

REBT Module Development in Pastoral Counseling Service for PLHA in Maluku Protestant Church

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ABSTRACT

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HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immunodeficiency Syndrome) are global pandemics that draw the world's attention. Since 1987, the cases of HIV/AIDS have been declared a humanitarian crisis and have become a challenge to the development and progress of Indonesia. In addition, as a province with a relatively large number of cases, handling HIV/AIDS is certainly a concern for the government and the church community in Maluku. In the process of pastoral counselling service by Maluku Protestants Church (GPM), the spiritual assistance to the People Living with HIV/AIDS (PLHA) is going well. Even so, they didn't have guidance from a psychological perspective such as therapy or other methods to strengthen the assistance. To this concern, this study aims to develop a module of Rational Emotive Behavior Therapy (REBT) in pastoral counselling service for PLHA in Maluku Protestants Church. The method used in the study was a Research and Development with ADDIE Model. There are five procedural stages of developing the module based on this model namely, analysis, design, development, implementation, and evaluation. The subject in the study were the servants of pastoral counselling in the Maluku Protestants Church who are spread in three service areas such as in Masohi City and Lease Islands (in Central Maluku Regency) and Ambon City (the capital of Maluku). The results conclude that the REBT

module is effective for the pastoral counselling service to the PLHA in Maluku Protestants Church.

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INTRODUCTION

The year 2019 ended with the emergence of a new virus known as Coronavirus Disease 2019 (COVID-19). This virus first appeared in Wuhan, a city in China (Unicef, 2020) This virus is growing very quickly in various parts of the world, including in Indonesia. Covid-19 claimed so many lives. In response to this situation, the Indonesian government made various efforts to accelerate the response to Covid-19. The presence of Covid-19 has seized the attention of the people and the Indonesian government so that it is enough to drown out the issue of the HIV/AIDS pandemic, which has existed in Indonesia since 1987 (De Bresser et al., 2019; Siregar et al., 2015).

Since it was founded in 1987, cases of HIV/AIDS have been declared a global humanitarian crisis and become a great challenge in the development and progress of Indonesia. It is called a global crisis due to its improvement rapidly every year. In data released by the United Nations Program on AIDS (UNAIDS), it is stated that until 2020, there are 38 million people infected by HIV in the world. There are about 20.1 million women and children (Rizal, 2020). The findings are more strengthened by the data released by the Ministry of Health of the Republic of Indonesia, which states that the largest number of the case in the world are found in Africa (25.7 million people), Southeast Asia (3.8 million people), and America (3.5 million people). On the other hand, the lowest number of cases was found in the Western Pacific with 1.9 million people. The improvement in the number of HIV/AIDS in the Southeast Asian region caused Indonesian people to need to alert the transmission of this virus.

The amount of confirmed HIV/AIDS positive cases increases from year to year in Indonesia. In the report of the Ministry of Health of the Republic of Indonesia in the first quarter of March 2021, the number of cumulative reported HIV was as many as 427,201 people, while total cumulative AIDS was reported as many as 131,417. Based on these data here are the details: the percentage of PLHA (People Living with HIV/AIDS) was found to be the highest in the group aged 25–49 years (71.3%), followed by the group aged 20–24 years (16.3%), and the group age 50 years (7.9%), followed by the group age 15–19 years (2.7%), followed by the group age 5–14 years (1.2%), and the group age ≤ 4 years (0.6%). Whereas based on gender: the percentage of the case found in men by 69% and women by 31% with a ratio is 5:3. Then, if seen from the risk factor: the homosexual group is identified by 27.2%, the heterosexual by 13.0%, the usage of needles inject alternate by 0.5%,

and other cases by 8.8%. However, the percentage of risk factors from unknown sources is larger at 50.4%. Moreover, the percentage of PLHA reported in the group population of the commercial sex worker is 2.4%, gay is 26.3%, shemale is 0.9%, drug users by injection is 0.5%, prison inmates is 0.7%, the pregnant mother is 20.9%, tuberculosis patients is 11.5%, sexually transmitted infection patients is 0.8%, commercial sex worker customer is 4.2%, married couple is 6.3% and others is 25.5% (Ministry of Health of the Republic of Indonesia, 2021 & Mulyaningsih, 2017).

Responding to the total increase of the cases from time to time, the Indonesian government took various steps of handling (an effort to push the number of cases) of HIV/AIDS. An effort made by the government that is detected early and service counselling carried out voluntarily, without coercion. Service this known by the term Voluntary Counseling and Test (VCT) (Nuraeni et al., 2013). This service aims to help prevent care and treatment for HIV/AIDS sufferers. Voluntary Counseling and Test (VCT) can be done at the health centre or hospital or clinics that provide services for the test which can be freely chosen by every volunteer. Besides extending life span as well as increasing quality of life among PLHA, the government has conducted the antiretroviral drug therapy combination. Treatment through antiretroviral (ARV) therapy until recently is still a form of great therapy trusted to extend life span and quality of life among them. Even so, to give a maximum result of the therapy, the use of antiretroviral drugs should be conducted with supervision that is strict from the medical team. A number of them are using the right combination, patient compliance, as well as with beware of no effect wanted as a consequence existence of drug interaction (Hikmah, Kuswiharyanti, Raafi, Juarti, & Amaliadiana, 2021; Yuliandra et al., 2017). The Ministry of Health of the Republic of Indonesia in 2021 has identified the number of PLHA who started ARV therapy as 6,762 and the number of people living with HIV is 7,650 (88%).

