THE EFFECT OF WORKING ALLIANCE ON ONLINE COUNSELING SETTINGS IN LOWERING ANXIETY LEVELS

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ABSTRACT

Telepsychology in Indonesia can be a solution to overcome the shortage of mental health professionals to address psychological problems, but it is a new challenge for counselors. Anxiety clients prefer online psychology services because of 1) easier access to feel accompanied by them when they are anxious and 2) they need immediate help in the event of a panic or anxiety attack. The public's interest in using telepsychology has not been accompanied by empirical data on the ability of counselors to provide online counseling services, especially in establishing *working* alliances. This research is the second stage. The first phase of research was conducted on 93 counselors who were selected through *a simple* random sampling technique. The result is that it is difficult for counselors to carry out extra therapy influence when conducting online counseling. This second research began by developing a way to increase extra therapy influence through monitoring tasks based on the principle of constructing tasks (Kazantzis et al., 2005) and monitoring tasks via text (Alfonsson et al., 2019) to overcome the difficulties of counselors in monitoring task assignments and conducting a test of the influence of the provision of monitoring modules structured in an online counseling setting to lower anxiety levels. The design of this second study is an equivalent comparison group design, with a total of 6 participants obtained through the purposive sampling technique. The measuring tools used in the second activity research are Therapist Facilitative Interpersonal Skills, which have been adapted from the research of Lin et al. (2021), and Working Alliance-Client Version, which is an adaptation of the research of Dr. Raden Ayu Mulya Liansari, Sp. KJ, Session Rating Scale (SRS), which has been adapted by the Faculty of Psychology, Islamic University of Bandung, and DASS-21, which is an adaptation of the research of Dr. Wuri Cana Rosyidah, Sp. KJ. Based on the results of the second activity research, it was found that the provision of monitoring tasks in the experimental group could reduce anxiety levels.

| KEYWORDS | *working alliance, tele counseling, counseling skills, anxiety* |

INTRODUCTION

Anxiety disorders were found to increase by around 6.8% throughout 2020, with a total of 18,373 people (Shanti, 2021). In addition, based on data from the Indonesian Association of Psychiatric Specialists (PDSKJI) in 2022, at least 14,988 people have experienced anxiety disorders over the past 2 years, where the

data is experienced by 75.8% of women and 24.2% of men, with an age range between 18 – 25 years old (Shabrina, 2022).

The urgency of handling mental health problems can be seen from the increasing number of anxiety cases in Indonesia, but this is not accompanied by adequate professional personnel. According to the Ministry of Health (2020), there are 45 mental hospitals spread across 34 provinces in Indonesia, with a limited number of psychologists and psychiatrists who provide services to the Indonesian population of 262 million people. The number of health workers available is far from the World *Health Organization* (WHO) standard, which stipulates that the ratio of the number of psychologists and psychiatrists to the population is 1:30 thousand people, or 0.03 per 100,000 population. *The gap* in the number of mental health workers and the need for services in Indonesia is included in the Lower *Middle Income Country* (LMIC) category according to the basic reference from the WHO in 2017, because there is still a lack of adequate facilities in dealing with mental health problems in Indonesia.

According to APA (2013), telepsychology is the provision of psychological services using telecommunication technology. Depending on how the term is used, telepsychology can be defined narrowly or broadly to include a wide range of telecommunications technologies such as telephones, mobile devices, interactive video conferencing, email, chat, text, and the internet (e.g., *self-help websites*, blogs, and social media).

Online psychology services are carried out by counselors with the aim of providing the help needed by clients when it is not possible to conduct offline counseling (Haryati, 2020). The Indonesian government itself has provided free psychological services for people experiencing psychological problems. Psychological Services for Mental Health, or the SEJIWA program, has been launched by the Indonesian Psychological Association (Himpsi) (Saptandari, 2020).

According to Amalia Darmawan, Chairperson of IPK Indonesia West Java Region, in the July 2021 edition of the Indonesian Psychology Bulletin, online psychology services for cases of mild to moderate psychological disorders have been quite effective so far. However, in some more severe psychological disorders, treatment with offline psychotherapy is needed. Therefore, an initial contract is always required, and the extent to which the client can fulfill the commitment to make the expected changes, as well as maintain focus and responsibility in undergoing the therapy process, must be emphasized until it is completed.

According to (Marcotte-Beaumier et al., 2021), in his research there are several things behind clients with anxiety preferring telepsychological services: 1) easier access to feel accompanied when he is anxious; 2) they need immediate help when they feel they have a panic attacks or something that makes him anxious; and 3) feeling less intimidated or depressed compared to face-to-face.

