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An evaluation of counselling approach on communication apprehension among students in higher education

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ABSTRACT

Communication apprehension is a major challenge in higher education, affecting students' communication ability, which is crucial for academic success and future employability. It manifests as public speaking anxiety, reluctance in group discussions, and avoidance of classroom interactions, hindering soft skill development and academic performance. This study aims to evaluate the effectiveness of counselling approaches in reducing communication apprehension among students in higher education. Consequently, counselling intervention modules, including the solution-focused brief cognitive behavior (SFBCB) therapy and group counselling (GC) modules, were developed. Sixty students who participated in this study were studying at a public university. Pre-tests, post-tests, and follow-up tests were administered using the personal reports of communication apprehension questionnaire to measure changes in apprehension levels across different communication contexts, including group discussions, meetings, dyadic interactions, and public speaking. The results demonstrated that both intervention modules significantly reduced communication apprehension, with improvements in participants' confidence and communication abilities. In conclusion, the study highlights the effectiveness of integrating solution-focused and cognitive-behavioral techniques in counselling interventions to mitigate communication apprehension. These findings suggest that such approaches can be valuable tools in higher education to enhance students' communication skills, ultimately contributing to their academic success and personal growth.

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1. INTRODUCTION

Research communication has identified communication apprehension as a prominent obstacle to developing communication skills [1]. Communication apprehension is a term used to describe the degree of anxiety experienced by an individual when engaging in conversations with others, whether it be with a single person or within a group setting, particularly in the context of educational environments such as university. Several forms of communication include interpersonal interactions, small group discussions, and presentations [2]. Consequently, communication apprehension can be defined as a manifestation of shyness, reticence, or deliberate avoidance of communication, alongside speech anxiety, stage fright, and fear

associated with public speaking. Petry [3] emphasized two distinct categories of communication apprehension: trait-based and situation-based. The phenomenon wherein an individual experiences fear in various communication conditions or contexts is commonly known as trait-based communication apprehension. The situational-based nature of anxiety or discomfort is characterized by persons experiencing these emotions exclusively within a particular setting or moment, such as during an interview [3].

Communication apprehension is considered a significant concern in student life because it can hinder the development of soft skills and negatively affect academic performance [4]. Previous research has highlighted the impact of communication apprehension on students' public speaking skills and subsequent implications for their employability [5]. The development of competent public speaking skills and effective communication abilities has become increasingly crucial in educational environments, as well as in the context of work and professional growth [6].

Loureiro *et al.* [7] emphasize that students had challenges and expressed apprehension regarding communication, specifically in the context of oral communication compared to written communication. The fear of how others may see them causes individuals to hesitate to participate in communication, resulting in their avoidance of asking questions or giving comments in subsequent class sessions. Consequently, this behavior hinders their understanding of the subject [8]. Furthermore, students tended to avoid asking questions or offering comments during classroom interactions, while a separate group expressed apprehension about delivering presentations [9].

LeFebvre *et al.* [10] revealed that students who tend to remain silent or display reluctance to engage in classroom discussions experience heightened discomfort in the presence of speech communication. Therefore, the efficacy of abilities, such as adopting a cognitive, emotional, and sensory standpoint and enhancing the willingness to encounter them without seeking to manipulate or evade them. When instructing students to develop their ability to endure discomfort during public speaking, it may be necessary to underscore the importance of self-regulation and the perception of presentations as a significant endeavor. Alternatively, suppose the objective is to reduce the anxiety commonly associated with individuals' subjective perception of public speaking. In that case, it may be advantageous to focus the education of students in cultivating openness towards their own experiences, encompassing their thoughts and emotions [11].

Cognitive behavioral theory, which encompasses relaxation strategies, cognitive restructuring, and exposure, is frequently utilized in counselling interventions that reduce communication apprehension [12]. At the beginning of therapy, it is recommended to employ cognitive behavioral theory due to the influence of communication apprehension on individuals' physiological, cognitive, and behavioral symptoms [13]. Various strategies, including cognitive restructuring, experiential exposure, assertiveness training, and problem-solving, have been recognized as helpful approaches to enhancing self-confidence and resilience in the face of anxiety.

