

Konseling Kontrak Perilaku untuk Mengurangi Kecanduan Media Sosial pada Peserta Didik SMK: Studi Pre-Eksperimental

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ABSTRAK

Kecanduan media sosial pada peserta didik dapat mengganggu konsentrasi belajar, kedisiplinan, kontrol diri, dan interaksi sosial di lingkungan sekolah. Penelitian ini bertujuan untuk menganalisis perubahan skor kecanduan media sosial peserta didik setelah mengikuti konseling kontrak perilaku. Penelitian ini menggunakan pendekatan kuantitatif dengan desain pre-eksperimental one-group pretest-posttest. Subjek penelitian terdiri atas 10 peserta didik kelas X SMKS St. Willibrodo Betun yang dipilih melalui purposive sampling dari 28 peserta didik berdasarkan kategori kecanduan media sosial tinggi. Data dikumpulkan menggunakan angket kecanduan media sosial berbasis skala Likert dan dianalisis menggunakan statistik deskriptif, uji Shapiro-Wilk, paired sample t-test, Wilcoxon signed-rank test, dan effect size. Hasil penelitian menunjukkan bahwa rata-rata skor kecanduan media sosial menurun dari 82,3 pada pretest menjadi 61,7 pada posttest, dengan penurunan sebesar 20,6 poin. Temuan ini menunjukkan bahwa konseling kontrak perilaku berkaitan dengan penurunan skor kecanduan media sosial setelah intervensi. Namun, hasil penelitian perlu ditafsirkan secara hati-hati karena penelitian ini tidak menggunakan kelompok kontrol.

Kata Kunci: kontrak perilaku; konseling; kecanduan media sosial; peserta didik; SMK

Behavior Contract Counseling to Reduce Social Media Addiction among Vocational High School Students: A Pre-Experimental Study

ABSTRACT

Social media addiction among students can interfere with learning concentration, discipline, self-control, and social interaction in the school environment. This study aimed to analyze changes in students' social media addiction scores after participating in behavior contract counseling. This study used a quantitative approach with a pre-experimental one-group pretest-posttest design. The participants were 10 tenth-grade students of SMKS St. Willibrodo Betun selected through purposive sampling from 28 students based on the high social media addiction category. Data were collected using a Likert-scale social media addiction questionnaire and analyzed using descriptive statistics, the Shapiro-Wilk test, paired sample t-test, Wilcoxon signed-rank test, and effect size. The results showed that the mean social media addiction score decreased from 82.3 in the pretest to 61.7 in the posttest, with a reduction of 20.6 points. These findings indicate that behavior contract counseling was associated with a decrease in social media addiction scores after the intervention. However, the results should be interpreted cautiously because this study did not include a control group.

Keywords: behavior contract; counseling; social media addiction; students; vocational school

INTRODUCTION

Social media has become an inseparable part of students' daily lives. It provides access to information, communication, entertainment, and peer interaction. For adolescents, social media can support learning activities and social connectedness. However, uncontrolled and excessive use may lead to problematic behavior. Problematic social media use among adolescents and young adults has been associated with negative psychological outcomes, including depression, anxiety, and stress (Shannon et al., 2022). Social media use among children and adolescents may also create developmental and behavioral risks when it interferes with daily routines, academic activities, sleep quality, attention, and emotional regulation (Bozzola et al., 2022). Therefore, social media addiction is not only a technological issue but also a behavioral and developmental concern that requires attention in school counseling services.

Social media addiction refers to excessive and difficult-to-control use of social networking platforms that interferes with daily activities, learning responsibilities, emotional stability, and direct social interaction. This behavior can be understood through the components model of addiction, which includes salience, mood modification, tolerance, withdrawal, conflict, and relapse (Griffiths, 2005). In the context of students, these components may appear as a strong urge to access social media, difficulty reducing screen time, restlessness when unable to use social media, and neglect of school assignments. Kuss and Griffiths (2017) emphasized that social networking site addiction involves excessive, compulsive, and maladaptive patterns of use. Cheng et al. (2021) also reported that the prevalence of social media addiction varies across classification schemes and cultural contexts, indicating that problematic social media use

should be interpreted carefully according to population characteristics and assessment criteria.

Preliminary observations at SMKS St. Willibrodus Betun indicated that several tenth-grade students frequently used mobile phones during learning activities, accessed social media until late at night, experienced difficulty concentrating in class, and felt restless when unable to open social media. The platforms most frequently used by students included TikTok, Instagram, Facebook, and WhatsApp. These conditions showed that students' social media use had begun to interfere with learning concentration, discipline, time management, and self-control. Therefore, school counseling services need to provide an intervention that is practical, structured, and suitable for modifying students' maladaptive digital behavior.

