


The Effectiveness of Classical Guidance in Increasing Drug Resistance Among Adolescents at Pusat Pengembangan Anak Gereja Kristen Perjanjian Baru Pematangsiantar

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ABSTRACT

This research examines the effectiveness of classical guidance services in enhancing adolescents' resistance to drugs at the Child Development Center of the Gereja Kristen Perjanjian Baru Pematangsiantar. The study employed a Guidance and Counseling Action Research (PTBK) design implemented in two cycles. The participants consisted of 20 adolescents aged 12–15 years. Data were collected through a drug-resistance questionnaire, observations, and interviews. The findings showed that the average drug-resistance score increased from 75 (69%) in the pre-cycle to 89 (81%) in Cycle I, and further improved to 104 (95%) in Cycle II. The Paired Sample t-Test revealed a significant difference between the pre- and post-intervention scores. These results indicate that classical guidance services are effective in strengthening adolescents' resistance to drugs. The intervention not only improved their knowledge and awareness of drug risks, but also fostered assertiveness, personal commitment, and the ability to refuse drug offers firmly yet courteously.

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Introduction

Drug abuse among adolescents remains a social problem that has a multidimensional impact on individual development, both in terms of physical health, emotional stability, and social functioning. Adolescence is characterized by an increased need for social recognition, identity exploration, and a tendency to try new experiences, making this age group relatively more vulnerable to the influence of risky environments. When self-control, assertive communication skills, and decision-making capacity are not yet optimally developed, adolescents are potentially more likely to engage in deviant behavior, including drug abuse.

This condition highlights the urgency of strengthening preventive interventions that are not only informative but also transformative in shaping attitudes and behavior. Drug resistance is understood as an individual's ability to resist invitations, pressure, and opportunities to use illegal substances through understanding the risks, having a firm attitude, social communication skills, and a commitment to maintaining healthy behavior. Resistance is not merely the verbal ability to say "no," but rather the ability to uphold one's principles without damaging social relationships. Therefore, guidance and counseling services have a strategic role in building the psychosocial capacity of adolescents to manage environmental pressures adaptively and responsibly.

Previous studies have shown that classical counseling services are effective in increasing awareness, preventive attitudes, and social skills among adolescents in dealing with risky behaviors. However, most of these studies still focus on formal school settings and have not yet examined the effectiveness of classical counseling services in non-formal educational institutions, which have different characteristics of students and social dynamics. In addition, research that specifically highlights the strengthening of drug resistance based on classical services in the context of youth development communities is still relatively limited. This condition opens up research opportunities to expand empirical understanding of the flexibility and adaptability of classical guidance services outside the school context.

Pusat Pengembangan Anak Gereja Kristen Perjanjian Baru Pematangsiantar is one of the community-based youth development institutions located in an area with a high level of drug abuse. However, the implementation of education and strengthening of youth resilience to drugs in this institution has previously been sporadic and not systematically structured. This situation created a real need for a guidance service model that could effectively reach all participants, encourage active participation, and provide meaningful space for reflection in building an attitude of rejection towards drugs.

The uniqueness of this study lies in the application of classical guidance services as a strategy to strengthen drug resistance among adolescents in non-formal educational institutions based on religious communities, which are relatively rarely the focus of research compared to formal school contexts. In addition, this study integrates a guidance and counseling approach to evaluate continuous behavioral change through two cycles of intervention, thereby providing a more comprehensive empirical picture of the dynamics of change in adolescent resistance.

The main issues examined in this study are the suboptimal level of drug resistance among adolescents and the lack of sufficient empirical evidence regarding the effectiveness of classical guidance services in increasing such resistance in the context of non-formal guidance institutions. Therefore, systematic testing is needed to determine whether classical guidance interventions can produce significant and sustainable changes.

This study, entitled "The Effectiveness of Classical Guidance in Increasing Drug Resistance Among Adolescents at Pusat Pengembangan Anak Gereja Kristen Perjanjian Baru Pematangsiantar in 2025" aims to describe the level of drug resistance among adolescents before and after the implementation of classical guidance services, as well as to test the effectiveness of these services in increasing understanding, assertive attitudes, communication skills for refusal, and commitment to healthy behavior. The results of this study are expected to contribute theoretically to the development of preventive guidance and counseling studies, as well as provide practical benefits for counselors, educational institutions, and stakeholders in designing contextual, adaptive, and sustainable intervention services.

