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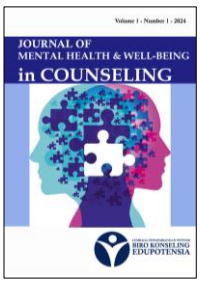

Rational Emotive Behavioral Counseling Model to Reduce Public Speaking Anxiety in College Students

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ABSTRACK

Public speaking ability is not without its challenges. One of the most common challenges is public speaking anxiety. Public speaking anxiety is a social communication disorder characterized by feelings of fear and worry when speaking in front of a large audience. This study utilized an experimental research design with a single-case research design (SCRD) using an A-B-A pattern to determine the effectiveness of Rational Emotive Behavior Counseling in reducing public speaking anxiety. The subjects of this study consisted of three students (N=3) who experienced severe public speaking anxiety and held irrational beliefs. The REBT intervention was provided in six sessions. Data were collected before, during, and after the intervention using the Nonoverlap of All Pairs (NAP) calculation to measure the effectiveness of the intervention. The results of this study showed a significant reduction in public speaking anxiety scores following the implementation of REBT counseling. This was evidenced by the effect size and RCI (Reliable Change Index) scores, which indicated significant and reliable changes. Thus, Rational Emotive Behavior Therapy was proven to be effective in reducing public speaking anxiety.

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Introduction

Being a university student, public speaking ability becomes one of the essential aspects of academic activities (Muhmin, 2018). Particularly in today's context, where the learning process in higher education applies the Student-Centered Learning (SCL) method (Ardian & Munadi, 2015), this approach demands students to possess public speaking skills (Monarth & Case, 2007). Public speaking skills serve as an output form of thoughts and ideas gained through knowledge (Haryanthi & Tresniasari, 2012). Beyond academic settings, public speaking proficiency also supports career prospects, especially for education program students as prospective teachers. Susanto (2020) stated that a professional teacher must possess four fundamental competencies to ensure success in their duties, one of which is public speaking ability. This is also outlined in the Ministry of National Education Regulation No. 16 of 2007 on teacher competencies, particularly under the second point of social competence, which emphasizes effective, empathetic, and polite communication with fellow educators, educational staff, parents, and the community.

However, the development of public speaking skills still faces challenges, one of which is public speaking anxiety. Research conducted by McCroskey (1989) revealed that 15–20% of university students in the United States experience public speaking anxiety. Based on studies conducted by McCroskey et al. (1989), Khan et al.

(2009), and preliminary research by the author, it is evident that public speaking anxiety among students can have negative impacts on their academic performance. These include suboptimal presentation performance, decreased academic achievement, limited student participation in class, and even increased risk of dropping out. Additionally, public speaking anxiety negatively affects career prospects and can harm an individual's overall well-being. It may result in a significant decline in critical thinking skills, leading to poor academic experiences, increased loneliness, social isolation, and diminished quality of life. Monarth & Case (2007) explained that public speaking anxiety could lead to negative social consequences, such as criticism, embarrassment, humiliation, damage to one's reputation, and negative evaluations. Furthermore, this anxiety often triggers physiological sensations experienced during public speaking, exacerbating the individual's discomfort and stress. McCroskey (1982) explains that communication apprehension is a broad term referring to an individual's fear or anxiety associated with communication in interactions with others. Communication is categorized into three types: intrapersonal communication, interpersonal communication, and person-to-person communication. Public speaking ability is a part of interpersonal communication (Ginkel et al., 2019). Bathlomay and Houlihan (2016) describe public speaking anxiety (PSA) as a common social disorder. Similarly, Monarth and Kase (2007) identify public speaking anxiety as the number one form of social anxiety experienced by adults in the United States.

More specifically, Morreale (2007) defines public speaking anxiety as the fear and worry individuals feel when speaking in front of an audience, whether in real or imagined situations. Beatty (1988) emphasizes that public speaking anxiety stems from tangible feelings of fear and concern arising from social learning processes. Kholisin (2014) further defines public speaking anxiety as an uncomfortable and unpleasant feeling that can lead to fear of speaking, presenting, giving speeches, or even sharing opinions in front of others, whether personally or in groups. This anxiety prevents effective message delivery due to psychological, physiological, or behavioral reactions caused by the anxiety. Bathlomay and Houlihan (2016) explain that public speaking anxiety comprises three components: cognitive, behavioral, and physiological. According to Monarth and Kase (2007), the effects of public speaking anxiety are encapsulated in "the Four Horsemen of Anxiety," which refer to four main components: biological responses, cognitive responses, behavioral responses, and emotional responses. If the phenomenon of public speaking anxiety continues to be ignored, it can disrupt psychological aspects, particularly cognitive functioning, which will inevitably impact the quality of learning, resulting in suboptimal outcomes (Istiqomah & Habsy, 2019). Additionally, it may negatively affect the development of potential, interests, and talents (Argarini et al., 2019). Considering these negative impacts, it is essential to provide treatment for students experiencing public speaking anxiety. Atkinson et al. (1993) suggest that addressing anxiety issues should involve direct treatment focusing on self-oriented cognitive reactions. Various treatments can be employed to address public speaking anxiety, one of which is Rational Emotive Behavioral Counseling.

