ISSN 2733-6740 (Print)
ISSN 2733-6880 (Electronic)

Jurnal Konseling dan Pendidikan

Volume 14 Number 2 (2026)
https://doi.org/10.29210/1223800

Article

The growth act framework: an acceptance and commitment therapy-based group counseling intervention for promoting student flourishing

Nur Tsana Rahima*), Gian Sugiana Sugara, Cucu Arumsari
Universitas Muhammadiyah Tasikmalaya

Article History

Received: 07 Mar 2026
Revised: 09 Jun 2026
Accepted: 28 Jul 2026

Keywords:

Acceptance and commitment,
Flourishing,
Group counseling,
Growth

ABSTRACT

This study addressed the need to promote students' positive psychological well-being amid increasing academic, emotional, and social challenges during adolescence. The study examined the effectiveness of an Acceptance and Commitment Therapy (ACT)-based group counseling intervention in enhancing flourishing among senior high school students. ACT was selected because it aims to enhance psychological flexibility, a key mechanism that enables individuals to pursue meaningful and value-consistent lives despite experiencing psychological distress, thereby supporting the development of flourishing. A quasi-experimental one-group pretest–posttest design was employed. An initial screening was conducted with 149 students, from whom 16 students with low to moderate flourishing levels who met the inclusion criteria were purposively selected for the intervention. Flourishing was assessed using the Integrative Multidimensional Flourishing Scale (IMFS; Cronbach's α = .93), alongside measures of psychological flexibility, depression, anxiety, and stress. Data were analyzed using the Shapiro–Wilk test, paired-samples t-test, Cohen's d effect size, and the Reliable Change Index (RCI). The findings demonstrated significant improvements in students' flourishing and psychological flexibility, accompanied by reductions in psychological distress. The intervention produced a very large effect on flourishing (Cohen's d = 2.68), with reliable positive changes observed across participants. These findings support ACT-based group counseling as an effective school-based promotive intervention for strengthening students' psychological well-being and adaptive functioning.

© 2026 The Author (s). This work is licensed under a Creative Commons Attribution 4.0 International License.

Corresponding Author:

Nur Tsana Rahima,
Universitas Muhammadiyah Tasikmalaya,
Email: ntsanarahima@gmail.com

Introduction

Academic stress that is not managed adaptively may develop into burnout and negatively affect students' academic performance (Leiter & Maslach, 2016). Beyond academic pressures, students also encounter family conflicts, limited social support, and future-related anxiety, which increase emotional vulnerability and diminish psychological well-being [Compas et al., 2017; Madigan & Curran, 2024). Conversely, emotion regulation and adaptive coping strategies are associated with

higher academic engagement and more constructive responses to academic stressors (Skinner & Zimmer-Gembeck, 2016).

The vulnerability of adolescents' mental health can be observed both globally and nationally. The World Health Organization (WHO) reported that approximately one in seven adolescents aged 10–19 years experiences a mental health disorder, particularly anxiety and depression (WHO 2021). Consistently, the Indonesia National Adolescent Mental Health Survey revealed that 34.9% of adolescents aged 10–17 years experienced at least one mental health problem within the previous 12 months (KemenPPPA, 2022). High academic pressure has also been negatively associated with students' psychological well-being and academic engagement (Pascoe et al., 2020). Within the Indonesian educational context, the development of students' psychological well-being represents an essential component of school-based guidance and counseling services (Putra, 2022). In one private senior high school in Tasikmalaya Regency, Indonesia, it was identified that the school did not yet have a guidance and counseling teacher, resulting in limited psychological well-being support services for students (Permendikbud Nomor 111 Tahun 2014). Although these statistics demonstrate the prevalence of adolescent mental health problems, they do not explain which positive psychological resources should be cultivated to help students thrive rather than merely avoid psychological disorders. This conceptual issue has shifted attention from deficit-oriented approaches toward positive mental health frameworks, particularly flourishing.

These conditions highlight the importance of developing flourishing as part of efforts to enhance students' psychological well-being within the school environment (Keyes, 2002). Flourishing is conceptualized as an optimal state of emotional, psychological, and social functioning encompassing positive emotion, engagement, relationships, meaning, and accomplishment (the PERMA model) that extends beyond the mere absence of psychological disorders (Seligman, 2011; Diener, 2010; Keyes, 2002). Beyond these core dimensions, flourishing has also been linked to resilience, social contribution, and optimism as individuals' capacity to develop optimally across life domains (Fadlillah, 2025; Keyes, 2002). Previous studies have demonstrated that flourishing is associated with emotion regulation, resilience, and adaptive coping with life stressors, whereas lower flourishing is linked to greater vulnerability to stress and psychological distress (Diener, 2010; Keyes, 2002; Huppert & So, 2013).

Unlike resilience, which primarily reflects the capacity to recover from adversity, or grit, which emphasizes perseverance toward long-term goals, flourishing represents a broader indicator of optimal psychological functioning encompassing emotional, psychological, and social well-being. Rather than focusing on a single adaptive characteristic, flourishing integrates multiple dimensions of positive mental health, including positive emotions, engagement, relationships, meaning, accomplishment, optimism, and social contribution. Because the present study aims not only to reduce psychological distress but also to promote students' overall well-being, flourishing provides a more comprehensive outcome for evaluating school-based counseling interventions.

Among adolescents and secondary school students, flourishing represents an important psychological construct given the academic, social, and emotional demands characteristic of this developmental stage (Suldo & Shaffer, 2008). Students with higher flourishing tend to show greater academic engagement, stronger motivation, more optimal emotion regulation, and stronger connectedness with the school environment, whereas lower flourishing is associated with reduced engagement and increased academic stress (Thowig & Levin 2017; Datu, 2018; Keyes, 2006). Fostering flourishing is therefore essential to supporting students' overall functioning and mental health (Keyes, 2002; Seligamn, 2011; Diener 2010).

