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Article

Effectiveness of ifdil perceptual light technique in individual counseling for reducing loneliness among institutionalized adolescents: a single-subject research study

Anissa Anissa, Ifdil Ifdil*), Nurfarhanah Nurfarhanah, Zadrian Ardi
Universitas Negeri Padang, Padang, Indonesia

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ABSTRACT

Loneliness is a psychological problem that may be experienced by adolescents living in orphanages due to limited emotional closeness and social support. This study aimed to analyze the effectiveness of individual counseling using the Ifdil Perceptual Light Technique (IPLT) in reducing loneliness among adolescents living in an orphanage. This study employed a Single-Subject Research (SSR) design with an A–B design involving eight adolescents aged 13–18 years from Panti Asuhan Al-Falah Padang. Participants were selected through purposive sampling based on the inclusion criteria of experiencing moderate to high levels of loneliness, not receiving other counseling interventions, and being willing to participate in the study. Loneliness was measured using the UCLA Loneliness Scale Version 3, consisting of 20 items. Content validity was assessed through expert judgment, and the instrument demonstrated a Cronbach's Alpha coefficient of 0.679. Data were analyzed using visual analysis and Percentage of Non-overlapping Data (PND) to evaluate changes between the baseline and intervention phases. The results showed a decrease in loneliness scores among all eight participants following the IPLT intervention. The scores decreased from 66 to 47 in Participant 1, 65 to 45 in Participant 2, 67 to 49 in Participant 3, 66 to 46 in Participant 4, 57 to 36 in Participant 5, 60 to 39 in Participant 6, 58 to 39 in Participant 7, and 57 to 38 in Participant 8. The findings indicate that individual counseling using IPLT was associated with reduced loneliness among adolescents living in orphanages. These results suggest that IPLT may serve as an alternative counseling intervention for reducing loneliness among adolescents in orphanage settings.

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Corresponding Author:

Ifdil Ifdil,
Universitas Negeri Padang,
Email: ifdil@fip.unp.ac.id

Introduction

Loneliness among adolescents has emerged as an important psychosocial concern because adolescence is a critical developmental period characterized by significant changes in social relationships, emotional development, and the need for social belonging. Loneliness refers to the subjective experience of dissatisfaction with the quality or quantity of an individual's social relationships and may occur when perceived social connections do not correspond to desired

relationships. Persistent loneliness during adolescence is associated with various negative psychological and social outcomes, including emotional distress, reduced psychological well-being, and difficulties in interpersonal functioning. Therefore, addressing loneliness during adolescence is important to support healthy psychosocial development and prevent the continuation of loneliness into later stages of life (Buecker et al., 2024).

Adolescents living in residential care or orphanage settings may be particularly vulnerable to loneliness because of changes in family relationships, separation from parents or primary caregivers, limited opportunities for individual emotional support, and the challenges of adapting to a collective living environment. Although living in an orphanage provides basic care and social interaction with peers and caregivers, the availability of social contact does not necessarily eliminate subjective feelings of loneliness. Adolescents may still experience feelings of emotional disconnection, social isolation, or a lack of meaningful interpersonal relationships. These conditions indicate that loneliness among adolescents in residential care requires attention not only as a social issue but also as an important psychological concern that requires appropriate intervention.

Recent research has increasingly focused on identifying effective strategies for reducing loneliness among children and adolescents. A systematic review of interventions for young people found that interventions targeting loneliness have included individual and small-group approaches, social and emotional skills training, and other theoretically informed strategies. However, the evidence remains heterogeneous because studies differ in intervention approaches, measurement instruments, sample characteristics, follow-up periods, and methodological quality. The review also emphasized the need for further research to develop and evaluate interventions that are theoretically informed and appropriate for young people, particularly those considered vulnerable or at risk (Eccles & Qualter, 2021). More recent evidence also indicates that the effectiveness of loneliness interventions among children and adolescents remains uncertain, with social and emotional skills-based interventions showing particular promise, while important gaps remain concerning which intervention approaches are most effective for specific groups of young people (Burke et al., 2024). Furthermore, longitudinal evidence highlights the importance of identifying risk and protective factors that can inform prevention and intervention strategies for loneliness during youth (Buecker et al., 2024).

Despite the growing body of research on adolescent loneliness and its interventions, the existing literature remains limited in several respects. Previous studies have largely examined children and adolescents in general populations, while adolescents living in residential care settings may have distinct psychosocial circumstances that require more context-specific interventions. In addition, the evidence regarding interventions for loneliness among young people remains heterogeneous, and the effectiveness of brief individual interventions for adolescents experiencing high levels of loneliness in residential care settings requires further investigation. This gap is particularly relevant in the Indonesian context, where culturally and contextually appropriate psychological interventions for adolescents living in orphanages remain an important area for empirical study. Therefore, research examining the effectiveness of an individual counseling intervention specifically targeting loneliness among adolescents living in orphanages is needed.

