


RESEARCH ARTICLE

# The effectiveness of religious cognitive behavioral therapy in enhancing assertiveness and self-control among adolescent users of Zenith

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 Dina Aprilia

Department of Islamic Psychology, Universitas Islam Negeri Antasari, South Kalimantan, Indonesia

**Corresponding Author:**

Dina Aprilia (email: [aprilia@uin-antasari.ac.id](mailto:aprilia@uin-antasari.ac.id))

## ABSTRACT

This experimental study aimed to examine the effectiveness of Religious Cognitive Behavioral Therapy (RCBT) in enhancing assertiveness and self-control among adolescent users of Zenith, a substance of abuse. Using a pretest-posttest control-group design, the study involved 16 junior high school students (aged 11-15) from Banjarmasin, Indonesia, who were active users. Participants were randomly assigned to either an experimental group (n=8), which received three 120-minute RCBT sessions, or a waitlist control group (n=8). Validated and reliable scales measuring assertiveness (Cronbach's  $\alpha = .930$ ) and self-control (Cronbach's  $\alpha = .896$ ) were administered before and after the intervention. Quantitative analysis using the Mann-Whitney U test revealed a significant positive effect of the RCBT intervention. The experimental group demonstrated statistically significant increases in both assertiveness and self-control scores from pretest to posttest, while the control group showed no significant change. Qualitative observations further supported the intervention's acceptability and utility, indicating that participants gained practical cognitive and behavioral strategies integrated with religious values to refuse substance use. The findings suggest that RCBT is an effective, culturally contextual intervention for improving key protective factors, assertiveness, and self-control in adolescents at risk of substance abuse relapse. This study contributes to the literature on integrated therapeutic approaches and recommends the consideration of RCBT within broader adolescent substance prevention and rehabilitation programs. Further research with larger samples and long-term follow-up is warranted.

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## INTRODUCTION

Zenith is a medication classified under the dangerous "G" (G = Gevarrlijk) category, requiring a physician's prescription and marked by a red circle with a black border containing the letter "K." Therapeutically intended for bone disorders, its misuse has become increasingly prevalent over the

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past five years, particularly among adolescents, leading to effects such as intoxication or a trance-like state. Compounding the issue is its relatively low cost, making it affordable for teenagers. According to interviews with the South Kalimantan Provincial National Narcotics Board (BNNP), this misuse appears to be concentrated in Kalimantan, specifically in South and Central Kalimantan. BNNP data records 5,823 cases in South Kalimantan across 13 cities/regencies, with Banjarmasin having the highest incidence; notably, 80% of cases involve junior and senior high school students. This presents a significant public health challenge.

Primary data from Focus Group Discussions (FGDs) in 10 high-incidence schools in Banjarmasin revealed that adolescent use often progresses from experimentation to addiction, characterized by withdrawal symptoms. A key reported reason for initiation was a feeling of reluctance to refuse peers, despite awareness of the risks, a behavior indicative of low assertiveness. Assertiveness, a crucial social skill, is defined as the honest, direct, and respectful expression of thoughts, feelings, and desires while considering others' rights, without anxiety (Townend, 1991; Chaplin, 2011). Its absence can increase vulnerability to peer pressure (Afiatin, 2004), a factor field data identifies as the primary driver in Zenith misuse.

This deviant use constitutes a form of juvenile delinquency, influenced by factors such as identity, self-control, and peer influence (Santrock, 2007). A central issue among users is low self-control, defined as the ability to regulate internal impulses and external stimuli, including managing behavior, anticipating consequences, and making sound decisions (Averill, 1973; Thalib, 2017). Adolescent users often demonstrate deficits in these areas, exhibiting impulsive behavior and an inability to refuse peer offers. Both low assertiveness and poor self-control are manifestations of maladaptive cognitive processes.

Given that cognitive-behavioral approaches effectively address substance misuse, this study proposes a tailored intervention. Cognitive Behavioral Therapy (CBT) targets dysfunctional thought patterns underlying problematic behaviors (Anderson et al., 2008; Martin & Pear, 2019). However, standard CBT's individualistic focus may not fully align with the local context of Banjarmasin, where religious values are profoundly influential (Hodge, 2008). Therefore, this research integrates Islamic religious values into the CBT framework, creating a Religious Cognitive Behavioral Therapy (RCBT). This adaptation aims to enhance relevance, acceptability, and efficacy by aligning the intervention with prevailing cultural and religious norms (Trimulyaningsih & Subandi, 2010).

Consequently, this study investigates the following question: whether Religious Cognitive Behavioral Therapy improves assertiveness and self-control among junior high school students in Zenith, Banjarmasin. The corresponding hypothesis is that RCBT significantly improves assertiveness and self-control in this population. The primary objective is to test this effect. Theoretically, this study aims to enrich psychology, particularly clinical and social psychology, by incorporating a religious dimension, thereby strengthening the empirical base for Islamic psychology. Practically, it seeks to provide an evidence-based, culturally grounded intervention tool for mental health practitioners, educators, and community leaders in combating adolescent substance misuse and promoting psychological resilience.