From the perspective of Acceptance and Commitment Therapy (ACT), flourishing develops through psychological flexibility—the ability to pursue a meaningful life while experiencing unpleasant internal events (Hayes, 2012; Kashdan & Rottenberg, 2010). Rather than focusing solely on reducing psychological distress, ACT aims to help individuals remain actively and adaptively engaged in life despite difficult internal experiences (Hayes, 2006; Gloster et al., 2020). Various school-based counseling approaches have been used to address adolescent mental health, including

Cognitive Behavioral Therapy, Rational Emotive Behavior Therapy, Solution-Focused Brief Therapy, Mindfulness-Based Stress Reduction, and Dialectical Behavior Therapy, each showing effectiveness in reducing specific symptoms such as anxiety, stress, or addictive behaviors (Hamdan-Mansour et al., 2009; Sugara, 2024; Apriyanto et al., 2022; Gingerich & Peterson, 2013; Khoury et al., 2013; Sugara, 2026). Recent school-based interventions, including CBT, REBT, mindfulness-based interventions, and solution-focused approaches, have consistently demonstrated effectiveness in reducing anxiety, stress, and depressive symptoms among adolescents. However, comparatively few studies have examined whether these interventions enhance flourishing as an indicator of positive mental health, particularly within secondary school settings. However, these approaches have predominantly targeted symptom reduction rather than the promotion of positive psychological functioning, pointing to a need for interventions that are explicitly promotive rather than solely curative (Kashdan & Ciarrochi, 2013).

ACT is considered particularly relevant in this regard because it emphasizes acceptance of internal experiences, value-based action, and psychological flexibility as core processes underlying well-being (Hayes, 2012; Kashdan & Rottenberg, 2010), and has demonstrated effectiveness in enhancing psychological well-being among adolescents (Gloster et al., 2017; Levin et al., 2023). Nonetheless, its application in prior research has predominantly focused on alleviating symptoms such as anxiety and depression rather than fostering flourishing (Hayes, 2006; A-Tjak et al., 2015; Fledderus et al., 2013), mirroring a broader pattern in student well-being research, which remains dominated by studies of adjustment difficulties and problem reduction rather than the deliberate cultivation of flourishing (Suldo et al., 2016; susanto, 2025). In particular, ACT-based group counseling models specifically designed to enhance flourishing among secondary school students remain scarce in the literature (Hancock et al., 2018; Livheim et al., 2015; Seidler et al., 2020), despite evidence that ACT processes present-moment awareness, acceptance, cognitive defusion, self-as-context, values clarification, and committed action support improved emotion regulation, adaptive coping, and mental health outcomes among adolescents (Hayes, 2012; Villanueva et al., 2024; Coyne et al., 2020).

Unlike previous ACT-based interventions that primarily evaluated reductions in psychological symptoms, the present study is among the first to evaluate a structured ACT-based group counseling model designed specifically to promote flourishing among Indonesian senior high school students. Furthermore, flourishing was assessed using the Integrative Multidimensional Flourishing Scale (IMFS), enabling a multidimensional evaluation of positive mental health within a school counseling context. This study contributes to the literature by extending ACT's application from a symptom-focused intervention toward a promotive mental health approach, through the implementation of a structured group counseling model targeting flourishing within a school counseling setting. The objective of this study was to examine the effect of an Acceptance and Commitment Therapy (ACT)-based group counseling intervention on students' flourishing, as measured by the Integrative Multidimensional Flourishing Scale (IMFS), as well as on psychological flexibility, depression, anxiety, and stress among senior high school students with low-to-moderate flourishing. It was hypothesized that participation in the intervention would significantly increase flourishing and psychological flexibility while significantly reducing depression, anxiety, and stress. To achieve this objective, a quasi-experimental one-group pretest–posttest design was implemented involving 16 purposively selected students who met the inclusion criterion of low-to-moderate flourishing. Participants completed a six-session ACT-based group counseling program, and outcomes were evaluated using the IMFS, DASS-21, and AAQ-II.

Methods

This study employed a quasi-experimental design using a one-group pretest–posttest format to examine changes in students' flourishing levels before and after an Acceptance and Commitment Therapy (ACT)-based group counseling intervention.

The research population consisted of 149 students from a senior high school in Tasikmalaya Regency, Indonesia, comprising 102 female students (68.46%) and 47 male students (31.54%); the majority (127 students; 85.23%) lived with their parents, while the remainder lived with a mother, father, or other guardian. An initial screening was conducted with 149 students using the IMFS. Based on the IMFS categorization (Sugara et al., 2026), students with low (55–108) and moderate (109–162) flourishing scores were identified as eligible participants. These categories were selected because the intervention was designed to enhance flourishing among students with lower levels of flourishing within a school-based promotive counseling context. A total of 16 students meeting these criteria were purposively selected to participate in the six-session ACT-based group counseling intervention. The participant recruitment and research procedure flow are presented in Figure 1. Selection criteria were: (1) enrolled as a senior high school student, (2) low-to-moderate flourishing score on initial screening, (3) willingness to complete the full group counseling program, and (4) provision of informed consent. Prior to participation, all selected students were briefed on the study's objectives, procedures, and ethical considerations (including confidentiality, which was maintained throughout using identification codes rather than names).

