

The Application of Reality Therapy with the WDEP Technique to Improve the Self-Esteem of People Living with HIV/AIDS at Panti Bina Insan Bangun 2 Jakarta

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Abstract

This study explores the application of Reality Therapy using the WDEP (Wants, Doing, Evaluation, Planning) technique to improve self-esteem among People Living With HIV/AIDS (PLWHA) at the Panti Sosial Bina Insan Bangun Daya II in East Jakarta. As PLWHA often face stigma, rejection, and psychological distress, self-esteem becomes a crucial component for mental resilience and social reintegration. This quasi-experimental research employed a pre-test and post-test control group design, involving five selected participants diagnosed with HIV/AIDS aged 18 and above. The intervention consisted of ten group counseling sessions focusing on helping participants identify their goals, assess current behaviors, and plan realistic strategies for change. Self-esteem levels were measured using the Coopersmith Self-Esteem Inventory (CSEI). Pre-test results indicated low levels of self-esteem, with an average score of 31. Following the intervention, the post-test average rose to 48, signifying a 54% improvement and placing participants in the high self-esteem category. Qualitative observations during therapy sessions revealed significant behavioral transformations, including increased emotional regulation, social interaction, self-acceptance, responsibility, and future orientation. The findings demonstrate that Reality Therapy with WDEP is an effective, culturally adaptable approach to psychological rehabilitation in institutional settings. It not only enhances self-esteem but also empowers PLWHA to rebuild their sense of self-worth, establish supportive relationships, and envision a hopeful future. The study contributes to expanding evidence-based psychosocial interventions for marginalized populations in Indonesia.

Keywords Reality Therapy, WDEP Technique, Self-Esteem, HIV/AIDS, PLWHA, Psychological Intervention, Group Counseling, Rehabilitation, Institutional Care, Coopersmith Self-Esteem Inventory.

INTRODUCTION

People living with HIV/AIDS (PLWHA) often face profound psychological and social challenges that extend beyond their medical condition. The burden of stigma, social rejection, economic hardship, and emotional instability significantly impairs their psychological well-being, particularly their self-esteem. Self-esteem, a central construct in human psychology, plays a vital role in individual mental health and social functioning. It represents an individual's overall evaluation of their worth, competence, and acceptance in society. For PLWHA, self-esteem becomes a critical factor that influences their ability to cope with diagnosis, treatment adherence, and social reintegration.

In Indonesia, the issue of PLWHA remains multifaceted. Despite advancements in awareness and medical treatment, HIV/AIDS still carries a significant stigma, leading to marginalization, discrimination, and isolation of affected individuals. Many are abandoned by families, expelled from workplaces, and rejected by communities. Consequently, PLWHA often experience psychological disturbances, such as depression, anxiety,



emotional instability, and social withdrawal. These issues are particularly pronounced among those who reside in social rehabilitation institutions such as the Social Institution for Development of Individuals (Panti Sosial Bina Insan Bangun Daya II) in East Jakarta, a government shelter that provides temporary care for people with social welfare problems (PMKS).

The institution serves as a temporary shelter for various vulnerable populations including the elderly, street children, individuals with mental disorders, people with disabilities, sex workers, homeless persons, and PLWHA. Most of the residents are placed there through public order enforcement operations or social outreach programs. The shelter, however, operates with limited capacity, and the average stay of residents is typically no more than a month. These residents are provided with basic needs and psychological services during their brief stay, aiming to reintegrate them into society or return them to their families.

Among the most vulnerable groups in this institution are PLWHA, who not only struggle with their health condition but also with the psychological consequences of social rejection and internalized stigma. These individuals often display symptoms such as social withdrawal, emotional lability, feelings of guilt, lack of self-confidence, pessimism, and a general sense of hopelessness. These symptoms reflect a serious disruption in their self-esteem and pose challenges to rehabilitation efforts.

Self-esteem is a powerful psychological resource. According to Coopersmith (1967), it is defined as the evaluation a person makes and maintains about themselves, reflecting approval or disapproval. It influences how individuals perceive their ability to cope with life's demands, develop interpersonal relationships, and achieve goals. Low self-esteem often results in self-devaluation, helplessness, reduced motivation, and susceptibility to mental health disorders such as depression and anxiety. For PLWHA, low self-esteem can hinder their acceptance of the illness, reduce adherence to treatment, and affect their overall quality of life.

