



# JURNAL BIKOTETIK (Bimbingan dan Konseling: Teori dan Praktik)

Volume 08 Number 2, 2024, pp 143- 150

ISSN: Online 2580-5827

Open Access

<https://journal.unesa.ac.id/index.php/jbk>

## INITIAL ASSESSMENT IN COUNSELING

Irma Suryani Nasution<sup>1</sup>, Lisa Sis Mona<sup>2</sup>, Wahidah Fitriani<sup>3</sup>

<sup>1,2,3</sup> Islamic Education, Tarbiyah and Teacher Training Guidance and Counseling Study Program, Mahmud Yunus Batusangkar State Islamic University

Corresponding author, e-mail: [irmasuryaninasution573@gmail.com](mailto:irmasuryaninasution573@gmail.com)

Received June 03, 2024;  
Revised October 24, 2024;  
Accepted October 25, 2024;  
Published Online  
November 11, 2024

The Bikotetik Journal is a Guidance and Counseling journal published by the Department of Guidance and Counseling, Faculty of Education, State University of Surabaya in collaboration with the Asosiasi Bimbingan dan Konseling Indonesia (ABKIN)

### Abstrak

Tujuan dari penelitian ini adalah untuk memperkaya pengetahuan tentang asesmen awal dalam konseling. Metode penelitian ini menggunakan kualitatif dengan pendekatan studi pustaka. Sumber data diperoleh dari google scholar berupa buku dan artikel. Analisis data secara mendalam terkait materi penelitian. Hasil penelitian yaitu langkah evaluasi yang dilakukan konselor saat melakukan sesi konseling dengan klien pertama kali sangat penting karena melalui pelaksanaan evaluasi awal, konselor dapat memperoleh pemahaman tentang klien dan permasalahan yang dihadapinya.

**Kata kunci:** asesmen, konseling

### Abstract

The purpose of this study is to enrich knowledge about initial assessment in counseling. This research method uses qualitative with a literature study approach. Data sources are obtained from Google Scholar in the form of books and articles. In-depth data analysis related to research materials. The results of the study, namely the evaluation steps taken by counselors when conducting counseling sessions with clients for the first time, are very important because through the implementation of initial evaluations, counselors can gain an understanding of clients and the problems they face.

**Keywords:** assessment, counseling

### How to Cite:

Author 1, Author 2. (Year). Title Manuscript. *Jurnal Bikotetik (Bimbingan Dan Konseling: Teori Dan Praktik)*, Vol (No): pp xx-xx

## INTRODUCTION

Numerous studies have determined that the counselee's strengths and resources, coupled with hopes and expectations, are key determinants of counseling success. According to Bidwell, (2001) attribute at least 55 percent of progress in counseling to these factors and another 30 percent to the therapeutic relationship, to which clients make a significant contribution. client attention to their strengths, resources, hopes, and expectations. Change is an important element of the counseling process. Essentially, the role of school counselors/counseling guidance teachers is very important in supporting students to achieve optimal development in four main domains, namely personal, social, academic and career (Wahidah et al., 2019). According to Prayitno and Amti (2004), the main aim of guidance and counseling is to help individuals achieve their best potential in accordance with their stages of development, individual predispositions, various backgrounds, and positive demands from their environment. The

effectiveness of providing guidance is very dependent on accurate data (Yuhana & Aminy, 2019). In carrying out guidance activities effectively or carrying out any intervention with the counselee, the counselor must have a thorough understanding of the counselee. The more information the counselor knows, the better the counselor can work with his counselee. Therefore, before providing counseling or offering solutions to problems to the counselee, an in-depth assessment or evaluation of the counselee from various aspects needs to be carried out. This is very crucial because the better the counselor knows his clients, the greater his success in helping them. Every counselor must avoid rushing to handle cases or problems faced by the counselee without understanding in depth about the counselee and the problems he is facing (Simanjuntak et al., 2023).