One intervention that may be applied in this context is Ifdil Perceptual Light Technique (IPLT), an intervention approach developed to address psychological problems through the modification of perceptual and sensory experiences. In the context of individual counseling, IPLT may provide an opportunity for adolescents to process psychological experiences and modify maladaptive perceptions associated with their emotional conditions. However, empirical evidence regarding the effectiveness of IPLT in reducing loneliness among adolescents living in orphanages remains limited. This condition provides a rationale for examining IPLT as an intervention approach for adolescents experiencing loneliness.

Therefore, this study aims to analyze the effectiveness of individual counseling using Ifdil Perceptual Light Technique (IPLT) in reducing loneliness scores among adolescents living in an orphanage. Loneliness was assessed using the UCLA Loneliness Scale Version 3, while changes in participants' loneliness levels were evaluated using a Single-Subject Research (SSR) A-B design. The study is

expected to contribute empirical evidence regarding the application of IPLT as an individual counseling intervention for reducing loneliness among adolescents in residential care settings and to provide a basis for further research on contextually appropriate psychological interventions for vulnerable adolescents.

Methods

Research Instrument

Loneliness was measured using the UCLA Loneliness Scale Version 3 developed by Russell (1996). The instrument consists of 20 items assessing individuals' subjective experiences of loneliness and social connectedness. Each item is rated on a four-point response scale: 1 (Never), 2 (Rarely), 3 (Sometimes), and 4 (Always). The scoring of negatively worded items was reversed so that higher total scores indicated higher levels of loneliness.

In this study, the instrument was adapted for use with adolescents living in an orphanage. Content validity was evaluated through expert judgment by the research supervisors. The reliability of the instrument was examined using Cronbach's alpha based on the data obtained in the current study. The reliability analysis produced a Cronbach's alpha coefficient of 0.679 for the 20 items. This value indicates an acceptable level of internal consistency for an exploratory study, although it is slightly below the commonly used 0.70 criterion. Therefore, the reliability coefficient is reported transparently as obtained rather than being stated as greater than 0.70. The response scoring procedure is presented in Table 1.

Table 1. Response Alternatives and Scoring of the UCLA Loneliness Scale Version 3

Response Alternative	Favorable	Unfavorable
Never	1	4
Rarely	2	3
Sometimes	3	2
Always	4	1

Intervention Procedure

The intervention consisted of individual counseling using the Ifdil Perceptual Light Technique (IPLT). The intervention was implemented in a structured manner through three meetings. The first and second meetings focused on the implementation of the IPLT intervention, while the third meeting was used for post-intervention measurement and follow-up assessment.

The IPLT intervention followed five main stages: (1) insight, involving an introduction to the intervention and identification of the client's psychological concerns; (2) processing of building rapport, involving the establishment of a safe and supportive therapeutic relationship; (3) lighting techniques, involving the implementation of the IPLT procedure using the therapeutic light stimulus under the guidance of the therapist; (4) tools and techniques, involving the application of appropriate therapeutic techniques according to the client's psychological concerns; and (5) closing and follow-up, involving evaluation of the client's response, reinforcement of positive changes, and follow-up planning.

The first intervention session was conducted on 29 November 2025 at the IICET clinic and was accompanied by an experienced therapist. The second intervention session was conducted on 30 November 2025 at the same location. The third meeting was conducted on 6–7 December 2025 and focused on reassessing loneliness using the UCLA Loneliness Scale Version 3 after the intervention. The intervention was conducted individually to allow the therapeutic process to be adjusted to each participant's psychological condition.

Data Collection Procedure

Data collection was conducted in several stages. First, the researcher prepared the research instrument and obtained the necessary permissions to conduct the study. Second, potential

participants were identified according to the predetermined inclusion criteria. Third, participants were provided with an explanation regarding the purpose of the study, the research procedures, and the completion of the instrument.

The baseline phase (A) was conducted through repeated administration of the UCLA Loneliness Scale Version 3 before the intervention. The baseline measurements were conducted on 2, 9, and 16 November 2025. After the baseline data had been obtained, the participants received individual counseling using IPLT. The intervention phase (B) was then followed by repeated administration of the UCLA Loneliness Scale Version 3 to evaluate changes in loneliness scores. The overall research procedure followed an A-B sequence:

A (Baseline) → B (IPLT Intervention) → Post-intervention Assessment

The baseline phase was used to establish the participants' initial level and stability of loneliness before intervention. The intervention phase was used to examine changes in loneliness following the implementation of individual counseling using IPLT.