Various effort has been carried out by the government and the private sectors to cut off the chain of HIV/AIDS spreading. The private sector involved in handling and prevention of HIV/AIDS is among Non-Governmental Organizations (NGOs) and others from the Church community. A study mentioned that the Citra Usadha Indonesia Foundation (YCUI) is one of the NGOs engaged in the field of HIV/AIDS and standing since February 4, 1992, in Bali. YCUI is concerned with the results of research that mentions height risk of HIV/AIDS transmission in Bali and has less public attention to the phenomenon. These NGOs have aims to strive for the public to avoid AIDS and prevent HIV transmission and disease and other health problems (Khuluq et al., 2019). Apart from NGOs, parties that participate in giving a contribution to HIV/AIDS prevention and control in Indonesia is the Church community (Rahmadhani, 2018). In this regard, this religious figure plays a role in minimizing stigma and discrimination against the PLHA and the population key (those at risk infected with HIV) in the social environment. Besides, these religious leaders also encourage them to get access to health services. More importantly, religious leaders can give motivation as well as good knowledge about love taught by religion so that could lighten up the social burden that existed among those who are infected or the key population (Manulang & Adu, 2020)

One of the Churches communities in Indonesia that participates to give attention to the prevention and control of HIV/AIDS cases is Maluku Protestants Church (GPM). Various efforts have been conducted well at the synod level, classic, or congregation. One of the bureaus in charge of handling the cases of HIV/AIDS is the Bureau of Education and Health. In the interview among the researcher with the head of this bureau of GPM, it is found that this Church community has established a team to take care of the issue of HIV/AIDS in its service areas. This team has been given special training to equip every member the team with a comprehensive understanding of what it's HIV/AIDS even about the counselling service for the PLHA. Through the service of pastoral counselling, they embraced as well as strengthened the PLHA spiritually and physically (Messakh, 2020; Wiryasaputra, 2015). The goal is to help them realize that there is still a group of society that concerns a lot to give attention, not ostracize as well as help increase them improve their confidence and positive thought to live. In 2021, GPM conducted a training of trainers for a member of the team to highlight their understanding and motivation to improve the service of pastoral counselling for people living with HIV/AIDS.

The pastoral counselling service is one of the services by the Maluku Protestants Church against the PLHA. This service is carried out to contribute positively to the enhancement of the life quality of these people (Hidayanti, 2020; Hidayanti & Syukur, 2018). There are many positive influences of this service namely the is the existence of support provided by society, emotional and spiritual increased motivation, a life of positive thinking, increase self-confidence, as well extended life span (Aristiana et al., 2015) In addition, this service can also save the lives of those who suffer damage in the experienced storm of life. Feeling anxiety, guilt, anger as well as other problems experienced by the PLHA need to be addressed through the existence of pastoral counselling service in the church. The presence of these people in the midst social room could become a "space" for pastoral counselling service. This should be taken into consideration since the stigmatization and discrimination of the public have "brought" them to the position of "exiled" (Simanungkalit, 2019).

The pastoral counselling service for the PLHA will get maximum results if balanced with the existence of professionalism from the servants. In other words, it needs good people or team members who have competence in the field of pastoral counselling. People who do service Pastoral Counseling are called the counsellor. More simply, a counsellor is interpreted as the one who gives help to the client in overcoming the problem experienced. There are various regulations about a professional counsellor. The World Health Organization (WHO) issued a regulation about the counsellor that a good counsellor should have a good personality characterized by good characteristics, good intelligence, ability to work in a team, high tolerance, and properly qualified in education in the field of pastoral counselling (Putri, 2016; Sari & Setiawan, 2018). These characteristics of the counsellor should keep going sharpened so the counsellors in the church can more competent and professional in field pastoral counselling service for the PLHA (Retnaningsih, 2016). With thereby, it needed the existence of strengthen the capacity of the counsellors to form training per needs in the field.

Maluku Protestant Church (GPM) has conducted various types of training to increase the capacity of counsellors in field pastoral counselling for PLHA. The Training of Trainer (TOT) for the pastoral counselling counsellors conducted on August 23 in 2021 by the synod of the Church community is proof of this concern. Following this training, the counsellors were given an

understanding that in life people are always faced with the struggle of life in society, including social disease that is still wrestling its increased number year by year namely HIV/AIDS. Concerning the total number of patients in this case that continues to increase, massive attention from every sector in life is essential thing including from the counsellors of pastoral counselling services. The attention is given for deal with stigma and discrimination issues to the growing number of PLHA in life public specifically in the GPM service area (Tobari, 2021).

Concerning the Training of Trainers (TOT) for the counsellors of pastoral counselling in Maluku Protestant Church (GPM) in 2021, the head of the Bureau of Education and Health of GPM Synod stated that “they need to train the counsellor to use a specific method for conducting counselling that can bring positive impact to the PLHA specifically on their psychological factors”. Moreover, the head also said that “to the present time, there is still no specific method that is taught for the counsellor in this specific case”. In more specific words, he confirmed that they don’t have a guideline in form of a module or book containing a specific method or technique that can assist the counsellors in working with PLHA. From the result of this interview, it can be concluded that the need for the existence of a book containing a method or technique for the service of counselling to the PLHA is a priority for the Bureau of Education and Health in GPM Synod. Besides the interview with the Head of the Bureau, researchers also interview one pastor who is in the service area of GPM in Lease Islands. The data from the interview found that a team of pastoral counselling for HIV/AIDS sufferers has been formed. Yet, in recent times, there is no training or typical activity conducted to prepare the counsellors to get ready to handle the case of PLHA. The informer later confirmed that they need such a guideline in the form of a book or module containing specific techniques or steps or a therapy that can be used by counsellors in their area of service. These data of interviews give an insight into the Maluku Protestant Church’s needs development of a module containing specific methods or techniques on psychological perspective to help the counsellors in conducting their duty. It is expected that the effectiveness of the method or technique can be measured as well as can help the PLHA to survive and can improve the quality of life in the middle condition pain experienced.