Research by Duff et al. (2020) said that there are several reasons why clients with anxiety problems choose online psychology services, including: 1) a more familiar home environment makes them more comfortable to do counseling services than going to a new place that makes them anxious; 2) reducing physical and psychological burden (for example, feeling anxious and stressed when facing traffic on the way to the counseling site); and 3) feel they have more control over

leaving the counseling session at any time.

When dealing with anxiety cases in psychology services, both online and offline, the main competency that counselors need to have is *a working alliance*. The main components in building *a working alliance* are, among others, goals, *tasks*, and *bonds* (Johnson & Wright, 2002; Bordin, 1979).

Meanwhile, the obstacles that counselors may face when building *working alliances* in online psychology services, according to Lin et al. (2021), are 1) lack of intimacy and non-verbal cues that are difficult for counselors to interpret; 2) difficulties in building trust; 3) technological limitations such as poor internet connection; 4) limitations in building emotional relationships; 5) there is a distraction from the surrounding environment; 6) limited experience in conducting online psychology services; 7) differences in perception and expectations in clients; and 8) lack of openness in the client.

In addition to the possibility of obstacles in building *a working alliance*, there are several factors that affect the ability of the counselor to build *a working alliance,* such as how he interprets the client's problems, the extent to which the client can trust the counselor, the personality of the counselor, and the compatibility between the relationship between the mentor and the counselor's expertise in handling the alliance (Bordin, 1983). Another factor is the age of the counselor, where it is undeniable that the older the counselor, the more practical experience in handling cases (Muran & Barber, 2010).

In addition, according to several research results such as when a *working alliance* is built can have a positive impact, where according to the results of research by (Conklin, Curreri, Farchione, & Barlow, 2021) and (McEvoy et al., 2024), when counselors can build a good *working alliance* relationship, it can help clients have a clear understanding of the value of homework and can benefit from it. and can also reduce anxiety symptoms in clients.

When *a working alliance* is well built in clients in cases of anxiety, it will have a good impact such as 1) building trust and security, where this trust can help clients to manage the anxiety that arises; 2) increasing client involvement in the therapy process, especially in the process of doing homework; 3) the client is better able to deal with the fears and worries that are at the heart of the anxiety experienced; and 4) prevent the occurrence of rifts or tensions in the established working alliance (Hovarth & Greenberg, 1989).

For clients with anxiety problems, online psychology services are preferred because: of 1) easier access to feel accompanied when they are anxious, 2) they need immediate help in times of panic or anxiety attacks, and 3) feeling less intimidated or depressed compared to face-to-face (Beaumir et al., 2021), and building *a working alliance* in online setting psychology services can have the same benefits as offline settings based on the results of the above research.

However, it should be remembered that in Indonesia, there is a culture of people who are less able to express their emotions because 1) there is a culture of collectivity in Indonesian society which makes it tend to suppress the expression of emotions in order to establish harmony in the group; 2) the existence of a strong concept of "shame" to express emotions, especially negative emotions; 3) the influence of spiritual norms such as the concept of "patience" which makes many

people refrain from expressing their emotions; 4) gender roles, where men are used to harboring their emotions to look masculine; 5) the influence of parenting, where authoritarian parenting makes people accustomed to suppressing their emotions; and 6) lack of education to talk about the importance of expressing emotions. In addition, according to the results of several pre-survey interviews with several counselors who practice online in Jakarta, it is said that anxiety clients often do *off-cam* during counseling, making it difficult to read nonverbal behaviors from clients.

Not only that, based on the research of (Hadjistavropoulos, Pugh, Hesser, & Andersson, 2017), the reason why building *a working alliance* in online psychology services is a challenge for counselors because: 1) counselors must be prepared for the client's situation that does not progress or can even deteriorate; 2) there is a predisposition to commit acts of self-harm or even sudden suicide; and 3) the counselor feels unsure of his or her competence to assist the client in handling his or her problems.

Some of the considerations above are the underlying reasons why researchers want to compare the ability *of working alliances* in online and offline psychology services in the first activity study, seeing the increasing cases of anxiety in Indonesia, as well as the tendency of anxiety clients who are more comfortable choosing online psychology services, but there is not much information about the results of research regarding the comparison of building *working alliances* on online and offline psychology services.