Data Analysis

The data were analyzed using visual analysis consistent with the principles of Single-Subject Research (SSR). Analysis was conducted within and between conditions by examining the level, trend, stability, and changes in loneliness scores across the baseline (A) and intervention (B) phases.

Within-condition analysis included: (1) determining the length of each condition; (2) estimating the direction of the trend; (3) determining trend stability; (4) examining the data path; (5) determining the level and stability range; and (6) determining level changes. Between-condition analysis included: (1) determining the number of variables changed; (2) comparing changes in trend direction; (3) comparing trend stability across conditions; (4) determining level changes between the baseline and intervention phases; and (5) calculating the percentage of overlapping data.

The Percentage of Non-overlapping Data (PND) was additionally calculated as an effect-size indicator for the SSR design. PND was calculated by determining the number of intervention-phase data points that exceeded the most favorable baseline data point in the expected direction of change, dividing this number by the total number of intervention data points, and multiplying the result by 100. Because the outcome variable in this study was loneliness, lower scores represented improvement. Therefore, a higher PND value indicated a greater reduction in loneliness following the intervention. The visual analysis and PND results were used together to evaluate the effectiveness of individual counseling using IPLT in reducing loneliness among adolescents living in an orphanage.

Results and Discussion

Changes in Loneliness Scores During Baseline and Intervention Phases

The study involved eight adolescents living in Al-Falah Orphanage, Padang. Loneliness was measured repeatedly using the UCLA Loneliness Scale Version 3 during the baseline phase (A) and intervention phase (B). Three measurements were conducted during the baseline phase (A1, A2, and A3) before the intervention, followed by three measurements during the intervention phase (B1, B2, and B3) after the participants received individual counseling using the Ifdil Perceptual Light Technique (IPLT). Table 1 presents the loneliness scores obtained during the baseline and intervention phases for all eight participants.

Table 1. Loneliness Scores During Baseline and Intervention Phases

Participant	A1	A2	A3	B1	B2	B3	Mean A	Mean B	Mean Change
P1	68	67	65	62	47	33	66.67	47.33	19.34
P2	66	65	64	61	44	31	65.00	45.33	19.67
P3	68	67	66	64	49	34	67.00	49.00	18.00
P4	67	66	65	63	45	32	66.00	46.67	19.33
P5	59	58	55	46	35	28	57.33	36.33	21.00

Participant	A1	A2	A3	B1	B2	B3	Mean A	Mean B	Mean Change
P6	58	57	56	48	41	29	57.00	39.33	17.67
P7	59	58	57	48	40	30	58.00	39.33	18.67
P8	58	57	56	47	38	29	57.00	38.00	19.00

As shown in Table 1, all eight participants demonstrated lower loneliness scores during the intervention phase compared with the baseline phase. During baseline, the mean scores ranged from 57.00 to 67.00. Following the intervention, the mean scores decreased to a range of 36.33 to 49.00.

Participant 1 showed a decrease in the mean loneliness score from 66.67 during baseline to 47.33 during intervention. Participant 2 decreased from 65.00 to 45.33, Participant 3 from 67.00 to 49.00, and Participant 4 from 66.00 to 46.67. Participant 5 demonstrated a decrease from 57.33 to 36.33, Participant 6 from 57.00 to 39.33, Participant 7 from 58.00 to 39.33, and Participant 8 from 57.00 to 38.00.

The largest decrease in the mean score was observed in Participant 5, with a reduction of 21.00 points, whereas the smallest decrease was observed in Participant 3, with a reduction of 18.00 points. These findings indicate that all participants demonstrated a consistent reduction in loneliness scores following the implementation of individual counseling using IPLT.

Visual Analysis of Changes in Loneliness

Visual analysis was conducted by examining the level, trend, and variability of scores across the baseline and intervention phases. During the baseline phase, all participants demonstrated relatively stable scores with a slight downward trend. Participant 1 showed scores of 68, 67, and 65 across A1–A3. Participant 2 showed 66, 65, and 64, while Participants 3 and 4 showed scores of 68, 67, 66 and 67, 66, 65, respectively.

A similar pattern was observed among Participants 5–8. Participant 5 showed a baseline pattern of 59, 58, and 55; Participant 6 showed 58, 57, and 56; Participant 7 showed 59, 58, and 57; and Participant 8 showed 58, 57, and 56.