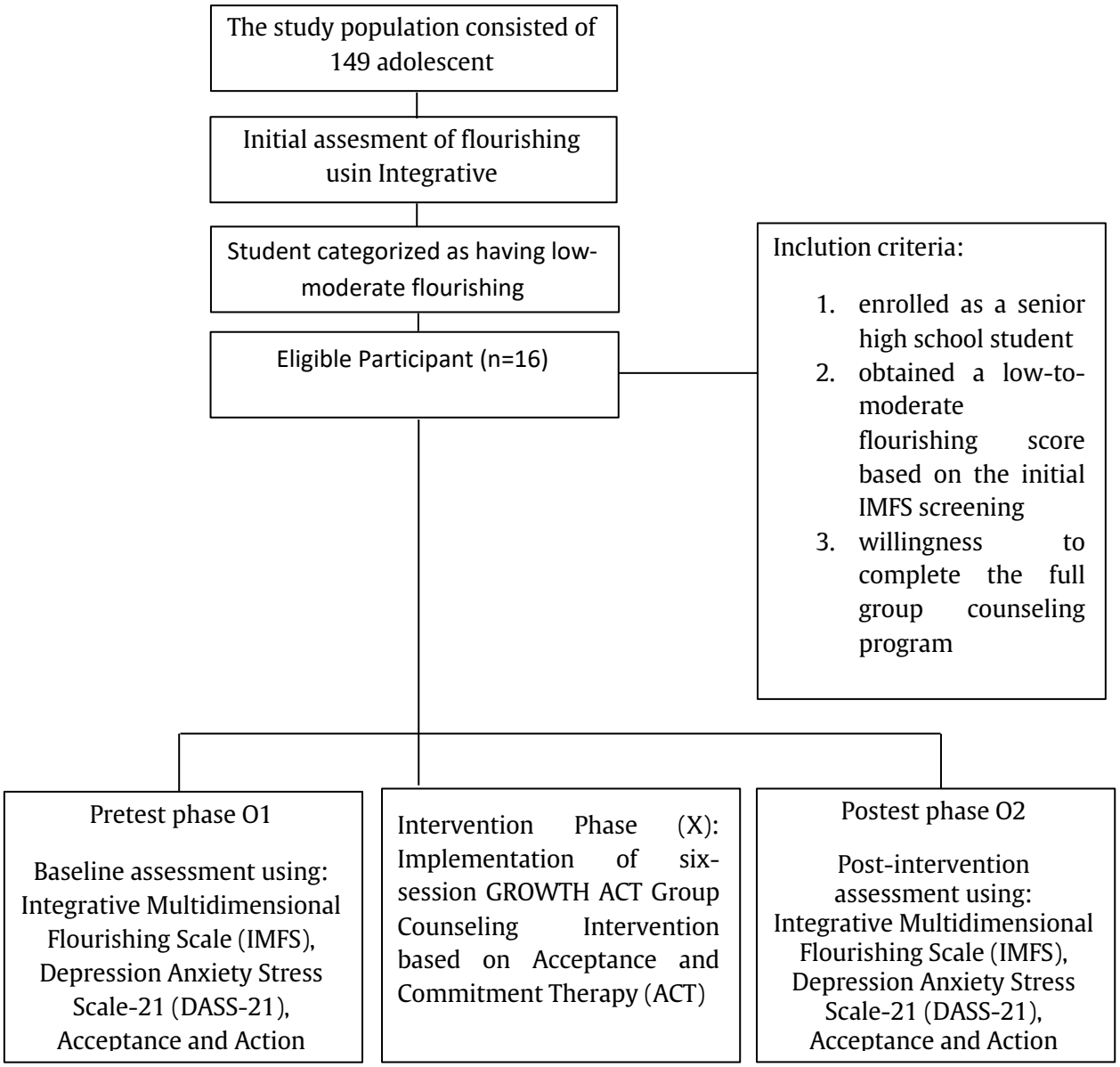

Figure 1. Participant Recruitment and Research Procedure Flow

Three self-report instruments were used. Flourishing was measured using the Integrative Multidimensional Flourishing Scale (IMFS), an instrument adapted from the Integrative Multidimensional Flourishing Measure (IMFM) developed for university students. In the present study, the instrument was applied to senior high school students without modifying the original item content. The IMFS consists of nine dimensions of flourishing: meaning, emotion, engagement, relationships, accomplishment, resilience, contribution, optimism, and social recognition. The instrument demonstrated high internal consistency reliability in the present study, with a Cronbach's alpha coefficient of .93. Psychological distress was assessed using the Indonesian version of the Depression Anxiety Stress Scale-21 (DASS-21), which measures three psychological states: depression, anxiety, and stress. The Indonesian adaptation of the DASS-21 has demonstrated satisfactory psychometric properties, with item reliability of .99, person reliability of .89, and Cronbach's alpha (KR-20) of .91, indicating good internal consistency and measurement quality (Ifdil et al., 2022). Psychological flexibility was measured with the AAQ-II (Hayes et al.), a single-dimension, seven-item scale rated on a 7-point scale from "Never True" (1) to "Always True" (7) (e.g., "Painful experiences make it difficult for me to live a life that I value"), where higher scores indicate greater psychological inflexibility/experiential avoidance; $\alpha = .84$. All three instruments have been previously validated for use with Indonesian adolescent populations and were administered as pretest and, later, posttest measures.

Following participant selection, all 16 students completed the pretest battery (IMFS, DASS-21, AAQ-II) to establish baseline scores. They then received a structured ACT-based group counseling intervention grounded in the six core ACT processes (present-moment awareness, acceptance, cognitive defusion, self-as-context, values clarification, and committed action), operationalized through the GROWTH ACT framework: Ground in the Present, Receive Emotions, Observe Thoughts Differently, Witness Your True Self, Track Your Values, and Head Toward Purposeful Action. The intervention was delivered in a small-group format (eight students per group) to support interaction, self-disclosure, and experiential sharing. Prior to the first session, an orientation meeting was held in which the counselor built rapport, explained the intervention's goals and group rules, outlined the session schedule, and introduced the worksheets and homework assignments used throughout the program. The intervention comprised six consecutive weekly sessions of approximately 45–60 minutes. Each session integrated specific ACT processes into experiential activities, including mindfulness exercises, acceptance practices, cognitive defusion exercises, self-reflection activities, values clarification, and action planning. These structured activities were designed to enhance psychological flexibility and support students' emotional, psychological, and social functioning associated with flourishing. The overview of the intervention schedule and session activities is presented in Table 1.

