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Behavioral Change through Cognitive Behavioral Therapy-based Individual Counseling among Adolescents with Alcohol Consumption Behavior: A Qualitative Case Study

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ABSTRACT

Background: Alcohol consumption among adolescents has become a significant psychosocial concern because it is associated with poor self-control, maladaptive emotional regulation, and susceptibility to negative peer influence. **Objective:** This study aimed to describe the implementation and outcomes of Cognitive Behavioral Therapy (CBT)-based individual counseling in reducing alcohol consumption behavior among adolescents. **Methods:** A qualitative case study design was employed involving one adolescent participant selected through purposive sampling. Data were collected through in-depth interviews, non-participant observation, counseling documentation, and CBT worksheets, and analyzed using thematic analysis with triangulation and member checking to ensure credibility. **Results:** The findings revealed that the CBT intervention successfully facilitated cognitive restructuring, strengthened self-control, improved emotional regulation, enhanced the ability to resist negative peer pressure, and reduced alcohol consumption behavior. The participant demonstrated more adaptive coping strategies and healthier decision-making following the intervention. **Conclusion:** CBT-based individual counseling represents an effective intervention for promoting sustainable behavioral change among adolescents with alcohol consumption behavior. **Implications:** This study contributes to the guidance and counseling literature by providing in-depth empirical evidence regarding the cognitive and behavioral mechanisms underlying behavioral change through individualized CBT interventions and offers practical implications for counselors in designing evidence-based interventions for adolescents at risk.

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1. INTRODUCTION

Alcohol consumption among adolescents has become a persistent public health and psychosocial concern in many countries, including Indonesia. Adolescence is a developmental period characterized by identity exploration, emotional instability, increased curiosity, and a strong tendency to seek peer acceptance (Oktriyanto et al., 2020). These developmental characteristics make adolescents particularly vulnerable to engaging in various risky behaviors, including alcohol consumption. Beyond its physical health consequences, alcohol use negatively affects adolescents' cognitive functioning, emotional regulation, interpersonal relationships, academic performance, and psycho-

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social development (Bava & Tapert, 2010). Consequently, preventing and addressing alcohol consumption among adolescents has become an important priority within educational, psychological, and counseling services.

From the perspective of Cognitive Behavioral Therapy (CBT), maladaptive behaviors originate from dysfunctional cognitive processes that influence emotional responses and behavioral decisions (Garber et al., 2016; Liu & Jais, 2024; Rasing et al., 2017). Adolescents are expected to possess adequate self-control, rational thinking, and adaptive emotional regulation in responding to stressful situations and peer pressure (Modecki et al., 2017). Guidance and counseling services, therefore, aim to facilitate adolescents in recognizing the interaction between thoughts, emotions, and behaviors so that irrational beliefs can be reconstructed into more adaptive cognitive patterns (Len et al., 2020; Moloudi et al., 2022). Through this process, adolescents are expected to develop healthier coping strategies and make responsible decisions without relying on maladaptive behaviors such as alcohol consumption.

In reality, many adolescents continue to consume alcohol as a maladaptive coping mechanism for dealing with psychological distress, social pressure, and interpersonal conflicts (Cardoso, 2028; Elam et al., 2023). Alcohol use is frequently associated with impulsive behavior, poor emotional regulation, low self-control, and susceptibility to negative peer influence (Russell et al., 2025). Previous observations and counseling practices indicate that adolescents often perceive alcohol as an effective means of relieving stress or maintaining peer relationships despite its harmful consequences. This discrepancy between the ideal psychological condition and actual adolescent behavior demonstrates the need for counseling interventions capable of modifying dysfunctional cognitions while strengthening self-control and adaptive emotional regulation.