Given the severity of these psychological challenges, interventions aimed at improving the self-esteem of PLWHA are essential. One effective approach in psychological rehabilitation is Reality Therapy combined with the WDEP technique—a structured, action-oriented counseling method developed by William Glasser and Robert Wubbolding. Reality Therapy emphasizes personal responsibility, choice, and present behavior rather than focusing on past experiences. It helps individuals make better choices to fulfill their psychological needs and improve their lives. The WDEP technique, which stands for Wants, Doing, Evaluation, and Planning, provides a clear framework for guiding individuals through the process of behavior change.

In this context, Reality Therapy with WDEP is applied in a group setting to foster mutual support and collective healing. Group counseling allows individuals to express themselves, gain insights from others, and practice new social behaviors in a safe environment. It is particularly suitable for PLWHA in institutional settings, as it facilitates emotional support, validation, and peer connection, which are critical for rebuilding self-worth and optimism about the future.

The current study aims to explore the effectiveness of Reality Therapy using the WDEP technique in enhancing self-esteem among PLWHA at the Panti Sosial Bina Insan Bangun Daya II. It employs a quasi-experimental design with pre-test and post-test measures to evaluate the intervention's impact. This research is not only academically significant but also practically valuable, as it provides insights into therapeutic strategies that can be implemented in similar institutional contexts across Indonesia.

Furthermore, this study addresses the urgent need for psychological support services tailored to the needs of PLWHA. In many social institutions, psychological services are limited and often generalized. The use of a structured, empirically supported approach such as Reality Therapy can contribute to a more effective and human-centered rehabilitation process. This is especially relevant in the Indonesian context, where cultural and religious values often intersect with health and social care, creating complex emotional experiences for PLWHA.

By improving self-esteem, this intervention is expected to empower PLWHA to regain control over their lives, make responsible choices, and develop healthier interpersonal relationships. Ultimately, enhancing self-esteem can serve as a foundation for long-term psychosocial recovery, reintegration into society, and improved quality of life.

This paper is organized into several sections: the next part presents a comprehensive literature review on self-esteem, Reality Therapy, and the WDEP technique; followed by a detailed description of the research methodology, including sample, instruments, and procedures; then the results and discussion section provides empirical findings along with analysis and interpretation; and finally, the conclusion highlights the implications of the findings and recommendations for future research and practice.

LITERATURE REVIEW

Self-Esteem: Theoretical Foundations

Self-esteem is a central psychological construct that refers to an individual's overall assessment of their personal worth or value. It represents how much a person appreciates and likes themselves, which influences thoughts, emotions, behaviors, and interpersonal relationships. According to Santrock (2012), self-esteem is formed through the dynamic comparison between one's real-self and ideal-self, and it evolves through continuous interaction with significant others and social experiences.

Coopersmith (1967), a pioneer in self-esteem research, defined it as the value an individual places on themselves based on their experiences and internalized self-perception. High self-esteem reflects a positive view of oneself, associated with confidence, competence, resilience, and goal-directed behavior. Conversely, low self-esteem is associated with feelings of inadequacy, self-doubt, vulnerability to stress, and susceptibility to mental disorders such as depression and anxiety.

Feist and Feist (2009) elaborated that self-esteem comprises elements of self-worth, autonomy, personal achievement, and a sense of mastery over life challenges. When self-esteem is compromised—particularly in individuals exposed to social stigma and marginalization such as PLWHA—various psychosocial difficulties may emerge, including



impaired interpersonal skills, emotional instability, social withdrawal, and reduced motivation to engage in treatment or rehabilitation.

Ahmed (2016) provided further insight into the negative implications of low self-esteem, noting that individuals with diminished self-worth tend to perceive themselves as undeserving and incapable, leading to avoidance behaviors and poor coping strategies. This psychological profile is common among those facing chronic illnesses and societal exclusion, such as those living with HIV/AIDS.

Self-Esteem and PLWHA

The stigma surrounding HIV/AIDS is a powerful contributor to low self-esteem in affected individuals. PLWHA are often subject to prejudice, rejection, and internalized shame, which significantly damages their self-image. Studies have shown that stigma-related stress can exacerbate psychological disorders among PLWHA, resulting in reduced adherence to antiretroviral therapy, social isolation, and even suicidal ideation (Handayani, 2018).

Gibson (2011) emphasized that when stress escalates to the point of emotional exhaustion, it undermines immune functioning, further aggravating the health condition of PLWHA. Social exclusion, limited employment opportunities, and deteriorated family relationships contribute to the emotional turmoil of these individuals. Without adequate psychological support, they become trapped in a cycle of negative self-perception and hopelessness.

Guindon (2002), in his work on self-esteem in clinical populations, stressed the importance of therapeutic interventions that aim to rebuild self-worth by emphasizing acceptance, competence, and connectedness. Particularly for individuals in institutional settings, structured therapy can serve as a transformative experience that restores a sense of agency and purpose.