Based on the needs from the result in the background of the study, the researcher decided to develop a consisting of methods and techniques that can help the counsellors of pastoral counselling for the PLHA the service area of Maluku Protestant Church. This module is intended and used by the counsellor GPM pastoral counselling in doing the service. The developed module is designed in the framework of a common technique used in the psychological field of service namely Rational Emotive Behavior Therapy (REBT). The Rational Emotive Behavior Therapy (REBT) technique is a method of therapy with uses a cognitive-behavioural approach that emphasizes the connection among feelings, behaviour, and thoughts. This method of therapy was developed by Albert Ellis. The main purpose of the application of this method is to change the pattern of individual irrational thinking to become rational. In general, if an individual has an irrational thinking pattern it will bring influence emotions and behaviour. The implementation of REBT is expected to result in a rational pattern of individual way of thinking as well as capable to develop positive behaviour (Corey, 2009).

Rational Emotive Behavior Therapy (REBT) is seen as effective to increase the positive behaviour of the PLHA. Previous researchers have conducted purposeful therapies that give impact positively on PLHA. In the research conducted by Irawati et.al in 2011 to decrease the death

anxiety level of PLHA, they carried out REBT therapy to increase the religiosity of the subjects. The subjects of this research were the PLHA who were actively engaged in antiretroviral treatment. The research findings indicated that there was a decrease in the death anxiety level of PLHA. The decreased level of death anxiety brings a positive impact to the research subject to have a more rational thinking pattern that leads them more capable to undergo life more productively. The next research was conducted by Atmasari in 2016 to measure the effectiveness of cognitive behaviour therapy for depression. The subject of this study was a housewife ladder infected by her husband and was declared HIV positive which caused her to experience high depression. Her depression affected a lot on her mood leading to less productive in life. Surprisingly, after being treated in the therapy her depression level decreased. In line with this study, Surilena et. al in 2015 in their research measured the effectiveness of REBT implementation towards mental development as well as the obedience to antiretroviral therapy. The subjects of this research were women of HIV sufferers. Research results show that REBT therapy performed effectively increases the mental health of the subjects and increases their obedience to antiretroviral therapy.

Based on the relevant previous research findings in the background of the study, it can be inferred that number of research have identified the positive impacts on the implementation of REBT therapy. The positive impacts of this method can be seen in the changes in the subject's emotions and behaviour of PLHA. Yet, in recent times, there are no research conducted concerning the development of this method of therapy. There is no research on the development to develop a module for conducting REBT therapy specifically in pastoral counselling service for PLHA specifically in Maluku Protestant Church. In this regard, the researchers conducted research and development aims to produce a module of REBT therapy to assist the counsellors of pastoral counselling services. Specifically, the content of this module is a description of the stages of the therapy which is elaborated from a Christian perspective.

METHODS

The method of this research was research and development (R&D). Research and Development are generally defined as method designing as well as developing a product, for example, learning media, methods, or learning modules. This development is based on systematic steps: field trial stage, evaluation process and refined following a certain standard of effectiveness and quality to get results that will be applied (Borg & Gall, 1983). In addition, the model of development used in this research and development was the ADDIE model (McGrift, 2000). ADDIE is the acronym for Analyze, Design, Develop, Implement and Evaluate.