The REBT approach posits that individuals experience a continuous interaction among thinking, feeling, and behaving. These three aspects influence one another (Corey, 2012). REBT assumes that when individuals face events that may harm them, irrational beliefs can emerge, leading to dysfunctional feelings and subsequently maladaptive behaviors (Bernard & Dryden, 2019). The REBT approach further believes that events or situations can influence cognition, emotions, and behavior. This aligns with the three aspects present in public speaking anxiety (Bartholomay & Houlihan, 2016). Therefore, in this study, the researcher assumes that Rational Emotive Behavior Therapy counseling is effective in reducing public speaking anxiety.

Method

Ethical Approval

The Ethics Committee of the Faculty of Education at Universitas Muhammadiyah Tasikmalaya, under protocol number 698/UMTAS-FKIP/B.4/IX/2023, approved the implementation of this study. The researcher conducted the study following the ethical principles for psychologists and the code of ethics established by the American Psychological Association (APA). Prior to the counseling sessions, the counselor and clients entered into a contract containing information and consent regarding the counseling process. The clients were provided with a consent form and agreed that any information obtained could be collected and utilized in the case study. Each counseling session was recorded with the clients' permission. Clients were given the right to stop the recording at any time and were allowed to provide comments or revise details before publication.

Participants

The participants in this study were university students aged 20–21 years who experienced severe public speaking anxiety and were willing to participate in the counseling process. Three individuals met the criteria and

consented to fully engage in the counseling sessions. Pseudonyms were used to maintain the confidentiality of the participants.

Participant 1: Fahmi (pseudonym) Fahmi is a student with severe public speaking anxiety. Fahmi experiences anxiety in formal public speaking settings, while his anxiety decreases during informal speaking activities. Participant 2: Nurmala (pseudonym) Nurmala is a student with severe public speaking anxiety. She attributes her anxiety to infrequent interactions with others, which triggers anxiety when faced with public speaking situations. Participant 3: Nesa (pseudonym) Nesa is a student with severe public speaking anxiety. Her anxiety is not limited to offline presentations but also occurs in online public speaking scenarios.

Counselor and Supervision

The first author served as the counselor in this study and has three years of experience in applying Rational Emotive Behavioral Counseling. Additionally, the author has undergone training in REBT counseling as part of a postgraduate counseling program at a university. The author also acts as a Supervisor (the corresponding author), a professional counselor with 10 years of experience in applying cognitive behavioral counseling. The author is registered as a counseling practitioner by the Indonesian Guidance and Counseling Association. Furthermore, the author was supervised by a mentor who is both a lecturer at a private university and a practicing counselor at the Edupotensi Mental Health Center. During each counseling session, the counselor recorded the sessions with the consent of the clients, and the supervisor observed these sessions.

Procedure

This study employed an experimental method using a single-case research design (SCRD) with an ABA design, which included Baseline, Intervention, and Maintenance phases. Baseline refers to measurements taken before the intervention, Intervention is the measurement phase during the application of the treatment, and Maintenance involves measurements taken after the intervention. The ABA design allows for an analysis of the relationship between independent and dependent variables, and it is considered robust in demonstrating effective variable interactions (Sunanto et al., 2005; Cooper et al., 2007). During the baseline phase, repeated measurements were conducted to achieve stable data conditions. Each participant underwent multiple measurements: four times for Client 1, three times for Client 2, and twice for Client 3. Sampling for this study was conducted using non-probability sampling with a purposive sampling technique, also known as judgment sampling, where participants were selected intentionally based on specific criteria (Etikan et al., 2016; Sugiyono, 2013; Obilor & Isaac, 2023).

Initially, the researchers conducted preliminary measurements involving 181 students (M = 21.79, SD = 5.32) to determine the level of public speaking anxiety before selecting the study subjects. Based on the general data of public speaking anxiety levels, three students (N = 3) were identified as having severe anxiety and were willing to participate in the counseling sessions. The criteria for public speaking anxiety were categorized as severe (scores 33–40), moderate (scores 16–32), and mild (scores 8–15). The clients' scores were as follows: FM scored 35, NM scored 33, and NS scored 32. Subjects who meet the criteria are scheduled for measurements in the first stage. Each individual undergoes different measurements. The first participant undergoes measurements four times, the second participant three times, and the third participant twice. After the baseline measurements are completed, the intervention phase begins, consisting of six sessions over five weeks. The procedure for conducting the intervention sessions is structured based on the protocol of rational emotive behavioral counseling. After each counseling session, the subjects undergo measurements to assess the changes experienced following the counseling sessions. These counseling sessions are conducted face-to-face and last 35–45 minutes. Each session is evaluated for perceived changes and actions taken to reduce public speaking anxiety. This process helps the counselor to gain deeper insights into the changes and the reduction in public speaking anxiety among the participants.