Research on communication apprehension employing cognitive behavioral theory has resulted in positive outcomes [14]. This study examined the strategies employed by postgraduate international students to reduce anxiety related to communication, specifically in the context of academic presentations. According to student feedback, positive cognitive restructuring during self-reflection can contribute to a more optimistic outlook and increased confidence in one's abilities. Additionally, employing relaxation techniques may help students manage their anxiety, leading them to exhibit behaviors such as avoiding eye contact and using smiling as a means to mask their nervousness. Furthermore, some students find that visualization techniques are beneficial in feeling adequately prepared for presentations, going beyond merely creating presentation slides.

Furthermore, the utilization of cognitive behavioral theory to mitigate communication apprehension was complemented by the effective implementation of solution-focused brief therapy (SFBT), resulting in a significant decrease in behavioral problems related to anxiety [15]. In contrast to traditional therapeutic approaches, SFBT focuses on identifying and utilizing the client's strengths. Counsellors attempt to facilitate solutions that exhibit efficiency, appeal, quickness, and effectiveness, motivated by their sincere concern for the welfare of their clients. SFBT has become recognized as a therapeutic strategy that can achieve faster outcomes while minimizing negative consequences. Furthermore, SFBT has been found to effectively reduce anxiety, social performance, and depression [16]. SFBT has demonstrated efficacy in treating adolescent disorders and a range of psychological issues, including post-traumatic stress disorder or posttraumatic stress disorder (PTSD), disruptive behavior, and anxiety [17].

This therapeutic approach prioritizes client goals and strengths, steering away from prolonged analysis of problems. Instead, SFBT encourages clients to envision solutions and leverage existing coping strategies [18]. Through techniques such as setting explicit client goals, employing miracle questions, and identifying exceptions to problems, SFBT fosters self-esteem growth and resilience in teenagers, equipping them with practical tools to navigate life's challenges [18]. SFBT operates on the principle that language is creative and that therapy should focus on finding future solutions rather than dwelling on past issues [19]. It is characterized by its brevity, often requiring only a short duration to achieve meaningful results.

By emphasizing clients' inherent strengths, resources, and problem-solving skills, SFBT empowers individuals to take charge of their lives and construct positive pathways forward. This strengths-based, solution-oriented approach is grounded in research and offers a pragmatic framework for addressing psychological and behavioral concerns in adolescents and adults [20]. Shumway [21] documented a notable reduction in anxiety levels within a sample who had previously experienced extended durations of stress and anxiety. In a study conducted by Aminnasab *et al.* [22], it was observed that SFBT led to a reduction in felt stress and depression among a sample of sixty individuals who had been diagnosed with breast cancer. Based on the existing body of research, it can be inferred that SFBT can effectively tackle various challenges across a diverse array of contexts.

As a result, the combination of cognitive behavioral therapy (CBT) and SFBT contributed to developing a solution-focused brief cognitive behavior (SFBCB) module to decrease communication apprehension among students in higher education. The integration of SFBT techniques, such as the implementation of miracle questions, scale questions, exception questions, and goal setting, are combined with CBT techniques, including cognitive structuring, skills training, relaxation techniques, imaginative exercises, and psychoeducation. In this context, the purpose of this study is to examine the impact of the counselling approach based on SFBT and CBT on the level of communication apprehension within the context of higher education, with a specific emphasis on group discussions, meetings, dyad communication, and public speaking. More specifically, this article compares two modules based on a counselling approach that is more suitable for reducing communication apprehension and four dimensions of communication apprehension among students in higher education in Malaysia. Hence, this research asks the following guiding questions:

i) Is there a difference in communication apprehension scores among higher education students across time effects (pre-test, post-test, and follow-up) in the SFBCB module?
ii) Is there a difference in communication apprehension scores among higher education students across time effects (pre-test, post-test, and follow-up) in the group counselling (GC) module?
iii) How do the SFBCB and GC modules compare in reducing communication apprehension among higher education students across time effects (pre-test, post-test, and follow-up)?

