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Islamic Guidance and Counseling for Adolescent Emotion Management

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Abstract
Adolescents' capacity to manage emotion is closely related to psychosocial adjustment, learning engagement, peer and teacher relationships, and mental health. In Islamic schools, counseling services may combine evidence-informed emotion-regulation support with religious resources that are meaningful to students. This study examined how Islamic Guidance and Counseling (IGC) was implemented to support students' emotion management at SMP Islam Ngadirejo, Temanggung, Indonesia, and identified the barriers encountered in practice. A qualitative descriptive field design was employed. Primary data were derived from interviews with the school counselor and students, while observations, documentation of counseling activities, and school-profile materials provided contextual evidence. Data were organized through reduction, display, and conclusion drawing, with source and technique triangulation used to strengthen interpretive credibility. Findings indicate a tiered service architecture comprising classroom guidance, group guidance, individual counseling, group counseling, home visits, and case conferences. These modalities were integrated with Qur'anic and Prophetic values and practices such as istighfar, Qur'an recitation, self-reflection, and encouragement of voluntary night prayer. The counselor adopted a proactive, firm-yet-persuasive, and collaborative approach involving teachers and families. Participants perceived improvements in students' emotional control and learning functioning, although the qualitative design does not permit causal claims. Major barriers included the image of counseling as disciplinary policing, reluctance to disclose personal concerns, limited time and personnel, inconsistent coordination, variable family involvement, and weak data management. The study suggests that Islamic school counseling is most promising when religious meaning-making is integrated with relational safety, confidentiality, explicit emotion-regulation skills, and school-wide coordination.
Keywords: *Islamic Guidance and Counseling, Emotion Management, Emotion Regulation, School Counseling, Adolescence, Islamic Education*

INTRODUCTION

Early adolescence is a developmental period characterized by rapid biological, cognitive, social, and emotional change. Emotional experiences can become more intense while the capacities needed to identify, interpret, and regulate those experiences are still developing. Emotion regulation therefore refers to more than suppressing anger, sadness, fear, or disappointment; it includes monitoring situational demands, selecting strategies, and modifying emotional experience or expression in ways that remain adaptive to personal goals and social contexts (Gross, 2015). In adolescence, difficulties in emotion regulation are consistently associated with anxiety, depression, interpersonal strain, and other forms of psychological distress, whereas more flexible regulation is linked with healthier adjustment (Young et al., 2019). A meta-analysis of psychological interventions further indicates that

emotion-regulation processes are modifiable rather than fixed traits, providing a strong rationale for intentional support during the school years (Moltrecht et al., 2021).

The educational relevance of emotion regulation is equally important. Classrooms are social environments in which students continually respond to success, failure, correction, competition, peer evaluation, and changing academic demands. Emotion-regulation difficulties are related not only to internal distress but also to engagement in learning and relationships with peers and teachers (De Neve et al., 2023). When students lack strategies for naming feelings, reappraising situations, pausing before acting, or seeking help, emotionally charged events can quickly become disciplinary incidents, withdrawal, peer conflict, or disengagement. Conversely, students who can regulate their emotional responses are better positioned to sustain attention, communicate needs, and remain involved in school life. Thus, emotion management is not an extracurricular concern; it is part of students' readiness to learn, participate, and belong.

Schools offer a strategic context for building these capacities because they provide repeated opportunities for prevention, skill development, early identification, and referral. Meta-analytic evidence on social and emotional learning has shown that universal school-based interventions can improve social-emotional competencies, attitudes, behavior, and academic outcomes (Durlak et al., 2011), and follow-up analyses suggest that some benefits can persist beyond the immediate intervention period (Taylor et al., 2017). More focused reviews of school-based emotion-regulation programs also conclude that adolescents can learn regulation skills in educational settings, although effects depend on program intensity, measurement, implementation quality, and the opportunity to practice skills over time (Pedrini et al., 2022; Theodorou et al., 2024). School-based resilience interventions provide additional evidence that structured psychosocial support can improve adaptive resources among adolescents when programs are implemented systematically (Cai et al., 2025; Llistosella et al., 2024).

Within this broader support system, school counseling is uniquely positioned to operate across preventive and responsive levels. Classroom guidance and group guidance can provide psychoeducation to many students, while individual counseling, group counseling, home visits, and case conferences can address more specific or complex needs. A meta-analysis of school counseling outcomes reported generally positive effects across student domains, although the magnitude and durability of benefits vary by intervention and context (Whiston et al., 2011). Recent research on targeted school-based mental health services similarly shows that the presence of services alone does not ensure utilization: students' willingness to seek help is shaped by trust, perceived usefulness, confidentiality, stigma, ease of access, and the way adults respond when students disclose concerns (McPhail et al., 2024; Grunin et al., 2025).