Compiling or conducting an assessment is a very important and crucial component in counseling practice. Assessment has various functions in the counseling process, one of which is applying a structured approach to collecting and organizing significant information about the client (Simanjuntak et al., 2023).. This also helps identify what events or factors contributed to the problems faced by the counselee. Implementation of the assessment is a critical stage that requires caution in accordance with the principles. Mistakes in identifying problems due to inadequate assessment can result in treatment failure or even have the potential to cause detrimental impacts for the client (Budianto, 2022). Even though assessment is the basis for providing treatment to clients, this does not mean that counselors have to evaluate every aspect of the client's life and situation if it is not necessary. Sometimes, the counselor may find the client's life interesting, but it is important to remember that it is inefficient and unethical to dig into everything unless it is relevant to the treatment being provided to address the client's problems. The main assessment procedure is often carried out at the beginning of the counseling process. First, there is an intake interview, mental status examination, and screening examination that are discussed. Second, a suicide risk assessment is carried out, including identifying suicide risk factors and using appropriate assessment tools. Finally, an introduction to clinical diagnosis and the decision-making process is included. from the explanation above, the researcher is interested in discussing how to conduct an initial assessment in guidance and counseling

## **METHOD**

This study uses a qualitative research method with a literature study approach, this is based on text analysis from bibliographic sources (Adlini et al., 2022). Data sources were obtained from Google Scholar in the form of books and several articles that support this research. This approach is carried out in-depth data analysis of the material regarding initial assessment in counseling. Data analysis is carried out by extracting, evaluating, and identifying knowledge contained in the literature related to the topic being studied.

## **RESULTS AND DISCUSSION**

### **A. Basic Concepts of Interviews**

#### **1. Initial Interview**

The initial interview has several main purposes, namely evaluating the nature and severity of the client's problems, and determining the appropriate treatment program. This process is very important in counseling because it is the starting point where the client provides important information and the counselor builds the necessary therapeutic relationship (Fitriani et al., 2021). The flexibility of the initial interview allows the counselor to better gather information and also explore the client's concerns in depth.

One of the main focuses of the initial interview is gathering the information necessary to best understand the client's problem. This includes clarifying the client's response to the intake form and investigating issues that may not have been uncovered in depth. In this process, the counselor must find a balance between gathering relevant information and developing a strong therapeutic relationship with the client (Mullen, 2020).

Topics often discussed in the initial interview include a number of things, from the client's personal and family background, to mental health history and previous treatment history (Chozin, 2019). This helps counselors understand the context behind the problems faced by clients and allows them to plan appropriate treatment programs. According to Hays (2013) overall, the initial interview is a crucial stage in the counseling process that allows counselors to gain a deep understanding of their clients and direct the next steps in the healing process (Hays, 2013). 1) General appearance and behavior, 2) Presenting problem, 3) History of current and related problems, 3) Current level of job functioning, relationships, and leisure

---

activities, 4) Use of alcohol or other drugs, including drugs drugs, 5) Family history of mental illness, 6) History of physical, sexual, or emotional abuse 7) risk factors, including urges to harm self or others, 8) Previous counseling; and 9) The client's attitude towards the counseling process.

During the admissions process, it is important for counselors to communicate the policies and procedures in place at the institution or school, including session limitations, confidentiality principles, and available referral options. Admissions interviews should assist counselors in determining immediate counseling needs, the types of skills required, and the most appropriate types of services (such as individual counseling).

## 2. Interview Guidelines

Initial interviews usually start with a simple structure and develop into more complex structures as the interview progresses. During the interview process, clients may need help or guidance to continue providing responses. Probing or clarifying questions can be used to gain a deeper understanding of the client's feelings or meaning. Using statements like "Can you tell me more about..." or "Tell me more about..." is often more effective than "why" questions, as they can make the client feel defensive. According to Amaliya Fradinata et al.,<sup>9</sup> (2023) it is important for counselors to observe clients' nonverbal behavior, such as eye contact, facial expressions, and activity level. Observing this nonverbal behavior can be especially important for clients who may have difficulty communicating verbally. Information obtained during the initial interview should be systematically organized to help identify significant patterns of behavior.

### B. Mental Status Examination

In some mental health service contexts, counselors regularly administer mental status examinations (MSE) to evaluate client functioning through a series of questions and observations. It is important to note that MSE should not be the sole basis for making a diagnosis, but can provide useful clues to areas that need further investigation (Aziz, 2023). MSE may be conducted as part of the admissions interview or at other times if the counselor feels the client is experiencing disorientation, confusion, or loss of touch with reality. This assists counselors in gaining a more complete picture of the client's condition and ensures that they can provide appropriate treatment.

