trial which is carried out after the prototype model is arranged. The design of this expert assessment is descriptive to determine the degree of acceptability according to the expert and to obtain feedback on the deficiencies of the theoretical scientific model of psychoeducation. The subjects of expert assessment are three counselling and psychology guidance.

In order to obtain an adequate level of acceptability for the developed psychoeducation, in addition to an expert's judgment, an assessment is also carried out by potential product users (in this case the counsellor at Universitas Negeri Surabaya. There are six Universitas Negeri Surabaya counsellors who acted as user subjects who provide an

assessment of the product being developed. This user test was intended to test the level of acceptability of the psychoeducation model according to counsellors in tertiary institutions and to get back the deficiencies of the psychoeducation model scientifically.

Limited group assessment is the implementation of the product on the target to determine the effectiveness of the developed psychoeducation intervention. Participants in this limited group test were students who experienced high category academic stress.

2.3. Research instrument and procedures

The participants were asked to fill in the product development questionnaire instrument with reference to a rating scale of 0–4. This assessment scale is a measure of acceptability with three assessment indicators covering aspects of utility, feasibility and accuracy.

The instruments used were questionnaires on rating scales about the aspects of product use, feasibility and accuracy. Data analysis was carried out quantitatively and qualitatively. Quantitative data were analysed by descriptive statistical analysis, while qualitative data in the form of comments, suggestions, and criticisms were analysed qualitatively. To evaluate the effectiveness of the model to reduce academic stress on college students, pre-test and post-test to a control group were conducted.

The results of the development are in the form of a psychoeducation mode carried out by expert tests and user tests which are intended to obtain data in the form of responses, suggestions, criticism and input to the developed psychoeducation model. Expert and user validation are used as a way to obtain product acceptability. After the expert and user tests, revisions were made based on the analysis of expert and user assessments based on the criteria of accuracy, feasibility and usability. Meanwhile, the limited group test was implemented to the product on the target to determine the effectiveness of the intervention.

2.4. Data analysis

Data in the form of acceptability scale results were analysed using descriptive statistics in the form of the mean. Data in the form of academic stress scores before and after the psychoeducation treatment were analysed using *t*-test statistical analysis and descriptive statistics in the form of graphs. The next section presents the results of calculations using the paired two sample for means *t*-test.

3. Results

This expert test was intended to test the acceptability level of the psychoeducation model according to the expert and obtain the deficiencies of the psychoeducation model. Based on the results of the analysis of the data from experts and users, the psychoeducation model developed can be described as follows.

The acceptability level of the psychoeducation model developed is based on three indicators, namely aspects of utility, feasibility and accuracy. To obtain acceptability levels, expert judgment and user judgment were carried out. The results of expert and user assessments are manifested on quantitative and qualitative data, which are explained as follows.

The results of the assessment by expert judgment and user judgment are shown in Figure 2.

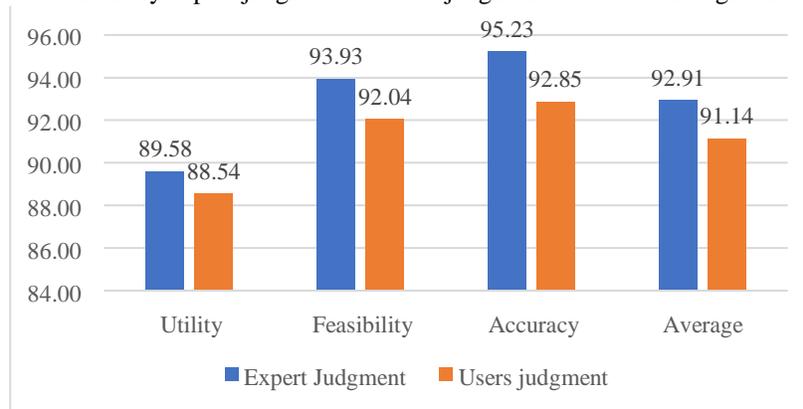


Figure 2. Expert judgment and user judgment

The results of the assessment on the expert judgment show that the psychoeducation model developed was very useful and applied to students. The results of the assessment indicate that the average score of the experts is 92.91%. The results when consulted with the criteria developed in this study indicate that the psychoeducation model developed is very useful so that the psychoeducation model can be further developed to reduce academic stress. This result is in line with and supported by an assessment on user judgment which shows that the average score of the students is 91.14%. The results were consulted with the criteria developed to show that the model developed is very useful.

The results of the assessment on the feasibility aspect show that the psychoeducation model developed meets the feasibility aspect. Based on the results of an expert assessment, it can be concluded that the psychoeducation model developed was included in the feasible category, with an average score of 3.43. Meanwhile, the results of the feasibility assessment conducted by students show that the psychoeducation model developed was included in the feasible category with an average score of 3.54. The assessment of the indicator of accuracy is based on two sub-indicators, namely the accuracy of the object and the accuracy of the formulation of objectives and procedures. The results of the expert assessment note that the average accuracy aspect is 3.47. By looking at the average score of the appraisal accuracy from the expert and classifying the score on the aspect of accuracy, it can be seen that the psychoeducation developed is included in the right category.