Reality Therapy: Concept and Application

Reality Therapy is a form of counseling developed by psychiatrist William Glasser, rooted in Choice Theory. It operates on the principle that human behavior is motivated by five basic psychological needs: love and belonging, power, freedom, fun, and survival. When these needs are unmet, individuals engage in behaviors—often maladaptive—in an attempt to satisfy them.

Reality Therapy focuses on present behavior rather than past experiences, emphasizing personal responsibility, goal setting, and practical change. According to Glasser (1998), the therapeutic process involves helping clients evaluate whether their current behavior is effectively meeting their needs and, if not, to develop more responsible and effective behavioral alternatives.

Nelson & Jones (2000) further asserted that Reality Therapy is particularly effective for individuals who feel disempowered or out of control. It teaches clients to stop blaming external factors and instead to assume ownership of their choices. This approach is aligned

with the principle of fostering self-determination, a crucial aspect for PLWHA, who often feel powerless in the face of stigma and chronic illness.

In institutional settings, where individuals often feel dehumanized or reduced to their diagnosis, Reality Therapy can reinstate a sense of dignity and direction. By focusing on achievable goals and actionable steps, it counters helplessness and builds self-efficacy.

The WDEP System: A Framework for Change

Developed by Robert Wubbolding (1995), the WDEP system is a practical and structured technique used within Reality Therapy. The acronym stands for:

- a) Wants (W): What do you want?
- b) Doing (D): What are you doing to get it?
- c) Evaluation (E): Is what you are doing working?
- d) Planning (P): What is your plan for change?

Each stage of the WDEP system helps clients articulate their desires, analyze their current behavior, assess the effectiveness of their actions, and create concrete plans for change. The questions posed in WDEP are meant to challenge clients' thinking, clarify goals, and build motivation for responsible action.

In the context of PLWHA, the WDEP model helps individuals reflect on their desires (e.g., to be accepted or respected), evaluate their current coping strategies (e.g., avoidance or self-isolation), and construct adaptive behavioral plans (e.g., building social skills or engaging in productive routines).

Wubbolding (2000) noted that the WDEP model is highly adaptable across various populations and settings, especially when used in group counseling. It provides a consistent structure while allowing for personalized exploration, making it ideal for institutional rehabilitation programs.

Group Counseling with Reality Therapy and WDEP

Group counseling offers unique benefits in therapeutic settings, particularly for individuals struggling with social isolation and stigma. Yalom (2005) highlighted the power of group processes in creating universality, instilling hope, and providing corrective interpersonal experiences. For PLWHA, sharing experiences with peers fosters empathy, mutual support, and a sense of belonging—counteracting the isolation that often accompanies their condition.

When combined with Reality Therapy and the WDEP technique, group counseling becomes a powerful tool for empowerment. It enables individuals to observe behavioral patterns in others, receive constructive feedback, and practice new interpersonal skills in a safe environment. The group setting also normalizes emotions and fosters accountability for behavioral change.

Rahmawan et al. (2023) demonstrated that group-based Reality Therapy significantly improved self-acceptance and self-esteem among social rehabilitation residents, including PLWHA. Their findings suggest that group intervention enhances the therapeutic impact by leveraging peer support and social learning mechanisms.



Empirical Evidence and Gaps

While Reality Therapy and the WDEP technique have shown promising results in improving self-esteem and behavioral outcomes in various populations—including students, prisoners, and individuals with disabilities—empirical research focusing specifically on PLWHA in Indonesian social institutions remains limited.

Most existing studies rely on Western contexts or clinical outpatient settings. Therefore, there is a need to examine the cultural adaptability, feasibility, and effectiveness of these methods in institutional rehabilitation settings within Indonesia. This study addresses this gap by applying the WDEP-based Reality Therapy to a group of PLWHA at a government shelter and evaluating its impact on self-esteem using the Coopersmith Self-Esteem Inventory (CSEI).

METHOD

This study utilized a quasi-experimental design with a pre-test and post-test with control group format to examine the effect of Reality Therapy with WDEP techniques on the self-esteem of people living with HIV/AIDS (PLWHA) at the Pantti Sosial Bina Insan Bangun Daya II in East Jakarta. The research hypothesis posited that the application of this intervention would significantly improve the self-esteem of the participants.

The sampling technique applied was non-probability purposive sampling, where participants were selected based on specific criteria defined by the researchers. The inclusion criteria were: individuals diagnosed with HIV/AIDS, aged 18 years and above, and currently residing at the social rehabilitation institution during the study period. Based on these criteria, five PLWHA participants were selected for the intervention group.