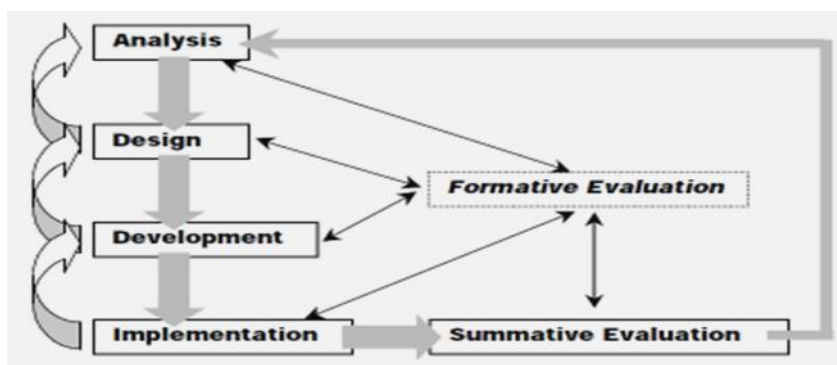
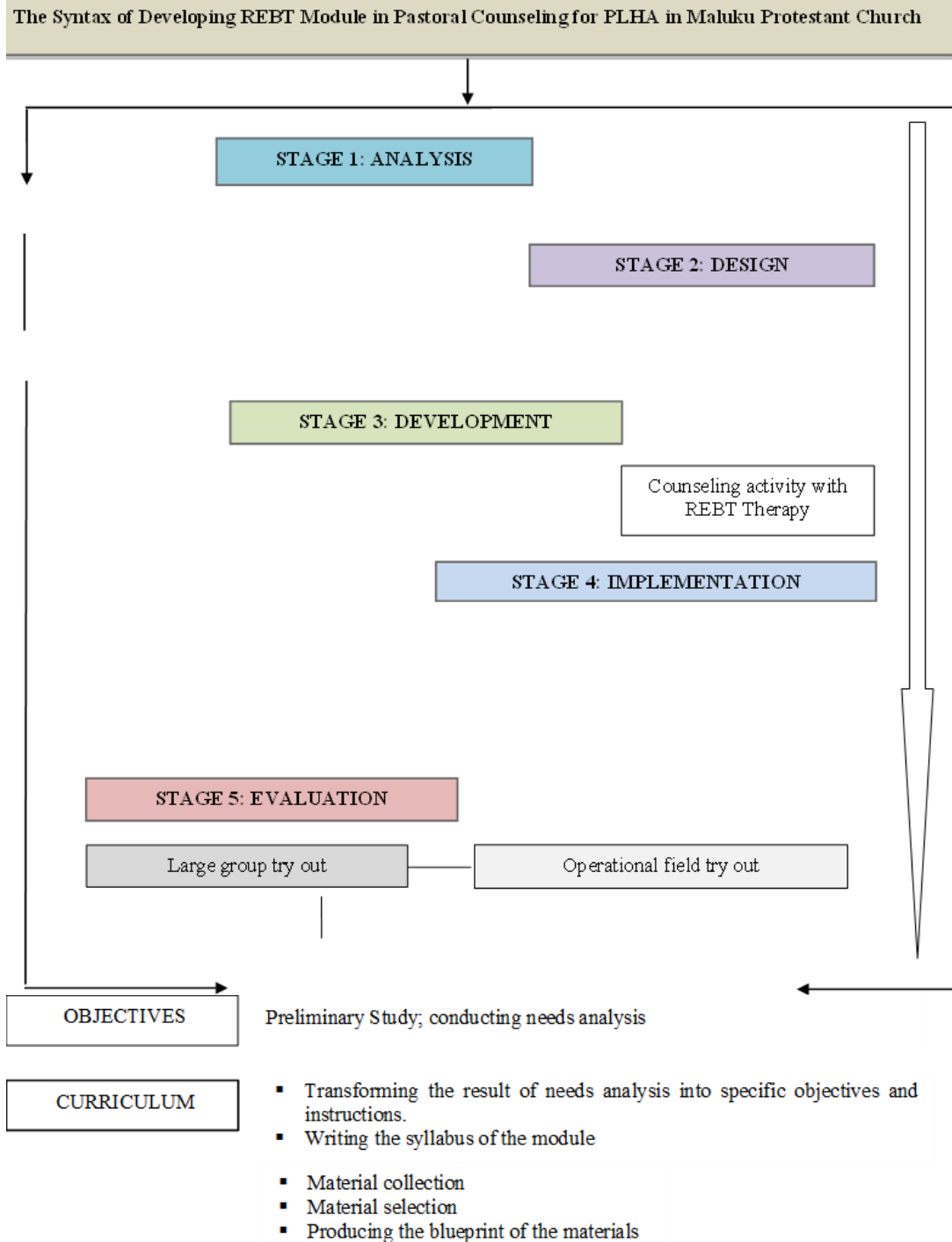


Chart 1: ADDIE Model for Research and Development
 Steven J. McGriff 09/2000 Instructional Systems, College of Education, Penn State University
 [source]

The five stages of the ADDIE model of development in this research are then synthesized specifically into this research as can be presented in the following figure.



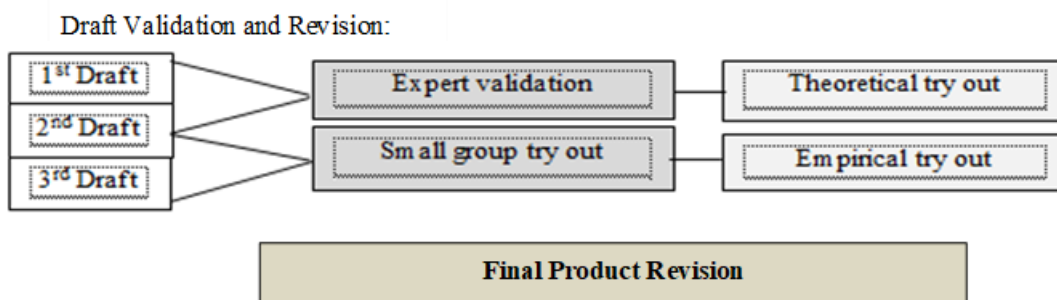


Chart 2: The synthesized of ADDIE's development procedure in this research

This research and development of the REBT module in 2021 were carried out in the service area of the Maluku Protestant Church (GPM). Based on the results of the discussion with the head of the church synod, certain places are recommended to conduct the empirical and operational field tryout of the module. The locations are Ambon city, Masohi city, and Lease Islands. The data in this research were obtained through mix method approach namely qualitative and quantitative. Qualitatively, the data in this research is collected through interviews with the experts and the counsellors and also from the notes (suggestions for the improvement of the module in the expert judgment and the large group tryout) written by the experts and the counsellors. On the other hand, the quantitative data is collected through the attitude response questionnaire adapted from Tomlinson (1998). The questionnaire is distributed only to the counsellors to find out if the module is easy or difficult for them to use during the phases of the large group tryout.