One counseling technique that can be used to address this issue is behavior contract counseling. A behavior contract is a behavioral counseling technique that involves a written agreement between the counselor and the counselee regarding specific behavioral targets, responsibilities, reinforcement, and consequences. This technique is grounded in behavioral principles, especially reinforcement and behavior modification. Behavioral counseling focuses on observable behavior and uses structured strategies to help individuals change maladaptive behavior into more adaptive behavior (Corey, 2017). Through a behavior contract, students are encouraged to identify problematic behavior, set measurable goals, commit to behavioral change, monitor their progress, and receive reinforcement when the agreed targets are achieved.

Behavior contract counseling is particularly relevant for social media addiction because excessive social media use is closely related to repeated habits, weak self-control, and difficulty maintaining consistent behavioral limits. Recent systematic review evidence

shows that regulatory processes, including self-regulation, emotion regulation, self-control, and impulsivity, play an important role in problematic social media use (San Martin Iniguez et al., 2024). In addition, school-based interventions for problematic digital technology use are generally more promising when they target at-risk students, include active guidance, and use structured or therapy-based approaches (Zmavc et al., 2025). Thus, behavior contracts may be suitable because they translate general advice into concrete behavioral targets, daily monitoring, reinforcement, and consequences.

Previous studies have shown that behavior contract or contingency contracting techniques can support behavioral change in educational and counseling contexts. Sari and Ayriza (2022) reported that group counseling with behavioral contract techniques reduced academic procrastination among junior high school students using a quasi-experimental design. Purnama et al. (2019) also found that behavioral counseling with behavior contract techniques reduced academic procrastination among students. In another educational context, contingency contracting facilitated prompting and reinforcement and increased social interaction among students with autism spectrum disorder and their peers (Alwahbi & Hua, 2021). These studies indicate that behavior contracts can help students build responsibility, behavioral commitment, and self-regulation. However, most behavior contract studies focus on discipline, truancy, social interaction, or academic procrastination, while studies that specifically examine behavior contract counseling to reduce social media addiction among vocational high school students remain limited.

The novelty of this study lies in the application of behavior contract counseling as a structured school counseling intervention to reduce social media addiction among vocational high school students.

Unlike general counseling approaches that only provide advice or verbal guidance, behavior contract counseling requires students to make written commitments, monitor their social media use, follow agreed behavioral targets, and receive reinforcement based on their progress. This study is important because vocational high school students are active users of social media and may experience learning disruption when their digital behavior is not properly controlled. Therefore, this study aimed to analyze changes in social media addiction scores among tenth-grade students of SMKS St. Willibrodus Betun after participating in behavior contract counseling.

METHOD

Research Design

This study used a quantitative approach with a pre-experimental *one-group pretest-posttest* design. This design was selected because the study aimed to compare students' social media addiction scores before and after behavior contract counseling in a limited school counseling setting. In this design, the same participants were measured twice, namely before the intervention through a pretest and after the intervention through a posttest. The research design is presented in Table I.

Table I. Research Design

Group	Pretest	Intervention	Posttest
Experimental group	O ₁	X	O ₂

Note. O₁ = pretest of social media addiction; X = behavior contract counseling; O₂ = posttest of social media addiction.

Table I shows that the study used one group of participants without a control group. The pretest was administered to determine students' initial level of social media addiction, while the posttest was administered after the students received behavior contract counseling. This design is commonly used to examine changes in participants' scores before and

after an intervention in a limited educational setting (Creswell & Creswell, 2018).

Participants

The study was conducted at SMKS St. Willibrodus Betun. The population consisted of 28 tenth-grade students. The sample was selected using *purposive sampling* based on criteria relevant to the research objectives. The inclusion criteria were as follows: students were enrolled in the tenth grade, actively used social media every day, obtained a high score on the initial social media addiction questionnaire, and were willing to participate in behavior contract counseling meetings. Based on these criteria, 10 students were selected as participants. The characteristics and selection criteria of participants are presented in Table 2.

Table 2. Participant Characteristics and Selection Criteria

Aspect	Description
Population	28 tenth-grade students of SMKS St. Willibrodus Betun
Sample	10 students who met all inclusion criteria
Sampling technique	Purposive sampling
Age	Tenth-grade students; exact age data were not recorded in the thesis documentation
Gender	Gender was not used as a sampling criterion and was not recorded in the thesis documentation
Selection criteria	Daily social media use, high questionnaire score, willingness to participate, and ability to attend four counseling meetings
High category cut-off	Score 76-100 based on the theoretical range of the questionnaire
Reason for selecting 10 students	Only students who met all criteria and agreed to participate were included

Table 2 clarifies that the sample was not randomly selected from the entire population. The 10 participants were chosen because they showed high social media addiction scores and fulfilled the intervention requirements. Therefore, the findings should be interpreted as preliminary evidence from a

small purposive sample rather than as results that can be generalized to all vocational high school students.