Method

Research Design

This study employed a Guidance and Counseling Action Research design using a mixed quantitative and qualitative approach implemented across two action cycles. Action research was selected because it enables researchers to systematically plan, implement, evaluate, and refine interventions aimed at addressing practical issues within educational settings. The study was conducted at the Child Development Center of Gereja Kristen Perjanjian Baru, Pematangsiantar, Indonesia, from July to September 2025.

The intervention consisted of a series of classical guidance sessions designed to enhance adolescents' resistance to drug abuse. The sessions included topics related to understanding the dangers of drugs, developing refusal skills, strengthening assertive communication, and fostering personal commitment to healthy and responsible behavior.

Participants and Data Sources

The research population consisted of all adolescents who participated in the developmental coaching program at the Child Development Center. The sample comprised 20 adolescents aged between 12 and 15 years who were selected using a total sampling technique, whereby all eligible participants were included in the study.

Data were obtained from multiple sources to support the action research process. The primary source of quantitative data was the adolescent participants, while qualitative data were derived from observations of the implementation of guidance services, participant reflections, and activity documentation. The use of multiple data sources facilitated a comprehensive evaluation of both the intervention process and its outcomes.

Data Collection Procedures

Data were collected using three primary techniques: questionnaires, structured observations, and brief interviews. Quantitative data were gathered through a drug resistance questionnaire that had undergone validity and reliability testing prior to implementation. The questionnaire was administered during the pre-cycle phase, at the end of Cycle I, and at the end of Cycle II to measure changes in participants' levels of resistance to drug-related influences.

Qualitative data were collected through structured observations of participants' engagement during guidance activities and brief interviews conducted to obtain additional insights regarding participants' experiences and responses to the intervention. Documentation of activities was also used to support and verify the findings obtained from questionnaires and observations.

Data Analysis

Quantitative data were analyzed using descriptive and inferential statistical techniques. Descriptive statistics, including frequencies, percentages, means, and score distributions, were used to describe participants' levels of drug resistance across the research stages. To determine whether significant differences existed between participants' resistance levels before and after the intervention, paired-samples *t*-tests were conducted. Prior to inferential analysis, a normality test was performed to ensure that the assumptions underlying parametric statistical procedures were satisfied.

Qualitative data were analyzed through a process of data reduction, categorization, and interpretation. Observation notes, interview responses, and documentation records were systematically reviewed to identify recurring themes and patterns related to participants' behavioral changes and engagement throughout the intervention. The qualitative findings were subsequently integrated with the quantitative results to provide a more comprehensive understanding of the effectiveness of classical guidance services in strengthening adolescents' resistance to drug abuse.

Result and Discussion

Results

The research results were obtained by processing data from a questionnaire on drug resistance administered to 20 respondents at three measurement stages, namely pre-cycle, cycle I, and cycle II. The data were analyzed using IBM SPSS Statistics 21 software to obtain a descriptive overview, test normality, and test differences using a paired sample t-test.

Results of Pre-cycle

Pre-cycle measurements were conducted to determine the initial level of drug resistance among adolescents before they were provided with classical guidance services. The tabulation results show that the average drug resistance score was 75 with a percentage of 69%, which is classified as moderate. This indicates that most adolescents do not yet have the optimal ability to resist drug offers, manage social pressure, and maintain their commitment to not abuse drugs.

Table 1. Recapitulation of Adolescent Drug Resistance Scores in the Pre-Cycle Stage

No.	Respondent Initials	Score	Percentage
1	RS	70	64%
2	HCP	76	69%
3	NN	67	61%
4	VNS	72	65%
5	TMS	80	73%
6	KY	83	75%
7	FLS	84	76%
8	TIP	81	74%
9	APS	72	65%
10	SH	69	63%
11	QS	81	74%
12	AY	80	73%
13	AS	76	69%
14	FGS	69	63%
15	GAS	81	74%
16	FHS	60	55%
17	CP	83	75%
18	MOS	78	71%
19	SPH	79	72%
20	IRH	66	60%
17	CP	83	75%
18	MOS	78	71%
19	SPH	79	72%
20	IRH	66	60%
Average		75	69%

The Shapiro-Wilk normality test using SPSS showed a significance value of 0.115 ($p > 0.05$), indicating that the pre-cycle data was normally distributed and suitable for parametric analysis.