Based on the results of the first activity research, the results were obtained that in conducting from 93 participants, as many as 19.35% of counselors were at a moderate level, and 1.07% of counselors were at a low level when building *a working alliance* in online psychology setting services. The lowest aspect in the research results of this first activity is the *extra-therapy influence* aspect (*monitoring task*). Therefore, in this second phase of activity research, the researcher conducted an experimental design to improve the ability of counselors to build *working alliances* in online psychology services when dealing with anxiety, especially in improving the ability of counselors to carry out construction and *monitor* homework.

Homework is an important aspect of the therapy or counseling process, as it can help the client in 1) gaining some new insights (e.g., awareness, knowledge, perspective, meaning, etc.); 2) forming new behaviors (e.g., ways of behaving or relating to; coping skills, etc.); and 3) making adaptive changes in daily life (Ryum, Bennion, & Kazantzis, 2023). Homework is commonly used by counselors who use cognitive-behavioral and psychodynamic approaches (Kazantzis & Miller, 2022).

There are differences in determining the content and process of integrating homework, depending on the approach used by the counselor. This variation depends on factors such as the client's diagnosis and specific needs (case conceptualization), the reasons for including homework in the treatment paradigm, the treatment phase (early, middle, late), contextual influences, and session dynamics (Ryum et al., 2023).

In carrying out homework construction, a counselor must have the following

competencies: 1) homework must be explained specifically and clearly; 2) homework must be given with reasonable reasons; 3) the client's response must be raised so that the obstacles that arise can be overcome (Beck at al., 1979). In addition, counselors should strive to collaboratively design, plan, and review homework that is important to the client and aligned with their personal goals. This homework should demonstrate a promising prognosis of success, present a clear and credible reasoning, and motivate the client to engage in a particular homework assignment (Ryum et al., 2023; Kazantzis & Miller, 2021).

In this study, a counselor constructs homework using the 10-40-10 method based on the principle of constructing homework from the research of Kazantzis et al. (2005), where the stages are divided into: 1) the first 10 minutes of the session, the counselor reviews the results of the homework done by the client in the previous session; 2) 40 minutes after that, the counselor and the client together discuss and discuss related homework that the client will do in the next session; and 3) in the last 10 minutes of the session, the counselor and the client jointly review the homework that has been discussed to check the client's understanding of the task.

In addition, ideally, there are several efforts made by counselors to make clients more involved in homework, including: 1) conducting homework exercises to improve their understanding of clients; 2) provide written reminders along with the benefits of homework given to clients; 3) asking for feedback to the client by exploring beliefs and assumptions that are potentially counterproductive to his or her homework (Ryum et al., 2023; Kazantzis, MacEwan, et al., 2005). In this case, in the second activity study, the counselors in the experimental and control groups were required to give examples of homework that would be given for the next session, as well as ask for feedback on the homework at the end of the session to explore the client's confidence in him or her in doing homework and to be considered by the counselors in giving the type of homework in the next session.

Counselors need to pay attention to several factors in the client that can affect their obedience attitude in doing homework, including: 1) the existence of motivation and expectations in the client; 2) the competence of the counselor in reviewing homework; and 3) the suitability of the homework content with the results of the discussion during the session (Jensen et al., 2020). Therefore, in this study, counselors in the experimental group and control group were required to review the homework in the previous session in the first 10 minutes of the counseling session, as well as review whether the homework results were in accordance with the homework content that had been given by the client. The way to foster the client's motivation and self-expectation is for the counselor to convince the client that he can do the homework and give praise when the client succeeds in doing the task according to the instructions given and successfully completes the homework.

Given that in this study the counselor dealt with anxiety cases, where clients with anxiety had the following characteristics when faced with homework: 1) there was excessive fear and hesitation to complete the homework given; 2) feeling the need to do homework "perfectly"; 3) difficulty starting or completing homework because they feel burdened so they procrastinate; 4) clients may constantly criticize

themselves and feel that their work is not done well enough; and 5) feeling anxious about *feedback* from counselors on the homework they have done.

Some of the obstacles that are commonly faced by clients with anxiety problems during the homework process, such as: 1) analyzing too much homework before starting, which makes it difficult for them to act; 2) excessive anxiety can make clients feel overwhelmed even before they start doing homework; 3) there are fluctuations in motivation during the homework process; 4) the client feels frustrated due to other demands (such as work, family, etc.) making it difficult to complete homework; and 5) consider the homework as something big/difficult (Jensen et al., 2019). Therefore, to minimize obstacles for the client, the counselor is given the option to offer himself or provide assistance to the client, namely by contacting via WhatsApp by the client if he or she has difficulties with the homework, with the hope that the client does not feel frustrated when facing the difficulties that occur.