Help-seeking is therefore a central implementation issue. Systematic reviews have repeatedly identified stigma, embarrassment, fear of judgment, doubts about confidentiality, low trust in adults, preference for self-reliance, and uncertainty about where to seek help as barriers among adolescents (Aguirre Velasco et al., 2020; Radez et al., 2021; Singh et al.,

2019). Adolescents' experiences with school-wide mental-health initiatives also indicate that preventive efforts are more acceptable when they respect autonomy and avoid making students feel exposed or coerced (Aspeqvist et al., 2024). Among adolescents and young adults experiencing depressive symptoms, mistrust, shame, and stigma remain particularly salient barriers (Baldofski et al., 2024). These findings are highly relevant in school settings where counselors may be perceived primarily as disciplinary agents. If the counseling office becomes associated with punishment, students may avoid it until problems have escalated.

In Islamic schools, counseling also operates within a religious and moral environment. Religious language, practices, and ethical values may provide culturally meaningful resources for reflection, self-control, hope, repentance, patience, responsibility, and social repair. However, religious integration requires more than attaching verses or devotional advice to generic psychological techniques. Islamic psychology literature emphasizes a holistic understanding of the person that includes spiritual, psychological, relational, and moral dimensions while still requiring professional assessment and ethically responsible intervention (Rothman & Coyle, 2018). Keshavarzi and Haque (2013) similarly argue for psychotherapy that is congruent with Muslim clients' beliefs without sacrificing conceptual coherence. Isgandarova (2019) describes muraqabah as a spiritually grounded form of self-observation that can be discussed alongside mindfulness-oriented practices, while Cucchi (2022) shows how Islamic principles and cognitive-behavioral concepts can be integrated when the relationship between beliefs, thoughts, emotions, and behavior is made explicit.

Indonesian scholarship likewise points to the potential of Islamic guidance and counseling for adolescent emotional support. Hasanah (2014) discussed its role in reducing emotional pressure among adolescents, while more recent studies have explored Islamic counseling for emotional awareness and adjustment in educational settings (Awaliah et al., 2025; Zahrah et al., 2025). Emotion-management training and self-management strategies have also been used with Indonesian adolescents to strengthen emotional stability and coping (Akbar & Afiatin, 2009; Azmi et al., 2021). Research on self-compassion and emotion regulation further suggests that adolescents benefit when self-directed responses to distress are less punitive and more reflective (Marsh et al., 2018; Syafitri et al., 2024). Within Islamic psychology, tafakkur and tadzakkur have recently been discussed as meaning-making processes that may support adolescents in responding to disappointment (Aziz et al., 2025).

Despite this growing literature, there remains a practical gap between conceptual models and the day-to-day organization of Islamic counseling services in schools. It is still important to understand how a counselor combines universal guidance, individual support, family contact, case coordination, and religious meaning-making within the constraints of ordinary school routines. It is equally important to examine the conditions that undermine those services, including students' fear of disclosure, limited counseling time, staff coordination, family availability, and data-management practices. The present study addresses this gap by examining Islamic Guidance and Counseling at SMP Islam Ngadirejo, Temanggung, Indonesia. Rather than treating reported improvement as proof of causal effectiveness, the study focuses on implementation processes and perceived changes. Specifically, it asks: (1)

how is IGC implemented to support students' emotion management in this Islamic junior high school, and (2) what challenges and barriers shape its implementation? The analysis emphasizes service architecture, Islamic value integration, relational and collaborative practices, perceived outcomes, and system-level constraints.

METHODS

This study employed a qualitative descriptive field design. The design was selected because the primary aim was to understand counseling practice as it occurred in the school environment rather than to test an intervention under controlled conditions. The research setting was SMP Islam Ngadirejo, Ngadirejo District, Temanggung Regency, Indonesia, during the 2024/2025 academic year. The study focused on how counseling services were organized to respond to students' emotional needs, how Islamic values were incorporated, how teachers and families were involved, and what implementation barriers were encountered.

Primary data were generated through interviews with the school counselor and students who had interacted with counseling services. In the original research record, the principal counselor is identified by the initials RD. Secondary data included documentation of counseling activities and information about the school profile. The source manuscript does not provide a complete numerical breakdown of student informants, demographic characteristics, or interview duration; consequently, this article does not invent or infer those details. This reporting limitation is explicitly acknowledged later because transparent boundaries around available evidence are essential in qualitative research.

Three data-collection techniques were used. Interviews explored the counselor's reasoning for selecting service modalities, approaches to identifying students who required support, strategies for integrating Islamic values, collaboration with teachers and caregivers, perceived student responses, and practical obstacles. Student interviews were used to capture experiences of receiving guidance and managing emotion. Direct observation provided contextual evidence regarding counseling-related behavior and school situations, while documentation supplemented descriptions of activities and institutional context. Because the available source material does not retain verbatim interview transcripts, the results are presented as thematic summaries rather than reconstructed quotations.

The analytical process followed an iterative sequence of data reduction, data display, and conclusion drawing. During reduction, information was grouped around the research questions and coded at a descriptive level into service modality, emotional-learning function, Islamic integration, counselor stance, collaboration, perceived change, and barriers. During display, these categories were compared across interview, observation, and documentary evidence to identify convergent patterns and notable tensions. Conclusions were then formulated at the level warranted by the data. Source triangulation and technique triangulation were used to examine consistency across participants and data types. The logic is compatible with principles of trustworthy qualitative analysis, particularly transparency, reflexive interpretation, and a clear relationship between data and claims (Nowell et al., 2017).