### C. Screening Inventories

Counselors often use short instruments in the form of self-reports to screen and obtain an initial and comprehensive picture of clients' concerns (Syafaruddin et al., 2017). Clients are asked to identify symptoms or concerns that may be bothering them over a certain period of time. Examples of categories quoted from the book (Hays, 2013) as well as descriptions of report forms that can be used by counselors are as follows;

Category	Description and Examples
<p><b>Appearance, Attitude, and Activities</b></p> <p><b>Appearance:</b></p> <p>Physical characteristics such as physical handicaps, apparent age, personal grooming and dressing</p>	<p>Level of consciousness (e.g. normal attention, hyperarousal, drowsiness, lethargy, coma); visible age; body position/posture (e.g. client's physical location, catatonia, use of restraints); clothing/grooming (e.g., dressed casually, clean, neat, disheveled, provocative); eye contact (e.g., good, bad); facial expression; and physical characteristics (e.g., tattoos, scars, scars, sweating)</p>
<p><b>Attitude</b></p> <p>The client's approach to counseling or</p> <p>Interaction with examiners</p>	<p>Friendly, cooperative, uncooperative, hostile, guarded, resistant, or suspicious</p>
<p><b>Activity</b></p> <p>Level and quality of clients</p> <p>physical movement</p>	<p>Pacing, restlessness, shaking at rest, writhing, tardive dyskinesia, lip palpitations, blinking, tics, and compulsions</p>

In the table above the inventory screening process provides an initial measurement of the nature and level of concerns experienced by clients. With its broad coverage, this process is able to identify important issues that may not have been previously monitored. Once these issues are identified, the next step is to evaluate them further through interviews or other methods as needed. Several key basic features of a screening instrument have a significant impact on the accuracy of the screening assessment. According to Sanaky,( 2021) sensitivity refers to the ability of a particular test or measure to correctly detect individuals who fit the criteria for a particular diagnosis or condition (true positive results). In contrast, specificity refers to the ability of the test or measure to correctly identify individuals who do not meet these criteria (true negative results). Overall accuracy includes a combination of sensitivity and specificity (Supriyanta & Setiawan, 2021).

#### D. Suicide Risk Assessment (Suicide Risk Assessment)

Suicide risk assessment is an important part of initial evaluation in counseling practice (Sanaky, 2021). Suicide is one of the leading causes of death in the United States, with one suicide occurring every 11 minutes according to the Centers for Disease Control and Prevention (Kochanski-Ruscio et al., 2017). Suicide rates vary based on race/ethnicity, age, and other factors such as where a person lives (Saputri et al., 2018). The racial/ethnic groups with the highest suicide rates are non-Latinx Native Americans and non-Hispanic white residents. Additionally, veterans, people living in rural areas, and workers in certain industries and occupations such as mining and construction also have higher than average suicide rates.

Basically, suicide risk assessment is an integral part of the counseling process. Counselors must build strong relationships with each client so that the assessment can be carried out as well as possible (Aulia, 2016). The assessment process should engage the client collaboratively to enhance the therapeutic alliance, especially in crisis situations where the client may be reluctant or inhibited in talking about suicidal thoughts. Counselors should use the word "suicide" clearly in conducting risk assessments. The aim of this assessment is to identify the level of risk, which will determine appropriate intervention steps. However, it should be remembered that there is no universal definition of imminent suicide risk, and not all traditional signs are present in every at-risk individual (Sumendap & Tumuju, 2023).

Although suicide risk assessment is important for selecting appropriate interventions, it cannot definitively predict who will commit suicide after treatment. Therefore, it is important for counselors to remain alert and responsive to changes in clients' conditions and to involve a professional team if necessary. Suicide risk assessment is the basis for formulating a treatment or intervention plan. The assessment must consider the factors that have been discussed (Kusumayanti et al., 2020). Therefore, to better understand the journey towards suicide, starting from thinking, developing plans and intentions, preparation, making the decision to act, and implementing the attempt. Suicide is the result of a combination of factors that are complex, nonlinear, and vary over time. Conveying and discussing thoughts about suicide helps acknowledge and honor the client's experience. This can provide a sense of relief and communicate optimism to clients that the problems they are facing can be resolved. According to (Hays, 2013) suicide risk assessment needs to consider the following important factors:

1. Self-Reported Risk

After admitting suicidal thoughts, clients will generally provide their own assessment of the level of risk when asked by the counselor. Questions such as "What do you think is the likelihood that you will take action based on your suicidal thoughts?" or "How long do you think you can survive this situation?" often yields valuable responses in the assessment process. The client's responses to these questions can provide useful insights for the counselor. Self-reports of high risk should always be treated seriously by counselors. Therefore, it is important for counselors to ask clients about their specific experiences with suicidal thoughts and behavior.