In order for homework results to have effective results for clients, homework requires adjustments to each client in a unique, smooth, and dynamic way (Ryum et al., 2023). This adjustment depends on factors such as the theoretical approach and reasoning underlying the homework (e.g., cognitive behavior, psychodynamics, humanistic experiences), case conceptualization, and the specific needs of the client (Ryum et al., 2023; Hayes, 2022; Kazantzis & Ronan, 2006).

On the other hand, client compliance can be improved through text messages as reminders for homework that must be done by the client. In the study of (Alfonsson, Englund, & Parling, 2019), there were good results, where clients had a high commitment to doing homework, and four out of seven client participants reported a decrease in stress and anxiety levels at the end of the treatment period.

Not only that, but text messages used as a complement to offline psychology services have been shown to improve medication engagement and adherence in just a few studies. In a study by Aguilera and Muñoz (2011, in Alfonsson et al., 2019), text messages were used primarily to replace homework registration forms. The messages were designed to gather information and clues in the study.

The process of *monitoring this task* can reduce anxiety in the client through: 1) the client can identify their anxiety patterns such as specific triggers and their impact on daily life; through this identification process the client feels more in control and reduces the feeling of uncertainty that often worsens his anxiety condition; 2) creating a clear structure in the therapy process, helping clients to understand the steps that need to be taken; 3) ensure that clients consistently carry out the tasks assigned by the counselor; 4) periodically evaluate the approach used whether it is effective or not; 5) Through this *monitoring task* process, clients can gradually face situations they fear; 6) can provide quick and specific feedback on the client's progress; and 7) increase motivation and sense of achievement in clients (Cooper et al., 2016).

Therefore, based on the results of the research of Alfonsson et al. (2019), researchers are interested in conducting research by designing an experiment to improve the *working alliance* skills of counselors in online psychology services when dealing with anxiety cases. Researchers are interested in using this method because, in the study, the method of sending text messages can increase client commitment to doing homework, considering the difficulties experienced by

counselors during pre-survey interviews and the results of the first phase of activity research are that clients often do not collect and are incomplete in doing homework.

Reminders in the homework process carried out by counselors have an effect on several things for clients with anxiety problems: 1) it can increase clients' compliance and consistency with homework because they tend to avoid sources of stressors that make them more anxious; 2) helps them to act immediately without thinking too much, thus avoiding the cycle of anxiety that makes them procrastinate on homework; 3) can create a deep structure in the client's life so that it can reduce the feeling of disorder or loss of control; 4) can reduce mental burden and remind them without having to forget about their homework; and 5) helping clients to stay motivated and feel that they have the "tools" to cope with anxiety (Aguilera et al., 2018).

In this form of experimental design, counselors in the experimental group will be given *treatment* in the form of *monitoring tasks* that are structured through *reminder* messages via WhatsApp and Google Drive to monitor the progress of the client in doing their homework in the form of *worksheets*, and set *deadlines* for the homework/*action plan*.

In the control group, counselors are given the freedom to set homework *deadlines* in the form of *worksheets* or not. Then, there was a group that did not receive treatment for comparison with the experimental group, whether or not a structured monitoring task could reduce anxiety symptoms in clients.

It is hoped that this structured *monitoring task* can improve *the* counselor's ability to work together. Because high client compliance in doing homework is influenced by the establishment of a good *working alliance* because when a good *working alliance* is built in the counseling process, it can help clients in having a clear understanding of the value of homework and can get benefits, even though good results on commitment to doing homework can be due to bias that clients want to avoid negative assessment from the counselor (McEvoy et al., 2023). In addition, the benefits to the client when the counselor has good empathy skills can contribute to higher post-treatment outcomes in the research of (Hara, Aviram, Constantino, Westra, & Antony, 2017).

RESEARCH METHOD

Design Research

The research design in the second phase of the study is *a non-equivalent comparison group design*. According to Christensen (1941) *a non-equivalent comparison group design* is a quasi-experimental design in which two groups are compared, one receives a *treatment* and the other does not, but both groups are not randomized.

This research was conducted online. The measuring tools used in this study are Therapist Facilitative Interpersonal Skills which has been adapted from the research of Lin et al. (2021), Working Alliance-Client Version which is an adaptation of the research of dr. Raden Ayu Mulya Liansari, Sp. KJ, Session Rating Scale (SRS) which has been adapted by the Faculty of Psychology, Islamic

University of Bandung, and DASS-21 which is an adaptation of the research of dr. Wuri Cana Rosyidah, Sp. KJ.