Reporting was also informed by the Consolidated Criteria for Reporting Qualitative Research (COREQ) insofar as the underlying study record allowed (Tong et al., 2007).

The study is interpretive rather than causal. Statements that students became calmer, more emotionally controlled, or more functional in learning are treated as perceived or observed changes reported within the school context. No standardized emotion-regulation scale, pre-post measurement, comparison group, or longitudinal academic dataset was available. Accordingly, the results are used to explain how the counseling system operated and how participants understood its contribution, not to estimate an intervention effect.

RESULTS

The analysis identified five interconnected themes: a tiered service architecture; integration of Islamic spiritual and moral resources; a proactive and relational counselor stance; collaboration with teachers and families; and perceived improvement constrained by significant implementation barriers. Together, these themes show that emotion management was approached as both an individual skill and a school-system responsibility.

Table 1. Service architecture of Islamic Guidance and Counseling for emotion management

Service modality	Primary function in the study	Implementation consideration
Classroom guidance	Universal emotional literacy, behavioral reflection, early identification	Large reach; vulnerable to noise, stigma, and limited personalization
Group guidance	Shared discussion, peer learning, social reflection	Useful for common concerns; requires safe group climate
Individual counseling	Personal meaning-making, emotion identification, response planning	Depends heavily on trust and confidentiality
Group counseling	Peer support and interpersonal processing	Grouping students appropriately can be difficult
Home visit	Family-context assessment and caregiver collaboration	Caregiver availability and family structure vary
Case conference	Multi-party coordination for complex cases	Requires role clarity and careful information sharing

The first theme was the use of multiple counseling modalities rather than a single intervention. Classroom guidance functioned as the broadest entry point. The counselor used classroom sessions to introduce students to emotional awareness, behavioral consequences, and more controlled ways of responding to social situations. These sessions also created opportunities to notice students who were highly reactive, withdrawn, frequently involved in conflict, or otherwise in need of further attention. When a topic was relevant to several students or when peer interaction itself was part of the problem, group guidance was used to extend discussion and provide a setting in which students could learn from one another.

Individual counseling and group counseling were used when needs could not be adequately addressed through classroom-level guidance. Individual sessions allowed the counselor to explore personal concerns, help students identify emotions, review how they interpreted social situations, and consider alternative responses. Group counseling was used when students shared comparable difficulties or could benefit from peer support. The original record also describes attention to students who were introverted, experienced bullying, had difficulties with attendance, or became involved in conflict. These patterns indicate that 'emotion management' in practice was not treated as a narrow anger-control program; it was embedded in broader concerns about belonging, self-understanding, interpersonal behavior, and school participation.

Home visits and case conferences formed the more intensive end of the service continuum. Home visits were used when the counselor needed information about the student's family environment or when school-based action required caregiver participation. In at least one situation, the student was primarily cared for by a grandparent, illustrating why collaboration cannot assume a conventional parent-child household. Case conferences were used for more complex problems requiring input from several adults. In such cases, the counselor did not position counseling as an isolated office-based activity but as a coordination mechanism within the school ecosystem.

The second theme concerned religious integration. Qur'anic and Prophetic values were used to frame patience, self-restraint, responsibility, self-correction, and moral conduct. Practices such as istighfar, Qur'an recitation, and encouragement of voluntary night prayer were described as spiritual supports that could help students calm themselves and reconnect emotional responses with religious meaning. Importantly, these practices were delivered alongside guidance about recognizing emotion and controlling behavior rather than being presented only as ritual prescriptions. Emotion management was thus framed as a process of aligning feeling, cognition, action, and faith commitments.

The third theme was the counselor's relational stance. RD was described as proactive, observant, firm, and persuasive. The counselor did not always wait until a behavior became a serious disciplinary matter; instead, attention was given to patterns that suggested emotional or social difficulty. At the same time, firmness remained part of the approach, particularly where classroom disruption or repeated misconduct was involved. The data suggest that the most constructive moments occurred when firmness was combined with explanation, listening, and opportunities for students to understand why a response needed to change. This combination distinguishes developmental counseling from purely punitive discipline.

The fourth theme was collaboration. Subject teachers were involved when emotional behavior appeared in classroom contexts, and families were contacted when school-based understanding was insufficient. The counselor also used case discussion when responsibility needed to be shared. This collaborative orientation strengthened contextual understanding but also introduced confidentiality challenges: useful coordination required adults to know enough to support the student without unnecessarily distributing personal counseling

content. The original study did not report a formal confidentiality protocol, which makes information governance an important area for institutional improvement.

The fifth theme concerned perceived outcomes and barriers. Participants reported that some students appeared better able to control their emotions after receiving counseling, and the source manuscript also associated counseling with improved learning functioning and academic achievement. These reports are meaningful as practice-based observations, but the study did not include objective before-and-after measures. They therefore represent perceived changes rather than causal evidence. More robustly supported by the qualitative data was the observation that students had opportunities to name problems, receive individualized feedback, involve caregivers when necessary, and reflect on behavior through both psychological and religious frames.