The stages of counseling used to reduce public speaking anxiety follow the rational emotive behavior therapy approach, as outlined by Ellis (2013) and Sari et al. (2022). The first stage involves building a positive therapeutic alliance with the participants. The second stage, or the working phase, focuses on facilitating change by applying interventions aimed at helping participants transform irrational thoughts into more productive and rational ones. The final stage emphasizes acknowledging and appreciating the progress made by the participants.

After the intervention phase concludes, post-intervention measurements are conducted three times for each participant to compare the pre- and post-intervention changes. This process also evaluates the effectiveness of the intervention in reducing public speaking anxiety.

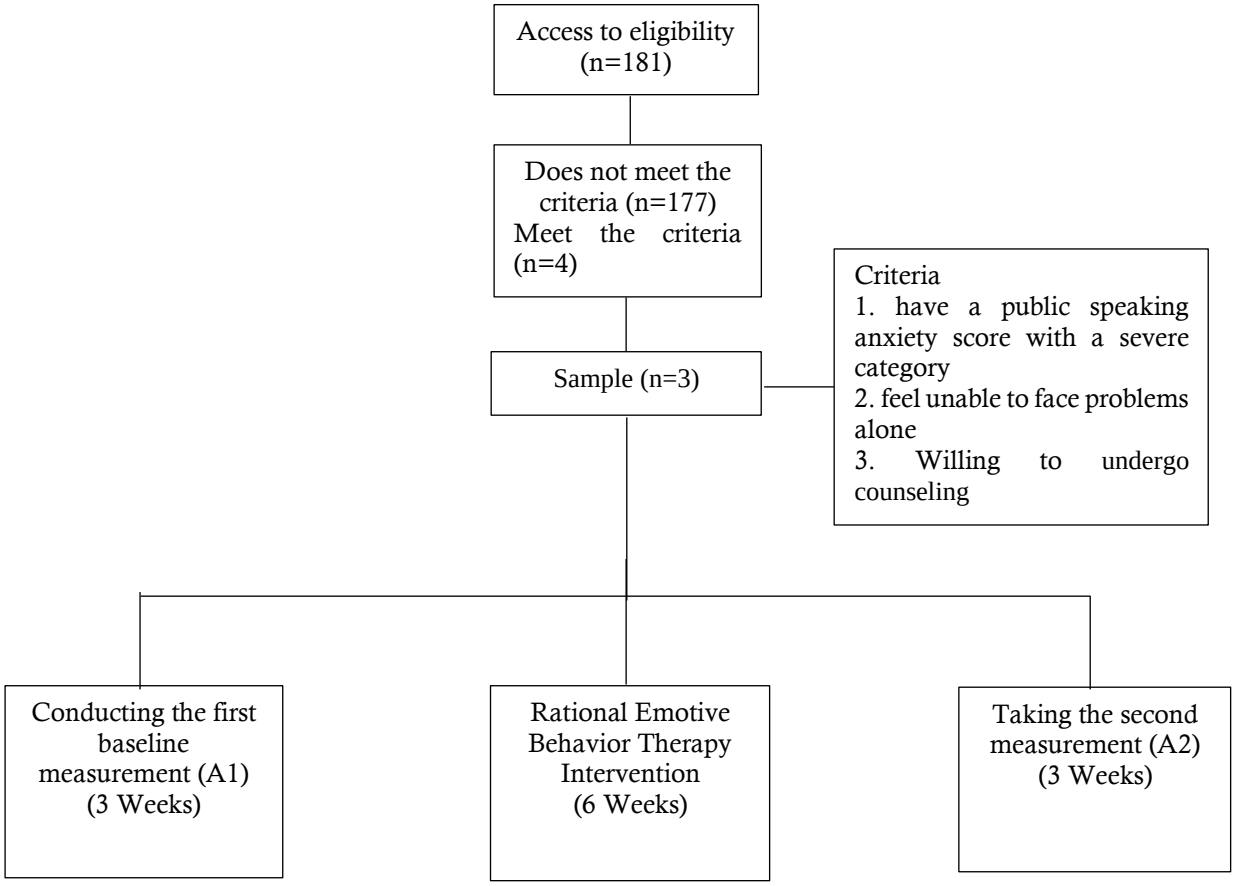


Figure 1. Participant Selection

Rational Emotive Behavior Therapy Intervention

The procedure for implementing Rational Emotive Behavior Therapy in this study is based on the cognitive, behavioral, and physiological aspects of public speaking anxiety (Bartholomay & Houlihan, 2016). The techniques employed in reducing public speaking anxiety include cognitive techniques, emotional techniques, and behavioral techniques (Dryden & Neenan, 2004; Hickey & Doyle, 2018; Corey, 2013; Sari et al., 2022).