Characteristics of the Research Subject

1. Characteristics of Counselors

The criteria for the counselors in this study are: 1) Psychologists; 2) Have an active SIPP (Psychologist Practice License); 3) Practice online and offline, have at least 2 years of online practice experience; and 4) Experience in handling anxiety cases at the age of 18 years and above.

2. Client Characteristics

The client criteria in this study are: 1) Age 18-30 years; 2) Not being treated by a psychologist; 3) Experiencing excessive anxiety about the future/*quarter life crisis* (confusion about life goals, low confidence, confusion about career decisions, etc.), where the anxiety interferes with their daily life. Of the 15 people who responded and were willing to be interviewed further in order to explore the problems experienced by the client more deeply, only 6 people were made participants in this study with the criteria of moderate, severe, and very severe anxiety.

Stages of Client Participant Screening

1) The researcher created a Google Form containing the client's personal data, a brief explanation of the problems experienced, and a questionnaire *The Depression, Anxiety and Stress Scale* (DASS-21). The Google Form was distributed through a broadcast to several *social media platforms*.
2) The researcher conducted the DASS-21 questionnaire scoring, the researcher used sampling techniques, *purposive sampling*, with the criteria for client participants that had been set. After obtaining 39 prospective client participants, only 15 people were willing to conduct further interview processes.
3) After the process of interviewing 15 people, 6 clients were found who were in accordance with the study, namely clients who had moderate, severe, and very severe levels of anxiety. Other prospective client participants after going through the interview process, did not show physical and cognitive symptoms in accordance with the results of *the DASS-21* screening.
4) Finally, the six prospective client participants were asked to fill out *Informed Consent* and clinical RH, and the researcher provided technical implementation guidance to the client.

Data Analysis Techniques

Researchers conducted a descriptive statistical test to determine the effect *of working allience* on anxiety levels in online psychology services. Then the researcher analyzed statistical test data using *Mann Whitney* to answer the research objectives.

RESULT AND DISCUSSION

Statistical Test Results

Table 1. Mann Whitney Test of Therapist Facilitative Interpersonal Skills (Online)

	D_EKS_KON
Mann-Whitney U	4.000
Z	-.218
Asymp. Sig. (2-tailed)	.827
Exact Sig. [2*(1-tailed Sig.)]	1,000b

The results of the Mann-Whitney test showed a U value of 4,000, with a Z value of -0.218. The value of asymptomatic significance (2-tailed) was 0.827, which showed that there was no significant difference between the counselor group in the experimental group (online) and the counselor group in the control group (online). This is also supported by an exact significance value (2-tailed) of 1,000.

Table 2. Test Mann Whitney Alliance Working-Client Version (Bond Aspect)

	Bond
Mann-Whitney U	4.000
Z	-.218
Asymp. Sig. (2-tailed)	.827
Exact Sig. [2*(1-tailed Sig.)]	1,000b

The results of the Mann-Whitney test showed a U value of 4,000 and a Z value of -0.218. The value of asymptotic significance (2-tailed) was 0.827, which showed that there was no significant difference between the clients in the experimental group and the control group. The exact significance value (2-tailed) of 1,000 also supports the conclusion that there is no significant difference between the two groups.

Table 3. Test Mann Whitney Alliance Work-Client Version (Task Aspect)

	Task
Mann-Whitney U	3.000
Z	-.696
Asymp. Sig. (2-tailed)	.487
Exact Sig. [2*(1-tailed Sig.)]	.700b

The results of the Mann-Whitney test showed a U value of 3,000 with a Z value of -0.696. The value of asymptotic significance (2-tailed) was 0.487, which showed that there was no significant difference between the clients in the experimental group and the control group. The exact significance value (2-tailed) of 0.700 also supports the conclusion that there is no significant difference between the two groups.

Table 4. Test Mann Whitney Alliance Works-Client Version (Goals Aspect)

	Goals
Mann-Whitney U	1.000
Z	-1.550
Asymp. Sig. (2-tailed)	.121
Exact Sig. [2*(1-tailed Sig.)]	.200b

The results of the Mann-Whitney test showed a U value of 1,000 with a Z value of -1,550. The value of asymptotic significance (2-tailed) was 0.121, which showed that there was no significant difference between the clients in the first and second experimental groups. The exact significance value (2-tailed) of 0.200 also supports the conclusion that there is no significant difference between the two groups.