Research examining the effectiveness of Cognitive Behavioral Therapy in reducing risky behaviors among adolescents has increased considerably over recent years. Previous studies have consistently demonstrated that CBT effectively improves self-awareness, cognitive restructuring, self-control, emotional regulation, and decision-making abilities among adolescents exhibiting behavioral problems (Efthymia et al., 2024; Matthys & Schutter, 2021; Taghizadeh & Hassan, 2024). Meta-analytic evidence also supports CBT as one of the most effective psychological interventions for modifying maladaptive behavior by restructuring dysfunctional thinking patterns (Hofmann et al., 2013). Furthermore, contemporary studies have shown that CBT enhances adolescents' ability to resist peer pressure and develop healthier coping mechanisms for managing stress and emotional difficulties. Collectively, these findings indicate that CBT is an evidence-based intervention with substantial potential for addressing adolescent behavioral problems.

Despite the growing body of literature supporting CBT interventions, several important research gaps remain. Most previous studies have concentrated on school-based prevention programs, quasi-experimental designs, or group counseling interventions. In contrast, relatively little attention has been devoted to individual CBT-based counseling for adolescents experiencing mild to moderate alcohol consumption. Moreover, earlier studies have generally emphasized behavioral outcomes while providing limited exploration of the cognitive restructuring process, automatic thoughts, emotional triggers, and self-control mechanisms that underlie behavioral change. This represents both a methodological gap and a conceptual gap. To address these limitations, the present study adopts an in-depth qualitative case study approach focusing on individual CBT intervention. By examining cognitive restructuring, emotional regulation, and behavioral transformation simultaneously, this study offers a more comprehensive understanding of how CBT facilitates sustainable behavioral change among adolescents.

This study is important because it contributes both theoretically and practically to the development of guidance and counseling. Theoretically, it enriches the literature on Cognitive Behavioral Therapy by providing empirical evidence regarding the cognitive and emotional mechanisms underlying behavioral change among adolescents with alcohol consumption behavior. Practically, the findings provide guidance for school counselors, professional counselors, educators, and youth practitioners in designing more individualized counseling interventions that strengthen self-control, emotional regulation, and adaptive decision-making. The study also offers practical recommendations for preventing adolescent alcohol-related risk behaviors through evidence-based counseling practices.

This study aims to describe the implementation and outcomes of Cognitive Behavioral Therapy (CBT)-based individual counseling in helping adolescents modify dysfunctional thinking patterns, improve emotional regulation, strengthen self-control, and reduce alcohol consumption behavior. Specifically, the study focuses on examining the process of cognitive restructuring, behavioral change, emotional regulation, and adaptive decision-making throughout the counseling intervention. Through an in-depth qualitative case study, this research seeks to provide a comprehensive understanding of the mechanisms through which CBT promotes healthier and more sustainable behavioral changes among adolescents.

2. METHOD

2.1 Research Design

This study employed a qualitative research approach using a case study design to obtain an in-depth understanding of the behavioral change process experienced by an adolescent during a Cognitive Behavioral Therapy (CBT)-based counseling intervention. A qualitative case study was selected because it enables researchers to explore psychological phenomena within their natural context and to examine participants' cognitive, emotional, and behavioral experiences holistically. This approach is particularly appropriate for investigating the dynamics of alcohol consumption behavior and the process of cognitive restructuring that occurs throughout the counseling intervention.

2.2 Participant

The study was conducted at the counselor's home, which provided a safe, comfortable, private, and supportive environment for individual counseling sessions. Such a setting facilitates rapport building, openness, and effective therapeutic interaction, particularly when discussing sensitive issues related to alcohol consumption and personal experiences. The counseling intervention was implemented across several sessions according to the participant's therapeutic needs and progress.

The participant consisted of one adolescent selected through purposive sampling based on predetermined inclusion criteria. The participant was required to (1) demonstrate alcohol consumption behavior, (2) exhibit impulsive behavior and difficulties in self-control, (3) be willing to participate throughout the CBT intervention, and (4) provide informed consent to participate in both the counseling and research processes. Purposive sampling was chosen because qualitative case studies prioritize the richness and relevance of information rather than the number of participants, enabling an in-depth exploration of the research phenomenon.