Research Instrument

The instrument used in this study was a social media addiction questionnaire developed using a four-point Likert scale. The response options consisted of *Strongly Agree*, *Agree*, *Disagree*, and *Strongly Disagree*. The questionnaire contained 25 items covering five indicators: intensity of social media use, difficulty controlling social media use, disruption of learning activities, emotional dependence, and disruption of direct social interaction. The use of a Likert scale was appropriate because it is commonly used to measure attitudes, perceptions, and behavioral tendencies in educational and social research (Joshi et al., 2015).

The indicators were developed by adapting the behavioral addiction components proposed by Griffiths (2005), particularly salience, withdrawal, conflict, and difficulty controlling repetitive behavior, and by considering characteristics of problematic social networking site use described by Kuss and Griffiths (2017). The total score ranged from 25 to 100. Using equal-interval interpretation, scores of 25–50 were categorized as low, 51–75 as moderate, and 76–100 as high. Students were included in the sample when their initial score was in the high category. The indicators, theoretical basis, and scoring interpretation are presented in Table 3.

Table 3. Indicators and Scoring of the Social Media Addiction Questionnaire

Indicator	Number of Items	Theoretical Basis
Intensity of social media use	5	Salience and excessive use
Difficulty controlling social media use	5	Loss of control and tolerance
Disruption of learning activities	5	Conflict with academic responsibilities
Emotional dependence	5	Mood modification and withdrawal

Indicator	Number of Items	Theoretical Basis
Disruption of direct social interaction	5	Social and interpersonal conflict
Score interpretation	25-50 = low; 51-75 = moderate; 76-100 = high	Equal-interval interpretation of the 25-100 score range

Table 3 shows that the instrument was designed to represent behavioral, academic, emotional, and social aspects of social media addiction. The questionnaire was used as a researcher-developed instrument based on theoretical indicators of behavioral addiction and problematic social networking site use. Because formal item validity and reliability coefficients were not available in the thesis documentation, the instrument should be interpreted as a screening questionnaire rather than a fully standardized diagnostic scale. This limitation was considered when interpreting the findings, and future studies are recommended to report content validity, item validity, and Cronbach's Alpha reliability before wider application.

Intervention Procedure

The intervention was conducted through behavior contract counseling. The behavior contract was implemented by involving students in identifying problematic behavior, setting behavioral targets, making written commitments, monitoring daily social media use, and evaluating behavioral changes. This procedure is consistent with behavioral counseling principles that emphasize observable behavior, reinforcement, and structured behavior modification (Corey, 2017). The operational procedure of behavior contract counseling is presented in Table 4.

Table 4. Operational Procedure of Behavior Contract Counseling

Meeting	Contract Component	Operational Activity
1	Problem identification and target behavior	Students identified excessive social media use, especially use during learning hours and late-night use. The counselor explained the counseling objectives and helped students define realistic targets for reducing social media use.
2	Written contract	Students signed a written contract containing target behavior, monitoring sheets, reinforcement, consequences, and the monitoring period.
3	Daily monitoring	Students recorded daily duration, time of use, and situations that triggered social media use. The counselor and guidance and counseling teacher reviewed the monitoring sheet.
4	Reinforcement and consequence	Students who met the target received verbal praise, recognition, and agreed positive reinforcement. Students who did not meet the target reviewed obstacles and revised strategies without punitive treatment.
5	Final evaluation	Students evaluated their progress, reflected on changes in social media use, and prepared personal strategies to maintain controlled use after the intervention.

Table 4 shows that the behavior contract was not limited to a written agreement but also included target setting, monitoring, reinforcement, and evaluation. The main behavioral targets were reducing social media use during learning activities, avoiding late-night social media use, completing school tasks before accessing social media, and replacing excessive screen time with more productive activities. The implementation was monitored by the researcher in collaboration with the guidance and counseling teacher. Students completed a daily monitoring sheet, while progress was reviewed during each counseling meeting.