RESULTS AND DISCUSSION

The content of the module that is developed in this research is derived from a method of therapy that is usually used by psychologists to help the PLHA to increase their positive behaviour during their lifetime. The steps of this method are translated into each unit in this module. Since the module is developed for the pastoral counselling services for PLHA in Maluku Protestant Church, the content of the module is also elaborated from a Christian perspective. In the other words, the content of the module is a combination of psychology, health, and Christianity content that are translated into 5 units. Furthermore, after completing the stages of composing the REBT module, the next stage is to conduct the theoretical tryout with expert judgment. In this stage, the researchers consulted with the head of the Maluku Protestant Church Synod to determine the experts who are competent in the field of pastoral counselling related to the social problem of HIV/AIDS. Through the bureau of education and health of the synod, the experts are referred to meet two competent experts; the first one is an expert in pastoral counselling, who has years of experience in helping the PLHA and another one is an NGO member who is experts and experienced as well in handling the cases of HIV/AIDS in Ambon city. The skills and experiences of experts are important contributions to the development of this module, especially for the content of the material. These experts had a different role in evaluating the developed REBT module. The first expert focused on the pastoral counselling content along with the immersion of Christian content. Meanwhile, the second expert is specifically focused on the content of information about HIV/AIDS. The experts are given the full trust to evaluate the whole content of the module concerning their expertise. They could also make notes in the module for every single thing they want to assess or give suggestions or other perspectives. As a result, there are some inputs from the experts in form of suggestions for the contents of the developed REBT

module from the experts. In other words, the module is suitable to be used in pastoral counselling services with some notes for its improvement, as shown in the following table.

Unit	Module Component	Section before revision	Section suggestion after revision	Note
1-5	Unit title	Unit 1 <ul style="list-style-type: none"> ▪ Getting to know HIV/AIDS 	<ul style="list-style-type: none"> ▪ Basic Information on HIV/AIDS 	Accepted
1-5	Theory	Unit 1 <ul style="list-style-type: none"> ▪ Development of HIV/AIDS in Indonesia ▪ The physical condition of people living with HIV/AIDS ▪ Psychosocial Conditions of PLHA ▪ The Spiritual Condition of PLHA 	Unit 1 <ul style="list-style-type: none"> ▪ Pre-test ▪ What is HIV/AIDS? ▪ How is HIV transmitted? ▪ How is HIV not contagious? ▪ Stages of HIV infection to AIDS ▪ HIV by age and risk factors ▪ What is the psychological reaction of PLHA? ▪ How to prevent HIV? 	Accepted
1-5	Activity	Unit 1: Related videos to the materials <ul style="list-style-type: none"> ▪ History of the HIV/AIDS epidemic in the world and Indonesia https://www.youtube.com/watch?v=3niTMT9HGf https://www.youtube.com/watch?v=d51cRF2Ljjw ▪ Uncovering the origins of HIV/AIDS https://www.youtube.com/watch?v=e1A8Nyr21yQ ▪ The origin of the HIV https://www.youtube.com/watch?v=MhPn7H5budY ▪ Symptoms, signs and transmission of HIV https://www.youtube.com/watch?v=JPn7EoTkmlw 	Unit 1: Related videos to the materials <ul style="list-style-type: none"> ▪ Carlo's Story: Maya and Surya https://www.youtube.com/watch?v=YtTtFC8QdGI 	Accepted
1-5	Test Instrument	The test is given after the counselling process using REBT	The test is given before and after the counselling process using REBT	Accepted

1-5	Appearance	<ul style="list-style-type: none"> ▪ The module contains fewer white spaces ▪ No interesting pictures/illustrations ▪ The page size of the module is too large (A4) ▪ A bibliography should not be separated by each unit ▪ Module content structure: <ul style="list-style-type: none"> ✓ Knowing HIV/AIDS ✓ Trust ✓ Challenges of PLHA ✓ Therapy for PLHA Evaluation 	<ul style="list-style-type: none"> ▪ The module contains more white spaces ▪ There are some interesting pictures/illustrations ▪ The page size is changed to be (B5) ▪ The bibliography is at the back of each unit ▪ Module content structure: <ul style="list-style-type: none"> ✓ Basic Information on HIV/AIDS ✓ Challenges of PLHA ✓ Trust ✓ Gratitude Therapy Evaluation 	Accepted
1-5	Language Usage	<ul style="list-style-type: none"> ✓ Many words experienced an error in typing (preposition, term in language English, sign liaison between words, lack of words/ letters etc.) 	<ul style="list-style-type: none"> ✓ Experienced words error writing and marking liaison as well as terms in language English repaired the writing. 	Accepted

Table 1: The suggestions for the developed module (draft 1) that are given by the experts.

The experts' suggestions for the content of the module as shown in table 1 are the basic reference for the improvement of the first draft of the REBT module. Based on the improvement notes from the experts, the researchers composed a new draft of the module and gave it to them to get validation before its implementation in the further stages. Having composed the first draft of this module, the researchers continue the process to the next stage of this research namely the empirical tryout. This empirical try-out of the developed REBT module employs several counsellors representing three different locations that are used as the places for testing this module namely; Ambon city, Masohi city, and Lease Islands. Following this stage of research, the counsellors along with the researcher discussed the second draft of the module. The main purpose of this stage is to get other perspectives from the counsellors about the content of the materials. It is expected that the counsellors could give new insight based on their technical experiences in handling PLHA. All their suggestions for the second draft of the module are presented in the following table.

