



## **Enhancing Well-Being and Resilience in Emerging Adults Through Acceptance Commitment Therapy : A Preventive Group Intervention Study**

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**Abstract:** This study explored the effectiveness of Acceptance and Commitment Therapy (ACT) as a preventive intervention to enhance subjective well-being and resilience among emerging adults who have just graduated from high school. The research utilized a within-subject experimental design, comparing measurements from an intervention group of 8 participants, aged 17 to 20, who had recently graduated high school in the Jabodetabek area. Participants were selected based on their low to moderate scores on the Depression Anxiety Stress Scales (DASS). The intervention consisted of five offline sessions, which taught skills in mindfulness, cognitive defusion, values clarification, and committed action. Pre-test and post-test analyses using the Wilcoxon Paired Sample Test revealed no significant immediate increase in subjective well-being. However, a follow-up assessment three weeks later showed a significant improvement in subjective well-being, indicating that while initial changes were not significant, the intervention led to sustained improvements over time. In contrast, resilience scores showed no significant differences across pre-test, post-test, and follow-up measurements. These findings suggest that while ACT appears to be a promising intervention for improving subjective well-being in emerging adults, its impact on resilience may require further investigation. Future studies should consider exploring the effects of extended ACT interventions on resilience and the potential of incorporating additional methods to better capture long-term outcomes.

### **Article History**

Received: 01-09-2024

Revised: 17-10-2024

Accepted: 23-11-2024

Published: 21-12-2024

### **Key Words:**

Acceptance Commitment Therapy; Group Intervention; Subjective Well-Being; Resilience.

**How to Cite:** Nugraha, F., & Oriza, I. (2024). Enhancing Well-Being and Resilience in Emerging Adults Through Acceptance Commitment Therapy : A Preventive Group Intervention Study. *Jurnal Kependidikan: Jurnal Hasil Penelitian dan Kajian Kepustakaan di Bidang Pendidikan, Pengajaran dan Pembelajaran*, 10(4), 1381-1391. doi:<https://doi.org/10.33394/jk.v10i4.13104>



<https://doi.org/10.33394/jk.v10i4.13104>

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## **Introduction**

Emerging adulthood is a term used to describe a developmental stage that generally occurs between the ages of 18 to 25. In this period, individuals are in a transitional phase from adolescence to adulthood characterized by various significant changes in their lives. The main characteristics of emerging adulthood according to Arnett (2023) consist of self-discovery, openness to various opportunities in the future, focus and being responsible for oneself, and facing stress and instability in various aspects of life such as work and relationships. In addition, individuals in the emerging adulthood stage often feel they are in between the world of adolescence and the world of adulthood, where they have not fully adopted the roles and responsibilities of an adult but are also no longer bound by the role of an adolescent.

The emerging adulthood phase brings various challenges that can have a significant impact on an individual's personal and social development. One of the main challenges of emerging adulthood is when faced with expectations to discover who they are and what their purpose in life is, which can often lead to confusion and uncertainty. In addition, pressure from family and social environment can also become a significant challenge in this phase. Often individuals in the emerging adults phase feel burdened by expectations to achieve



certain milestones in careers, relationships, or other aspects of life (Smith, 2011). Various challenges that cannot be managed properly have the potential to cause mental health disorders such as anxiety, depression, and stress faced by individuals in the emerging adulthood phase. This is further reinforced by several studies which show that the emerging adulthood phase is a transitional period in life that creates psychological pressure that can cause the emergence of stress to the initial symptoms of anxiety and depression (Condinata et al., 2021; Matud et al., 2020).

The ability to manage stress is important in preventing the emergence of more severe psychological disorders in the future. Some of the abilities that are important to develop in facing this transition period are psychological flexibility and resilience. Psychological flexibility is defined as the ability to adapt to situational demands and maintain balance across life domains (Hayes et al., 2013). Psychological flexibility involves being present and fully aware of one's emotions, sensations, and thoughts without judgment while focusing on actions that are aligned with one's values (Kashdan & Rottenberg, 2010). High psychological flexibility ability is also closely related to the resilience needed by individuals in facing challenges during the emerging adulthood phase.