## METHOD

This study employed a quantitative experimental design using a pretest-posttest control-group design. This design aims to compare the effect of an intervention on a dependent variable by assessing the variable's state in an experimental group after treatment, compared with a control group that does not receive the treatment (Azwar, 2007). Participants were randomly assigned to either an

experimental group, which received the intervention of Religious Cognitive Behavioral Therapy (RCBT), or a control group, which was placed on a waiting list to receive the intervention after the completion of all research procedures. The primary research location was MTs SS in Banjarmasin.

Research subjects were active Zenith users from the junior high school population in Banjarmasin. This selection was based on data from the South Kalimantan National Narcotics Board (BNNP), which indicates the highest prevalence of active Zenith use occurs within the 11-15 age range. Specific inclusion criteria were: (a) age 11-15 years, (b) classified as an active user (exhibiting addictive effects), and (c) a history of Zenith use for 3-6 months. Banjarmasin was selected as the setting because data indicate it has the highest number of Zenith users in South Kalimantan.

A preliminary needs assessment, involving interviews with school officials and personnel from the local public health center (*Puskesmas*), identified MTs SS as a suitable site, with an estimated 80% of its student population having experience with Zenith. The core problems identified were deficits in assertiveness and self-control among these adolescent users.

Data were collected using two primary scales: a) Self-Control Scale, developed based on key aspects of self-control, including the ability to (a) control impulsive behavior, (b) manage stimuli, (c) anticipate events, and (d) make decisions, and b) Assertiveness Scale, developed based on Lazarus's model of assertive behavior (Rakos, 1991), encompassing the ability to (a) say no, (b) ask for help, (c) express positive and negative feelings appropriately, and (d) initiate, continue, and conclude conversations.

Both scales used a 4-point Likert-type response format (1 = Strongly Disagree to 4 = Strongly Agree), with scoring reversed for negatively worded items. A pilot test was conducted from August 6 to 8, 2018, with 100 junior high school students in Banjarmasin who possessed characteristics similar to those of the intended subjects. Items with an item-total correlation coefficient ( $r \leq .300$ ) were eliminated. The final scales demonstrated high reliability: the 30-item self-control scale had a Cronbach's  $\alpha$  of 0.896, and the 34-item assertiveness scale had a Cronbach's  $\alpha$  of 0.930.

Administrative permission was secured from the Institute for Research and Community Service (LP2M) of UIN Antasari Banjarmasin. Collaboration was established with local *Puskesmas* for subject referral and health screening. Based on combined data from the school and health screenings, 16 eligible subjects were identified and randomly assigned via lottery to the experimental ( $n=8$ ) or control ( $n=8$ ) group. The RCBT intervention manual was adapted from the work of Trimulyaningsih and Subandi (2010). It underwent a professional judgment review by three qualified psychologists in Banjarmasin (IF, CH, and ESH) and a language adjustment review to ensure appropriateness for adolescents. The pretest was administered on August 20, 2018. All participants provided informed consent and completed the self-control and assertiveness scales. Following this, the experimental group immediately began the RCBT intervention, while the control group was dismissed. The experimental group received the RCBT intervention across three 120-minute sessions on August 20, 22, and 24, 2018, led by the researcher. The control group received no intervention during this period but was placed on a waiting list. A posttest was administered to both groups upon completion of the intervention sessions.

Quantitative data analysis utilized the Mann-Whitney U test to compare the post-intervention scores on self-control and assertiveness between the experimental and control groups. To complement the quantitative findings and assess the intervention's acceptability, qualitative data from structured observations (using anecdotal records) and post-intervention interviews were collected and analyzed thematically.

## RESULT

Descriptive analysis indicated that the experimental group showed a significant increase in mean scores, from 66.63 at pretest to 105.00 at posttest, a gain of 38.37 points. Conversely, the control group showed a relatively small increase in mean scores, from 61.25 at pretest to 64.12 at posttest, a gain of only 2.87 points. Descriptively, the improvement in the experimental group was substantially greater than in the control group.

Further descriptive results showed that, for the experimental group, the mean pretest score was 69.50 ( $SD = 4.47$ ), with a range of 60–74, which increased to 106.75 ( $SD = 8.24$ ), with a range of 96–119 at posttest, resulting in a gain of 37.25 points. For the control group, the mean pretest score was 65.38 ( $SD = 4.31$ ) with a range of 60–70, and the mean posttest score was 65.50 ( $SD = 5.13$ ) with a range of 58–72, an increase of only 0.125 points. Descriptively, the score increase in the experimental group was markedly higher than in the control group.