Unit	Module Component	Section before revision	Section suggestion after revision	Note
1-5	Unit Title	“Pastoral Counseling Service for PLHA” For the counsellors, the term PLHA in the title is better replaced by the term that is already often used by them, namely; SADHA (Brothers and Sisters with HIV/AIDS)	“Pastoral Counseling Service for SADHA”	Accepted

1-5	Theory	<ul style="list-style-type: none"> ▪ There is no pastoral counselling material for PLHA families ▪ There is no pastoral counselling material for PLHA couples (husband or wife) ▪ There is no information related to the spread of HIV/AIDS cases in Maluku Protestant Church service areas. ▪ No material discusses legal aspects that can be used to protect the human rights of PLHA ▪ There is no information about health facilities that can be accessed by PLHA that are near their house. ▪ There is no information about shelter houses for PLHA in each area of the city or regency. 	Unit 1: <ul style="list-style-type: none"> ▪ Pastoral counselling materials for PLHA families ▪ Pastoral counselling materials for PLHA couples 	Accepted Not accepted Not accepted Accepted Accepted Accepted
1-5	Activity	There is no activity of <i>sharing sessions</i> with PLHA	There is an activity of <i>sharing sessions</i> with PLHA	Accepted
1-5	Test Instrument	There is no test result measurement guide	There is a test result measurement guide at the end of the module	Accepted
1-5	Appearance	-	-	-
1-5	Language Usage	Many word errors in typing.	The words have been corrected	Accepted

Table 2: The suggestions for the developed module (draft 2) that are given by the counsellors.

The results of this empirical try-out are taken into consideration by the researchers as the improvement points before conducting the operational field tryout. The operational fields tryout is the last stage of this research and development of the REBT module for the counsellors of pastoral counselling for PLHA in Maluku Protestant Church. There are 21 counsellors representing Ambon city, Masohi city, and Lease Islands who participated in this stage of the research. In conducting this tryout, the counsellors were distributed the REBT module draft that has been revised after the previous stage. The counsellors and the researchers discussed the content of the module and practised conducting activities in the module. The questionnaire contains 4 questions aimed at getting an overview from the counsellors about their ease in understanding the material, carrying out the activities in the module, their enthusiasm for using this module in the future, and how this module will contribute to their service in the future. In addition, the counsellors were also asked to write down some things they liked and didn't like from this module. The questionnaire was filled out by 22 pastoral counselling services spread across the locations where this product trial was conducted. The overall results of filling out the questionnaire can be seen in the following table.

No	Question	Response Counselor
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1	How easy for you to understand the theory in module this?	Very easy 7	Quite easy 14	Very difficult 1
2	How easy for you to understand the activities in module this?	Very easy 5	Quite easy 14	Very difficult 3
3	How enthusiastic are you to use the module on your service?	Very enthusiastic 17	Quite enthusiastic 5	Not At All -
4	How much is the contribution of the module to your service?	Very contribute 21	Quite contribute 1	Not At All -

Table 3: Summary of Attitude Response Questionnaire's Results

Moreover, the result of the questionnaire in table 3 is transferred into the percentage as can be seen in the following chart.

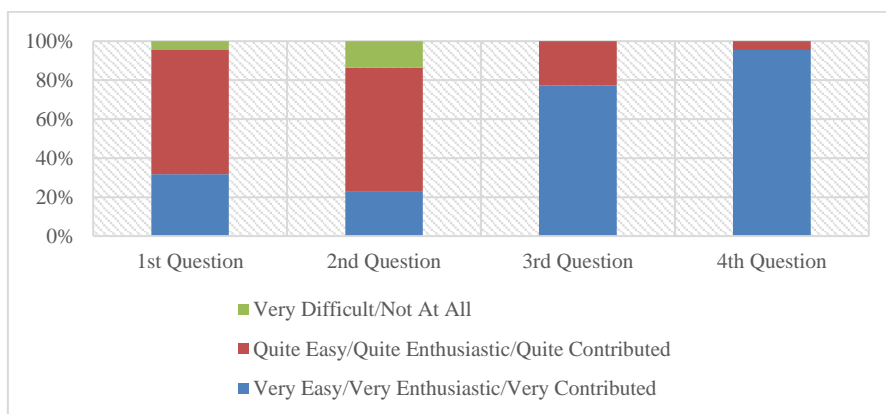


Chart 3: The percentage of the counsellors' responses to the contents of the REBT module by counsellors.

The chart above describes the percentage of questionnaire results that can be explained in more detail as follows.

1. In terms of the ease of the module, 31.82% of the counsellors said that this module is very easy to use. From the notes they gave, according to them, the breakdown of the material for each unit had been systematically arranged and used easy-to-understand language. Furthermore, 63.64% of the total counsellors said this module is quite easy to use. For them, the implementation of this material will be better if they have a better understanding of what actions they must take in the later mentoring. Lastly, they are only 4.55% of counsellors said that this module is very difficult to use. This is due to the challenges they usually face when conducting the pastoral counselling services for PLHA, the context is slightly different from what is conveyed in the module.
2. Regarding the activities in each unit in this module, 22.73% of the counsellors said that it was very easy to do all these activities. This is supported by the use of language that is easy to understand. On the other hand, 63.64 counsellors found it quite easy to carry out the activities in each of these units. According to them, in carrying out the activities in this module, the counsellors must be able to adapt to the conditions encountered in the real condition. Finally, there were 13.64% of the counsellors admitted that it was very difficult to carry out the activities in this module because the use of this therapy model was a new thing for them.
3. The next information that the writer obtained from the result of the questionnaire was about the enthusiasm of the counsellors in using this module. For most of them who responded to this questionnaire, this module will help them a lot to do their duty and answer the case

management and prevention of HIV transmission and the recovery of PLHA. This was responded to by 77.27% of counsellors involved in this research who said they were very enthusiastic about using this module in their future services. There are only 22.73 % of counsellors feel enthusiastic enough to use this module.