Results of Cycle I

After the implementation of classical guidance services in cycle I, drug resistance levels were remeasured. The results of the analysis showed an increase in the average score to 89 with a percentage of 81%, which is in the high category.

Table 2. Recapitulation of Adolescent Drug Resistance Scores in Cycle I

No	Respondent Initials	Score	Percentage
1	RS	87	79%
2	HCP	87	79%
3	NN	88	80%
4	VNS	89	81%
5	TMS	87	79%
6	KY	89	81%
7	FLS	90	82%
8	TIP	87	79%
9	APS	88	80%
10	SH	94	85%
11	QS	88	80%
12	AY	90	82%
13	AS	87	79%
14	FGS	87	79%
15	GAS	90	82%
16	FHS	90	82%
17	CP	93	85%
18	MOS	91	83%
19	SPH	90	82%
20	IRH	88	80%
Average		89	81%

The normality test produced a significance value of 0.061 ($p > 0.05$). The results of the paired sample t-test between the pre-cycle and cycle I showed a significance value of 0.000 ($p < 0.05$), which means that there was a significant increase after the implementation of cycle I.

Results of Cycle II

Service strengthening continued in cycle II to ensure consistency of change. Measurement results showed that the average score increased to 104 with a percentage of 95%, which is in the very high category.

Table 3. Recapitulation of Adolescent Drug Resistance Scores in Cycle II

No	Respondent Initials	Score	Percentage
1	RS	108	98%
2	HCP	110	100%
3	NN	104	95%
4	VNS	100	91%
5	TMS	108	98%
6	KY	101	92%
7	FLS	109	99%
8	TIP	102	93%
9	APS	100	91%
10	SH	100	91%
11	QS	104	95%
12	AY	103	94%
13	AS	102	93%
14	FGS	106	96%
15	GAS	104	95%
16	FHS	100	91%
17	CP	104	95%
18	MOS	103	94%
19	SPH	109	99%
20	IRH	105	95%
Average		104	95%

Score Development Recap

Table 4. Average Drug Resistance Scores of Adolescents in Pre-cycle, Cycle I, and Cycle II

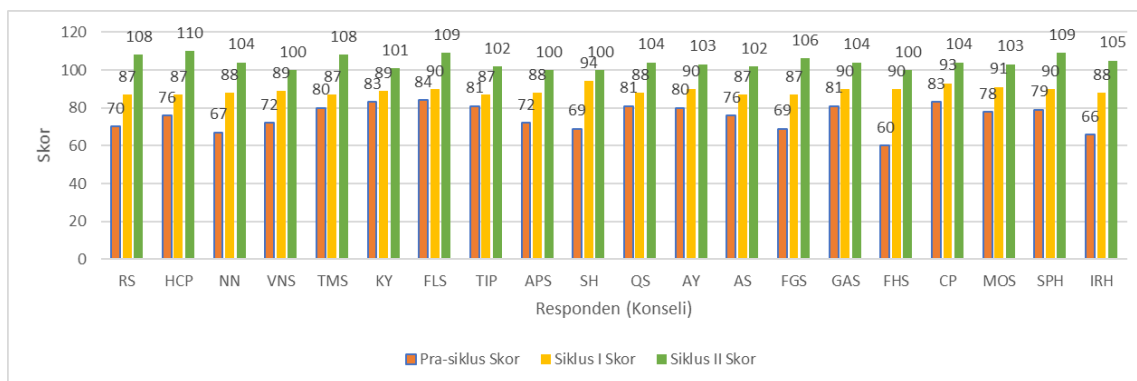
No.	Measurement Stage	Average Score	Percentage
1	Pre-cycle	75	69%
2	Cycle I	89	81%
3	Cycle II	104	95%

The table shows a gradual increase of 12% from the pre-cycle to cycle I and 14% from cycle I to cycle II, with a total increase of 26%.