Prior to hypothesis testing, the normality of the pretest–posttest difference scores was assessed using the Shapiro–Wilk test, given the small sample size (N = 16); results supported the assumption of normal distribution. Group-level differences between pretest and posttest scores on flourishing, depression, anxiety, stress, and psychological flexibility were therefore analyzed using the Paired Samples t-Test. To complement the group-level analysis, individual-level change was evaluated using the Reliable Change Index (RCI) to determine whether each participant's change was statistically reliable. The magnitude of the intervention effect was estimated using Cohen's d, interpreted according to conventional benchmarks (0.20 = small, 0.50 = moderate, ≥ 0.80 = large). It should be noted that the one-group pretest–posttest design, in the absence of a control or comparison group, limits causal inference regarding the intervention's effects, and the small purposive sample restricts the generalizability of the findings beyond similar school-based populations.

Table 1. ACT-Based Group Counseling Intervention Schedule and Session Outline

Session	GROWTH ACT Stage	ACT Process	Goals	Activity
1	Ground in the present	Present moment awareness	Developing present-moment awareness through mindfulness practices as a foundation for self-acceptance and active engagement.	• Establishing a therapeutic relationship with participants • Introducing session objectives • Providing psychoeducation on mindfulness and grounding techniques • Conducting a body scan exercise • Conducting session evaluation • Assigning mindfulness practice homework
2	Receive Emotioons	Acceptance	Fostering openness and acceptance toward difficult emotions without resistance, enabling students to respond to stressors in more adaptive ways.	• Introducing session objectives • Providing psychoeducation on emotional acceptance • Conducting exercises on accepting emotions without avoidance • Practicing mindful breathing and emotional observation • Conducting session evaluation Assigning emotional acceptance practice as homework
3	Observe Thoughts Differently	Cognitive defusion	Developing the ability to gain distance from negative thoughts through cognitive defusion techniques to enhance cognitive flexibility.	• Introducing session objectives • Providing psychoeducation on automatic thoughts and cognitive defusion • Conducting exercises to observe thoughts without cognitive entanglement • Practicing thought labeling and the “leaves on a stream” exercise • Conducting session evaluation • Assigning cognitive defusion practice homework
4	Witness Your True Self	Self as context	Cultivating self-awareness as a stable observer of internal experiences, thereby strengthening students’ sense of identity and self-coherence.	• Introducing session objectives • Providing psychoeducation on self-as-context • Conducting exercises to develop mindful awareness of personal experiences • Practicing the observer-self perspective • Conducting session evaluation • Assigning self-reflection practice homework
5	Track Your Value	Values clarification	Facilitating students in identifying and clarifying meaningful personal values	• Introducing session objectives • Providing psychoeducation on personal values • Conducting personal values identification exercises

			as a guide for value-consistent actions.	• Developing life directions based on personal values • Conducting session evaluation • Assigning homework on applying personal values in daily activities
6	Head Toward Purposeful Action	Commited action	Encouraging students to engage in concrete actions that are consistent with their personal values as an expression of growth and meaning in life.	• Introducing session objectives • Providing psychoeducation on committed action • Developing personal goals and concrete action plans • Practicing strategies for overcoming barriers • Conducting session evaluation • Assigning homework on value-based actions

Results and Discussion

Based on the paired-samples t-test results (Table 2), significant improvements were observed in students' flourishing scores following the ACT-based group counseling intervention. The total flourishing score increased from the pre-test assessment (M = 155.19, SD = 23.13) to the post-test assessment (M = 174.31, SD = 18.06), showing a statistically significant difference, $t(15) = -10.71$, $p < .001$, with a very large effect size ($d = 2.68$). This finding indicates that participants experienced substantial improvements in positive psychological functioning after participating in the intervention.

However, the magnitude of this effect size should be interpreted cautiously. Although the result suggests a meaningful improvement in flourishing, the observed effect is considerably larger than effect sizes commonly reported in previous ACT research. Previous systematic reviews and meta-analyses have generally found that ACT produces beneficial effects on psychological flexibility, psychological distress, and well-being outcomes, although the magnitude of these effects is typically small to moderate (Ruiz, 2012; A-Tjak et al., 2015; Gloster et al., 2020). Therefore, the very large effect observed in the current study may be influenced by several contextual factors, including the small sample size (N = 16), purposive sampling procedure, homogeneous participant characteristics, and intensive group counseling format.

The improvement in flourishing is consistent with the theoretical foundation of ACT, which emphasizes psychological flexibility as the primary mechanism of behavioral and psychological change. Psychological flexibility refers to the ability to remain open to internal experiences while maintaining behaviors that are aligned with personal values (Hayes et al., 2006; Hayes et al., 2012). Through acceptance, cognitive defusion, present-moment awareness, self-as-context, values clarification, and committed action, individuals are encouraged to respond adaptively to difficult thoughts and emotions rather than avoiding them. This process enables individuals to engage more consistently in meaningful activities, develop positive relationships, and pursue valued goals, which represent important components of flourishing (Kashdan & Rottenberg, 2010; Hayes, 2020).