2. METHOD

2.1. Research design

This study employed a quasi-experimental design with two groups: experiment 1, the treatment group, used the SFBCB, whereas experiment 2, the control group, used the GC module, as shown in Table 1. This design allows researchers to evaluate the impact of these distinct therapeutic interventions on participants' communication apprehension by assessing changes over time. Using pre-tests, post-tests, and follow-up tests, the study can systematically measure the progression of outcomes and determine each module's efficacy, highlighting the importance of follow-up assessments in understanding the long-term impacts of psychological programs [23]. This study employs purposive sampling, selecting students based on specific criteria. Participants are freshmen enrolled in a science course and do not receive any therapy. They also have a personal report communication apprehension (PRCA-24) score over 72, indicating moderate to high communication apprehension. There are 30 individuals in each experiment group. This sample size is sufficient and meets the minimum requirement for quasi-experimental studies. It ensures satisfactory and reliable findings [24].

Table 1. The research design of quasi-experimental

Group	Test
Experimental 1 (N=30)	O1 X O2 O3
Experimental 2 (N=30)	O1 X O2 O3

Note: O1: pre-test, O2: post-test, O3: follow-up test, X: 6-week counselling session

2.2. Intervention counselling

The study employed a combined approach of SFBCB in experiment 1. This approach involved interactive discussions focused on problem-solving, goal-setting, and applying various strategies such as psychoeducation, cognitive structuring, relaxation, skill training, models, miracle questions, exception questions, scale questions, and praise. A GC module was utilized in experiment 2. This lesson is centered around the prevalent practice of group therapy, which is commonly employed by counsellors to provide GC. Activities involve discussions on challenges, personal experiences, and strategies, including

psychoeducational techniques, cognitive structuring, and relaxation methods. GC's primary focus is facilitating discussions and exploring the cognitive processes associated with communication apprehension rather than emphasizing behavioral aspects.

The counselling intervention occurred from week four to week 14 of the academic session. Each experimental group is required to attend six counselling sessions. Each session takes one hour and 30 minutes. The researchers appointed six experts in psychology, psychometrics, and guidance and counselling for the content validity of the SFBCB and GC modules. In (1) presents the formula formulated to calculate the content validity achievement from each expert (x) [25]. The outcome is expressed as a percentage ($z\%$). If the percentage of content validity attainment exceeds 70%, then the module is considered to have a high level of content validity. Conversely, if the percentage is below 70%, the module is deemed to have a low level of validity [25]. The mean content validity SFBCB was 80% or 0.800, suggesting a high level of content validity. The GC content validity is 79% (0.790). Hence, the module is considered efficacious and appropriate for use.

$$(x/100) \times 100 = z\% \quad (1)$$

2.3. Study instrument

The study employed a PRCA-24 questionnaire [26] to measure pre-test, post-test, and follow-up consisting of 24 items. This survey evaluates communication apprehension in group discussions, meetings, dyad communication, and public speaking, with scores ranging from 24 to 120. Scores of 85 or higher indicate high apprehension, 60 or higher signify moderate apprehension, and 59 or lower denote low apprehension. To ensure accuracy, the PRCA-24 questionnaire underwent back translation and expert reference. The administration involved eight professionals, including six in counselling and psychology and two language specialists. The internal consistency of the scale was measured using Cronbach's alpha, which yielded a value of communication apprehension (0.923), group discussion (0.789), meetings (0.805), dyad communication (0.757), and public speaking (0.824).