2. Suicide Plan

When clients express suicidal thoughts, counselors should ask whether they have planned such actions. If there is a plan in mind, the counselor needs to know whether the client intends to carry it out. Information about this plan is very important in assessing a client's suicide risk.

3. History of Suicide

History of suicide attempts, medical severity of previous attempts, and family history of suicide are important factors in evaluating suicide risk. In fact, a history of suicide attempts is the strongest risk factor in predicting suicide (Sarchiapone et al., 2009). If a person has attempted or seriously considered suicide before, especially by a lethal method, then the risk of suicide for that person is significantly increased. Individuals who have made more than one suicide attempt are at higher risk. The counselor should investigate the history of suicide in the client's family and among his or her social circle. Has a family member or friend died by suicide or has ever threatened or attempted suicide? If yes, what is the relationship between that person and the client? Is the person an example for clients? How does the client feel about this situation? When did the attempted suicide or suicide occur? Sometimes certain dates or events can be triggers for suicide attempts (Sarchiapone et al., 2009).

4. Psychological Symptoms

Clients who experience mental disorders or psychological stress have a higher risk of committing suicide compared to other individuals. Specifically, while research has shown an increased risk of suicide in individuals with major depression, bipolar disorder, and/or substance use disorders, the typical symptoms of these disorders may specifically predict the likelihood of suicide in individuals who have recently undergone inpatient psychiatric treatment. , experience comorbid disorders, and experience repeated depressive and mixed episodes throughout their lives mereka (Novitayani & Nurhidayah, 2023).

5. Environmental Stress

Stress is often a trigger for suicidal thoughts, especially if it is related to the loss or threat of loss of interpersonal relationships. Sometimes, stress is also related to traumatic events that occurred years previously and are still unresolved, such as sexual abuse, physical violence, or the experience of suicide in the family. When interacting with clients, it is important to ask if there are things from their past that are difficult to discuss. If anything, help them begin to explore these issues in a supportive environment. This highlights the importance of long-term treatment in the management of the condition.

6. Available resources

Counselors should identify the various resources clients can access. It includes three levels of resources: (a) internal; (b) social networks, such as family, close friends, neighbors, coworkers, and other people with whom the client may interact; and (c) professional resources.

E. Suicide Risk Assessment Assistance

This tool was developed to be used as an integral part of the evaluation process. All of these tools highlight the importance of evaluating current suicidal symptoms and suicidal history. They can provide valuable guidance for conducting assessment interviews and taking careful notes throughout the assessment. According to McDivitt, (2006) the assistance that can be given to clients who are planning to commit suicide is;

1. Suicide Assessment Checklist (SAC)

Rogers and colleagues (1994) introduced the Suicide Assessment Checklist (SAC), which consists of 12 items related to the client's suicide planning, suicide history, psychiatric history, substance use, and demographic characteristics. As well as nine items that reflect the counselor's assessment of significant factors such as hopelessness, worthlessness, social isolation, depression, impulsivity, hostility, intention to die, environmental stress, and future time perspective. Each item is weighted based on level of criticality, such as having a concrete suicide plan, having a plan to use a lethal method, making final plans, writing a suicide note, and having a history of family or someone close to you dying by suicide. Higher score values indicate greater risk. However, in making a suicide risk assessment, counselors must also consider additional information such as reports from third parties and their own clinical assessments.

This instrument can be used effectively by counselors with diverse educational backgrounds and experiences. High levels of inter-rater consistency as well as strong test-retest reliability have been demonstrated for suicide risk assessment using the Suicide Risk Assessment Scale (SAC) by counselors, including experts and crisis line volunteers, when assessing individuals at risk of suicide yourself as a client.