Resilience can be defined as a personal quality that allows individuals to continue to grow when faced with difficult situations (Connor & Davidson, 2003). Research has shown that psychological flexibility is one of the factors of resilience that can help individuals manage stress and maintain individual psychological well-being (Gentili et al., 2019). The ability to be resilient and accept new challenges is an important key for individuals facing emerging adulthood successfully. The results of a meta-analysis study about resilience interventions show that there is no one main intervention that is commonly used to improve resilience in individuals. Generally, resilience interventions are highly dependent on the targeted population so each intervention should use a different design and approach. In the context of this study, an Acceptance and Commitment Therapy (ACT) intervention is more relevant to be provided to increase psychological flexibility and resilience in emerging adulthood groups.

Acceptance and Commitment Therapy (ACT) was developed by Dr. Steven C. Hayes in the late 1980s. Hayes sought to develop a therapy that emphasized acceptance of thoughts and feelings rather than trying to change or eliminate them. The main goal of Acceptance and Commitment Therapy is to help individuals accept unpleasant life experiences while still taking actions that are consistent with their personal values. Three basic principles of ACT emphasize the importance of acceptance, mindfulness, and commitment to action in accordance with one's values (Harris, 2009). Through ACT interventions, individuals will learn to develop psychological flexibility so that they can accept difficult life experiences without avoiding them and commit to actions that are consistent with their personal values. Thus, individuals can manage the challenges faced during the emerging adulthood phase more effectively and build the independence needed to face adulthood more confidently. In addition, individuals who have good psychological flexibility and resilience are also expected to achieve better levels of subjective well-being and life satisfaction, which in turn can help them navigate this transitional phase.

Various studies have shown the effectiveness of ACT in helping individuals in emerging adulthood reduce levels of anxiety, depression, and improve subjective well-being, and contribute to a better quality of life for individuals in emerging adulthood (Christodoulou et al., 2021; Othman et al., 2024). In addition, ACT has also been shown to be effective in increasing resilience, which is very important in helping individuals face the challenges that arise during this transitional phase (Ciarrochi et al., 2020). A meta-analysis study conducted



by Sun et al. (2022) also showed that ACT therapy conducted both individually and in groups had the same level of effectiveness in reducing depressive symptoms. Therefore, providing an ACT-based group intervention to improve subjective well-being and resilience is crucial so more individuals in emerging adulthood can benefit from ACT-based interventions compared to individual intervention methods. Furthermore, there remains limited evidence on the effectiveness of ACT intervention in improving on subjective well-being and resilience within non-clinical populations specifically in Indonesia. Previous studies on the effectiveness of Acceptance and Commitment Therapy (ACT) in Indonesia have primarily focused on clinical populations, such as individuals with generalized anxiety disorder and depression (Arjadi et al., 2018; Prajogo & Yudiarso, 2021).

The participants of this study were focused on individuals who have just graduated from high school and are in the transition period to college or work. This is based on the consideration that the graduation period from high school is the first transition period that adolescents must go through towards the early adulthood they will face. The purpose of this study is to improve subjective well-being and resilience in emerging adults who have just graduated from high school using the Acceptance and Commitment Therapy (ACT) approach. In addition, the results of this intervention are expected to be a reference for professionals and educators in supporting the psychological development of emerging adults so that they can grow into more prepared and mentally healthy individuals.

## **Research Method**

The design of this intervention is in the form of within-subject experimental research where the effectiveness of the intervention is seen from the comparison between the measurement results of the intervention group before and after the intervention is given. Participants in this intervention were emerging adults who had just graduated from high school in the Jabodetabek area with an age range of 17 to 20 years. Individuals with these criteria were chosen because they are in a transition period from adolescence to adulthood which presents its own challenges. During the registration process, participants were given a screening test using the Depression Anxiety Stress Scales (DASS-21). Participants who were selected in this study were those with low and moderate Depression Anxiety Stress Scales (DASS) scores. The selection criteria for this study align with the primary aim of the study, which is to serve as a preventive intervention. The objective is to support non-clinical emerging adults, targeting those who have not yet developed severe mental health problems. Including participants with moderate to severe symptoms would shift the focus from prevention to intervention, which typically requires more intensive therapeutic approaches. By concentrating on individuals with lower DASS scores, this study aims to enhance subjective well-being and resilience, preventing the escalation of stress, anxiety, and depression.