2.4. Data analysis

The study utilized the general linear model (GLM) procedure, employing repeated measures analysis of variance or ANOVA for within-subject and between-subject effects analyses. Effect size, measured by partial eta squared [27], was categorized into small (0.20), medium (0.50), and large (0.80) levels. The primary focus was on assessing the impact of time interaction (pre-test, post-test, and follow-up) on communication apprehension variables, including group discussion, meetings, dyad communication, and public speaking dimensions.

3. RESULTS AND DISCUSSION

Levene test, which was conducted to ensure that the assumption of equality of variance was satisfied, is a crucial prerequisite for the subsequent statistical analyses to be valid and reliable. Table 2 displays the results of Levene's test assessing the homogeneity of variances. Pre-test SFBCB group (p=0.885), pre-test GC group (p=0.143), post-test SFBCB group (p=0.178), post-test GC group (p=0.292), SFBCB group follow-up test (p=0.318), and GC group follow-up test (p=0.245) all yielded non-significant communication apprehension results (p>0.05). This suggests that the assumption of homogeneity of variance for communication apprehension across groups is met, indicating equality of variance in the data.

Table 2. Levene's test of equality of error variances

Dependent variable	Test	Group	F	df1	df2	Sig.
Communication apprehension	Pre	SFBCB	.021	1	28	0.885
		GC	2.273	1	28	0.143
	Post	SFBCB	1.911	1	28	0.178
		GC	1.153	1	28	0.292
	Follow-up	SFBCB	1.036	1	28	0.318
		GC	1.412	1	28	0.245

3.1. Analysis of the time effect in the SFBCB group and group counselling group

A repeated measures ANOVA test analyzed the significance of differences in pre-test, post-test, and follow-up test scores in the SFBCB and GC experiment groups, focusing on mitigating communication apprehension in group discussions, meetings, dyad communication, and public speaking. Data from the analysis results is provided in Table 3. In Table 3, the results show that the SFBCB experiment group

indicates a significant group by time effect on communication apprehension (F[2, 58]=54.380; P=0.000; ηp^2=0.596), group discussion (F[2, 58]=26.112; P=0.000; ηp^2=0.474), meetings (F[2, 58]=30.238; P=0.000; ηp^2=0.495), dyad communication (F [2, 58]=24.276; P=0.000; ηp^2=0.456), and public speaking (F[2, 58]=36.224; P=0.000; ηp^2=0.555). The results indicate that the SFBCB module significantly reduced communication apprehension among higher education students. The analysis revealed significant group-by-time effects across all dimensions of communication apprehension, including group discussion, meetings, dyad communication, and public speaking.

Table 3. Analysis of the time effect in the SFBCB group and GC group

Variables	Group	SS	df	MS	F	P value	Partial Eta squared (ηp^2)
Communication apprehension	SFBCB	9872.956	1.463	6746.682	54.380	0.000	0.596
		5265.044	42.438	124.064			
	GC	4946.289	1.540	3344.489	33.497	0.000	0.536
		4088.378	44.656	99.845			
Group discussions	SFBCB	476.956	2	238.478	26.112	0.000	0.474
		529.711	58	9.133			
	GC	542.467	2	271.233	25.230	0.000	0.465
		623.533	58	10.751			
Meetings	SFBCB	530.867	2	265.433	30.238	0.000	0.495
		509.133	58	8.778			
	GC	130.022	1.43	90.949	7.365	0.005	0.203
		511.978	41.459	12.349			
Dyad communication	SFBCB	513.689	1.497	343.093	24.276	0.000	0.456
		613.644	43.420	14.133			
	GC	460.022	2	230.011	28.712	0.000	0.498
		464.644	58	8.011			
Public speaking	SFBCB	684.600	1.521	450.073	36.224	0.000	0.555
		548.067	44.112	12.425			
	GC	262.489	2	131.244	12.797	0.000	0.306
		594.844	58	10.26			

As seen in Table 3, results for the GC experiment group reveal a significant group by time effect on communication apprehension (F[2, 58]=33.497; P=0.000; ηp^2=0.536), group discussion (F[2, 58]=25.230; P=0.000; ηp^2=0.465), meetings (F[2, 58]=7.365; P=0.000; ηp^2=0.203), dyad communication (F[2, 58]=28.712; P=0.000; ηp^2=0.498), and public speaking (F[2, 58]=12.797; P=0.000; ηp^2=0.306). The analysis revealed significant group-by-time effects across all dimensions of communication apprehension, including group discussion, meetings, dyad communication, and public speaking.