Implementation barriers were substantial. Some students associated the counseling teacher with the role of a 'school police officer,' meaning that referral to counseling could be interpreted as punishment. This perception contributed to reluctance to disclose personal concerns, fear during individual or group sessions, and a tendency to approach the service only after problems had escalated. Classroom guidance could also be disrupted by noise and verbal conflict. Operational constraints included limited counselor time and personnel, scheduling difficulties, student absenteeism or truancy, uneven coordination among teachers, inconsistent caregiver availability, and weak data-management systems. The difficulty of grouping students for emotion-focused counseling also suggests that service design was sometimes reactive rather than based on systematic screening or clearly defined entry criteria.

Table 2. Key implementation barriers and program-development implications

Barrier	Likely service consequence	Program-development implication
Counselor seen as 'school police'	Avoidance, fear of referral, reduced disclosure	Reframe counseling as developmental and supportive; expand self-referral
Reluctance to disclose	Shallow assessment and delayed help-seeking	Explain confidentiality, strengthen rapport, use gradual engagement
Limited time/personnel	Reactive casework and restricted follow-up	Protected counseling time, caseload review, tiered service planning
Uneven staff coordination	Fragmented support across classrooms	Clear referral pathways and scheduled case coordination
Variable family involvement	Incomplete contextual understanding	Flexible caregiver engagement, including grandparents/guardians
Weak data management	Poor continuity and evaluation	Secure documentation, minimal-necessary data sharing, outcome monitoring

DISCUSSION

The central contribution of this study is its depiction of IGC as a multi-layered school practice rather than a single religious counseling technique. At SMP Islam Ngadirejo, universal guidance, group work, individualized counseling, family contact, and case coordination were combined according to perceived need. This organization resembles multi-tiered school mental-health logic, even though the school did not formally label it as such. The value of this structure lies in its capacity to avoid treating all emotional difficulties as identical. Universal guidance can normalize emotional literacy, while individual and family-level responses can be reserved for students whose difficulties are more persistent or contextualized. Evidence from social-emotional learning and school-based emotion-regulation programs supports this differentiated approach, particularly when interventions include explicit skills practice and repeated opportunities for application (Durlak et al., 2011; Pedrini et al., 2022; Theodorou et al., 2024).

However, service variety is not equivalent to program quality. The findings suggest a need to make the emotional competencies targeted by each modality more explicit. Classroom guidance, for example, could move beyond general advice about controlling anger to teach a sequence of skills: recognizing physiological cues, labeling emotion, distinguishing emotion from action, pausing, examining interpretations, using cognitive reappraisal, communicating assertively, and identifying when professional help is appropriate. Psychological interventions for youth show small-to-moderate improvements in emotion-regulation processes when skills are taught intentionally (Moltrecht et al., 2021), and recent skills-training research emphasizes emotional awareness, validation, communication, and practice rather than simple exhortation (Holmqvist Larsson & Zetterqvist, 2024). An IGC program can incorporate such techniques while situating them within Islamic moral and spiritual language.

Religious integration is therefore best understood as a mechanism of meaning and value alignment rather than as a substitute for psychological assessment. In the present study, istighfar, Qur'an recitation, night prayer, Qur'anic guidance, and Prophetic teachings served as resources for self-reflection and self-restraint. This is consistent with Islamic psychology frameworks that conceptualize human functioning as involving spiritual and moral dimensions alongside cognition, emotion, and behavior (Rothman & Coyle, 2018). Keshavarzi and Haque (2013) and Cucchi (2022) similarly argue that Islamic concepts can be integrated with structured psychological approaches when the therapist or counselor understands both domains rather than merely adding religious phrases to secular techniques. A student who becomes angry after peer provocation, for example, can be guided to notice bodily arousal, identify interpretations of the event, pause before acting, choose a response consistent with patience and justice, and use a familiar spiritual practice to support that pause. In such a sequence, religious practice strengthens regulation rather than replacing it.

This distinction is ethically important. Some adolescent problems require assessment beyond ordinary school counseling, particularly when emotional dysregulation is accompanied by severe depression, self-harm risk, trauma symptoms, or persistent functional

deterioration. Religious encouragement should never be used to imply that distress reflects weak faith or that prayer alone is sufficient for clinically significant problems. The strongest Islamic counseling model is therefore both spiritually responsive and professionally bounded. Research on self-compassion is relevant because harsh self-judgment can intensify adolescent distress, whereas more compassionate self-responding is associated with lower psychological distress (Marsh et al., 2018). Indonesian findings also point to links among self-compassion, emotion regulation, and mental health (Syafitri et al., 2024). Islamic concepts such as rahmah, tawbah, muhasabah, tafakkur, and tadzakkur can be used in ways that encourage accountability without humiliation (Aziz et al., 2025).