In the first session, the counselor will assist the client in identifying the issues they are currently experiencing and help them understand the ABC framework concept as outlined by Ellis (1991), Ziegler (2001), and Sarracino et al. (2017). In the second session, the counselor will help the client identify and modify irrational beliefs using the semantic precision technique and conduct a tape-recorded examination. In the third session, the counselor will teach the client self-acceptance using the Rational Emotive Imagery technique, a mental exercise aimed at helping the client internalize the understanding that difficulties and failures are not the end of everything. In the fourth session, the counselor will guide the client in fostering feelings of happiness through the time projection technique. Next, in the fifth session, the counselor will help the client take concrete actions and acquire new skills. Finally, in the last session, the counselor will assist the client in creating strategies for maintaining commitment to the changes they have undergone, ensuring that the client continues to implement these changes consistently (Sari et al., 2022). The schedule for the Rational Emotive Behavior Counseling procedure is presented in the following table:

Table 1. Counseling activity schedule

Aspect	Session	Goals	Activity
Cognitive	1	provide an understanding to the client that the problems being experienced are determined by	▪ Building a warm relationship with the client

		irrational thoughts that can give rise to unhealthy emotions and bad behavior.	▪ Exploring the client's problems regarding public speaking anxiety ▪ Analysis and diagnosis of beliefs, emotions, and behaviors that arise from the client ▪ Teaching the concept of ABC work with the help of tools and materials that have been provided ▪ Giving homework to the client ▪ Managing the scale of public speaking anxiety and irrational beliefs
Cognitive	2	Helping clients to change irrational beliefs into more rational ones	▪ Conduct an evaluation of the changes experienced by the client after the first session ▪ Provide an understanding of the existence of irrational beliefs that the client has that influence emotions and behavior ▪ Find the client's irrational beliefs ▪ Help change the sentences of irrational beliefs that the client has ▪ Conducting a tape recorder ▪ Analyzing the client's feelings and behavior towards new beliefs ▪ Giving homework ▪ Managing the scale of public speaking anxiety and irrational beliefs
Emotion	3	Helping clients to build new emotional patterns, considering that difficulties are not something terrible.	▪ Conducting an evaluation of the changes experienced by the client after the second session ▪ Conducting rational emotive imagery techniques ▪ Conducting an analysis of the obstacles experienced by the client ▪ Helping the client find ways to deal with the obstacles experienced ▪ Giving homework ▪ Managing the scale of public speaking anxiety and irrational beliefs
Emotion	4	Helping clients to grow feelings of happiness in clients so that they are able to overcome challenges to achieve their desired goals.	▪ Conducting an evaluation of the changes experienced by the client after the third session ▪ Conducting time projection techniques by imagining the client's success in dealing with public speaking anxiety ▪ Helping the client to have an understanding that the client can overcome the difficulties and problems experienced ▪ The client has the ability to refute the irrational beliefs they have ▪ Giving homework

			▪ Managing the scale of public speaking anxiety and irrational beliefs
Behavior	5	Helping clients to be able to grow and develop new behavioral patterns so that clients can implement them in real terms.	▪ Conduct an evaluation of the changes experienced by the client after the fourth session ▪ Assist the client in developing new behavioral patterns ▪ Analyze behavior or habits that can help the client in having new behavior ▪ Create a schedule for the client to practice speaking in public ▪ Give homework
Behavior	6	Helping clients to evaluate the counseling sessions that have been conducted to see the changes experienced by the client and increase the client's commitment to continue making changes.	▪ Conduct an evaluation of the changes experienced by the client after the fourth session ▪ The counselor helps the client to make a commitment to themselves to make changes ▪ Record the client's commitment in the form of punishment and rewards that will be given ▪ Give homework ▪ Manage the scale of public speaking anxiety and irrational beliefs ▪ Managing public speaking anxiety scales and irrational beliefs

Measurement

Public Speaking Anxiety Scale

The Public Speaking Anxiety Scale (PSAS) was developed by Barthlomay & Houlihan (2016) and consists of 17 items. The researcher adapted this instrument through a series of processes. The instrument encompasses three subscales: cognitive, behavioral, and physiological. The PSAS uses a Likert scale with five response options for positive statements: (never = 1, rarely = 2, sometimes = 3, often = 4, very often = 5), and for negative statements: (never = 5, rarely = 4, sometimes = 3, often = 2, very often = 1). An example of a statement in this scale is, *"I feel confident when giving a presentation or speaking in public."* The PSAS was validated using the RASCH model, assessing two aspects: distraction and the appropriateness of items in measuring the intended constructs, analyzed using Ministep software (Sumintono & Widhiarso, 2013). Reliability tests indicated an item reliability of 0.89 (SE for items = 1.23), person reliability of 0.89 (SE for persons = 1.26), and overall interaction between items and persons (Cronbach's α) was 0.91. These results suggest excellent consistency in respondents' answers and high-quality interaction between persons and items (Sumintono & Widhiarso, 2013). Reliability values for the subscales were as follows: cognitive (α = 0.79), behavioral (α = 0.69), and physiological (α = 0.68). These findings indicate that public speaking anxiety is related to positive thinking (Prakoso & Partini, 2014; Syaf et al., 2017), emotional factors (Puspanagari & Purwanto, 2017; Sugiarto et al., 2017), and behavioral responses (Bukhori, 2016; Haziqatizikra & Nio, 2016).