Following the transition to the intervention phase, a more pronounced decrease was observed. Participant 1 decreased from 62 at B1 to 47 at B2 and 33 at B3. Participant 2 decreased from 61 to 44 and then 31. Participant 3 decreased from 64 to 49 and 34, while Participant 4 decreased from 63 to 45 and 32. Participant 5 decreased from 46 to 35 and 28. Participant 6 decreased from 48 to 41 and 29, while Participant 7 decreased from 48 to 40 and 30. Finally, Participant 8 decreased from 47 to 38 and 29.

The visual pattern indicates that the magnitude and consistency of change were greater during the intervention phase than during the baseline phase. The transition from phase A to phase B was followed by a consistent downward trend in loneliness scores across all participants. Because lower scores indicate lower levels of loneliness, this pattern represents improvement in the target behavior.

Percentage of Non-Overlapping Data

To complement the visual analysis, the Percentage of Non-overlapping Data (PND) was calculated. Because a lower UCLA Loneliness Scale score represents a more favorable outcome, an intervention score was considered non-overlapping when it was lower than the lowest score observed during the baseline phase for each participant.

Table 2. Percentage of Non-Overlapping Data (PND)

Participant	Lowest Baseline Score	B1	B2	B3	Non-overlapping Data	PND
P1	65	62	47	33	3/3	100%
P2	64	61	44	31	3/3	100%
P3	66	64	49	34	3/3	100%
P4	65	63	45	32	3/3	100%

Participant	Lowest Baseline Score	B1	B2	B3	Non-overlapping Data	PND
P5	55	46	35	28	3/3	100%
P6	56	48	41	29	3/3	100%
P7	57	48	40	30	3/3	100%
P8	56	47	38	29	3/3	100%

The PND analysis yielded a value of 100% for all eight participants. This indicates that all three intervention-phase scores for every participant were lower than the lowest score recorded during the baseline phase. The consistency of this pattern provides additional evidence of a clear separation between the baseline and intervention conditions. However, the PND result should be interpreted alongside visual analysis and the limitations of the A-B single-subject design rather than as definitive proof of causal effectiveness.

Overall, the quantitative and visual findings consistently indicate that loneliness scores decreased following the implementation of individual counseling using IPLT. The pattern was observed across all eight participants, suggesting that the intervention was associated with a favorable change in loneliness during the study period.

Summary of Results

Overall, the findings demonstrated a consistent reduction in loneliness scores among all eight adolescents following individual counseling using IPLT. The mean scores decreased across all participants from the baseline phase to the intervention phase, and the visual analysis demonstrated a more pronounced downward trend following the introduction of the intervention. The PND value of 100% for all participants further indicated that every intervention data point showed improvement relative to the baseline range.

These findings suggest that individual counseling using IPLT has potential as an intervention for reducing loneliness among adolescents living in orphanages. Nevertheless, the results should be interpreted within the methodological limitations of the A-B single-subject design, particularly the absence of a control condition and reversal phase.

Discussion

The present study examined the effectiveness of individual counseling using the Ifdil Perceptual Light Technique (IPLT) in reducing loneliness among adolescents living in an orphanage. The findings indicate a consistent reduction in loneliness scores across all eight participants after the intervention was introduced. The overall mean score decreased from 61.75 during the baseline phase to 42.67 during the intervention phase, corresponding to an approximate 30.90% reduction. Furthermore, all participants demonstrated 100% PND because each intervention-phase score was lower than the lowest score obtained during the baseline phase.

The findings are theoretically consistent with the conceptualization of loneliness as a subjective perception of inadequate or unsatisfactory social relationships rather than merely the objective absence of social contact. Adolescents living in institutional care may experience loneliness through multiple interconnected experiences, including perceived social isolation, limited emotional closeness, difficulties expressing personal concerns, and feelings of being different from peers. Therefore, an intervention that provides an individualized and supportive counseling context may help adolescents process distressing experiences and develop a more adaptive perception of themselves and their interpersonal environment.

The observed reduction in loneliness may be explained, in part, by the individualized nature of the counseling process. Individual counseling provides an opportunity for adolescents to communicate personal experiences in a confidential setting and to receive focused attention from the counselor. This process may reduce perceived interpersonal disconnection and facilitate emotional expression. In the context of IPLT, the intervention was implemented through a structured sequence involving insight and introduction to IPLT, rapport building, lighting techniques, tools and techniques, and

closing and follow-up. These components may have contributed to a therapeutic environment in which participants could engage with their emotional experiences and develop a more positive psychological response.