3.2. Analysis of the time effect between SFBCB group and group counselling group

Table 4 displays the mean communication apprehension scores over a period of time for the SFBCB and GC groups. Table 5 shows the effects of the time (pre-test, post-test, and follow-up test) interaction between the SFBCB and GC groups using repeated two-way ANOVA analysis. The finding shown in Table 5 is a significant interaction time effect between groups, specifically for the dimension of meetings (F [1.773, 99.273]=4.065, p=0.024, ηp^2=0.068) suggests that the two modules had differing effects over time on students' communication apprehension in meetings. The moderate effect size (ηp^2=0.068) indicates that this difference is meaningful, with the SFBCB module showing a more significant initial apprehension reduction than the GC module. However, the slight decrease in mean scores between the post-test and follow-up suggests that the effect may taper off over time for the SFBCB group, while the GC group showed little change. The result showed non-significant interaction effects for overall communication apprehension (F [1.741, 97.520]=1.851, p=0.167, ηp^2=0.032), group discussion (F[2, 112]=0.063, p=0.927, ηp^2=0.001), dyadic communication (F [2, 112]=1.342, p=0.265, ηp^2=0.023), and public speaking (F [1.870, 104.748]=2.915, p=0.062, ηp^2=0.049) indicates that the modules did not produce significantly different effects over time.

In Table 4, the mean communication apprehension scores dropped in both SFBCB (20.667) and GC (17.003) groups from pre- to post-test. SFBCB group showed a 0.533 decrease, while the GC group increased by 2.200 from post-test to follow-up. Group discussions revealed a decline in SFBCB and GC groups by 4.633 and 5.033, respectively, from the pre-test to the post-test. The post-test to follow-up score differences were 0.467 (SFBCB) and 0.333 (GC). For meetings, the pre-test and post-test SFCBC group (mean=5.167) more than the GC group (mean=2.700), while a decrease in the mean between the post-test and follow-up for the SFCBC group and the group GC did not show a significant difference which was respectively mean=-0.167 and mean=-0.333. For dyadic communication, mean scores decreased in both SFBCB (5.000)

and GC (5.367) groups from pre- to post-tests. The post-test to follow-up reduction was 0.133 (SFBCB) and 1.500 (GC). Lastly, in public speaking, mean scores dropped by 5.800 (SFBCB) and 3.933 (GC) from pre- to post-test. Post-test to follow-up decreases were 0.100 (SFBCB) and 0.733 (GC).

Table 4. Descriptive result of pre-test, post-test and follow-up test PRCA-24 scores of SFBCB and GC group

Variable	Group	N	Mean score (standard deviation) pre-test	Mean score (standard deviation) post-test	Mean score (standard deviation) follow-up test
Communication apprehension	SFBCB	30	82.400 (6.054)	61.733 (16.256)	61.200 (14.301)
	GC	30	80.866 (8.165)	63.833 (13.623)	66.033 (14.298)
Group discussion	SFBCB	30	19.400 (1.379)	14.766 (4.613)	14.300 (3.887)
	GC	30	19.900 (2.354)	14.867 (4.790)	14.533 (4.288)
Meetings	SFBCB	30	20.900 (2.383)	15.666 (4.285)	15.833(3.913)
	GC	30	20.200 (3.078)	17.500 (4.166)	17.833 (4.878)
Dyad communication	SFBCB	30	19.966 (1.865)	14.966 (4.737)	14.833 (4.361)
	GC	30	19.666 (2.454)	14.300 (3.869)	15.800 (3.623)
Public speaking	SFBCB	30	22.133 (2.800)	16.333 (4.648)	16.233 (4.710)
	GC	30	21.100 (2.482)	17.166 (4.698)	17.866 (5.008)