In addition to the increase in average scores, the normality test results showed that the distribution of data at all measurement stages was normal, thus fulfilling the prerequisites for parametric analysis. The comparative test using a paired sample t-test produced a significance value of 0.000 ($p < 0.05$) in both the pre-cycle and cycle I comparisons and the cycle I and cycle II comparisons. These findings indicate a statistically significant difference and confirm that classical guidance intervention is effective in increasing drug resistance among adolescents.

In terms of indicators, almost all respondents achieved high scores in the areas of ability to resist peer pressure, understanding of the dangers of drugs, attitude of rejection, and personal commitment at the end of cycle II. Communication skills and resilience to social pressure indicators also showed significant improvement, although a small number of respondents still needed further reinforcement. Visually, the trend of increased resistance among adolescents can be seen in the graph showing the increase in drug resistance for each subject from the pre-cycle to cycle II.

Figure 1. Graph of Drug Resistance Increase for Each Subject in Pre-Cycle, Cycle I, and Cycle II



Discussion

The increase in the average drug resistance score from 69% in the pre-cycle stage to 81% in cycle I and reaching 95% in cycle II shows that classical guidance services have a significant effect on strengthening the protective capacity of adolescents. Theoretically, these findings are in line with Social Resistance Skills Theory, which emphasizes that an individual's ability to resist risky behavior develops through assertive communication training, healthy decision-making habits, and repeated reinforcement of attitudes. When participants are actively involved in discussions, reflections, and social response simulations during the service, the learning process not only takes place in the cognitive realm but is also internalized in attitudes and daily behavioral tendencies.

The results of this study also support the Risk and Protective Factors Theory perspective, which states that deviant behavior can be suppressed by strengthening protective factors, such as risk understanding, social skills, and personal commitment. Classical guidance services serve as a strategic medium for systematically building these protective factors, so that adolescents have stronger resilience in facing environmental pressures. Thus, the problem of low drug resistance among adolescents cannot be adequately addressed through an informative approach alone, but requires structured interventions oriented towards the development of psychosocial competencies.

More specifically, significant improvements in indicators of refusal skills, understanding of the dangers of drugs, refusal attitudes, and commitment show that adolescents are increasingly able to integrate knowledge and values into real behavior. This process can be explained through social learning theory, in which group interactions, modeling from peers, and reinforcement from facilitators contribute to the formation of adaptive behavior. Meanwhile, indicators of communication skills and resilience to social pressure that still require further strengthening indicate the need for more applicable learning strategies, such as role-playing, real-life simulations, and continuous

reflective feedback so that interpersonal competencies develop more stably.

The implications of these findings suggest that classical guidance services can be used as an effective preventive solution in the context of strengthening adolescent resilience to drugs, both in formal and non-formal educational settings. Scientifically, the results of this study expand the scope of classical guidance as a community-based preventive intervention model, thereby contributing to the development of guidance and counseling science and developmental psychology. Practically, these findings provide an empirical basis for counselors and youth development institution managers to design more adaptive, participatory, and sustainable service programs. The implementation of structured and consistent services has the potential to strengthen the quality of human resources, reduce the risk of deviant behavior, and support the development of a healthy and productive society.

Conclusion

This study proves that classical counseling services have a positive impact on increasing drug resistance among adolescents at Pusat Pengembangan Anak Gereja Kristen Perjanjian Baru Pematangsiantar. The intervention, which was carried out in stages, was able to strengthen adolescents' understanding of risks, attitudes of rejection, communication skills, and commitment to maintaining healthy behavior. The results of the study show that a structured and participatory service approach can be an effective preventive strategy in building adolescents' resilience to negative environmental influences. These findings provide practical benefits for counselors and youth development institutions as a basis for developing more systematic, adaptive, and sustainable service programs. Furthermore, this research enriches community-based guidance and counseling practices by providing relevant empirical evidence for efforts to prevent risky behavior. Further research recommendations are directed toward expanding the number of subjects, strengthening the variety of service methods, and measuring long-term impacts so that the effectiveness of interventions can be evaluated more comprehensively.

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