Irrational Belief Scale

The Irrational Belief Scale used in this study is an adaptation of the instrument developed by Digiuseppe (2019). This scale operationalizes irrational beliefs into four aspects (Digiuseppe, 2019): Demandingness (excessive self-demand), Awfulizing (expecting the worst outcome), Low Frustration Tolerance, and Self-Downing (self-deprecation). Scoring for this instrument is based on a Likert scale where each item is rated from 1 to 5: score 1 for responses that are "very inconsistent" with the respondent, score 2 for "inconsistent," score 3 for "sometimes," score 4 for "consistent," and score 5 for "very consistent" (Sugiyono, 2013). Reliability testing revealed an item reliability of 0.96 (SE for items = 2.22), person reliability of 0.82 (SE for persons = 1.14), and overall interaction between items and persons (Cronbach's α = 0.83). These results demonstrate excellent consistency in respondents' answers and strong interaction quality between items and persons.

Data Analysis

This study employed a single case research design (SCRD) with an ABA design to collect data and analyze the effects of interventions. This design involves three phases: baseline measurement (A1), intervention implementation (B), and post-treatment measurement (A2). The use of SCRD aims to evaluate the effects of the intervention applied (Vanest & Ninci, 2015; Kazdin, 2011). The ABA design provides stable data trends in determining the extent to which an intervention can be considered effective (Kennedy, 2005; Kratochwill et al., 2013). In this study, visual analysis and percentage calculations were conducted using the Nonoverlap of All Pairs (NAP) method. NAP compares each data point in phase A with every data point in phase B to measure effectiveness. According to Parker and Vannest (2009), a score of 1 is assigned for each overlap and a score of 0 for each series. Parker and Vannest (2009) also established NAP interpretation guidelines with ranges: weak (0.0–0.65), moderate (0.66–0.92), and strong (0.93–1.0). In addition, to calculate the magnitude of changes experienced by the clients, statistical analysis was conducted using the Reliable Change Index (RCI; Jacobson & Truax, 1991). The RCI is the difference between the pre-test and post-test scores (gain) divided by the Standard Error of the Difference (the standard deviation of the pre-test and post-test scores added and divided by two). If the RCI value exceeds 1.96, the observed changes are considered significant (Cunningham & Turner, 2016).

Furthermore, this study also measured the effect size to determine the magnitude of the treatment impact (Cohen, 1988). The effect size is a statistical test used to identify the magnitude of differences found in experimental research (Khairunnisa et al., 2022, p. 138). The criteria for determining the effect size in this study follow the classification by Cohen, Manion, and Morrison (2018): very weak/very small effect (0.00–0.20), weak effect (0.21–0.50), moderate effect (0.51–1.00), and strong effect (>1.00).

Results

Analysis of Public Speaking Anxiety

In Client 1 (FM), a reduction in public speaking anxiety score was observed, with a mean difference (d = 2.87). The average score decreased from the pretest (M = 35, SD = 1.63) to during the intervention (M = 30.33, SD = 4.36), and further decreased during the post-intervention phase (M = 20, SD = 1). Similarly, in Client 2 (NM), there was a notable reduction in the public speaking anxiety score by (d = 5.67), with scores from the pretest (M = 34, SD = 1), to during the intervention (M = 28.33, SD = 5.64), and during the post-intervention phase (M = 17.66, SD = 2.08). Likewise, Client 3 (NS) showed a reduction in the average public speaking anxiety score by (d = 1.27), with scores from the pretest (M = 31, SD = 4.24), to during the intervention (M = 25.6, SD = 2.63), and during the post-intervention phase (M = 15.67, SD = 1.52). The following table presents the analysis of the decrease in the average public speaking anxiety scores observed in the three clients.

Table 2. Analysis of Public Speaking Anxiety Changes in Clients

	Pre-REBT		**During-REBT**		**Post-REBT**		**Gain**	**RCI**	**Effect Size**	NAP
	M	**SD**	**M**	**SD**	**M**	**SD**				
Fahmi	35	1,63	30,33	4,36	20	1	4,67	6,75	2,87	0.91 (moderate)
Nurmala	34	1	28,33	5,65	17,67	2,08	5,67	13,36	5,67	0.83 (moderate)
Nesa	31	4,24	25,6	0,97	15,67	1,53	5,4	3	1,27	0.95 (strong)