The findings are further supported by previous studies indicating that ACT is associated with improvements in psychological functioning and well-being. Fledderus et al. (2012) found that ACT-based interventions improved psychological flexibility and quality of life. Similarly, ACT has been shown to enhance adaptive functioning through increased acceptance, mindfulness, and values-based behavior (Hofmann et al., 2012; Villatte et al., 2017). Recent reviews also emphasize that

psychological flexibility represents an important mechanism explaining ACT outcomes across different populations (Gloster et al., 2020; Macri & Rogge, 2024).

Table 2. Pre-test Pos-test Comparison After ACT Intervention

Scale	pre		Post		Gain	t	sig	d
	M	SD	M	SD				
Flourishing	155,19	23,13	174,31	18,06	-19,12	-10,71	<0,001	2,68
Meaning	16,94	3,70	19,37	3,26	-2,43	-6,48	<0,001	1,62
Emotion	18,50	3,70	20,62	3,07	-2,12	-8,29	<0,001	2,07
Engangement	16,00	4,16	18,12	3,79	-2,12	-6,04	<0,001	1,51
Relationship	15,62	3,48	18,25	2,67	-2,63	-5,01	<0,001	1,25
Accomplishment	21,19	3,67	23,06	2,89	-1,87	-4,61	<0,001	1,15
Resilience	16,62	4,60	18,50	3,78	-1,88	-4,73	<0,001	1,18
Contribution	16,31	3,99	18,19	2,81	-1,88	-5,15	<0,001	1,29
Optimism	19,31	3,40	21,25	3,28	-1,94	-5,78	<0,001	1,44
Social	14,69	5,15	17,50	3,65	-2,81	-3,87	0,001	0,97
Depresi	7,50	4,79	5,37	3,61	2,13	5,67	<0,001	1,42
Anxiety	7,87	4,91	5,56	3,69	2,31	5,20	<0,001	1,30
Stress	10,44	4,13	8,56	3,24	1,88	4,11	0,001	1,03
AAQ2	29,87	7,82	24,62	6,63	5,25	10,97	<0,001	2,74

The AAQ-II results also demonstrated significant changes following the intervention. Psychological inflexibility decreased from pre-test (M = 29.87, SD = 7.82) to post-test (M = 24.62, SD = 6.63), with a significant difference, $t(15) = 10.97$, $p < .001$, and a very large effect size ($d = 2.74$). The reduction in AAQ-II scores indicates increased psychological flexibility among participants.

This finding supports the central assumption of ACT that psychological flexibility functions as the pathway through which individuals develop adaptive psychological functioning. Increased flexibility allows students to accept uncomfortable emotional experiences, reduce experiential avoidance, and continue engaging in meaningful actions despite psychological challenges. Previous studies have demonstrated that improvements in psychological flexibility are associated with enhanced emotional regulation, reduced distress, and improved quality of life (Kashdan & Rottenberg, 2010; Ruiz, 2012; Fledderus et al., 2012)

Further analysis of the nine flourishing dimensions showed significant improvements across all dimensions after ACT-based group counseling (Table 2). The largest improvements were observed in emotion ($d = 2.07$), meaning ($d = 1.62$), engagement ($d = 1.51$), and optimism ($d = 1.44$). These findings suggest that ACT processes may contribute not only to reducing psychological difficulties but also to strengthening positive psychological capacities.

The improvement in emotional functioning may be explained through ACT's acceptance process, which encourages individuals to experience emotions without excessive avoidance or suppression. Similarly, improvements in meaning and engagement may reflect the influence of values clarification and committed action, where students identify personally meaningful goals and take actions consistent with those values. This explanation is consistent with the positive psychology perspective, particularly Seligman's PERMA model, which conceptualizes flourishing as involving positive emotion, engagement, relationships, meaning, and accomplishment (Seligman, 2011).

Previous research has also reported that ACT can support positive psychological development. Studies among adolescents and young adults have shown that ACT interventions contribute to improved emotional regulation, coping abilities, and psychological well-being (Knight & Samuel, 2022; Petersen et al., 2022; Li et al., 2023). However, differences between studies may occur due to variations in intervention duration, participant characteristics, outcome measures, and implementation procedures.

To examine whether individual improvements exceeded measurement error, Reliable Change Index (RCI) analysis was conducted based on Jacobson and Truax (1991). An RCI value greater than 1.96 indicates reliable change beyond measurement error.

As shown in Table 3, nine out of 16 participants (56.25%) demonstrated reliable improvements in flourishing scores after the ACT-based group counseling intervention. This finding suggests that more than half of participants experienced meaningful individual-level improvement rather than changes attributable solely to measurement error.

Nevertheless, RCI results should also be interpreted cautiously because reliable change analysis does not eliminate threats to internal validity. Without a comparison group, it remains unclear whether observed improvements were caused exclusively by the ACT intervention or influenced by other factors.

Table 3. Individual Changes After ACT Intervention

Participant	Pretest	Postest	Gain	RCI	CS
P01	173	190	17	1,97	Y
P02	169	184	15	1,73	N
P03	161	177	16	1,85	N
P04	133	164	31	3,58	Y
P05	102	140	38	4,39	Y
P06	158	174	16	1,85	N
P07	134	153	19	2,20	Y
P08	124	145	21	2,43	Y
P09	157	176	19	2,20	Y
P10	182	200	18	2,08	Y
P11	152	172	20	2,31	Y
P12	144	160	16	1,85	N
P13	193	202	9	1,04	N
P14	170	183	13	1,50	N
P15	163	188	25	2,89	Y
P16	168	181	13	1,50	N

Although the findings demonstrate promising improvements following ACT-based group counseling, several limitations should be considered. First, the one-group pretest–posttest design without a control group limits causal interpretation. Changes observed after the intervention may also be influenced by maturation, testing effects, regression to the mean, or participants' expectations regarding the intervention. Therefore, the findings should be interpreted as preliminary evidence regarding the potential contribution of ACT-based group counseling rather than definitive proof of causal effectiveness.