2. Triage (SAFE-T)

The triage method (SAFE-T) is a useful tool for evaluating risk factors for suicide with the aim of minimizing the possibility of false positive rates and providing more precise predictions of suicide. SAFE-T stages include:

- a. Identifying relevant risk factors, which include modifiable factors and targets for treatment
- b. Identify protective factors
- c. Carrying out a suicide assessment, including exploration of current suicidal thoughts, plans, behavior and intentions
- d. Determining the level of risk and selecting appropriate interventions to reduce risk, and
- e. Document the results of the risk assessment, reasons for selecting the intervention, and follow-up steps after the assessment and intervention are carried out

Counselors must first assess risk factors/warning signs and protective factors. Examples of risk factors and warning signs identified by Fowler include client and family history of suicide attempts; shows symptoms of irritability, impulsiveness, hopelessness, and so on; triggering losses; current family turmoil; and increased substance abuse.

## SUMMARY

### Conclusion

The counseling process requires a number of types of assessments to evaluate overall function and plan appropriate interventions. Starting from the first counseling session and throughout the counseling relationship, counselors should consider the possibility of a mental health crisis and trauma symptoms. At the initial assessment stage of counseling, an initial interview and Mental Status Evaluation (MSE) are common steps taken. The initial interview provides the counselor with comprehensive data regarding the problem being faced by the client and relevant historical information to understand the context of the problem. In addition, the MSE, which is often conducted in conjunction with the initial interview, provides data regarding the client's appearance, demeanor, and activities; mood and its effects; speech and language used; thought processes, thought content, and perception; comprehension ability; and client insights and assessments.

### Suggestion

Counselors in carrying out assessments need to pay attention to how and how they are implemented in counseling. This is very important for them as counselors or guidance counselors. It is hoped that this article can help readers and expand knowledge in carrying out counseling

---

---

**BIBLIOGRAPHY**

- Adlini, M. N., Dinda, A. H., Yulinda, S., Chotimah, O., & Merliyana, S. J. (2022). Metode Penelitian Kualitatif Studi Pustaka. *Edumaspul: Jurnal Pendidikan*, 6(1), 974–980. <https://doi.org/10.33487/edumaspul.v6i1.3394>
- Amaliya Fradinata, S., Mudjiran, & Dina Sukma. (2023). Keterampilan Dasar Konselor Dalam Melakukan Konseling Individu. *Jurnal Ilmu Pendidikan Dan Sosial*, 2(2), 119–128. <https://doi.org/10.58540/jipsi.v2i2.238>
- Aulia, N. (2016). *Analisis Hubungan Faktor Risiko Bunuh Diri dengan Ide Bunuh Diri pada Remaja di Kota Rengat Tahun 2016*. PROGRAM STUDI S2 KEPERAWATAN PEMINATAN KEPERAWATAN JIWA FAKULTAS KEPERAWATAN UNIVERSITAS ANDALAS.
- Aziz, R. (2023). *Menjadi Guru Sehat dan Bermakna*. Deepublish.
- Bidwell, D. R. (2001). A competency-based initial assessment form for pastoral counseling. *American Journal of Pastoral Counseling*, 4(2), 3–15. [https://doi.org/10.1300/J062v04n02\\_02](https://doi.org/10.1300/J062v04n02_02)
- Budianto, A. (2022). Supervisi Klinis Peningkatan Keterampilan Guru Dalam Pembelajaran Kontekstual Dengan Metode Inkuiri Di SD Negeri Jrebeng I Kabupaten Probolinggo. *Jurnal Pendidikan Taman Widya Humaniora*, 1(2), 120–140. <https://jurnal.widyahumaniora.org/index.php/jptwh/article/view/28>
- Chozin, M. N. (2019). Pengembangan Media E-Konseling Sebagai Penunjang Penyelenggaraan Layanan Bimbingan Dan Konseling. *Jurnal Hanata Widya*, 1, 49–57.
- Fitriani, W., Afiat, Y., & Aisyah, T. F. (2021). Need Assesment Sebagai Manifestasi Unjuk Kerja Konselor. *Al-Tazkiah: Jurnal ...*, 10(1), 1–20.
- Hays, D. G. (2013). *Assessment in counseling* (Seventh). Carolyn C. Baker.
- Kochanski-Ruscio, K., Nademin, E., Perera, K., LaCroix, J. M., Baer, M., Hassen, H. O., Englert, M. D., & Ghahramanlou-Holloway, M. (2017). An Examination of United States Air Force Suicide Decedents Based on Documented Suicide Attempt Histories. *Archives of Suicide Research*, 21(4), 556–567. <https://doi.org/10.1080/13811118.2016.1240635>
- Kusumayanti, N. K. D. W., Swedarma, K. E., & Nurhesti, P. O. Y. (2020). Hubungan Faktor Psikologis Dengan Risiko Bunuh Diri Pada Remaja Sma Dan Smk Di Bangli Dan Klungkung. *Coping: Community of Publishing in Nursing*, 8(2), 124. <https://doi.org/10.24843/coping.2020.v08.i02.p03>
- McDivitt, P. J. (2006). Principles and Applications of Assessment in Counseling , Second Edition . *Measurement and Evaluation in Counseling and Development*, 39(3), 182–186. <https://doi.org/10.1080/07481756.2006.11909797>
- Mullen, P. R. (2020). Assessment in Counseling: Practice and Applications , by Richard S. Balkin and Gerald A. Juhnke . *Measurement and Evaluation in Counseling and Development*, 53(3), 213–217. <https://doi.org/10.1080/07481756.2019.1691461>
- Novitayani, S., & Nurhidayah, I. (2023). Analisis Risiko Bunuh Diri pada Mahasiswa Kesehatan di Kota Banda Aceh. *Jurnal Epidemiologi Kesehatan Komunitas*, 8(1), 61–68. <https://doi.org/10.14710/jekk.v8i1.15780>
- Sanaky, M. M. (2021). Analisis Faktor-Faktor Keterlambatan Pada Proyek Pembangunan Gedung Asrama Man 1 Tulehu Maluku Tengah. *Jurnal Simetrik*, 11(1), 432–439. <https://doi.org/10.31959/js.v11i1.615>
- Saputri, N. S., Rahman, A. A., & Kurniadewi, E. (2018). Hubungan Antara Kesepian Dengan Konsep Diri