In this study, the data collection method was carried out using a convenience sampling approach which is part of non-probability sampling where participants were selected based on their time availability and willingness to participate in the study (Gravetter et al., 2021). After participants enroll in the study, the author assigns them to the intervention group. The initial number of participants who enrolled was 8 people. However, there were only 7 people who actually attended the intervention sessions. All participants were female, with six people aged 18 and one aged 17. The implementation of the intervention took place in 5 sessions starting from June 10, 2024 to June 27, 2024. On June 10, 2024, pre-session activities were carried out online through the Zoom Meeting application. From June 15, 2024 to June 27, 2024, four intervention sessions that focused on mindfulness, defusion, values



clarification, and committed action were conducted offline at the Faculty of Psychology, University of Indonesia. Each session was delivered by the author who acted as a facilitator accompanied by two other researchers who acted as co-facilitators to assist with the technical needs of the training and conduct observations. Details of each session's activity can be seen in Table 1.

**Table 1. Session Details Overview**

Session	Theme	Objective and Activity
Pre Session	Introduction and Rules Information	Objective: a) Introducing the facilitator and participants to get to know each other and increase engagement in intervention participation. b) Explain to participants the process and timing of the intervention. Activity: a) Conducting a pretest on participants to measure the level of subjective well-being and resilience of each participant before the intervention is carried out.
Session 1	Introduction to ACT and Mindfulness	Objective: a) To explain to participants the basic principles of ACT through the acronym MOVE. b) Explain the concept of mindfulness so that participants are able to increase awareness of internal experiences so that they can accurately see what is happening, and gather important information about whether individuals should change or maintain behaviors. Activity: a) Introducing the technique of mindful belly breathing. b) Introducing body scanning techniques to scan the body from head to toe and notice what sensations are present. c) Introducing grounding techniques to engage in current activities.
Session 2	Observation and Defusion	Objective: a) To explain observation skills to participants so that they are able to pay attention to what they are feeling and thinking. b) Explain and teach defusion techniques so that participants are able to separate or distance themselves from thoughts and feelings and get stuck in them. Activities: a) Doing emotion and thought recognition exercises. b) Explaining the defusion technique by introducing the "I realize I am" technique. c) Explaining the defusion technique by introducing the "Letting Go Metaphor".
Session 3	Value	Objective: a) Explain to participants the concept of values as the deepest desires of the heart about how we interact with the world, others, and ourselves. b) Explain the function of values to help participants focus so that it is difficult to stray from the desired path and become a reinforcement that all the hard work done is valuable and meaningful.



Activity:

- a) Conducting an exercise to identify the difference between values and goals
- b) Conducting value targeting exercises from various aspects of life.
- c) Conducting a value reflection exercise from each period of life from the past, present, and future.

Session	Engage	Objective:
4		<ol style="list-style-type: none"><li>a) To explain to participants the importance of consciously deciding and taking action.</li><li>b) To train participants to be able to design actions appropriately.</li></ol> <p>Activity:</p> <ol style="list-style-type: none"><li>a. Conducting an action determination exercise based on the SMART formula.</li><li>b. Conducting action determination exercises that are tailored to values and goals.</li><li>c) Conducting a post-test on participants to measure the level of subjective well-being and resilience of each participant after the intervention.</li></ol>

The measurement tools used in this study are the Subjective Well-Being Life Satisfaction Scale (SWLS) and the Resilience Evaluation Scale (RES). SWLS is an instrument used to measure overall individual life satisfaction which refers to the cognitive assessment aspect (Diener et al., 1985). The SWLS consists of 5 items and uses a 7 Likert scale with a range of 1 = strongly disagree, 2 = disagree, 3 = somewhat disagree, 4 = undecided, 5 = somewhat agree, 6 = agree, and 7 = strongly agree. The SWLS was adapted into Bahasa Indonesia by Ghibran (2010) and tested for readability for adolescents by Hilmia & Handayani (2018). The results of the test showed a good internal consistency score of  $\alpha = 0.63$ . RES is a tool used to measure internal capacity that refers to the strength to remain resilient or resilient when faced with an unpleasant experience (Van Der Meer et al., 2018). The RES consists of 8 items that use a 5 Likert scale with a range of 0 = strongly disagree, 1 = disagree, 2 = undecided, 3 = agree, 4 = strongly agree. The RES has been adapted into Indonesian by Primasari et al. (2022) and has good internal consistency values ( $\alpha = 0.74-0.82$ ) and test-retest reliability results ( $r=0.68-0.78$ ;  $ICC= 0.67-0.78$ ).