Second, the small sample size (N = 16) may have contributed to the large effect sizes observed in this study and limits the generalizability of findings to broader student populations. Future studies should involve larger samples and controlled experimental designs, including randomized controlled trials or comparison groups.

Third, this study relied primarily on self-report measures, which may be influenced by participants' subjective perceptions and response tendencies. Future research should incorporate multiple assessment methods, such as teacher evaluations, counselor observations, qualitative interviews, and longitudinal follow-up assessments.

Despite these limitations, this study provides preliminary support for the application of ACT-based group counseling as a promotive school-based intervention. Unlike traditional counseling approaches that primarily focus on reducing psychological problems, ACT offers a framework for strengthening students' psychological flexibility, values-based action, resilience, and flourishing. The GROWTH ACT

model provides a structured approach that may assist school counselors in developing interventions aimed at improving students' positive psychological functioning.

Conclusions

This study provides preliminary evidence regarding the potential contribution of ACT-based group counseling in improving flourishing among senior high school students. Following the intervention, students' flourishing scores increased from the pre-test (M = 155.19, SD = 23.13) to the post-test (M = 174.31, SD = 18.06), with a mean improvement of 19.12 points and a large effect size (Cohen's d = 2.68). In addition, psychological inflexibility decreased based on AAQ-II scores, with a mean reduction of 5.25 points and a large effect size (Cohen's d = 2.74). These findings suggest that ACT-based group counseling may support students' positive psychological functioning through increased psychological flexibility. However, these findings should be interpreted cautiously because the one-group pretest–posttest design without a control group does not allow definitive causal conclusions. Alternative explanations, including maturation, history effects, testing effects, and regression to the mean, cannot be completely excluded. The small sample size (N = 16) and absence of longitudinal follow-up also limit the generalizability of the findings. Future studies should employ controlled experimental designs with larger samples and follow-up assessments to further examine the contribution of ACT-based group counseling to students' flourishing.

References

Apriyanto, T. D., Fanisa, N., & Rahayu, E. D. (2022). Efektivitas konseling Rational Emotive Behavior Therapy (REBT) untuk meningkatkan kesehatan mental mahasiswa. *Jurnal Paedagogy, 9*(4), 734–742. https://doi.org/10.33394/jp.v9i4.5759

A-Tjak, J. G. L., Davis, M. L., Morina, N., Powers, M. B., Smits, J. A. J., & Emmelkamp, P. M. G. (2015). A meta-analysis of the efficacy of acceptance and commitment therapy for clinically relevant mental and physical health problems. *Psychotherapy and Psychosomatics, 84*(1), 30–36. https://doi.org/10.1159/000365764

Compas, B. E., Jaser, S. S., Bettis, A. H., Watson, K. H., Gruhn, M. A., Dunbar, J. P., Williams, E., & Thigpen, J. C. (2017). Coping, emotion regulation, and psychopathology in childhood and adolescence: A meta-analysis and narrative review. *Psychological Bulletin, 143*(9), 939–991. https://doi.org/10.1037/bul0000110

Coyne, C. A., Poquiz, J. L., Janssen, A., & Chen, D. (2020). Evidence-based psychological practice for transgender and non-binary youth: Defining the need, framework for treatment adaptation, and future directions. *Evidence-Based Practice in Child and Adolescent Mental Health, 5*(3), 340–353. https://doi.org/10.1080/23794925.2020.1765433

Datu, J. A. D. (2018). Flourishing is associated with higher academic achievement and engagement in Filipino undergraduate and high school students. *Journal of Happiness Studies, 19*(1), 27–39. https://doi.org/10.1007/s10902-016-9805-2

Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., & Biswas-Diener, R. (2010). New well-being measures: Short scales to assess flourishing and positive and negative feelings. *Social Indicators Research, 97*(2), 143–156. https://doi.org/10.1007/s11205-009-9493-y

Fadlillah, G. N., Sugara, G. S., & Rahimsyah, A. P. (2025). Flourishing as a predictor of quality of life among university students. *POTENSI: Journal of Education and Human Development, 1*(2), 77–88. https://doi.org/10.65067/9xqbj078

Fledderus, M., Bohlmeijer, E. T., Fox, J. P., Schreurs, K. M. G., & Spinhoven, P. (2013). The role of psychological flexibility in a self-help acceptance and commitment therapy intervention for

psychological distress in a randomized controlled trial. *Behaviour Research and Therapy, 51*(3), 142–151. https://doi.org/10.1016/j.brat.2012.11.007

Fledderus, M., Bohlmeijer, E. T., Pieterse, M. E., & Schreurs, K. M. G. (2012). Acceptance and commitment therapy as guided self-help for psychological distress and positive mental health: A randomized controlled trial. *Psychological Medicine, 42*(3), 485–495. https://doi.org/10.1017/S0033291711001206

Gingerich, W. J., & Peterson, L. T. (2013). Effectiveness of solution-focused brief therapy: A systematic qualitative review of controlled outcome studies. *Research on Social Work Practice, 23*(3), 266–283. https://doi.org/10.1177/1049731512470859

Gloster, A. T., Klotsche, J., Ciarrochi, J., Eifert, G., Sonntag, R., Wittchen, H. U., & Hoyer, J. (2017). Increasing valued behaviors precedes reduction in suffering: Findings from a randomized controlled trial using ACT. *Behaviour Research and Therapy, 91*, 64–71. https://doi.org/10.1016/j.brat.2017.01.013