2.3 Instruments and Data Collection

The primary research instrument was the researcher, supported by interview guidelines, observation sheets, counseling documentation, and CBT worksheets. Data were collected through three complementary techniques. First, in-depth interviews were conducted to explore the participants' background, automatic thoughts, emotional experiences, alcohol consumption behavior, and cognitive changes during the intervention. Second, non-participant observation was employed to monitor behavioral changes, emotional expressions, participation, and responses throughout each counseling session. Third, documentation, including counseling notes, CBT worksheets, and assessment records, was used to complement and verify the information obtained from interviews and observations.

The intervention followed the standard stages of Cognitive Behavioral Therapy, including initial assessment, psychoeducation concerning the relationship among thoughts, emotions, and behaviors, identification of negative automatic thoughts, cognitive restructuring, self-control training, emotional regulation exercises, and reinforcement of adaptive decision-making behaviors. Each counseling session was systematically documented to monitor therapeutic progress and evaluate behavioral changes throughout the intervention process. These procedures were designed to assist the participant in replacing irrational cognitions with more adaptive thinking patterns while strengthening emotional regulation and self-control (Wibowo, 2016).

2.4 Data Analysis

The collected data were analyzed using thematic analysis. The analytical process involved data reduction, data organization and display, coding, identification of emerging themes, interpretation of findings, and conclusion drawing. The analysis focused on identifying recurring themes representing changes in cognition, emotional regulation, self-control, and alcohol consumption behavior following the CBT intervention.

3. RESULT AND DISCUSSION

3.1 Result

3.1.1. Changes in Client Behavior Before and After the Intervention

To examine the changes experienced by the client during the intervention process, excerpts from conversations in the initial and final sessions are presented below. These conversations illustrate differences in thinking patterns, self-control, and the client's responses to social pressure before and after the intervention. The focus of observation includes impulsivity, irrational thoughts, emotional regulation, and the ability to refuse negative peer influence.

Summary of Conversation Before the Intervention:

Counselor: "How do you usually respond when your friends invite you to drink?"
Client: "I just go along with it. If I do not, I am afraid they will distance themselves. Besides, drinking makes me feel calmer when I have a lot on my mind."
Counselor: "Aren't you worried about the consequences?"
Client: "I do not really think about that. What matters is that I am not stressed at the time and I still have friends."
Interpretation:
At the initial stage, the client demonstrated low self-control and a strong dependence on peers. Negative thinking patterns, such as "If I do not join, I will be excluded", were dominant, and the client did not consider the consequences of their actions.

Summary of Conversation After the Intervention:
Counselor: "Did your friends invite you again this week?"
Client: "Yes, they asked me to drink again."
Counselor: "So, how did you respond?"
Client: "I said no this time. I remembered what you told me last week—to think about the risks before making a decision."
Counselor: "That is great—you have applied what we practiced. How did it feel to refuse?"
Client: "At first, I was afraid they would get upset or stop talking to me, but it turns out they were fine. It was not as bad as I imagined."
Counselor: "Okay, then what do you do now when you feel stressed or bored?"
Client: "Now I try to shift to positive activities like listening to music or taking a short walk. Sometimes I also write down my feelings so I do not immediately give in to my friends."
Counselor: "That is good—so the techniques we practiced are starting to help?"
Client: "Yes, I feel like I can control myself better now, and my friends do not easily influence me."

After the intervention, the client was able to delay impulsive responses, recognize and modify negative thinking patterns, and consistently apply emotional regulation techniques. This conversation also addresses key assessment areas: behavioral triggers, automatic thoughts, and self-regulation strategies. The client's self-confidence increased when refusing negative invitations, and they were able to cope with stress in healthier ways.

3.1.2. Comparison of Client Condition Before and After CBT Intervention

To illustrate the clinical progress achieved through the Cognitive Behavioral Therapy (CBT) sessions, a structured comparison was conducted. Table 1 summarizes the baseline behavioral and psychological characteristics of the client alongside the post-intervention changes across key assessment domains, including self-control, cognitive appraisal, peer resistance, and emotional regulation.