4. The last question is intended to have the data on the contribution of this module for the counsellors in their service. There were 95.45% of service providers said that this module would greatly contribute to their future services for PLHA. In addition, for them, this therapy is a new thing and helps them to control the development of mental and physical health in PLHA or people who have been confirmed to be HIV positive in their service area.

Through the various explanation above, it can be inferred that composing a module that will be used in pastoral counselling service for PLHA must consider various important aspects. There are various suggestions given by experts and also the counsellors of pastoral counselling services for PLH in Maluku Protestant Church. Starting from the preface until with end part of the book, all is very important in composing the REBT module.

CONCLUSION

REBT MODULE DEVELOPMENT IN THIS RESEARCH IS AN ALTERNATIVE SOLUTION TO COMPLETE THE PASTORAL COUNSELLING SERVICE FOR PLHA IN MALUKU PROTESTANT CHURCH. THIS MODULE WILL HELP THE COUNSELLORS AS IT HELPS THEM PREPARE THEMSELVES WITH RELEVANT KNOWLEDGE AND METHOD TO HANDLE PLHA IN THEIR SERVICES. PLHA ARE THOSE WHO NEED APPROPRIATE METHODS DERIVED FROM PSYCHOLOGICAL PERSPECTIVES TO COMPLETE THE CONTENT OF THE COUNSELLING SERVICES FOR THEM TO INCREASE THEIR MENTAL HEALTH AND LIFE SPAN. THROUGH THE PHASES OF THIS RESEARCH AND DEVELOPMENT PROCESS, IT IS IDENTIFIED THAT FOR THE COUNSELLORS, THE DEVELOPED MODULE IS EASY FOR THEM TO UNDERSTAND, AND THEY ALSO FEEL VERY ENTHUSIASTIC ABOUT USING IT IN THEIR FUTURE SERVICES. MOREOVER, THEY ALSO BELIEVE THAT THE MODULE WILL BRING AN EXCELLENT CONTRIBUTION TO THEIR SERVICES.

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REFERENCES

- Aristiana, N. F., Bukhori, B., & Hasanah, H. (2015). *Pelayanan Bimbingan Dan Konseling Islam Dalam Meningkatkan Kesehatan Mental Pasien HIV/AIDS Di Klinik VCT Rumah Sakit Islam Sultan*