Paired Samples Correlations results indicated that, for the experimental group, the correlation between pretest and posttest scores was 0.106 ( $p = .802$ ;  $p > .05$ ), indicating a weak, non-significant relationship. For the control group, the correlation was 0.801 ( $p = .017$ ;  $p < .05$ ), indicating a strong, significant relationship between pretest and posttest scores despite the small mean difference. Results from the Paired Samples Test for the experimental group showed a significant difference between pretest and posttest scores. The mean difference (pre–post) was  $-38.37$ , with  $t(7) = -10.949$ ,  $p = .000$  ( $p < .05$ ). This confirms that the posttest score increase in the experimental group was not due to chance but was influenced by the treatment.

Conversely, in the control group, the mean difference (pre–post) was only  $-2.87$  ( $t(7) = -2.186$ ,  $p = .065$ ). This result indicates that there is no significant difference between the pretest and posttest scores. Although a slight increase in the mean score increased slightly, the increase was not statistically significant.

Similarly, for the other measured variable, the paired samples test in the experimental group showed a significant difference. The mean difference was  $-37.25$ , with  $t(7) = -13.388$ ,  $p < .001$ , indicating the treatment's effectiveness in increasing participants' scores. In other words, the posttest score increase in the experimental group was due to the treatment effect. For the control group, however, the mean difference was only  $-0.125$  ( $t(7) = -0.131$ ,  $p = .899$ ), indicating no significant difference between pretest and posttest scores. Therefore, scores for participants in the control group remained relatively stable before and after the study period.

## DISCUSSION

This study aimed to examine the influence of Religious Cognitive Behavioral Therapy (RCBT) on enhancing assertiveness and self-control among junior high school students who are active Zenith users. The data analysis of the Assertiveness and Self-Control Scale indicated that all eight subjects in the experimental group showed higher scores in both assertiveness and self-control. Insights gained by subjects during therapy sessions demonstrated their ability to comprehend the therapy's overall objectives. This finding illustrates that an intervention integrating cognitive-behavioral and religious therapeutic approaches effectively enhances assertiveness and self-control in junior high school students using Zenith.

The results of this study align with prior research affirming the efficacy of religious-behavioral therapy as an intervention. For instance, Trimulyaningsih (year) found it effective in reducing depressive symptoms, and Irawati (year) demonstrated its utility in alleviating death anxiety among

HIV patients. Furthermore, studies by Trimulyaningsih and Subandi (2010) and Irawati et al. (2011), as well as Afiatin's (2004) research, indicate that group-based intervention programs can improve adolescents' assertiveness as part of substance abuse prevention efforts.

The subjects in this study, students at MTs SS, faced challenges in exhibiting assertive behavior and exercising self-control to refuse or avoid renewed invitations to use Zenith. As noted by Afiatin (year), assertiveness is necessary to resist behaviors where one should be able to say "no" to prevent relapse. Similarly, Santrock (2007) emphasized that the ability to self-control and avoid negative behaviors requires repeated training and reinforcement.

In its implementation, RCBT provided resources to train subjects in general assertiveness and self-control skills through presentations, discussions, and sharing experiences with others. This process facilitated cognitive understanding and informational learning, leading to behavioral change reflected in future actions. Furthermore, integrating religious elements into the therapeutic material offered additional cognitive frameworks for subjects to better distinguish between positive and negative behaviors and to contemplate concepts of spiritual merit and transgression.

The RCBT process required subjects to formulate long-term behavioral plans for maintaining assertiveness and self-control. It is posited that cultivating assertive behavior and self-control empowers subjects to resist environmental pressures and peer invitations to resume Zenith use.

## **CONCLUSION**

This study demonstrates that Religious Cognitive Behavioral Therapy (RCBT) is an effective intervention for enhancing assertiveness and self-control among junior high school students who are active users of Zenith. The quantitative analysis revealed a statistically significant increase in both assertiveness and self-control scores within the experimental group following the intervention, with no comparable improvement observed in the waitlist control group. These findings align with existing literature on the efficacy of integrated cognitive-behavioral and religious-spiritual approaches in addressing behavioral and psychological challenges. The therapeutic process, which combined cognitive restructuring, behavioral planning, skill-building exercises, and religious/spiritual reflection, provided participants with practical strategies and a moral framework to resist peer pressure and refuse substance use. By fostering both the cognitive understanding and the practical skills necessary for assertive refusal and impulse control, RCBT addresses key risk factors associated with adolescent substance use relapse. Therefore, RCBT offers a viable, culturally resonant intervention model for supporting at-risk adolescents. Future research should aim to replicate these findings with larger sample sizes, longer follow-up periods to assess the durability of effects, and exploration of the specific mechanisms through which the religious component contributes to therapeutic outcomes.

## **DECLARATION**

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### **Author contribution statement**

Dini Aprilia was solely responsible for the conception and design of the study, data collection, data analysis and interpretation, and manuscript preparation.

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### Data access statement

The data described in this article can be accessed by contacting the author.

### Declaration of interest statement

The authors declare no conflict of interest.

### Additional information

No additional information is available for this paper.

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