Figure 2. Analysis of Public Speaking Anxiety of Fahmi

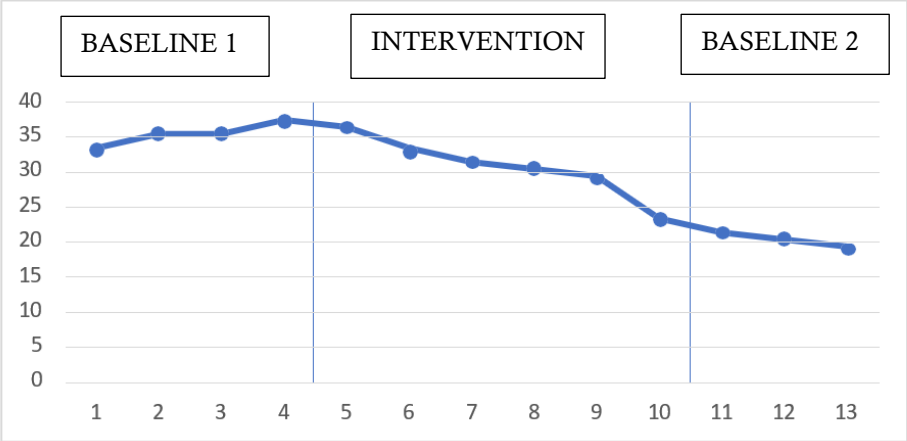


Figure 3. Analysis of Public Speaking Anxiety of Nurmala

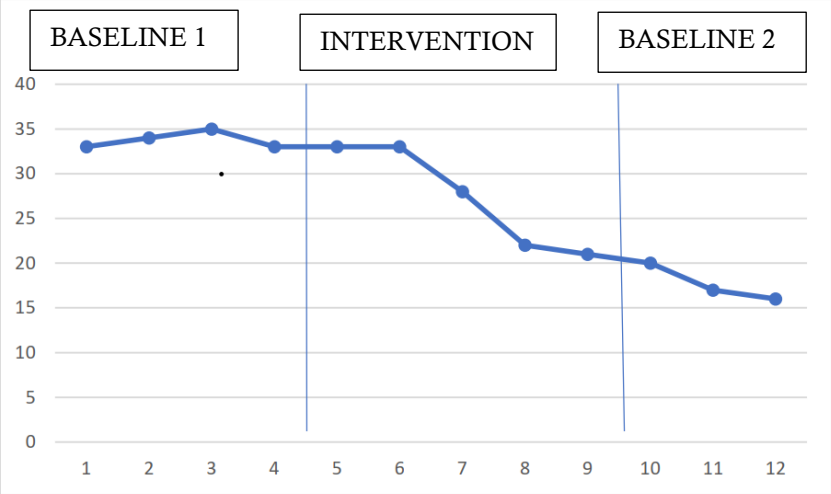
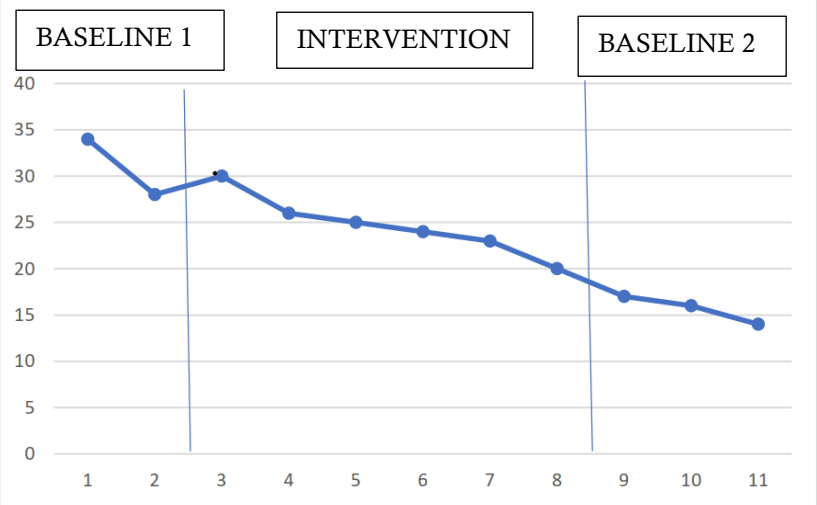


Figure 4. Analysis of Public Speaking Anxiety of Nesa



Analysis of Irrational Beliefs

The analysis of irrational beliefs experienced by each counselee revealed differences, as shown in the case of Counselee 1, Fahmi, who experienced a decrease in the average score of irrational beliefs by (d = 8.37) with pretest scores (M = 45.25, SD = 2.06), during the intervention (M = 28, SD = 9.14), and post-intervention (M = 116.33, SD = 0.58). Similarly, Counselee 2, Nurmala, also experienced a decrease in the average score of irrational beliefs by (d = 5.47), with pretest scores (M = 38.67, SD = 3.06), during the intervention (M = 22, SD = 5.79), and post-intervention (M = 14, SD = 1). Likewise, Counselee 3, Nesa, experienced a decrease in the anxiety score related to public speaking by (d = 3.87), with pretest scores (M = 41.5, SD = 3.53), during the intervention (M = 27.83, SD = 9.93), and post-intervention (M = 17.33, SD = 1.15). Below, the researcher presents the results of the analysis of the decrease in the average scores of irrational beliefs observed in the three counselees.