Table 5. Analysis of the time effect between SFBCB group and GC group

	Variable	SS	df	MS	F	P value	Partial Eta squared (ηp^2)
Time*group	Communication apprehension	306.033	1.741	175.738	1.851	0.167	0.032
	Group discussion	1.244	2	0.622	0.063	0.927	0.001
	Meetings	68.678	1.773	38.741	4.065	0.024	0.068
	Dyad communication	22.033	2	11.017	1.342	0.265	0.023
	Public speaking	56.178	1.870	30.034	2.915	0.062	0.049
Error (time)	Communication apprehension	9259.067	97.520	94.946			
	Group discussion	1051.156	112	9.385			
	Meetings	946.133	99.273	9.531			
	Dyad communication	919.378	112	8.209			
	Public speaking	1079.378	104.748	10.305			

3.3. Discussion

The SFBCB and GC modules significantly reduced communication apprehension across various dimensions, including group discussion, meetings, dyadic communication, and public speaking among higher education students. The SFBCB group showed strong group-by-time effects across all areas, with exceptionally high effect sizes, indicating that this intervention reduced communication apprehension effectively and sustained these improvements over time. This suggests that the SFBCB module's focus on solution-focused, brief, and cognitive-behavioral techniques was particularly effective in managing and reducing anxiety in different communication settings. Similarly, the GC group demonstrated significant reductions in communication apprehension across all measured dimensions, with notable improvements in group discussions, dyadic communication, and public speaking. The GC module's emphasis on cognitive restructuring, relaxation techniques, and psychological education likely contributed to these positive outcomes.

Both the SFBCB and GC modules leverage core principles of CBT to tackle communication anxiety, emphasizing the modification of maladaptive thoughts and the promotion of relaxation techniques. This approach aligns with existing research, such as the study by Kakamad [28], which highlighted the effectiveness of a 12-week CBT intervention in reducing symptoms of stuttering and social anxiety among adult students. Similarly, research by Lestari *et al.* [29] demonstrated that integrating CBT with public speaking instruction led to significant reductions in anxiety, reinforcing the therapeutic value of CBT in communication contexts. Additionally, the findings from previous studies [30], [31] underscore the broader efficacy of CBT in managing anxiety, particularly in adolescents. These studies not only confirmed CBT's impact on reducing exam anxiety and irrational beliefs but also emphasized it is role in enhancing problem-solving abilities and decreasing avoidant coping mechanisms. The long-term benefits observed in these studies suggest that CBT's influence extends beyond immediate symptom relief, fostering lasting improvements in both cognitive and behavioral responses to anxiety. Therefore, incorporating CBT elements within the SFBCB and GC modules is theoretically sound and supported by empirical evidence demonstrating its effectiveness in diverse anxiety-related contexts.

The study compares the effectiveness of the SFBCB and GC modules in reducing communication apprehension. Both modules were practical, with SFBCB showing better immediate results, particularly in meetings and public speaking, while GC had more sustained effects in dyadic communication. Consistent with the information provided by the subject, before engaging in the counselling session, the subject grappled with concerns regarding goal-setting and apprehension. However, following SFBT techniques, the subject's circumstances improved. Following treatment, the subjects felt more assured, at ease, and confident as they

went about their daily activities. The average study participant reported employing miracle questions, cognitive restructuring, relaxation techniques, exposure exercises, and behavioral training to address their anxiety about public speaking, particularly during presentations.