Ethical Considerations

This study involved tenth-grade students; therefore, ethical protection was considered before data collection. The research was conducted through coordination with the school and within the context of guidance and counseling services. Students were informed about the purpose of the study, the voluntary nature of participation, and their right to withdraw from the counseling process. Students' identities were anonymized using respondent codes, and all data were used only for academic purposes. Because formal documentation of school permission numbers, parental or guardian consent, and student assent was not available in the thesis file, this limitation should be acknowledged when reporting the study.

Data Analysis

The data were analyzed using descriptive and inferential statistics. Descriptive statistics were used to calculate the minimum score, maximum score, mean score, and score reduction between pretest and posttest. The Shapiro-Wilk test was used to examine data normality because the sample size was fewer than 50 participants. The data were considered normally distributed when the significance value was greater than 0.05 (Shapiro & Wilk, 1965). However, because the study involved only 10 participants, the normality result was interpreted cautiously.

A *paired sample t-test* was used to examine the difference between pretest and posttest scores because the data were obtained from the same participants before and after the intervention (Creswell & Creswell, 2018). Cohen's *d* was calculated as an effect size for paired data by dividing the mean difference by the standard deviation of the difference scores. Effect sizes should be reported to support interpretation beyond statistical significance (Lakens, 2013). Because the sample was small, the *Wilcoxon signed-rank test* was also conducted as a

nonparametric comparison. The significance level was set at 0.05, and *p*-values were reported as $p < 0.001$ when the value was very small rather than as 0.000.

RESULTS AND DISCUSSION

Results

The behavior contract counseling intervention was conducted with 10 tenth-grade students who had high social media addiction scores. The intervention focused on helping students identify excessive social media use, make written behavioral commitments, monitor daily use, evaluate progress, and receive reinforcement for achieving agreed behavioral targets. The pretest and posttest scores were compared to describe changes in students' social media addiction after the intervention.

Table 5. Pretest and Posttest Scores of Social Media Addiction

Respondent	Pretest	Posttest	Difference
R1	84	62	22
R2	80	60	20
R3	85	64	21
R4	81	61	20
R5	83	63	20
R6	79	58	21
R7	86	65	21
R8	82	60	22
R9	84	63	21
R10	79	61	18
Mean	82.3	61.7	20.6

Table 5 shows that all students experienced a decrease in social media addiction scores after participating in behavior contract counseling. The mean pretest score was 82.3, while the mean posttest score decreased to 61.7. The average reduction was 20.6 points. Because the pretest scores ranged from 79 to 86, all participants were in the high category before the intervention. The posttest scores ranged from 58 to 65, indicating that participants moved into the moderate category after the intervention.

Although the score reduction was consistent across all students, the pattern should be interpreted

carefully. The differences were highly homogeneous, ranging only from 18 to 22 points. This pattern may indicate consistent behavioral change, but it may also reflect response tendency, repeated questionnaire effects, students' desire to provide improved answers, or intensive attention during the counseling process. Therefore, the results are reported as a decrease in scores after the intervention, not as strong causal evidence.

Table 6. Shapiro-Wilk Normality Test Results

Data	Sig.	Decision
Pretest	0.200	Normally distributed
Posttest	0.176	Normally distributed

Table 6 shows that the significance value of the pretest was 0.200 and the significance value of the posttest was 0.176. Both values were greater than 0.05, indicating that the pretest and posttest data did not significantly deviate from normality. However, because the sample consisted of only 10 students, the normality result was interpreted cautiously. Therefore, the Wilcoxon signed-rank test was also conducted as a nonparametric comparison.

Table 7. Paired Sample t-Test Result of Social Media Addiction Scores

Data Pair	Mean Difference	SD	t-value	df	Sig. (2-tailed)	Cohen's dz
Pretest–Posttest	20.60	1.17	55.50	9	< 0.001	17.55

Table 7 shows that the paired sample t-test produced a mean difference of 20.60, $t(9) = 55.50$, and $p < 0.001$. The p-value indicates a statistically significant difference between pretest and posttest scores. Cohen's dz was 17.55, which is extremely large. However, this effect size should not be interpreted as definitive evidence of a strong intervention effect because it was strongly influenced by the very small standard deviation of the difference scores and the homogeneous score reduction across participants.

Table 8. Wilcoxon Signed-Rank Test Result

Analysis	Statistic	p	Decision
Wilcoxon signed-rank test	W = 0.00	0.002	Significant

Table 8 shows that the Wilcoxon signed-rank test also indicated a significant difference between pretest and posttest scores, $W = 0.00$, $p = 0.002$. This nonparametric result supports the paired sample t-test finding that scores decreased after the intervention. Nevertheless, the result should still be interpreted within the limitations of a one-group pretest-posttest design without a control group.