Table 3. Analysis of Changes in Irrational Beliefs of Counselees

	Pre-Test (Baseline 1)		Post-Test (Intervensi)		Pre-Test (Baseline 2)		Gain	RCI	Effect Size	NAP
	M	SD	M	SD	M	SD				
Fahmi	45,25	2,06	28	9,14	16,33	0,58	17,25	14,36	8,37	1.0 (strong)
Nurmala	38,67	3,06	22	5,79	14	1	16,67	9,37	5,47	1.0 (strong)
Nesa	41,5	3,53	27,83	9,93	17,33	1,15	13,67	6,64	3,,87	0.91 (moderate)

Figure 5. Analysis of Fahmi Irrational Beliefs

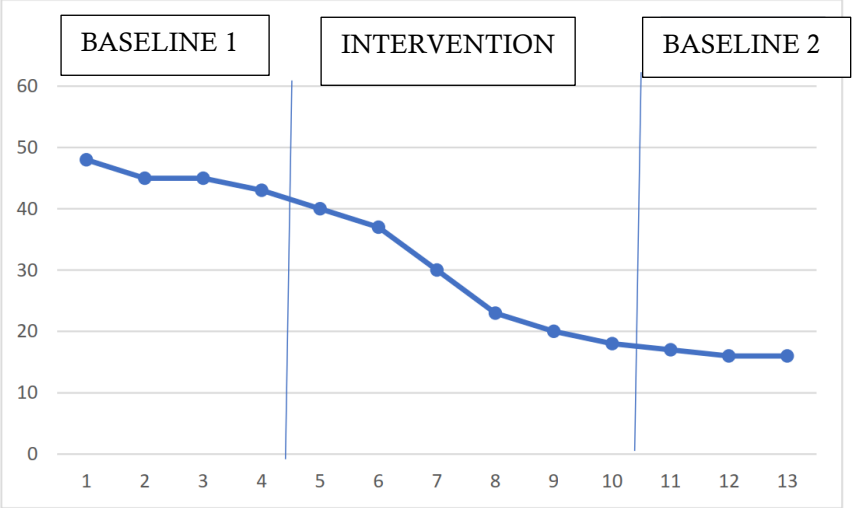


Figure 6. Analysis of Irrational Beliefs of Nurmala

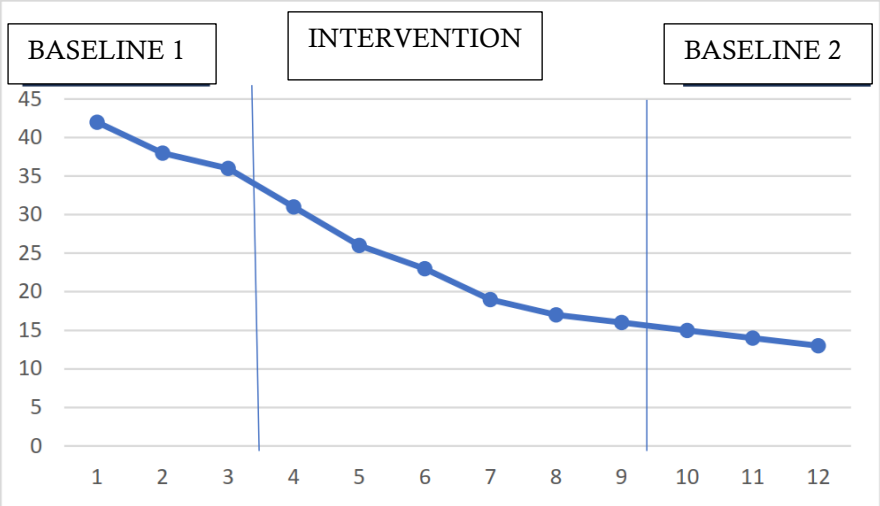
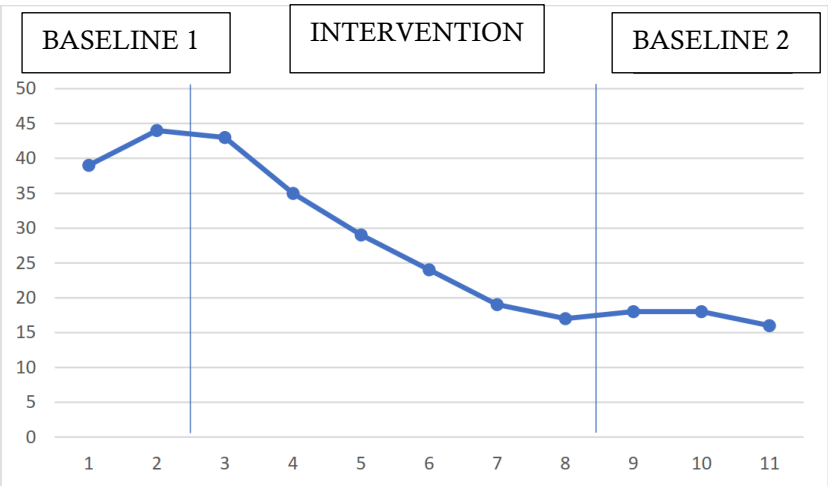