Table 1. Comparison of Client Condition

Aspect	Before Intervention	After Intervention
Self-Control	Impulsive; acts without thinking	Able to exercise self-control
Thinking Patterns	Irrational: "Afraid of being rejected by peers"	More realistic and adaptive
Ability to Refuse Negative Influence	Unable to refuse negative invitations	Able to say "no" assertively
Emotional Regulation	Relieves stress through alcohol	Engages in positive activities when stressed

Table 1 demonstrates substantial improvements across all observed aspects following the Cognitive Behavioral Therapy (CBT)-based individual counseling intervention. Before the intervention, the participant exhibited impulsive behavior, irrational beliefs concerning peer rejection, poor emotional regulation, and an inability to resist negative peer influence. After the intervention, these maladaptive characteristics were replaced by greater self-control, more realistic and adaptive thinking patterns, increased assertiveness in refusing alcohol-related invitations, and healthier emotional regulation strategies. These changes indicate that CBT facilitated not only behavioral modification but also cognitive restructuring and emotional development, enabling the participant to make more rational decisions and adopt adaptive coping strategies when facing stress and social pressure. Overall, the findings suggest that improvements in self-control were closely associated with changes in cognitive appraisal and emotional

regulation, supporting the effectiveness of CBT-based individual counseling in promoting sustainable behavioral change among adolescents with alcohol consumption behavior.

3.1.3 Summary of Research Findings

The CBT intervention helped the client recognize distorted thinking patterns and transform impulsive behaviors into more adaptive ones. The client developed greater awareness of the relationship between thoughts, emotions, and actions, and was able to apply self-control and emotional regulation techniques in daily life. The client also demonstrated positive progress in decision-making, increased confidence in refusing negative peer influence, and improved ability to manage stress without resorting to alcohol. Furthermore, the client's awareness of the negative impact of maladaptive behavior on health, social relationships, and future outcomes increased significantly. Therefore, the intervention proved effective in promoting healthier, more responsible, and sustainable behavioral changes in the client.

3.2. Discussion

The findings of this study demonstrate that the Cognitive Behavioral Therapy (CBT)-based individual counseling intervention effectively improved the participants' self-control, facilitated cognitive restructuring, enhanced emotional regulation, and strengthened the ability to resist negative peer pressure. These outcomes directly address the research objective of describing behavioral and cognitive changes following the CBT intervention. Rather than merely reducing alcohol consumption behavior, the intervention promoted greater awareness of the relationship between thoughts, emotions, and behaviors, enabling the participant to adopt healthier coping strategies and make more adaptive decisions when confronted with stressful situations or social pressure (Marlatt & Donovan, 2005). These findings indicate that sustainable behavioral change begins with changes in cognitive appraisal and self-regulation rather than behavioral control alone.

From a theoretical perspective, these findings strongly support Beck's Cognitive Theory, which argues that maladaptive behavior originates from dysfunctional beliefs and cognitive distortions developed through previous experiences (Beck, 2012; Beck & Haigh, 2014). Before the intervention, the participant interpreted peer rejection as an inevitable consequence of refusing alcohol, reflecting catastrophizing and excessive dependence on social approval. Through cognitive restructuring, these irrational beliefs were gradually replaced with more realistic and adaptive interpretations. Consequently, emotional regulation improved, self-control increased, and healthier behavioral responses emerged (Fennis, 2022; Wood et al., 2016). These findings further reinforce the proposition of cognitive-behavioral frameworks that modifying dysfunctional cognition constitutes the primary mechanism underlying behavioral change.

The present findings are generally consistent with previous empirical studies reporting the effectiveness of CBT in improving self-control and reducing impulsive behavior among adolescents (Wass et al., 2020; Zilverstand et al., 2018). Likewise, earlier research has demonstrated that CBT enhances self-monitoring, cognitive evaluation, and adaptive decision-making through structured behavioral exercises (Kazantzis et al., 2018). However, this study differs from previous investigations in several respects. Most earlier studies employed quasi-experimental or group counseling designs (Rudi et al., 2022), whereas the present study adopted an in-depth qualitative case study focusing on individual counseling. This design enabled a richer exploration of cognitive processes, emotional experiences, and behavioral transformation throughout the intervention. Consequently, this study contributes a more detailed understanding of the mechanisms through which CBT facilitates behavioral change at the individual level.