Discussion

The findings showed that students' social media addiction scores decreased after behavior contract counseling. The mean score decreased from 82.3 in the pretest to 61.7 in the posttest, with an average reduction of 20.6 points. This decrease suggests that students experienced positive behavioral change after participating in the intervention. However, the claim should be limited to score reduction after the intervention because the study did not use a control group.

The decrease in scores can be explained through behavioral counseling principles. Behavioral counseling focuses on observable behavior and uses structured strategies to modify maladaptive behavior into adaptive behavior (Corey, 2017). In this study, excessive social media use was treated as a repeated behavioral pattern that could be reduced through specific targets, monitoring, reinforcement, and consequences. The behavior contract helped students transform general intentions, such as reducing social media use, into concrete and measurable behavioral commitments.

Behavior contract counseling is relevant for social media addiction because problematic social media use is often maintained by repeated habits and

weak self-control. The components model of addiction describes behavioral addiction through salience, tolerance, withdrawal, conflict, and relapse (Griffiths, 2005). Students with high social media addiction scores may show a strong urge to access social media, difficulty limiting screen time, restlessness when disconnected, and conflict with school responsibilities. Through the written contract, students were guided to recognize these patterns and practice more controlled use of social media.

The findings are consistent with studies showing that behavior contract techniques can support students' self-regulation and behavioral responsibility. Sari and Ayriza (2022) reported that group counseling with behavioral contract techniques reduced academic procrastination among junior high school students. Purnama et al. (2019) also found that behavior contract counseling reduced students' academic procrastination. Although those studies addressed academic procrastination rather than social media addiction, both behaviors involve difficulty regulating habits, delayed control, and the need for structured commitment. This similarity supports the rationale for applying behavior contract counseling to digital behavior problems.

The results are also consistent with research on problematic digital technology use. Shannon et al. (2022) found that problematic social media use among adolescents and young adults is associated with depression, anxiety, and stress. Bozzola et al. (2022) emphasized that excessive social media use among children and adolescents can interfere with sleep, learning activities, attention, and emotional regulation. Recent systematic review evidence also indicates that regulatory processes, including self-regulation and self-control, are related to problematic social media use (San Martin Iniguez et al., 2024). These studies strengthen the argument that interventions for social

media addiction should address self-control and repeated behavior, not only provide general information about the risks of social media.

The operational structure of the behavior contract may explain the observed score reduction. The contract contained target behavior, monitoring sheets, reinforcement, consequences, and evaluation. This structure made the expected behavior more explicit and measurable. The daily monitoring sheet helped students become more aware of the duration, time, and triggers of their social media use. Reinforcement encouraged students to maintain progress, while consequences encouraged them to reflect on obstacles and revise their strategies. Therefore, behavior contract counseling may be a practical technique for school counselors who need a structured intervention for students' maladaptive digital behavior.

Despite these positive indications, several limitations should be emphasized. First, the one-group pretest-posttest design cannot confirm that the decrease in scores was caused only by behavior contract counseling. Other factors, such as repeated questionnaire completion, teacher supervision, researcher attention, or students' desire to provide socially desirable answers, may also have influenced the posttest results. Second, the sample size was very small and selected through purposive sampling, so the findings cannot be generalized to a wider student population. Third, the data were based on a self-report questionnaire, which may be influenced by honesty, memory, and response bias. Fourth, the study did not include follow-up measurement, so it remains unclear whether the decrease in scores would be maintained over time.

The statistical results should also be interpreted cautiously. The paired sample t-test produced a very large t-value and an extremely large Cohen's d

because the difference scores were highly homogeneous across participants. Although the Wilcoxon signed-rank test supported the significance of the score decrease, statistical significance in a small pre-experimental study should not be equated with strong evidence of effectiveness. Future studies should use larger samples, validated instruments, control groups, longer intervention periods, and follow-up measurements to confirm whether behavior contract counseling can consistently reduce social media addiction in school settings.

CONCLUSION

This study showed that behavior contract counseling was associated with a decrease in social media addiction scores among 10 vocational high school students after the counseling intervention. The mean score decreased from 82.3 in the pretest to 61.7 in the posttest, with an average reduction of 20.6 points. The paired sample t-test and Wilcoxon signed-rank test indicated a statistically significant difference between pretest and posttest scores.

However, these findings should be interpreted as preliminary evidence because the study used a pre-experimental one-group pretest-posttest design without a control group, involved a small purposive sample, and relied on self-report data. Future studies should use larger samples, validated instruments, control groups, longer intervention periods, and follow-up measurements to confirm whether the observed score reduction can be maintained over time.

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