Data processing was carried out using SPSS 27. The author included data from all participants, even when 3 participants did not fully attend all intervention sessions. Based on Intent-to-Treat (ITT) analysis, this approach reflects real-world practice where clients may not complete the psychological intervention as recommended or drop out if they feel they are not benefiting or are dissatisfied with the process. Evaluation was carried out by measuring the level of subjective well-being and resilience between the pre-test, post-test, and follow-up test results. A pre-test was given before the intervention was carried out, a post-test was given after the last session was completed, while follow-up test was given three weeks after the intervention was completed. The effectiveness of the intervention was evaluated using a nonparametric analysis, specifically the Wilcoxon Paired Sample Test, to assess the significance of changes in the average scores within groups across each session.





## Results and Discussion

Wilcoxon Paired Sample T-Test was conducted to compare the subjective well-being and resilience scores before and after the intervention was given. Results of the statistical analysis for both variables can be seen in Table 2 and Table 3.

**Table 2. Results of Wilcoxon Paired Sample T-Test Analysis for Subjective Well-being**

SWLS	Mean	SD	z	Sig.
<i>Pre-Test</i>	22.71	3.15		
<i>Post-Test</i>	25.29	5.38	-0.933	0.351
<i>Post-Test</i>	25.29	5.38		
<i>Follow Up Test</i>	25.57	2.30	-0.105	0.916
<i>Pre-Test</i>	22.71	3.15		
<i>Follow Up Test</i>	25.57	2.30	-2.226	0.026*

The results of the pre-test and post-test analysis for subjective well-being variables showed that there was no significant difference between the pre-test score ( $M_{\text{pre-test}} = 22.71$ ,  $SD_{\text{pre-test}} = 3.15$ ) and the post-test score ( $M_{\text{post-test}} = 25.29$ ,  $SD_{\text{post-test}} = 5.38$ );  $z = -0.933$ ,  $p > 0.05$ . However, results of the pre-test and follow-up test analysis for subjective well-being variables showed that there was a significant difference between the pre-test score ( $M_{\text{pre-test}} = 22.71$ ,  $SD_{\text{pre-test}} = 3.15$ ) and the follow-up test score ( $M_{\text{follow-up}} = 25.57$ ,  $SD_{\text{follow-up}} = 2.30$ );  $z = -2.226$ ,  $p > 0.05$ . These results indicate that, although the initial measurements of the pretest and post-test did not show a significant immediate increase in subjective well-being following the intervention, the intervention successfully led to a gradual improvement in subjective well-being three weeks after it was completed.

Furthermore, results of the post-test and follow-up test analysis show that there was no significant difference between the post-test score ( $M_{\text{post-test}} = 25.29$ ,  $SD_{\text{post-test}} = 5.38$ ) and the follow-up score ( $M_{\text{follow-up}} = 25.57$ ,  $SD_{\text{follow-up}} = 2.30$ );  $z = -0.105$ ,  $p > 0.05$ . This indicates that the level of subjective well-being after the intervention remained at a similar level, even three weeks post-intervention. These results show that the effectiveness of the group intervention did not decrease three weeks after it was administered, demonstrating that the effects of the intervention were sustained for a significant period.

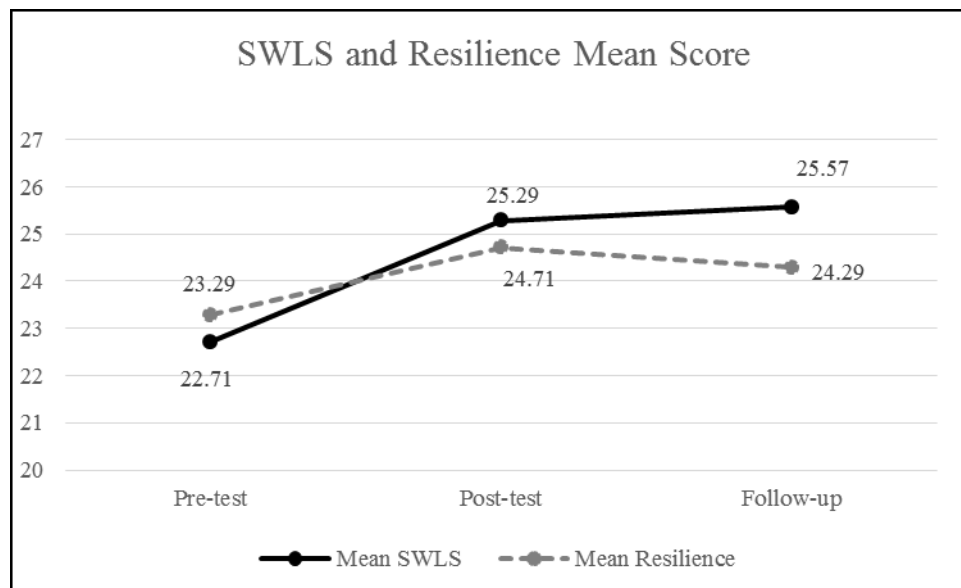
**Table 3. Results of Wilcoxon Paired Sample T-Test Analysis for Resilience**