The counselor-student relationship emerged as the most consequential implementation condition. The 'school police' image is not a superficial branding problem; it affects whether students disclose information early enough for counseling to be useful. Systematic reviews show that adolescents commonly avoid professional help because of stigma, embarrassment, fear of judgment, doubts about confidentiality, and mistrust (Aguirre Velasco et al., 2020; Radez et al., 2021). School-based help-seeking is additionally shaped by how referrals occur and how students experience adult responses (McPhail et al., 2024). If students believe that entering the counseling room automatically signifies wrongdoing, the service becomes structurally reactive. This dynamic also explains why a counselor may feel required to be firm while students simultaneously need reassurance that counseling is not punishment.

A practical response is to create relational safety before students face crisis. Classroom guidance can introduce the counselor as a resource for learning, relationships, emotions, study difficulties, and personal development. Students need clear explanations of confidentiality, including its limits when safety is at risk. They also need low-stigma routes into support, such as self-referral, brief drop-in consultations, scheduled check-ins, and private digital or paper request mechanisms. Whole-school mental-health research indicates that adolescents value school-based prevention but also want autonomy and respectful involvement (Aspeqvist et al., 2024). Similarly, utilization research suggests that increasing the availability of school services must be paired with conditions that make students willing to use them (Grunin et al., 2025).

Collaboration with teachers and families is another strength that requires careful governance. Teachers can notice patterns that are invisible in the counseling room, such as changes in participation, conflict, withdrawal, or attendance. Families can provide information about stressors, caregiving arrangements, sleep, responsibilities, or relational tension. Home visits may therefore be valuable when the family context is necessary to understand a student's functioning; Indonesian literature has also identified home visits as a mechanism for connecting school and family support (Sabela et al., 2021). Yet collaboration must follow a principle of minimum necessary disclosure. Teachers do not need access to all personal details disclosed in counseling. Instead, they need information relevant to safety, classroom support, and agreed accommodations. This principle becomes especially important when the school strengthens its currently weak data-management system.

The reported improvement in emotional control should be interpreted as an implementation signal rather than an effect estimate. It is plausible that students benefited from attention, reflection, spiritual support, and coordinated adult involvement, and the broader literature shows that school-based social-emotional interventions can improve emotional and educational outcomes (Durlak et al., 2011; Taylor et al., 2017). Yet the present study did not measure emotion regulation before and after counseling, did not track academic scores longitudinally, and did not include a comparison group. The discrepancy between strong positive descriptions and the absence of objective outcome data is methodologically important. A publication-quality interpretation must distinguish what the study observed from what the literature suggests is possible. The study's strongest evidence concerns the architecture, relational dynamics, and barriers of service delivery.

For future evaluation, the school could combine qualitative feedback with validated student measures of emotion regulation, help-seeking, school engagement, and well-being. Administrative indicators such as attendance, repeated disciplinary incidents, referral completion, and follow-up rates could provide additional evidence without reducing counseling to test scores. Mixed-method designs would be particularly appropriate because they can examine both whether outcomes change and why students experience the service as helpful or unhelpful. School-based intervention trials illustrate the value of specifying outcomes and timing while retaining ecological validity (Llistosella et al., 2024; Cai et al., 2025). Importantly, program evaluation should not be used to intensify surveillance; it should help counselors identify which services are reaching students and where gaps remain.

A further implication concerns the distinction between emotion regulation and emotional suppression. In school cultures that emphasize obedience and good conduct, students may learn that the safest response to difficult feelings is simply to hide them. Yet suppression can reduce visible disruption without improving emotional understanding. The counseling process described in this study has greater developmental value when students are encouraged to identify what they feel, why the feeling has emerged, and how to respond without harming themselves or others. This perspective also fits Islamic ethical reasoning: self-restraint is not the absence of emotion, but the capacity to direct action responsibly. Group and classroom guidance can therefore normalize a wider emotional vocabulary, distinguish feeling from wrongdoing, and teach that seeking support is compatible with maturity rather than evidence of weakness. Such framing may be especially useful for students who are quiet, socially withdrawn, or afraid of being labeled as problematic because their needs can otherwise remain invisible until academic or interpersonal functioning deteriorates.

The study also raises an important professional-development issue for counselors and teachers. Emotion-management support requires more than goodwill; staff need a shared language for recognizing escalation, responding without humiliation, and deciding when a student needs counseling rather than discipline. Brief school-wide training can help subject teachers differentiate between misconduct that requires clear boundaries and emotional dysregulation that also requires co-regulation, de-escalation, or referral. It can also reduce

contradictory messages in which one teacher encourages disclosure while another publicly frames counseling as punishment. Research on adolescents' help-seeking shows that social influences and prior experiences with adults shape later willingness to access support (Rickwood et al., 2015). Consistency across staff is therefore a counseling intervention in its own right. For Islamic schools, professional development can additionally address how to use religious language carefully so that concepts such as sabr, tawakkul, or repentance support reflection and agency rather than shame or spiritual blame.