Gloster, A. T., Walder, N., Levin, M. E., Twohig, M. P., & Karekla, M. (2020). The empirical status of acceptance and commitment therapy: A review of meta-analyses. *Journal of Contextual Behavioral Science, 18*, 181–192. https://doi.org/10.1016/j.jcbs.2020.09.009

Hamdan-Mansour, A. M., Puskar, K., & Bandak, A. G. (2009). Effectiveness of cognitive-behavioral therapy on depressive symptomatology, stress and coping strategies among Jordanian university students. *Issues in Mental Health Nursing, 30*(3), 188–196. https://doi.org/10.1080/01612840802694577

Hancock, K. M., Swain, J., Hainsworth, C. J., Dixon, A. L., Koo, S., & Munro, K. (2018). Acceptance and commitment therapy versus cognitive behavior therapy for children with anxiety: Outcomes of a randomized controlled trial. *Journal of Clinical Child & Adolescent Psychology, 47*(2), 296–311. https://doi.org/10.1080/15374416.2015.1110822

Harits, A. O. I., Harahap, F., & Asih, S. T. (2025). Effect of a positive mindfulness program on positive emotional development in final-year students: A pre-experimental study in Semarang. *Journal Evaluation in Education, 6*(4). https://doi.org/10.37251/jee.v6i4.2170

Hayes, S. C. (2020). *A liberated mind: How to pivot toward what matters*. Penguin.

Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour Research and Therapy, 44*(1), 1–25. https://doi.org/10.1016/j.brat.2005.06.006

Hayes, S. C., Pistorello, J., & Levin, M. E. (2012). Acceptance and commitment therapy as a unified model of behavior change. *The Counseling Psychologist, 40*(7), 976–1002. https://doi.org/10.1177/0011000012460836

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd ed.). Guilford Press.

Hofmann, S. G., Asnaani, A., Vonk, I. J. J., Sawyer, A. T., & Fang, A. (2012). The efficacy of cognitive behavioral therapy: A review of meta-analyses. *Cognitive Therapy and Research, 36*, 427–440. https://doi.org/10.1007/s10608-012-9476-1

Hofmann, S. G., Sawyer, A. T., Witt, A. A., & Oh, D. (2012). The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 78*(2), 169–183. https://doi.org/10.1037/a0018555

Howell, A. J., Brnada, M. F., & Buro, K. (2024). Further evidence in support of psychological flexibility as a model of eudaimonic activity. *Journal of Contextual Behavioral Science, 33*, Article 100802. https://doi.org/10.1016/j.jcbs.2024.100802

Huppert, F. A., & So, T. T. (2013). Flourishing across Europe: Application of a new conceptual framework for defining well-being. *Social Indicators Research, 110*(3), 837–861. https://doi.org/10.1007/s11205-011-9966-7

Ifdil, I., Syahputra, Y., Fadli, R. P., Zola, N., Putri, Y. E., Amalianita, B., Rangka, I. B., Suranta, K., Zatrahadi, M. F., Sugara, G. S., Situmorang, D. D. B., & Fitria, L. (2022). The depression anxiety stress scales (DASS-21): an Indonesian validation measure of the depression anxiety stress. COUNS-EDU: The International Journal of Counseling and Education, 5(4), 205–215. https://doi.org/10.23916/0020200536840

Jacobson, N. S., & Truax, P. (1991). Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology, 59*(1), 12–19. https://doi.org/10.1037/0022-006X.59.1.12

Kashdan, T. B., & Ciarrochi, J. V. (Eds.). (2013). *Mindfulness, acceptance, and positive psychology: The seven foundations of well-being*. New Harbinger Publications.

Kashdan, T. B., & Rottenberg, J. (2010). Psychological flexibility as a fundamental aspect of health. *Clinical Psychology Review, 30*(7), 865–878. https://doi.org/10.1016/j.cpr.2010.03.001

Kementerian Pemberdayaan Perempuan dan Perlindungan Anak. (2022). *Indonesia National Adolescent Mental Health Survey (I-NAMHS) report*. https://qcmhr.org/outputs/reports/2022-indonesia-national-adolescent-mental-health-survey-i-namhs-report/

Kementerian Pendidikan dan Kebudayaan Republik Indonesia. (2014). *Peraturan Menteri Pendidikan dan Kebudayaan Republik Indonesia Nomor 111 Tahun 2014 tentang Bimbingan dan Konseling pada Pendidikan Dasar dan Pendidikan Menengah*. Kementerian Pendidikan dan Kebudayaan Republik Indonesia.

Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior, 43*(2), 207–222. https://doi.org/10.2307/3090197

Keyes, C. L. M. (2006). Subjective well-being in mental health and human development research worldwide. *Social Indicators Research, 77*, 551–553. https://doi.org/10.1007/s11205-006-8284-y

Khoury, B., Lecomte, T., Fortin, G., Masse, M., Therien, P., Bouchard, V., & Hofmann, S. G. (2013). Mindfulness-based therapy: A comprehensive meta-analysis. *Clinical Psychology Review, 33*(6), 763–771. https://doi.org/10.1016/j.cpr.2013.05.005

Knight, L., & Samuel, V. (2022). Acceptance and commitment therapy interventions in secondary schools and their impact on students' mental health and well-being: A systematic review. *Journal of Contextual Behavioral Science, 25*, 90–105. https://doi.org/10.1016/j.jcbs.2022.06.006

Leiter, M. P., & Maslach, C. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry, 15*(2), 103–111. https://doi.org/10.1002/wps.20311

Levin, M. E., Hildebrandt, M. J., Lillis, J., & Hayes, S. C. (2023). Acceptance and commitment therapy for reducing procrastination in college students: A randomized trial. *Behavior Therapy, 54*(1), 40–54. https://doi.org/10.1016/j.beth.2022.07.001