- Mahasiswa Perantau Asal Bangka Yang Tinggal Di Bandung. *Psymphathic : Jurnal Ilmiah Psikologi*, 5(2), 645–654. <https://doi.org/10.15575/psy.v5i2.2158>
- Sarchiapone, M., Carli, V., Janiri, L., Marchetti, M., Cesaro, C., & Roy, A. (2009). Family history of suicide and personality. *Archives of Suicide Research*, 13(2), 178–184. <https://doi.org/10.1080/13811110902835148>
- Simanjuntak, G. P., Budhianto, C., & Mahendro, J. S. T. (2023). Kompetensi Konselor Pastoral dalam Menyikapi Depresi : Sebuah Perspektif Konseli di Yayasan Pelangi Nusantara. *Journal of Theology and ...*, 1(1), 27–36. <https://jurnalpersetia.id/index.php/jic/article/view/2>
- Sumendap, R. F., & Tumuju, T. (2023). Pastoral Konseling Bagi Kesehatan Mental “Studi Kasus Pastoral Konseling Preventif Pada Fenomena Bunuh Diri.” *POIMEN: Jurnal Pastoral Konseling*, 4(1), 96–112.
- Supriyanta, B., & Setiawan, B. (2021). Sensitivitas, spesifisitas, nilai prediksi positif, nilai prediksi negatif dan akurasi metode Lateral Flow Immuno Assay (LFIA) dengan mikroskopis untuk diagnosis gonore. *Puinovakesmas*, 2(2), 40–44. <https://doi.org/10.29238/puinova.v2i2.1170>
- Syafaruddin, Sitorus, A. S., & Syarqaw, A. (2017). *BIMBINGAN DAN KONSELING PERSPEKTIF AL QURAN DAN SAINS* (Syafaruddin (ed.)). PERDANA PUBLISHING.
- Wahidah, N., Cuntini, C., & Fatimah, S. (2019). Peran Dan Aplikasi Assessment Dalam Bimbingan Dan Konseling. *FOKUS (Kajian Bimbingan & Konseling Dalam Pendidikan)*, 2(2), 45. <https://doi.org/10.22460/fokus.v2i2.3021>
- Yuhana, A. N., & Aminy, F. A. (2019). Optimalisasi Peran Guru Pendidikan Agama Islam Sebagai Konselor dalam Mengatasi Masalah Belajar Siswa. *Jurnal Penelitian Pendidikan Islam*, 7(1), 79. <https://doi.org/10.36667/jppi.v7i1.357>