Figure 7. Analysis of Irrational Beliefs of Nesa



Discussion

The application of rational emotive behavioral counseling in this study has proven to be effective in reducing public speaking anxiety. This is evident from the significant changes observed, where visual results showed a decrease in public speaking anxiety scores for each of the three participants, as indicated by the reduction in scores across various instruments measuring public speaking anxiety (PSAS) (Bartholomay & Houlihan, 2016). Corey (2013) states that REBT is a cognitive-behavioral approach that emphasizes that problematic behavior experienced by individuals stems from irrational thoughts. Positive thinking refers to the condition where one views problems from a positive perspective (Prakoso & Partini, 2014; Syaf et al., 2017). Furthermore, public speaking anxiety is influenced by a person's mental state, including negative thinking (Oktavia, 2019; Mahardika, 2016). This is supported by Swan et al. (2007), who suggested that a positive self-view helps reduce anxiety. Rakhmat (1986) also mentioned that students with more positive thinking tend to evaluate and value themselves, others, and their environment better. Therefore, it is necessary to undergo a process of changing irrational thoughts into more rational ones to reduce public speaking anxiety.

The effectiveness of REBT was also demonstrated through the effect size results for the three participants in the study. These participants showed an effect size and a change in scores from before to after receiving REBT

intervention across six counseling sessions (Cohen J, 1988; Sullivan & Feinn, 2021; Zubaidah, 2021). The success was also observed through the effectiveness of the analysis of changes in public speaking anxiety, from before the intervention to after the REBT sessions. The participants also demonstrated positive changes, which were reflected in each counseling session and the completion of homework assignments. These changes align with one of the goals of REBT counseling, which is to help clients accept themselves and others unconditionally (Davies, 2008; Dryden & Neenan, 2004). Additionally, REBT can enhance clients' ability to reduce emotional reactivity, identify and challenge irrational beliefs, and teach effective new behaviors, thereby improving public speaking skills (Ellis & Dryden, 2007).

As Digiuseppe (2019) explains, REBT includes several aspects, such as Awfulizing (catastrophizing) and Low Frustration Tolerance, which are related to the emergence of public speaking anxiety. This was evident in the subjects' negative thoughts about their performance when faced with public speaking tasks, such as thinking, "I am scared," "I can't do this," or "I'm afraid I'll make a mistake." Negative thinking about poor outcomes and the belief that a particular event or goal is exceedingly difficult to achieve is consistent with REBT techniques. One key concept in REBT is the A-B-C framework, which helps understand the feelings, thoughts, events, and behaviors of the client (Dryden & Neenan, 2004; Corey, 2013; David, 2015). In this study, REBT counseling was effective in reducing public speaking anxiety. Other studies have also shown that REBT has been widely used and proven effective as a form of psychotherapy for addressing anxiety-related issues (Egbochuku et al., 2008; Rokhayani, 2012; Kara et al., 2023). Specifically, REBT can help address academic-related issues, improve mental well-being, and foster more effective behaviors for achieving academic success (Egan et al., 2007; Ghorbani et al., 2020). It has also been shown to be effective in addressing adolescent psychological, emotional, and behavioral issues (Banks & Zionts, 2009). In conclusion, the REBT intervention aimed at reducing public speaking anxiety among university students proved to be effective. The three participants showed improvements: FM began to think more rationally and gained control over his thoughts, NM found ways to calm himself by practicing relaxation techniques to reduce anxiety, and NS became more confident in attempting public speaking tasks (Ellis & Dryden, 2007). Based on the results of the interventions provided to the three counselees, it can be concluded that rational emotive behavior counseling is effective in reducing public speaking anxiety. The effectiveness of the intervention can be observed through several aspects, including the decrease in public speaking anxiety scores based on visual analysis during the baseline, intervention, and post-intervention phases, as well as through statistical analysis by calculating the Nonoverlap of All Pairs (NAP), Reliability Change Index (RCI; Jacobson & Truax, 1991), and effect size (Cohen, 1988; Sullivan & Feinn, 2021; Zubaidah, 2021) to determine the magnitude of the effect after the intervention.

Limitations

The limitations of this study, which can serve as recommendations for future researchers, include the need for careful timing when implementing the rational emotive behavior counseling intervention to reduce public speaking anxiety. The intervention should be scheduled in alignment with the counselee's activities so that public speaking exercises can be practiced directly, such as during lecture time.

Implications

This study strengthens research focused on the use of rational emotive behavior counseling. Specifically, it adds to the literature supporting the effectiveness of this counseling approach in addressing academic and career-related issues, particularly those related to public speaking anxiety. Based on these implications, this research also has relevance for higher education counselors to provide both preventive and curative services in addressing public speaking anxiety or other related issues.

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