- Agung. *Jurnal Ilmu Dakwah*, 35(2), 249–268. <https://doi.org/http://dx.doi.org/10.21580/jid.35.2.1609>
- Borg, W. ., & Gall, M. . (1983). *Educational Research – An Introduction* (4th Edition). USA: Pearson Education.
- Corey, G. (2009). *Teori dan Praktek Konseling & Terapi*. Bandung: Refika Aditama.
- De Bresser, I., Remers, T. E. P., Wieland, M. W. M., Prawiranegara, R., Siregar, A. Y. M., & Baltussen, R. (2019). Prioritizing HIV/AIDS prevention strategies in Bandung, Indonesia: A cost analysis of three different HIV/AIDS interventions. *Plos One*, 14(8), 1–9. <https://doi.org/10.1371/journal.pone.0221078>
- Hidayanti, E. (2020). Spiritual Dimensions in Counseling Services for HIV/AIDS Patient. *Jurnal Konseling Religi*, 11(1), 64–81. <https://doi.org/10.21043/kr.v11i1.6898>
- Hidayanti, E., & Syukur, A. (2018). Religious Coping Strategies of HIV/AIDS Women and its Relevance with The Implementation of Sufistic Counselling in Health Services. *Jurnal Konseling Religi*, 9(2), 1–26. <https://doi.org/http://dx.doi.org/10.21043/kr.v9i2.4634>
- Hikmah, S. M., Kuswiharyanti, H., Raafi, V. A., Juarti, N., & Amaliadiana, T. (2021). Pengaruh Terapi ARV untuk Meningkatkan Kualitas Hidup Pasien HIV / AIDS : A Literature Review. *Journal of Bionursing*, 3(2), 134–145. <https://doi.org/https://doi.org/10.20884/bion.v3i2.101>
- Khuluq, H., Maryati, T., Made, I. G., & Sutha, A. (2019). Peranan Lembaga Swadaya Masyarakat (Lsm) Yayasan Citra Usadha Indonesia (Ycui) Dalam Pendampingan Pengidap HIV/AIDS Di Buleleng, Bali (Potensinya Sebagai Sumber Belajar Sosiologi Di Sma N 2 Banjar). *Jurnal Pendidikan Sosiologi Universitas Pendidikan Ganesha*, 1(2), 88–100. <https://doi.org/http://dx.doi.org/10.23887/jpsu.v1i1.26672>
- Manulang, K., & Adu, A. N. (2020). Peran Gereja Dalam Penanggulangan HIV/AIDS. *Journal of Religious and Socio-Cultural*, 1(1), 17–31. Retrieved from <https://jurnal.widyaagape.ac.id/index.php/jrsc/article/view/37>
- McGrift, S. J. (2000). *Instructional system design (ISD): Using ADDIE Model*. Penn State University: Collect of Education. Retrieved from <http://alumnivandeventer.org/teaching-and-learning-models-in-curriculum-2013>
- Messakh, B. (2020). To Be A Friend To Others Valuing Friendship Relations in Pastoral Ministry. *Gema Teologika*, 5(1), 1–10. <https://doi.org/10.21460/gema.2020.51.497>
- Mulyaningsih, S. (2017). Pengetahuan tentang HIV / AIDS Berhubungan dengan Konseling HIV / AIDS pada Ibu Rumah Tangga HIV / AIDS. *Jurnal Ners Dan Kebidanan Indonesia*, 5(2), 144–148. <https://doi.org/http://dx.doi.org/10.21927/jnki.2017>
- Nuraeni, T., Indrawati, N. D., & Rahmawati, A. (2013). Sikap Terhadap Konseling Dan Tes HIV/AIDS Secara Sukarela Di Puskesmas Karangdoro Semarang. *Jurnal Kebidanan*, 2(1). Retrieved from http://103.97.100.145/index.php/jur_bid/article/view/819
- Putri, A. (2016). Pentingnya Kualitas Pribadi Konselor Dalam Konseling Untuk Membangun Hubungan Antar Konselor dan Konseli. *Jurnal Bimbingan Konseling Indonesia*, 1(1), 10–13. <https://doi.org/http://dx.doi.org/10.26737/jbki.v1i1.99>
- Rahmadhani, D. Y. (2018). Hubungan Pengatahuan Tentang HIV/AIDS, Sikap dan Peran Petugas Kesehatan Dalam Pemanfaatan Layanan Konseling dan Test HIV/AIDS Pada GWL (Gay, Waria, Lelaki Suka Lelaki) di LSM MWGJ Kota Jambi. *Jurnal Akademia Baiturrahim*, 7(1), 55–61. <https://doi.org/http://dx.doi.org/10.36565/jab.v7i1.65>
- Retnaningsih, D. A. S. (2016). Voluntary Counseling and Testing untuk Orang Berisiko HIV/AIDS. *Al-Balagh : Jurnal Dakwah Dan Komunikasi*, 1(1), 115. <https://doi.org/10.22515/balagh.v1i1.61>
- Rizal, J. G. (2020). Hari AIDS Sedunia 2020: Mengenal ARV, Obat untuk Pengidap HIV/AIDS. Retrieved from www.kompas.com website: <https://www.kompas.com/tren/read/2020/12/01/133000365/hari-aids-sedunia-2020--mengenal-arv-obat-untuk-pengidap-hiv-aids?page=all#:~:text=KOMPAS.com - Hari ini%2C,anak perempuan dan wanita dewasa.>
- Sari, N. P., & Setiawan, M. A. (2018). Membangun Kompetensi Profesionalisme Konselor Berwawasan Surah Al Ashr. *Konselor*, 7(1), 9–14. <https://doi.org/10.24036/02018718767-0-00>
- Simanungkalit, R. (2019). HIV / AIDS Sebagai Ruang Pelayanan Pastoral Gereja. *Jurnal Christian Humaniora*, 3(1), 37–36. <https://doi.org/https://doi.org/10.46965/jch.v3i1.119>
- Siregar, A. Y. M., Tromp, N., Komarudin, D., Wisaksana, R., Van Crevel, R., Van Der Ven, A., & Baltussen, R. (2015). Costs of HIV/AIDS treatment in Indonesia by time of treatment and stage of disease. *BMC Health Services Research*, 15(1), 1–12. <https://doi.org/10.1186/s12913-015-1098-3>

- Tobari. (2021). TOT Konseling Pastoral HIV Aids Sinode GPM. Retrieved from infopublik.id website: <https://infopublik.id/kategori/nusantara/558071/tot-konseling-pastoral-hiv-aids-sinode-gpm>
- Tomlinson, B. (1998). *Materials development in language teaching*. Cambridge: Cambridge University Press.
- Unicef. (2020). Tanya-jawab seputar coronavirus (COVID-19). Retrieved February 18, 2021, from [www.unicef.org website: https://www.unicef.org/indonesia/id/coronavirus/tanya-jawab-seputar-coronavirus?gclid=CjwKCAiA1aiMBhAUEiwACw25Mb68WQar4r7qyodZZp4PIaZcq-c9PjOV6z2V4Dv27YbsXE0bsPsa5hoCJRwQAvD_BwE#apaitunovelcoronavirus](https://www.unicef.org/indonesia/id/coronavirus/tanya-jawab-seputar-coronavirus?gclid=CjwKCAiA1aiMBhAUEiwACw25Mb68WQar4r7qyodZZp4PIaZcq-c9PjOV6z2V4Dv27YbsXE0bsPsa5hoCJRwQAvD_BwE#apaitunovelcoronavirus)
- Wiryasaputra, T. S. (2015). Peran Konseling Pastoral Dalam Era HIV/AIDS. *TEDEUM: Jurnal Teologi Dan Pengembangan Pelayanan*, 5(1), 1–40. <https://doi.org/https://doi.org/10.51828/td.v5i1>
- Yuliandra, Y., Nosa, U. S., Raveinal, R., & Almasdy, D. (2017). Terapi Antiretroviral pada Pasien HIV/AIDS di RSUP. Dr. M. Djamil Padang: *Kajian Sosiodemografi dan Evaluasi Obat. Jurnal Sains Farmasi & Klinis*, 4(1), 1–8. <https://doi.org/10.29208/jsfk.2017.4.1.173>