A final analytic point concerns the relationship between perceived academic improvement and counseling. Better emotional regulation can plausibly support classroom participation, concentration, attendance, and relationships, but these pathways should be examined rather than assumed. Future studies could test a simple implementation model in which service access predicts changes in emotion-regulation confidence and help-seeking, which in turn are associated with engagement and attendance before any claim is made about grades. Such a model would preserve the educational relevance of counseling while respecting the many factors that shape academic performance. It would also allow schools to identify shorter-term indicators of progress. For example, a student may not immediately show higher examination scores but may demonstrate fewer classroom conflicts, improved attendance, more timely help-seeking, or greater ability to recover after frustration. These proximal outcomes are often more sensitive to counseling and can provide a fairer basis for program improvement.

The organizational barriers show that sustainable IGC cannot depend solely on the personal dedication of one counselor. Limited time, limited staffing, scheduling conflicts, weak coordination, and incomplete records create structural conditions that can undermine even strong interpersonal practice. The school therefore needs a written service framework that defines universal guidance, referral thresholds, individual and group interventions, crisis procedures, family collaboration, case conferencing, confidentiality, secure documentation, follow-up, and referral to external professionals. Such a framework would convert a collection of helpful practices into a coherent counseling program. In an Islamic school, it would also clarify how spiritual resources are integrated ethically: as culturally and religiously meaningful supports within professional counseling rather than as punitive moralization or a replacement for needed mental-health care.

Practical Implications

The findings support a three-level development strategy. At the universal level, the school can implement a sequenced classroom-guidance module on emotional literacy, triggers, bodily cues, cognitive reappraisal, impulse delay, assertive communication, problem solving, and help-seeking. Islamic concepts can be mapped onto these competencies: sabr can be connected with delaying impulsive response, muhasabah with structured self-evaluation, dhikr or Qur'an recitation with attentional calming, and amanah with responsible action. Such mapping keeps religious content pedagogically functional rather than ornamental.

At the targeted level, students with recurrent conflict, withdrawal, bullying experiences, or attendance problems can be offered brief individual or group counseling with clear goals and follow-up. Group placement should be based on need and safety rather than administrative convenience. Home visits should be selective and purpose-driven, especially when caregiver context is essential. Case conferences should establish who needs to know what and document agreed actions without circulating unnecessary personal details.

At the system level, school leaders should protect counseling time, review staffing adequacy, standardize referral pathways, and create secure documentation procedures. Communication should deliberately reposition counseling as a developmental and supportive service rather than a disciplinary destination. Outcome monitoring can include process indicators such as service reach and follow-up, student-reported indicators such as emotion-regulation confidence and willingness to seek help, and educational indicators such as attendance and engagement. This would allow the school to evaluate IGC as a program rather than relying exclusively on anecdotal impressions.

Limitations

Several limitations must be considered. First, the study was conducted in one Islamic junior high school, so the findings are context-specific and are not intended for statistical generalization. Second, the underlying study record does not specify the exact number and demographic profile of student informants, interview duration, a formal coding audit trail, or an ethics-approval identifier; this article therefore does not add unsupported details. Third, verbatim interview excerpts were not available in the source record, limiting the depth of participant-voice presentation. Fourth, perceived improvements in emotional control and academic functioning were not verified through standardized pre-post measures or longitudinal school records. Finally, the counselor's central role in both service implementation and data generation may have favored positive interpretations despite source and technique triangulation. Future research should use more complete qualitative reporting, validated outcome measures, and mixed-method or quasi-experimental designs where appropriate.

CONCLUSION

Islamic Guidance and Counseling at SMP Islam Ngadirejo was implemented through a tiered combination of classroom guidance, group guidance, individual counseling, group counseling, home visits, and case conferences. Qur'anic and Prophetic values and practices were incorporated as resources for reflection, self-restraint, and spiritual meaning, while the counselor adopted a proactive, firm-yet-persuasive, and collaborative approach involving teachers and caregivers. Participants perceived improved emotional control and learning functioning, but the qualitative design does not establish causal effectiveness. The most consequential barriers were the disciplinary image of counseling, students' reluctance to disclose concerns, limited time and personnel, inconsistent coordination, variable caregiver involvement, and weak data management. The study therefore supports an IGC model that is relational, non-punitive, confidentiality-oriented, skill-based, spiritually responsive, and institutionally coordinated. Strengthening these elements would help Islamic school

counseling move from person-dependent practice toward a documented, evaluable, and sustainable student-support system.

REFERENCES

Adynski, H., Propper, C., Beeber, L., Gilmore, J. H., Zou, B., & Santos, H. P., Jr. (2024). The role of emotional regulation on early child school adjustment outcomes. *Archives of Psychiatric Nursing, 51*, 201–211. https://doi.org/10.1016/j.apnu.2024.07.003

Aguirre Velasco, A., Cruz, I. S. S., Billings, J., Jimenez, M., & Rowe, S. (2020). What are the barriers, facilitators and interventions targeting help-seeking behaviours for common mental health problems in adolescents? A systematic review. *BMC Psychiatry, 20*, 293. https://doi.org/10.1186/s12888-020-02659-0

Akbar, Z., & Afiatin, T. (2009). Pelatihan manajemen emosi sebagai program pemulihan depresi pada remaja korban gempa bumi. *Jurnal Intervensi Psikologi, 1*(1), 107–124. https://doi.org/10.20885/intervensipsikologi.vol1.iss1.art7