Data Working Alliance

Table 5. Working Alliance from the Perspective of Experimental Group Clients

Client Initials	Results of *the Working Alliance* of Experimental Group Clients							
	Working Alliance	Category	*Bond*	Category	*Task*	Category	*Goal*	Category
PFT	136	Keep	34	Low	60	Tall	42	Keep
IP	177	Keep	51	Keep	72	Tall	54	Keep
NJ	175	Keep	54	Keep	69	Tall	52	Keep

Based on the table above, all clients in the experimental group were at a moderate level (100%), which can be interpreted as the client perceives the counselor who handles it quite capable of setting goals, building therapeutic relationships, and constructing tasks in online psychology services. In the aspect of therapeutic relationships (*bonds*), as many as 2 clients (66.7%) are in the medium category, this can be interpreted that the client perceives the counselor who handles him or her to be quite able to build an emotional bond with him during the process of online psychological setting services. In addition, 1 client (33.3%) was in a low category, which can be interpreted as the client perceiving the counselor who handles him or her difficulties in building an emotional bond with him or her during the process of online setting psychology services.

In the aspect of constructing tasks, the overall client (100%) is at a high level, which can be interpreted as the client perceives the counselor who handles him or her as able to collaborate with him to carry out task construction. Finally, in the aspect of goals, the overall client is at a moderate level (100%), which can be interpreted as the client perceives the counselor who handles him sometimes with difficulties and sometimes able to collaborate with the client to agree on goals and achieve goals together in online psychology setting services. When viewed from the overall data in Table 5, the *task aspect* is an aspect that is in the high category

compared to other aspects, so it is in accordance with the purpose of the study, which is to improve the task aspect.

Table 6. Working Alliance from the Client's Perspective of the Control Group

Client Initials	Results of the Working Alliance of Control Group Clients							
	Working Alliance	Category	*Bond*	Category	*Task*	Category	*Goal*	Category
ARIC	182	Tall	49	Moderate	72	Tall	61	Tall
MS	196	Tall	68	Tall	67	Tall	61	Tall
YH	175	Moderate	50	Moderate	72	Tall	53	Moderate

Based on the table above, when building a *working alliance* with the counselor on the client in the control group, there were 2 clients (66.7%) at a high level, which can be interpreted that the client perceives the counselor who handles him or her as capable of setting goals, building therapeutic relationships, and constructing tasks in online setting psychology services. In addition, 1 client (33.3%) is at a moderate level, which can be interpreted as the client perceives that the counselor who handles him is sometimes difficult and sometimes able to set goals, build therapeutic relationships, and construct tasks in online psychology setting services.

In the aspect of therapeutic relationships (*bonds*), as many as 2 clients (66.7%) were at a moderate level, which can be interpreted as the client perceives the counselor who handles it sometimes capable and sometimes difficult in building an emotional bond with him or her in online psychology setting services. In addition, as many as 1 client (33.3%) is at a high level, which can be interpreted that the client perceives the counselor who handles him or her to be able to build an emotional bond with him or her in an online setting psychology service.

In the aspect of constructing tasks, the overall client (100%) is at a high level, which can be interpreted that the client perceives the counselor who handles it to be able to collaborate with him to carry out task construction. Finally, in the aspect of goals, as many as 2 clients (66.7%) were at a high level, which can be interpreted as clients perceiving the counselor who handles them as able to agree on goals and achieve goals together in online psychology setting services. In addition, 1 client (33.3%) is at a moderate level, which can be interpreted as the client perceives the counselor who handles him sometimes with difficulty and sometimes able to agree on goals and achieve goals together in online setting psychology services.

Table 7. Working Alliance from the Perspective of Experimental Group Counselors

Category	Online			
	Working Alliance	Common Therapeutic	Extra-Therapy Influence	Perceived Outcome
Low	-	-	-	-

Number of Counselors	-	-	-	-
Moderate	-	-	-	-
Number of Counselors	-	-	-	-
Tall	100%	100%	100%	100%
Number of Counselors	3	3	3	3

Based on the table above, both when conducting online setting psychology services, all counselors (100%) have a high ability to build *working alliances* . This means that the counselor perceives himself or herself as capable of setting goals, building therapeutic relationships, and constructing tasks in online psychology services.

Based on the aspects in the *working alliance*, in the *common therapeutic* aspect, the overall counselor (100%) is in the high category, this can be interpreted that the counselor perceives himself in building an emotional bond with the client in online and offline psychology services. Then in the aspect of *extra-therapy influence*, the overall counselors (100%) are in the high category, which can be interpreted as counselors perceive themselves that they are able to collaborate with clients to carry out task construction on online and offline psychology services. Finally, in the aspect of *perceived outcomes*, all counselors (100%) are in the high category, which can be interpreted as the counselor perceives that they are able to collaborate with the client to agree on goals and achieve goals together in online and offline psychology services.