The intervention consisted of structured group counseling sessions based on the Reality Therapy framework and the WDEP (Wants, Doing, Evaluation, Planning) model. The sessions were conducted over ten meetings, during which participants were encouraged to identify their goals, reflect on their current behaviors, evaluate their effectiveness, and develop concrete plans for change.

Psychological assessments were conducted using the Coopersmith Self-Esteem Inventory (CSEI) as the primary instrument for both pre-test and post-test measures. In addition to CSEI, psychological evaluations included clinical interviews, general and specific behavioral observations, and projective psychological testing tools such as the Standard Progressive Matrices (SPM), Draw-A-Person (DAP), Tree Test (BAUM), House-Tree-Person (HTP), and the Sack's Sentence Completion Test (SSCT).

The data were analyzed by comparing pre-test and post-test scores to determine the effectiveness of the intervention. The study specifically focused on the emergence of improved behaviors related to self-esteem, such as increased social interaction, emotional stability, personal responsibility, and optimism toward the future.

RESULTS AND DISCUSSION

The effectiveness of the Reality Therapy intervention using the WDEP technique was measured through pre-test and post-test assessments of self-esteem using the Coopersmith

Self-Esteem Inventory (CSEI). The initial pre-test scores revealed that all five participants were categorized under 'low self-esteem'. Following the intervention, the post-test results demonstrated significant improvement across all clients, moving them into the 'high self-esteem' category.

Table 1. Self-Esteem Improvement Summary

Client	Pre-Test Score	Post-Test Score	Improvement (%)
D	35	56	60.00%
A	29	41	41.38%
E	35	51	45.71%
S	28	49	75.00%
N	27	43	59.26%

Quantitative Outcomes: Pre-Test and Post-Test Analysis

The central objective of this study was to evaluate the efficacy of Reality Therapy utilizing the WDEP (Wants, Doing, Evaluation, and Planning) model in enhancing self-esteem among individuals diagnosed with HIV/AIDS residing temporarily in Panti Sosial Bina Insan Bangun Daya II, Jakarta. The data collection involved a pre-test and post-test using the Coopersmith Self-Esteem Inventory (CSEI), a validated instrument for assessing global self-worth by measuring evaluative attitudes toward the self in social, academic, family, and personal areas of life.

Initial pre-test scores indicated that all five participants fell within the “low self-esteem” category, with an average score of 31. These scores were reflective of common psychological characteristics among PLWHA (People Living With HIV/AIDS), such as feelings of inferiority, social withdrawal, emotional instability, and lack of purpose. Following ten sessions of structured Reality Therapy, post-test results demonstrated a substantial increase in scores for every client, reaching an average of 48, placing them in the “high self-esteem” category. The individual percentage improvements ranged from 41.38% to 75%, highlighting the intervention's effectiveness.

Behavioral Transformation Observed During Intervention

The intervention process was meticulously recorded through therapist notes and observational checklists that monitored progress in several behavioral indicators: social interaction, emotional regulation, responsibility-taking, confidence-building, self-respect, and future orientation.

Client D, who began the program displaying severe emotional dysregulation and isolation, gradually progressed to expressing personal goals, participating actively in group discussions, and verbalizing future aspirations. Similarly, Client A initially struggled with trust and social engagement but ended the intervention with noticeable assertiveness and emotional resilience. Clients E, S, and N followed comparable trajectories, each demonstrating growth in self-awareness, accountability, and interpersonal behavior.



Thematic Insights: Dimensions of Change

The structured framework of WDEP allowed clients to navigate personal reflections with clear milestones:

- a) **Wants:** Clients articulated personal desires beyond their diagnosis — for respect, dignity, and reconnection with family.
- b) **Doing:** The initial behaviors of avoidance and withdrawal were identified, critically analyzed, and gently challenged by facilitators and peers.
- c) **Evaluation:** Clients learned to assess the effectiveness of their current behaviors in meeting their goals. This cognitive restructuring was pivotal in shifting perceptions of helplessness to empowerment.
- d) **Planning:** The final sessions focused on the formulation of realistic, measurable, and personally relevant plans, such as rebuilding family ties, engaging in community-based HIV support groups, or resuming educational efforts.

Theoretical Correlation: Glasser, Coopersmith, and Wubbolding

The outcomes of this study align closely with Glasser's theory that unmet psychological needs manifest as ineffective behaviors. Reality Therapy, by addressing these needs through behavioral ownership and social support, reorients clients toward constructive life choices.