The novelty of this study lies in addressing both methodological and empirical gaps identified in previous research. Methodologically, this study applies a qualitative case study design that captures the dynamic process of cognitive restructuring during individual CBT sessions. In contrast, most previous studies have emphasized quantitative outcomes or group-based interventions. Empirically, this study demonstrates that behavioral improvement among adolescents consuming alcohol is mediated by gradual changes in automatic thoughts, emotional regulation, and self-control rather than by behavioral modification alone. This finding extends existing evidence by illustrating the sequential psychological mechanisms underlying successful CBT interventions and contributes new empirical insights into adolescent counseling practice.

The significance of these findings extends beyond individual counseling practice. Theoretically, this study enriches the literature on Cognitive Behavioral Therapy by demonstrating how cognitive restructuring, emotional regulation, and self-control interact throughout the behavioral change process. Practically, the findings provide evidence-based guidance for school counselors, professional counselors, educators, and youth practitioners in designing individualized interventions for adolescents exhibiting alcohol-related risk behaviors. Furthermore, these

findings may support educational institutions and policymakers in strengthening preventive counseling programs that emphasize cognitive awareness, emotional competence, and healthy decision-making among adolescents (Corey, 2017).

From a critical perspective, the findings suggest that the effectiveness of CBT should not be viewed solely as the result of cognitive restructuring techniques but rather as the outcome of an integrated therapeutic process involving self-reflection, therapeutic alliance, repeated behavioral practice, and gradual reinforcement of adaptive experiences. Based on these findings, a conceptual mechanism can be proposed in which dysfunctional automatic thoughts trigger maladaptive emotional responses, leading to impulsive alcohol consumption behavior. CBT interrupts this sequence through cognitive restructuring, thereby strengthening emotional regulation and self-control, which subsequently promotes healthier behavioral decisions. This conceptual explanation provides a broader understanding of how psychological change occurs during counseling interventions and may serve as a foundation for future conceptual model development.

Despite these positive findings, several alternative explanations should also be considered. Behavioral improvements may not have resulted exclusively from the CBT intervention. However, they could also have been influenced by increased motivation to change, supportive interactions with the counselor, repeated opportunities for self-reflection during counseling sessions, or changes in the participant's social environment. Family support, reduced peer pressure, maturation, and personal readiness for behavioral change may also have contributed to the observed outcomes. In addition, because this study involved only one participant within a qualitative case study design, the findings should be interpreted cautiously. They cannot be generalized to all adolescents with alcohol consumption behavior. Future studies involving larger samples, multiple cases, or mixed-method approaches are therefore needed to validate further and expand these findings.

4. IMPLICATIONS AND CONTRIBUTIONS

4.1 Research Implications

The findings of this study imply that Cognitive Behavioral Therapy (CBT)-based individual counseling can serve as an effective intervention for addressing alcohol consumption behavior among adolescents by simultaneously improving cognitive restructuring, emotional regulation, and self-control. These findings reinforce the importance of incorporating cognitive-behavioral approaches into guidance and counseling services, particularly for adolescents who experience peer pressure and maladaptive coping behaviors. In practice, school counselors, mental health professionals, and youth counselors may adopt individualized CBT interventions to promote healthier decision-making and prevent the escalation of alcohol-related risk behaviors. Furthermore, the findings support the development of preventive counseling programs that emphasize cognitive awareness, emotional competence, and adaptive coping strategies within educational and community settings.

4.1 Research Contributions

This study contributes to the advancement of guidance and counseling literature by providing empirical evidence on the psychological mechanisms through which individual Cognitive Behavioral Therapy facilitates behavioral change among adolescents with alcohol consumption behavior. Unlike previous studies that predominantly emphasized behavioral outcomes or group-based interventions, this research demonstrates that sustainable behavioral change is achieved through an integrated process involving cognitive restructuring, enhanced emotional regulation, and strengthened self-control. Methodologically, the study enriches qualitative case study research by offering an in-depth description of the therapeutic change process, while practically, it provides an evidence-based reference for counselors and researchers in designing individualized interventions aimed at reducing adolescent risk behaviors.