SWLS	Mean	SD	z	Sig.
<i>Pre-Test</i>	23.29	4.54		
<i>Post-Test</i>	24.71	6.18	-0.962	0.336
<i>Post-Test</i>	24.71	6.18		
<i>Follow-Up Test</i>	24.29	5.71	-0.184	0.854
<i>Pre-Test</i>	23.29	4.54		
<i>Follow-Up Test</i>	24.29	5.71	-0.526	0.599

The results of the pre-test and post-test analysis for the resilience variable showed that there was no significant difference between the pre-test ( $M_{\text{pre-test}} = 23.29$ ,  $SD_{\text{pre-test}} = 4.54$ ) and post-test ( $M_{\text{post-test}} = 24.71$ ,  $SD_{\text{post-test}} = 6.18$ );  $z = -0.962$ ,  $p > 0.05$ . Furthermore, results of the pre-test and follow-up test analysis for the resilience variable also showed no significant difference between the pre-test ( $M_{\text{pre-test}} = 23.29$ ,  $SD_{\text{pre-test}} = 4.54$ ) and follow-up test ( $M_{\text{follow-up}} = 24.29$ ,  $SD_{\text{follow-up}} = 5.71$ );  $z = -0.526$ ,  $p > 0.05$ . This indicates that there was no significant increase in resilience scores following the intervention.

The results of the post-test analysis with the follow-up test for the resilience variable showed no significant difference between the post-test score ( $M_{\text{post-test}} = 24.71$ ,  $SD_{\text{post-test}} = 6.18$ ) and the follow-up test score ( $M_{\text{follow-up}} = 24.29$ ,  $SD_{\text{follow-up}} = 5.71$ );  $z = -0.184$ ,  $p > 0.05$ . This demonstrates that, although there was no significant increase in resilience immediately

after the intervention, the slight improvement remained stable and did not significantly decrease after three weeks, indicating that the effects of the intervention were sustained over time.



**Figure 2. Graph of SWLS and Resilience of Experimental Group**

## Discussion

Based on the results of group therapy using the Acceptance and Commitment Therapy (ACT) approach with emerging adults, it can be concluded that the ACT intervention effectively improved subjective well-being in non-clinical young adults three weeks after the intervention. However, the intervention did not demonstrate effectiveness in increasing resilience. The inclusion criteria of the characteristics of participants who were individuals with low and moderate DASS scores potentially contributed to the non-significant results of the study. The screening results of the DASS measurement indicated that the research participants were not experiencing severe psychological distress. The relatively healthy psychological condition experienced by the participants may affect their motivation to apply and practice the ACT techniques that have been given due to the absence of an urgent need for individuals to practice these techniques. This is in accordance with studies and theories about present bias and delayed gratification which show that individuals tend to be less motivated to do activities or activities that can provide benefits in the future because the positive impact of these activities can only be felt in the future (Laibson, 2015; Monterosso & Ainslie, 1999).

Furthermore, this is also reinforced by the results of the analysis which showed that the effectiveness of the intervention was only seen three weeks after the intervention was given. The increase in subjective well-being scores in the study participants was not immediately visible in the post-test measurement or on the last day of the intervention. This could be due to the characteristics of non-clinical participants, it takes time and process to train and apply the skills that have been taught so that the effectiveness of the training provided can be more beneficial. This is in accordance with research on the concept of transfer of training by Baldwin and Ford (1988) which explains that skills acquired during training require time and opportunity to be applied in real-life contexts before they can show significant results. The study explains that the transfer of training is influenced by several factors, including training design, participant characteristics, and the environment in which



the skills are applied. This is also reinforced by a meta-analysis study conducted by Blume et al. (2010), which found that the transfer of skills from training is often more effective when trainees have time to practice and internalize the skills after the training is completed.