The study participants reported feeling differences in their emotional state and stress levels following the procedures instructed by the counsellor. Furthermore, students have expressed that exception questions have been essential in facilitating their self-exploration of personal capabilities and directing their attention solely toward finding solutions. Hence, the fundamental ideas employed in this therapy have demonstrated the effectiveness of SFBT therapy in alleviating communication apprehension, particularly in cases requiring intricate anxiety. The findings from multiple studies support the efficacy of SFBT in reducing anxiety and enhancing social skills among various populations. For instance, Javadian and Eqlidi [32] demonstrated that SFBT effectively alleviates anxiety and fosters social skill development in high school students. This is consistent with Archuleta *et al.* [33] findings that SFBT reduces stress and anxiety symptoms while promoting goal-setting behaviors and hopefulness. Additionally, the technique has been noted to elicit positive emotional and cognitive changes, particularly in goal-setting behaviors and hopefulness.

Moreover, research by Chen *et al.* [34] highlighted the effectiveness of SFBT in mitigating stress and anxiety among adolescents, mainly through the use of the "miracle question" method. This technique, which encourages clients to envision their lives without their current problems, facilitates a focus on achieving meaningful goals, such as managing performance anxiety. The method reportedly enhances self-perception and fosters a positive mindset, suggesting a more substantial impact on cognitive functioning than on emotional or social aspects, as noted by Daki and Savage [35]. Similar findings were reported by Sahrah *et al.* [36] who observed that brief group therapy centered on solutions significantly improved the spiritual well-being of postgraduate students experiencing a quarter-life crisis. Wang *et al.* [37] extended these observations to older adults in rural China, demonstrating that culturally tailored SFBT reduced depressive symptoms and preserved cognitive functions, with participants reporting fewer symptoms post-therapy [17].

The application of SFBT, mainly through techniques like the miracle question and scaling questions, is further supported by research showing its potential to decrease anxiety across various contexts, including labor pain [38], depression [39], and anxiety disorders among teenage girls [40]. The strengths-focused brief treatment (SFBCB) module, which includes exposure activities such as presentations, self-reflection, and feedback, aligns with Ireland's work [41], demonstrating efficacy in reducing public speaking anxiety through similar methods. The strengths-focused brief treatment also emphasizes the client's positive attributes and previous and future achievements [42].

4. CONCLUSION

This study demonstrates the effectiveness of the SFBCB and GC modules effectively reduce communication apprehension among higher education students, with the SFBCB module providing longer-lasting results. By incorporating CBT principles, these modules offer practical strategies for managing anxiety, supporting existing research on CBT's effectiveness. Combining SFBT and CBT can lead to more lasting improvements, helping therapists and counselors design better treatment programs. Beyond academics, these modules can also be useful in workplace training, leadership development, and public speaking workshops.

However, the study has limitations, including a small and homogeneous sample, which may limit generalizability. A larger and more diverse participant pool from various educational institutions and cultural backgrounds would enhance understanding of the modules' effectiveness across different populations. Additionally, the study's short follow-up period restricts the assessment of long-term sustainability. While the SFBCB module showed short-term benefits, extended follow-ups are necessary to determine whether these effects persist and whether additional support is needed to maintain improvements. Future research should refine these approaches, test their effectiveness in different contexts, and explore other therapeutic combinations to enhance outcomes.

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C : **C**onceptualization
M : **M**ethodology
So : **So**ftware
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I : **I**nvestigation
R : **R**esources
D : **D**ata Curation
O : Writing - **O**riginal Draft
E : Writing - Review & **E**diting
Vi : **Vi**sualization
Su : **Su**pervision
P : **P**roject administration
Fu : **Fu**nding acquisition

CONFLICT OF INTEREST STATEMENT

The authors state no conflict of interest.

INFORMED CONSENT

We have obtained informed consent from all individuals included in this study.

ETHICAL APPROVAL

Informed consent was obtained from all participants before data collection.

DATA AVAILABILITY

The authors confirm that the data supporting the findings of this study are available in the article.

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