Coopersmith's theory of self-esteem, which emphasizes the importance of perceived competence and acceptance, was evidenced as participants' self-perceptions shifted. The consistency of improvement across five unique individuals also reinforces Wubbolding's assertion that the WDEP model is universally adaptable and particularly potent in group settings.

Cultural Context and Implications for Practice

In the Indonesian socio-cultural context, HIV/AIDS remains heavily stigmatized. The social rejection experienced by PLWHA often leads to internalized stigma, deteriorating mental health, and disengagement from support systems. Group-based Reality Therapy provides a culturally sensitive platform for shared healing, where individuals can break cycles of silence and self-stigma through guided conversation and structured reflection.

Group Therapy Dynamics: Empathy and Universality

The group counseling format amplified therapeutic outcomes through mechanisms such as universality, where participants realized they were not alone in their struggles; and altruism, where offering support to peers reinforced a sense of purpose. Observational data showed that clients not only gained insight into their issues but also took pride in helping others articulate their problems.

Sustaining Progress Post-Intervention

Follow-up interviews indicated that clients retained many of the behavioral shifts observed during therapy. Several reported ongoing use of the WDEP framework in daily

decisions and improved interpersonal relations with peers and staff in the shelter. These findings suggest that the intervention had both immediate and sustainable impacts on self-esteem.

Limitations and Future Recommendations

While the results were promising, limitations include the small sample size and the short duration of residence in the social institution, which constrained long-term follow-up. Future research should explore integrating this intervention with vocational training and long-term psychosocial support. Expanding the sample size and including a longitudinal component would also enhance the generalizability and robustness of the findings.

In conclusion, this study confirms that Reality Therapy with the WDEP technique is a practical, culturally adaptable, and effective intervention for improving the self-esteem of PLWHA in social institutional settings. The combination of personal responsibility, emotional validation, peer interaction, and structured planning provides a holistic framework for psychological empowerment.

CONCLUSION

This study examined the implementation of Reality Therapy using the WDEP (Wants, Doing, Evaluation, Planning) technique as an intervention to enhance self-esteem among People Living With HIV/AIDS (PLWHA) at Panti Sosial Bina Insan Bangun Daya II in East Jakarta. The findings of the study confirmed that the intervention had a significant positive impact on the psychological condition of the participants, particularly in terms of self-esteem, emotional regulation, responsibility, and future orientation.

The quantitative results obtained from the Coopersmith Self-Esteem Inventory (CSEI) revealed a substantial improvement in participants' self-perception and evaluative attitudes toward themselves. All five participants initially exhibited low levels of self-esteem, with an average pre-test score of 31. Following the structured intervention process across ten sessions, the average post-test score rose to 48, categorizing all clients within the high self-esteem range. The average increase of approximately 54% clearly demonstrated the effectiveness of the intervention model.

In addition to measurable score improvements, the participants also showed noticeable behavioral and emotional transformations. These included enhanced capacity for social interaction, more stable emotional responses, greater personal responsibility, increased self-respect, and a renewed sense of optimism regarding their future. The structured application of the WDEP model facilitated a safe and supportive space for self-exploration, personal goal setting, and reflection on behavior. This resulted in clients developing a clearer understanding of their desires and the necessary changes required to achieve them.

The theoretical implications of the findings reinforce the relevance of Glasser's Reality Therapy and Wubbolding's WDEP system in institutional rehabilitation settings. These approaches emphasize personal agency, responsibility, and present-focused behavioral change, all of which were essential for the psychological empowerment of the PLWHA participants. The intervention also aligned well with Coopersmith's framework on the



development of self-esteem, particularly the role of perceived competence, social acceptance, and behavioral self-regulation in shaping individual self-worth.

From a socio-cultural perspective, the study highlighted the effectiveness of group counseling models in addressing internalized stigma and social alienation among PLWHA in Indonesia. Group settings allowed participants to find support through shared experiences, build empathy, and reestablish a sense of belonging—an essential factor in mental health recovery for individuals who are often marginalized.

The research, however, was not without limitations. The small sample size and short observation period due to institutional constraints may limit the generalizability of the findings. Future research should consider expanding the sample and implementing longitudinal studies to assess the sustainability of the intervention's outcomes. Furthermore, integrating psychological interventions with vocational training, family therapy, or spiritual counseling may offer a more holistic rehabilitation framework.

In summary, this study provides empirical support for the integration of Reality Therapy with WDEP techniques in psychosocial programs for PLWHA. The structured yet flexible nature of the WDEP model offers a clear path toward behavioral change and emotional healing. With further refinement and broader application, this approach holds significant promise for enhancing the quality of life and mental well-being of PLWHA and other socially vulnerable populations in institutional care.

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