Table 8. Working Alliance from the Perspective of the Control Group Counselor
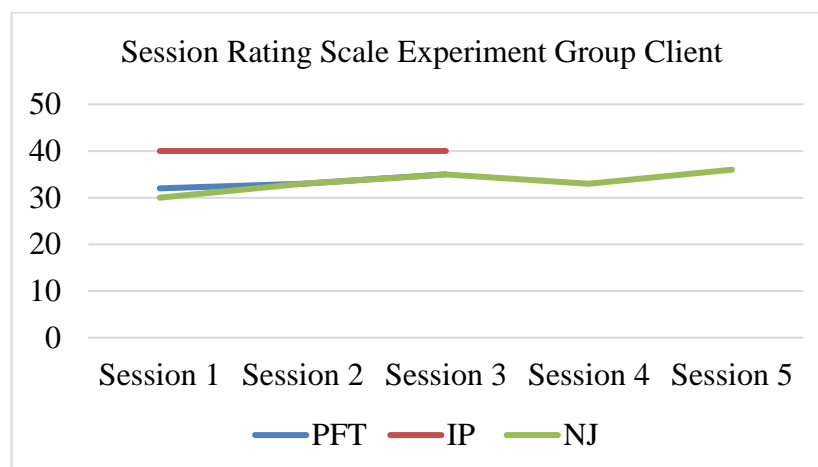
Category	Online			
	Working Alliance	Common Therapeutic	Extra-Therapy Influence	Perceived Outcome
Low	-	-	-	-
Number of Counselors	-	-	-	-
Moderate	33,3%	33,3%	33,3%	33,3%
Number of Counselors	1	1	1	1
Tall	66,7%	66,7%	66,7%	66,7%
Number of Counselors	2	2	2	2

Based on the table above, in building *a working alliance* in online psychology setting services, as many as 33.3% of counselors are at a moderate level, which can be interpreted that counselors perceive themselves to be quite capable of setting goals, building therapeutic relationships, and constructing tasks in online setting psychology services. Then, as many as 66.7% of counselors are at a high level, which can be interpreted as counselors' perception of themselves as being able to set goals, build therapeutic relationships, and construct tasks in online psychology setting services.

In the *common therapeutic* aspect, as many as 33.3% of counselors are at a moderate level, which can be interpreted that counselors are quite capable of building institutional bonds with clients. Then, as many as 66.7% of counselors are at a high level, this can be interpreted as counselors perceive themselves to be able to build emotional bonds with clients.
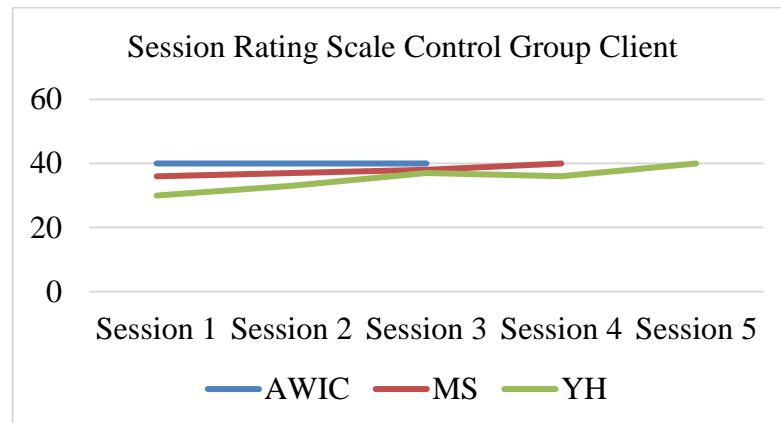
Then in the aspect of *extra-therapy influence*, as many as 33.3% of counselors are at a moderate level, which can be interpreted that counselors perceive themselves to be able enough to collaborate with clients to carry out task construction. In addition, as many as 66.7% of counselors are at a high level, which can be interpreted that counselors perceive themselves to be able to collaborate with clients to carry out task construction.

In terms of *perceived outcomes*, as many as 33.3% of counselors are at a moderate level, which can be interpreted as counselors perceive themselves to be quite capable in collaborating with clients to agree on goals and achieve goals together. In addition, as many as 66.7% of counselors are at a high level, which can be interpreted as counselors perceive themselves as able to collaborate with clients to agree on goals and achieve goals together.