Aspeqvist, E., Münger, A.-C., Andersson, H., Korhonen, L., Baetens, I., Dahlström, Ö., & Zetterqvist, M. (2024). Adolescents' experiences of a whole-school preventive intervention addressing mental health and nonsuicidal self-injury: A qualitative study. *BMC Public Health, 24*, 3350. https://doi.org/10.1186/s12889-024-20832-y

Awaliah, S. N., Miharja, S., & Kurnia, A. (2025). Konseling Islam dengan integrasi stoikisme untuk optimalisasi kesadaran emosi siswa di SMKN 1 Sumedang. *Hisbah: Jurnal Bimbingan Konseling dan Dakwah Islam, 22*(2). https://doi.org/10.14421/hisbah.2025.222-02

Aziz, A. N., Purnomo, H., Nashori, F., & Suud, F. M. (2025). Finding meaning in disappointment: The integration of tafakkur and tadzakkur as adolescent emotional regulation strategies in Islamic psychology. *Afkaruna: Indonesian Interdisciplinary Journal of Islamic Studies, 21*(2), 295–315. https://doi.org/10.18196/afkaruna.v21i2.27808

Azmi, A. U., Mustika, R. I., & Supriatna, E. (2021). Strategi self-management untuk mengembangkan stabilitas emosi siswa. *FOKUS (Kajian Bimbingan & Konseling dalam Pendidikan), 4*(3), 235–240. https://doi.org/10.22460/fokus.v4i3.6229

Baldofski, S., Scheider, J., Kohls, E., Klemm, S.-L., Koenig, J., Bauer, S., Moessner, M., Kaess, M., Eschenbeck, H., Lehner, L., Becker, K., Kramer, J., Diestelkamp, S., Thomasius, R., Rummel-Kluge, C., & ProHEAD Consortium. (2024). Intentions and barriers to help-seeking in adolescents and young adults differing in depression severity: Cross-sectional results from a school-based mental health project. *Child and Adolescent Psychiatry and Mental Health, 18*, 84. https://doi.org/10.1186/s13034-024-00775-3

Cai, C., Mei, Z., Wang, Z., & Luo, S. (2025). School-based interventions for resilience in children and adolescents: A systematic review and meta-analysis of randomized controlled trials. *Frontiers in Psychiatry, 16*, 1594658. https://doi.org/10.3389/fpsyt.2025.1594658

Cucchi, A. (2022). Integrating cognitive behavioural and Islamic principles in psychology and psychotherapy: A narrative review. *Journal of Religion and Health, 61*(6), 4849–4870. https://doi.org/10.1007/s10943-022-01576-8

De Neve, D., Bronstein, M. V., Leroy, A., Truyts, A., & Everaert, J. (2023). Emotion regulation in the classroom: A network approach to model relations among emotion regulation difficulties, engagement to learn, and relationships with peers and teachers. *Journal of Youth and Adolescence, 52*(2), 273–286. https://doi.org/10.1007/s10964-022-01678-2

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development, 82*(1), 405–432. https://doi.org/10.1111/j.1467-8624.2010.01564.x

Eadeh, H.-M., Breaux, R., & Nikolas, M. A. (2021). A meta-analytic review of emotion regulation focused psychosocial interventions for adolescents. *Clinical Child and Family Psychology Review, 24*(4), 684–706. https://doi.org/10.1007/s10567-021-00362-4

Gross, J. J. (2015). Emotion regulation: Current status and future prospects. *Psychological Inquiry, 26*(1), 1–26. https://doi.org/10.1080/1047840X.2014.940781

Grunin, L., Pagán, J. A., Yu, G., Squires, A., & Cohen, S. S. (2025). Adolescent utilization of school based mental health services in the United States. *International Journal of Mental Health Systems, 19*, 27. https://doi.org/10.1186/s13033-025-00684-8

Hasanah, H. (2014). Peran bimbingan konseling Islam dalam menurunkan tekanan emosi remaja. *Konseling Religi: Jurnal Bimbingan Konseling Islam, 5*(1), 55–72. https://doi.org/10.21043/kr.v5i1.1060

Holmqvist Larsson, K., & Zetterqvist, M. (2024). An emotion regulation skills training for adolescents and parents: Perceptions and acceptability of methodological aspects. *Frontiers in Psychiatry, 15*, 1448529. https://doi.org/10.3389/fpsyt.2024.1448529

Isgandarova, N. (2019). Muraqaba as a mindfulness-based therapy in Islamic psychotherapy. *Journal of Religion and Health, 58*(4), 1146–1160. https://doi.org/10.1007/s10943-018-0695-y

Keshavarzi, H., & Haque, A. (2013). Outlining a psychotherapy model for enhancing Muslim mental health within an Islamic context. *The International Journal for the Psychology of Religion, 23*(3), 230–249. https://doi.org/10.1080/10508619.2012.712000