5. LIMITATIONS AND FUTURE RESEARCH DIRECTIONS

5.1 Research Limitations

This study has several limitations that should be considered when interpreting the findings. First, the study involved only one adolescent participant within a qualitative case study design, limiting the transferability of the findings to broader populations. Second, the intervention was conducted over a relatively limited period, preventing the evaluation of the long-term sustainability of behavioral changes following the completion of Cognitive Behavioral Therapy (CBT). Third, the findings relied primarily on interviews, observations, and counseling documentation, which may be influenced by participant subjectivity despite the application of triangulation and member checking

procedures. Finally, the study focused exclusively on individual CBT intervention without comparing its effectiveness with other counseling approaches or examining the influence of contextual factors such as family support, peer networks, or school environment on behavioral change.

5.1 Recommendation for Future Research

Future studies are recommended to involve larger and more diverse participant groups to enhance the transferability and robustness of the findings. Researchers may also employ mixed-methods or experimental designs to compare the effectiveness of individual CBT with other evidence-based counseling approaches, such as Solution-Focused Brief Therapy, Motivational Interviewing, Acceptance and Commitment Therapy, or family-based interventions. In addition, longitudinal studies are needed to examine the long-term maintenance of cognitive, emotional, and behavioral changes following CBT interventions. Future research should also investigate the moderating roles of family support, peer influence, school climate, and psychological resilience in shaping adolescents' responses to CBT-based counseling, thereby providing a more comprehensive understanding of the factors contributing to sustainable behavioral change.

6. CONCLUSION

This study concludes that Cognitive Behavioral Therapy (CBT)-based individual counseling effectively facilitates positive behavioral change among adolescents exhibiting alcohol consumption behavior. The intervention enabled the participant to identify and restructure dysfunctional automatic thoughts, improve emotional regulation, strengthen self-control, and develop greater confidence in resisting negative peer influence. These findings demonstrate that behavioral change is not achieved merely by suppressing undesirable behaviors but through a gradual cognitive process that transforms irrational beliefs into more adaptive patterns of thinking and decision-making.

The findings also demonstrate that integrating cognitive restructuring, emotional regulation, and self-control within individual counseling provides a comprehensive framework for addressing alcohol-related risk behaviors among adolescents. This study extends the existing body of knowledge by illustrating the psychological mechanisms through which CBT promotes sustainable behavioral change in an individual counseling context. Consequently, the study contributes both theoretically to the development of cognitive-behavioral counseling literature and practically by providing evidence-based guidance for counselors, educators, and mental health practitioners in designing more individualized and effective intervention programs.

Overall, this study highlights the importance of implementing individualized CBT interventions as part of comprehensive guidance and counseling services for adolescents at risk of alcohol consumption. Sustainable behavioral change requires not only therapeutic intervention but also continuous support from families, schools, and the broader social environment to reinforce adaptive cognitive and behavioral patterns. The findings of this study will serve as a valuable reference for the development of counseling practices and stimulate further research aimed at strengthening evidence-based interventions for preventing and reducing adolescent risk behaviors.

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Author Contribution Statement

All authors contributed significantly to the study conceptualization and design, methodology, data collection and analysis, and interpretation of results. All authors were actively involved in writing the original draft, as well as reviewing and editing the manuscript. All authors discussed the findings, contributed to the final manuscript, and approved the final version for publication.

Declaration of Generative AI (GenAI) Usage in Scientific Writing

The authors declare that artificial intelligence (AI)-assisted tools were used solely to support language improvement, grammar checking, and manuscript editing. All scientific content, research design, data collection, data analysis, interpretation of findings, and conclusions were developed, verified, and approved by the authors. The

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Conflict of Interest Statement

The authors declare that there are no commercial, financial, institutional, or personal relationships that could be construed as a potential conflict of interest regarding the publication of this article.

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