The results of the *t*-test analysis of the academic stress scores of subjects treated by psychoeducation are presented in Table 1.

Table 1. T-test Analysis

	Pre-test	Post-test
Mean	108,6818	26,81818
Variance	83,27489	175,2035
Observations	22	22
Pooled Variance	129,2392	
Hypothesized Mean		
Difference	0	
df	42	
t Stat	23,88308	
P(T<=t) one-tail	2,3E-26	
t Critical one-tail	1,681952	
P(T<=t) two-tail	4,6E-26	
t Critical two-tail		2,018802

From Table 1, it can be seen that the *t*-test values were $T = 23.883$, $df = 42$ and $sig = 0.0$. The significant test shows that the difference between the mean values of the post-test and pre-test among groups of subjects treated by is strongly significant. Figure 3 shows the comparison score of academic stress before and after treatment.

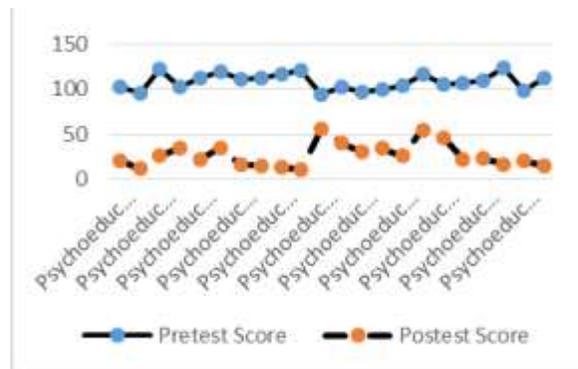


Figure 3. Score of academic stress before and after treatment

4. Discussion

It has been shown that there is a significant difference in the academic stress of pre-test scores compared to the academic stress of post-test scores. It has been proven that psychoeducation is able to decrease the academic stress of subjects. This finding is in accordance with the previous research results conducted by Tambag and Oz (2013), Tabeleao et al. (2018) and Nursalim (2019) who stated that psychoeducation was able to decrease different types of academic stress of persons from different levels of age.

The low post-test scores of the experimented subjects show the healing of academic stress is caused by the treatment of psychoeducation. Moreover, the research shows that the hypothesis of psychoeducation is effective. This is in accordance with other studies which show that psychoeducation can increase student resilience and avoid difficult and painful experiences related to race issues (Stevenson, 2018).

Some reasons why psychoeducation is the most effective in healing academic stress subjects is because during the counselling process, the main cause and source of academic stress can be solved. Clients are highly motivated to carry out their assignment since they want to reduce their academic stress. Tutorial video've the best information and the best solution such that the clients can change optimally (Sun et al., 2011; Topkaya, 2015).

The results of the descriptive analysis show that subjects in the experimental have tried to practice the treatment to decrease their academic stress and almost all subjects are highly motivated to change.

Therefore, it makes sense if the academic stress scores are decreasing. It is similar to another study that the success of therapy is mostly dependent on the motivation and involvement of the clients during the therapy processes (Bachelor et al., 2007; Beutler et al., 1991).

Even though psychoeducation is effective in treating academic stress, however, there are some limitations, Firstly, this research does not use a control group and a follow-up for testing the effectivity of the treatment, therefore, in the next research, a follow-up should be included. Secondly, this research uses cyber psychoeducation; therefore, in the next research hybrid psychoeducation needs to be conducted. Even though there are some limitations in this research, the results of this research give a substantial contribution related to treating academic stress college students by using cyber psychoeducation. Third, as this intervention lasted only 8 weeks, future research should discuss whether it is necessary to combine multiple treatments and provide a prolonged or post-follow-up treatment. Replication of this study in large numbers will provide clarity about the clinical implications of this study. The results of this research are consistent with other findings related to affection and psychoeducation to heal academic stress (Gu et al., 2015; Monteiro et al., 2014).

5. Conclusion

The conclusion of this study determines the following: 1) a psychoeducation model has been produced that can be used to reduce student academic stress; 2) the psychoeducation model developed has fulfilled the acceptability criteria which include utility, feasibility and accuracy and 3) psychoeducation models are effective in reducing academic stress of college students.

6. Recommendations

Some suggestions are as follows: psychoeducation is effective in treating academic stress; however, there are some limitations. Firstly, this research does not use a control group and a follow-up for testing the effectiveness of the treatment; therefore, in the next research, a follow-up should be included. Secondly, this research uses cyber psychoeducation; therefore, in the next research, hybrid psychoeducation needs to be conducted. Dissemination of these results needs to be conducted, mainly with a counsellor in high schools such that these methods can be applied to help traumatic high school students.

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