Koçak, L., & Terzi, E. (2023). The mediating role of emotion regulation in the relationship between self-compassion and subjective well-being in school in secondary school students. *Journal of Family Counseling and Education, 8*(1), 87–106. https://doi.org/10.32568/jfce.1296134

Llistosella, M., Castellví, P., García-Ortiz, M., López-Hita, G., Torné, C., Ortiz, R., Guallart, E., Uña-Solbas, E., & Martín-Sánchez, J. C. (2024). Effectiveness of a resilience school-based intervention in adolescents at risk: A cluster-randomized controlled trial. *Frontiers in Psychology, 15*, 1478424. https://doi.org/10.3389/fpsyg.2024.1478424

Marsh, I. C., Chan, S. W. Y., & MacBeth, A. (2018). Self-compassion and psychological distress in adolescents: A meta-analysis. *Mindfulness, 9*(4), 1011–1027. https://doi.org/10.1007/s12671-017-0850-7

McPhail, L., Thornicroft, G., & Gronholm, P. C. (2024). Help-seeking processes related to targeted school-based mental health services: Systematic review. *BMC Public Health, 24*, 1217. https://doi.org/10.1186/s12889-024-18714-4

Moltrecht, B., Deighton, J., Patalay, P., & Edbrooke-Childs, J. (2021). Effectiveness of current psychological interventions to improve emotion regulation in youth: A meta-analysis. *European Child & Adolescent Psychiatry, 30*(6), 829–848. https://doi.org/10.1007/s00787-020-01498-4

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods, 16*(1), 1–13. https://doi.org/10.1177/1609406917733847

Pedrini, L., Meloni, S., Lanfredi, M., & Rossi, R. (2022). School-based interventions to improve emotional regulation skills in adolescent students: A systematic review. *Journal of Adolescence, 94*(8), 1051–1067. https://doi.org/10.1002/jad.12090

Radez, J., Reardon, T., Creswell, C., Lawrence, P. J., Evdoka-Burton, G., & Waite, P. (2021). Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. *European Child & Adolescent Psychiatry, 30*(2), 183–211. https://doi.org/10.1007/s00787-019-01469-4

Rickwood, D. J., Mazzer, K. R., & Telford, N. R. (2015). Social influences on seeking help from mental health services, in-person and online, during adolescence and young adulthood. *BMC Psychiatry, 15*, 40. https://doi.org/10.1186/s12888-015-0429-6

Rothman, A., & Coyle, A. (2018). Toward a framework for Islamic psychology and psychotherapy: An Islamic model of the soul. *Journal of Religion and Health, 57*(5), 1731–1744. https://doi.org/10.1007/s10943-018-0651-x

Sabela, R. A., Anggraeni, P. S., & Muhid, A. (2021). Layanan home visit dalam mengatasi permasalahan motivasi belajar pada siswa: Literature review. *Suluh: Jurnal Bimbingan dan Konseling, 6*(2), 17–23. https://doi.org/10.33084/suluh.v6i2.2463

Singh, S., Zaki, R. A., & Farid, N. D. N. (2019). A systematic review of depression literacy: Knowledge, help-seeking and stigmatising attitudes among adolescents. *Journal of Adolescence, 74*, 154–172. https://doi.org/10.1016/j.adolescence.2019.06.004

Syafitri, N., Lubis, R., Indrawan, Y. F., & Choong, T. C. (2024). Self-compassion: Unveiling mental health through emotion regulation in high-school students. *TAZKIYA Journal of Psychology, 12*(1), 1–16. https://doi.org/10.15408/tazkiya.v12i1.37794

Taylor, R. D., Oberle, E., Durlak, J. A., & Weissberg, R. P. (2017). Promoting positive youth development through school-based social and emotional learning interventions: A meta-analysis of follow-up effects. *Child Development, 88*(4), 1156–1171. https://doi.org/10.1111/cdev.12864

Theodorou, C., Karekla, M., & Panayiotou, G. (2024). Enhancing emotion regulation skills in high-risk adolescents due to the existence of psychopathology in the family: Feasibility and uncontrolled pilot study of a group intervention in a naturalistic school setting. *International Journal of Environmental Research and Public Health, 21*(6), 738. https://doi.org/10.3390/ijerph21060738

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care, 19*(6), 349–357. https://doi.org/10.1093/intqhc/mzm042

Whiston, S. C., Tai, W. L., Rahardja, D., & Eder, K. (2011). School counseling outcome: A meta-analytic examination of interventions. *Journal of Counseling & Development, 89*(1), 37–55. https://doi.org/10.1002/j.1556-6678.2011.tb00059.x

Young, K. S., Sandman, C. F., & Craske, M. G. (2019). Positive and negative emotion regulation in adolescence: Links to anxiety and depression. *Brain Sciences, 9*(4), 76. https://doi.org/10.3390/brainsci9040076

Zahrah, R., Lubis, L., & Sitorus, M. (2025). Islamic guidance and counseling practices for strengthening student adjustment: A multisite study in urban modern pesantren of Medan. *Jurnal Pendidikan Islam, 14*(2), 209–224. https://doi.org/10.14421/jpi.2025.142.209-224