The pattern of change observed in this study is also relevant to the broader literature on interventions for loneliness. Previous research has generally suggested that effective loneliness interventions should address the psychological processes underlying loneliness rather than merely increase opportunities for social contact. In particular, interventions that target maladaptive social cognitions, emotional distress, interpersonal functioning, and perceived social connectedness may be beneficial. The present findings are compatible with this perspective because the intervention was delivered individually and focused on participants' subjective psychological experiences. Nevertheless, the present study should not be interpreted as demonstrating that IPLT is superior to established approaches such as cognitive-behavioral interventions, social skills training, or group-based interventions because the current design did not include a comparative control condition.

The results should also be interpreted in light of alternative explanations. First, regression to the mean may have contributed to part of the observed reduction because participants were selected based on elevated loneliness scores. Individuals with initially high scores may naturally demonstrate lower scores upon repeated measurement. Second, maturation and changes in participants' circumstances may have influenced the outcomes during the study period. Third, history effects cannot be completely excluded because other events occurring during the study period may have affected participants' emotional experiences. Fourth, nonspecific therapeutic factors, including attention from the therapist, the experience of being listened to, and expectations of improvement, may have contributed to the observed changes. These factors cannot be separated from the specific effects of IPLT in the present A-B design.

The PND findings provide additional support for the observed behavioral change. All intervention scores were lower than the lowest baseline score for each participant, resulting in a PND of 100% for all participants. This indicates a complete absence of overlap between the baseline and intervention data according to the criterion applied in this study. Nevertheless, PND should be interpreted cautiously because it is sensitive to the number and variability of observations and does not independently establish causality. The convergence between the PND results, the downward visual trend, and the reduction in mean scores provides a stronger basis for interpreting the findings than any single indicator alone.

From the perspective of single-case experimental research, the consistent pattern across eight participants is encouraging. The intervention phase demonstrated a clear downward trajectory in loneliness scores, and the magnitude of reduction ranged from 26.87% to 36.63% across participants. However, the use of an A-B design limits the strength of causal conclusions. Without a withdrawal, reversal, multiple-baseline, or control condition, it is not possible to determine with certainty whether the observed changes were caused exclusively by IPLT. The design also does not provide sufficient evidence regarding the durability of the intervention effect because no long-term follow-up measurement was reported.

The generalizability of the findings is similarly limited. The participants were adolescents living in one orphanage, and the sample was small and selected purposively. Therefore, the findings may not generalize to adolescents in other institutional settings, adolescents living with their biological families, or populations with different cultural and socioeconomic backgrounds. In addition, the study relied primarily on self-reported loneliness scores, which may be influenced by response bias and participants' perceptions of the intervention.

Future research should therefore employ stronger single-case experimental designs, such as multiple-baseline designs across participants or settings, to strengthen causal inference while retaining the advantages of individualized intervention research. Where feasible, randomized controlled trials comparing IPLT with treatment-as-usual, cognitive-behavioral interventions, or other evidence-based loneliness interventions would provide stronger evidence regarding

comparative efficacy. Future studies should also include longer follow-up periods to determine whether reductions in loneliness are maintained after the intervention ends. Researchers are encouraged to report treatment fidelity, session duration, therapist qualifications, and detailed intervention procedures to improve replicability.

In summary, the present findings suggest that individual counseling using IPLT was associated with a consistent reduction in loneliness among the eight adolescents studied. The convergence of downward score trajectories, approximately 30.90% overall reduction in mean scores, and 100% PND across participants provides preliminary evidence supporting the potential usefulness of IPLT for addressing loneliness in adolescents living in orphanage settings. However, because of the limitations inherent in the A-B design and the absence of a control or follow-up condition, these findings should be considered preliminary and interpreted as evidence of an association rather than definitive proof of a causal treatment effect.

Conclusions

The findings of this study indicate that individual counseling using the Ifdil Perceptual Light Technique (IPLT) was associated with a consistent reduction in loneliness among adolescents living in an orphanage. Across all eight participants, loneliness scores decreased from the baseline phase to the intervention phase, with all intervention data points falling below the lowest baseline score for each participant, resulting in a Percentage of Non-overlapping Data (PND) of 100%. The consistent downward trend observed across participants suggests that IPLT may be a promising intervention for reducing loneliness by facilitating the processing of emotional experiences and modifying negative perceptions related to isolation and limited social connectedness. Nevertheless, these findings should be interpreted cautiously because the study employed an A-B single-subject design without a control or reversal phase; therefore, the potential influence of maturation, history, and other uncontrolled factors cannot be completely excluded. Future research should replicate these findings using stronger experimental designs, such as multiple-baseline or randomized controlled designs, with larger samples and longer follow-up periods to examine the stability of intervention effects. Further studies are also needed to investigate the psychological mechanisms underlying the effectiveness of IPLT in reducing loneliness among adolescents living in institutional care.

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