Li, X., Zhang, Y., Wang, L., Wang, Y., Chen, X., & Zhang, J. (2023). Effects of Internet-based acceptance and commitment therapy (IACT) on adolescents: A systematic review and meta-analysis. *Internet Interventions, 34*, Article 100682. https://doi.org/10.1016/j.invent.2023.100682

Livheim, F., Hayes, L., Ghaderi, A., Magnusdottir, T., Högfeldt, A., Rowse, J., & others. (2015). The effectiveness of acceptance and commitment therapy for adolescent mental health: Swedish

and Australian pilot outcomes. *Journal of Child and Family Studies, 24*(4), 1016–1030. https://doi.org/10.1007/s10826-014-9912-9

Macri, J. A., & Rogge, R. D. (2024). Examining domains of psychological flexibility and inflexibility as treatment mechanisms in acceptance and commitment therapy: A comprehensive systematic and meta-analytic review. *Clinical Psychology Review, 110*, Article 102432. https://doi.org/10.1016/j.cpr.2024.102432

Madigan, D. J., & Curran, T. (2021). Does burnout affect academic achievement? A meta-analysis of over 100,000 students. *Educational Psychology Review, 33*(2), 387–405. https://doi.org/10.1007/s10648-020-09533-1

Pascoe, M. C., Hetrick, S. E., & Parker, A. G. (2020). The impact of stress on students in secondary school and higher education. *Frontiers in Psychology, 10*, Article 3084. https://doi.org/10.3389/fpsyg.2019.03084

Petersen, J. M., Davis, C. H., Renshaw, T. L., Levin, M. E., & Twohig, M. P. (2022). School-based acceptance and commitment therapy for adolescents with anxiety: A pilot trial. *Cognitive and Behavioral Practice*. https://doi.org/10.1016/j.cbpra.2022.02.021

Putra, A. H. (2022). Bimbingan dan konseling di perguruan tinggi pada era society 5.0. *Jurnal Ilmu Pendidikan dan Sosial, 1*(1), 128–136. https://doi.org/10.58540/jipsi.v1i1.24

Ruiz, F. J. (2012). Acceptance and commitment therapy versus traditional cognitive behavioral therapy: A systematic review and meta-analysis of current empirical evidence. *International Journal of Psychology and Psychological Therapy, 12*(3), 333–357.

Rutschmann, R., Romanczuk-Seiferth, N., Gloster, A. T., & Richter, C. (2024). Increasing psychological flexibility is associated with positive therapy outcomes following a transdiagnostic ACT treatment. *Frontiers in Psychiatry, 15*, Article 1403718. https://doi.org/10.3389/fpsyt.2024.1403718

Seidler, D., Stone, B., Clark, B. E., Koran, J., & Drake, C. E. (2020). Evaluating the factor structure of the Multidimensional Psychological Flexibility Inventory: An independent replication and extension. *Journal of Contextual Behavioral Science, 17*, 23–31. https://doi.org/10.1016/j.jcbs.2020.04.007

Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. Simon & Schuster.

Skinner, E. A., & Zimmer-Gembeck, M. J. (2016). Parenting, family stress, developmental cascades, and the differential development of coping. In E. A. Skinner & M. J. Zimmer-Gembeck (Eds.), *The development of coping* (pp. 239–261). Springer. https://doi.org/10.1007/978-3-319-41740-0_8

Sugara, G. S., & Fadhilah, R. (2024). Treatment for social media addiction with hypnotic-oriented counseling. *Discover Psychology, 4*, Article 125. https://doi.org/10.1007/s44202-024-00125-6

Sugara, G. S., Rachmawati, S., Muhajirin, M., Rahimsyah, A. P., Bariyyah, K., & Muqodas, I. (2026). Mindfulness-Based Stress Reduction as a treatment for adolescent social media addiction. *Journal of Addictions & Offender Counseling, 47*(1), 2–13. https://doi.org/10.1002/jaoc.70006

Sugara, G.S., Rahimsyah, A.P. Gunawan, I., Fadlillah, G., N., Irawan, E. (2026). Manual of Integrative Multidimentional Flourishing Scale (IMFS). Department Guidance and Counseling Universitas Muhammadiyah Tasikmalaya

Suldo, S. M. (2016). *Promoting student happiness: Positive psychology interventions in schools*. Guilford Publications.

Suldo, S. M., & Shaffer, E. J. (2008). Looking beyond psychopathology: The dual-factor model of mental health in youth. *School Psychology Review, 37*(1), 52–68. https://doi.org/10.1080/02796015.2008.12087908

Susanto, C. (2025). Pengaruh stres akademik dan motivasi akademik terhadap kesejahteraan psikologis siswa SMA. *Afeksi: Jurnal Penelitian dan Evaluasi Pendidikan, 6*(1), 86–95. https://doi.org/10.59698/afeksi.v6i1.429

Twohig, M. P., & Levin, M. E. (2017). Acceptance and Commitment Therapy as a treatment for anxiety and depression: A review. *Psychiatric Clinics of North America, 40*(4), 751–770. https://doi.org/10.1016/j.psc.2017.08.009

Villanueva, J., Meyer, A. H., Block, V. J., Benoy, C., Bader, K., Brogli, S., & others. (2024). How mood is affected by environment and upsetting events: The moderating role of psychological flexibility. *Psychotherapy Research, 34*(4), 490–502. https://doi.org/10.1080/10503307.2023.2215392

Villatte, M., Villatte, J. L., & Hayes, S. C. (2015). *Mastering the clinical conversation: Language as intervention*. Guilford Publications.

World Health Organization. (2021). *Adolescent mental health*. https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health

Yalom, I. D., & Leszcz, M. (2020). *The theory and practice of group psychotherapy*. Hachette UK.