The results of the study showed no significant increase in the level of resilience after the intervention was given. The results of the meta-analysis study showed that interventions aimed at increasing resilience in adolescence to early young adulthood usually have a positive effect when conducted for a minimum of 5 to 32 weeks with a range of 45 to 120 minutes of intervention time. Another factor that can also explain the insignificant results is that there are many other protective factors that affect resilience outside of the psychological flexibility factor. In accordance with studies conducted by Joyce et al. (2018) and Llistosella et al. (2023) show that the resilience construct is influenced by many other variables such as coping skills and stress management. In addition, other reasons that can explain the insignificant results of the resilience variable can be caused by the selection of resilience measurement tools used in the study. The condition of participants who tend to be psychologically well and are not faced with severe situations results in the resilience abilities of the participants not being fully implemented and measured properly in this study. The selection of measuring instruments to measure resilience variables needs to be adjusted to the characteristics of the participants to suit the aspects and context of the study.

However, the results of the analysis for subjective well-being variables showed a significant increase between the score before the intervention was given and three weeks after the intervention was carried out. This result is in accordance with the results of a study showing that psychological interventions using the ACT approach are able to help individuals increase subjective well-being in research participants (Wahyun et al., 2019). The process of acceptance of thoughts and feelings combined with mindfulness in the present and wise actions that are in accordance with values can improve individual subjective well-being (Kohtala et al., 2018).

Despite the study results, there are several limitations related to the implementation of the group intervention. First, all participants in this study were female. This may further limit the generalizability of the findings of this study because it is only limited to the female gender (Geller et al., 2011). The absence of male participants in this study suggests that the results of this study may not fully reflect the impact of the intervention on a wider and heterogeneous population so generalization of the results of this study needs to be done carefully (Ercikan, 2009). In the future, studies involving participants of different genders with a balanced proportion of participants will be needed to obtain a more comprehensive picture of the effectiveness of the intervention. Second, conducting the training offline increased the potential obstacles faced by participants such as distance and cost. This also resulted in attrition during the intervention so that the number of participants who attended the whole series of activities in this study was smaller than the expected target. Third, the author has not measured the psychological flexibility variable as one of the outcomes of the skills training that has been provided. This is because the main goal of the intervention was to improve the subjective well-being and resilience of the participants, so the author decided not to measure psychological flexibility variables. In addition, the large number of measuring instruments that must be filled in and the tight schedule of interventions that have been given to participants are also one of the considerations for the author not to add psychological flexibility measurements. Fourth, the limited time and the density of the material that must be delivered cause limitations in exploring the personal experiences of each participant. The author can only capture experiences briefly, which may not provide a deep and comprehensive picture of the impact of the intervention on each individual. Future research





may consider conducting the intervention for a longer period of time so as to explore the experiences of research participants in greater depth.

### **Conclusion**

The findings of this study concluded that graduated high school students' ability to navigate the challenges of emerging adulthood can be positively influenced by ACT-based interventions, with improved subjective well-being as a key outcome. To better support students in this transition, school administrators and policymakers should consider integrating ACT techniques into the school counseling curriculum. Overall, this study highlights that ACT-based education is essential not only for enhancing students' mental well-being but also for equipping them with emotional management skills and psychological flexibility, ultimately preparing them for a smoother transition into adulthood.

### **Recommendation**

This study's findings offer valuable insights for high school educators and counselors by demonstrating how ACT-based interventions can help students transition more smoothly into emerging adulthood, a phase where oftentimes marked by uncertainty and heightened stress. By incorporating ACT techniques into school counseling programs, educators can better prepare students with strategies to enhance their subjective well-being, manage anxiety, and build resilience. Additionally, the findings from this study can also directly benefit students by providing them with practical, adaptable skills to manage their emotions, increase self-awareness, and build psychological flexibility. Students can further expand their understanding of ACT-based therapy by attending online seminars, courses, or workshops. High school educators and counselors can also support this learning process by providing resources, guidance, and opportunities for students to practice ACT techniques in a supportive environment. They can facilitate workshops, discussion groups, or role-playing activities that allow students to apply ACT principles, such as mindfulness exercises, values clarification, and acceptance strategies in real-life scenarios.

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