Graph 1. Session Rating Scale Experiment Group Client

Based on the graph above, the PFT client shows a total score below 36 in each session. This shows that the client is less satisfied with the *working alliance* that was built with the counselor from the entire session. IP clients tend to be stable, with a total score of 40, which can be interpreted as IP clients showing satisfaction with the *working alliance* that has been built with their counselor from session to session. In NJ clients, having a total score above 30 and tend to increase from session to session, showing an increase to 36, which indicates that NJ clients show satisfaction with the *working alliance* that has been built with their counselor from session to session.

Graph 2. Session Rating Scale Client Control Group

Based on the chart above, the average client experienced an increase in SRS score results in each session. In AWIC's client, he showed satisfaction with the *working alliance* that was built with his counselor, this can be seen from the total score of 40 from session to session. In MS clients, the total score shown is above 36 and tends to rise until the end of the session; this can be interpreted as showing satisfaction with the *working alliance* that has been built with the counselor from session to session. In YH clients, at the beginning of the session the total score given was close to 30, but as the session progressed, the total score given by YH clients tended to increase and stabilize at 40. This can be interpreted as showing satisfaction with *the working alliance* that has been built with his counselor.

Discussion

Based on the results in the second phase of the study, all clients in the experimental group perceived that the counselor who handled them had a moderate level of *working alliance* ability, which can be interpreted as the client perceived that the counselor was quite capable of setting goals, building therapeutic relationships, and constructing tasks in online psychology services. This is also supported by data from the perspective of the experimental group counselors, where all counselors have high working *alliance* skills, which can be interpreted as counselors perceiving themselves as capable of setting goals, building therapeutic relationships, and constructing tasks in online psychology setting services. In addition, based on the Session Rating Scale (SRS) data in the experimental group, two clients gave a score above 36, which can be interpreted as having a satisfactory experience with the working alliance built with the counselor.

When compared to the control group, the two clients perceived that the counselor had a high level of *working alliance* ability, which can be interpreted that the counselor is able to set goals, build therapeutic relationships, and construct tasks in the online setting psychology service, which can be interpreted that the counselor in the control group has slightly better abilities compared to the counselor in the experimental group. However, from the perspective of the counselors in the control group, two counselors perceived that they had working *alliance* skills in the high category, while one counselor perceived that they had working *alliance* skills in the medium category. This can be interpreted that the counselors in the

experimental group perceive that they have better *working alliance* skills compared to the counselors in the control group.

When viewed from the task aspect, all clients in the experimental group perceived that the counselor was at a high level, which can be interpreted that the counselor who handled it was able to collaborate with him in constructing the task. Likewise, from the perspective of the counselors in the experimental group, the overall counselors perceived themselves to be in a high category, which can be interpreted that they are able to collaborate with clients to construct tasks.

When viewed from the average difference, the reduction in anxiety symptoms is 70%. When compared to the average difference in the reduction of anxiety symptoms in the control group of 63.8%, this shows that the degree of reduction in anxiety symptoms in the experimental group is slightly greater than that of the control group. This shows that when *the working alliance* is well built, it will affect the decrease in the degree of anxiety symptoms in the client, which is in line with the research of Lindegaard et al. (2020) and McEvoy et al. (2023) that when the *working alliance* is well built, the anxiety symptoms in the client will decrease.

Not only does it have an effect on the reduction in anxiety symptoms, based on research McEvoy et al. (2023) said that when a well-established *working alliance* is established, it will affect the client's commitment to doing homework and help the client's understanding of the homework. In line with the results of this second phase of research, the task aspect based on the client's point of view in the experimental group is in the high category, and the task aspect of the counselor in the experimental group is in the high category, which from the perspective of both the client and the counselor, it can be interpreted that the counselor in the experimental group is able to collaborate in constructing tasks with clients, and also the client does homework with complete and collect according to the deadline that has been determined.

The task aspect in clients in the high experimental group can also have an effect on the reduction of anxiety symptoms in clients, which is in line with the research of Conklin et al. (2021) that when clients have high compliance in doing homework, it has an effect on reducing anxiety symptoms in clients. This can be seen from the slightly larger average difference in the reduction in anxiety symptoms in the experimental group compared to the average difference in the reduction in anxiety symptoms. However, when compared to the average degree of anxiety symptoms in the client group who did not receive treatment of 17.3, this shows that *the monitoring task* structured in this study has an effect in reducing anxiety symptoms in clients.

CONCLUSION

Based on the results of data processing and discussion in the second phase of activities, it can be concluded that: the provision *of structured monitoring tasks* in the experimental group reduces anxiety levels.

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