

CHANGES IN LOW FLOURISHING AFTER COGNITIVE BEHAVIORAL INDIVIDUAL COUNSELING AMONG ADOLESCENTS

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ABSTRACT

Adolescent flourishing is an important indicator of positive mental health, yet school counseling research has more often focused on reducing symptoms than on strengthening positive functioning. This pre-experimental study examined changes in low-flourishing severity after Cognitive Behavior Therapy-based individual counseling using cognitive restructuring. Sixty-six grade XI students were screened, and seven students identified as having low flourishing participated in a one-group pretest-posttest intervention consisting of four individual counseling meetings. Questionnaire and structured observation data were summarized descriptively, and paired pretest-posttest scores were evaluated with the Wilcoxon signed-rank test. The mean low-flourishing severity score declined from 123.1 at pretest to 85.4 at posttest, representing a descriptive reduction of approximately 30.6%. All participants moved from high or very high severity categories at pretest to medium or low categories at posttest. The retained statistical output reported $Z = -2.731$ with an asymptotic significance displayed as 0.000 (conventionally reported as $p < .001$), although an exact p value could not be verified from the available paired data. These findings provide preliminary evidence that cognitive restructuring delivered through individual counseling was associated with improved flourishing-related functioning. Because the study involved only seven participants and no control group, the results should not be interpreted as definitive causal evidence.

Keywords: cognitive behavioral therapy, cognitive restructuring, flourishing, individual counseling, school counseling

INTRODUCTION

Flourishing has become an increasingly important construct in research on positive mental health because it directs attention toward how well people function, not simply whether symptoms are absent. In the mental health continuum, flourishing represents a state characterized by positive feelings and effective psychological and social functioning, whereas languishing reflects low positive mental health even when a psychiatric disorder is not present (Keyes, 2002). This distinction is especially important in adolescence, when emotional, cognitive, relational, and identity development occur rapidly and when schools become major contexts for both risk and positive development. Keyes (2006) showed that higher positive mental health in adolescents was associated with fewer depressive and conduct problems and stronger psychosocial functioning. A dual-factor perspective similarly argues that positive well-being and psychological symptoms should be assessed as related but distinct dimensions rather than treated as simple opposites (Antaramian et al., 2010). Accordingly, school counseling should attend not only to distress and maladjustment but also to the resources that allow adolescents to experience meaning, connection, engagement, competence, and adaptive coping.

The concept of flourishing draws on several complementary traditions in well-being research. Ryff's (1989) eudaimonic model emphasized self-acceptance, positive relations, autonomy, environmental mastery, purpose in life, and personal growth, while later work operationalized flourishing through broad evaluations of relationships, self-esteem, purpose, optimism, and perceived competence (Diener et al., 2010). VanderWeele (2017) further framed human flourishing as multidimensional well-being that includes happiness, health, meaning and purpose, character, and close social relationships. In educational settings, the PERMA framework has been used to understand student well-being through positive emotion, engagement, relationships, meaning, and accomplishment (Kern et al., 2015). These

perspectives differ in emphasis, but all challenge deficit-only models of adolescent adjustment and suggest that positive functioning should be treated as a legitimate educational and counseling outcome.

Flourishing is also relevant to school engagement and everyday functioning. Adolescents with stronger well-being-related characteristics are more likely to show healthier patterns of adjustment, whereas lower positive functioning may co-occur with social and behavioral problems (Friedman & Kern, 2014; Orkibi et al., 2018). Bethell et al. (2019) found that family resilience and connection can support flourishing even in the presence of adversity, underscoring the role of relational resources. In schools, social and emotional learning programs have produced improvements in students' social-emotional skills, behavior, and academic performance across a large body of controlled research (Durlak et al., 2011). Reviews of school-based positive psychology likewise indicate that well-being can be intentionally cultivated through educational experiences that build positive emotions, resilience, strengths, and supportive relationships (Waters, 2011). More recent syntheses report small but meaningful improvements in adolescent subjective or psychological well-being after school-based positive psychology and related interventions (Tejada-Gallardo et al., 2020; Benavente et al., 2026). These findings support the premise that positive mental health is not merely a stable trait but can be a target of structured school-based support.

Adolescence also creates a developmental rationale for school-based intervention because increasing autonomy, peer salience, academic expectations, and self-evaluation can amplify the consequences of unhelpful cognitive patterns. Well-being during this period is shaped by both individual resources and the quality of relationships and contexts surrounding the student. School-based research therefore increasingly combines promotive goals, such as strengthening well-being and resilience, with preventive goals, such as reducing stress, anxiety, or depressive symptoms. Meta-analytic evidence suggests that school interventions can produce beneficial effects, but the average effects are often modest and heterogeneous, emphasizing the importance of matching intervention intensity to student need and implementing programs with sufficient fidelity (Tejada-Gallardo et al., 2020; van Loon et al., 2020). Recent evidence also indicates that school-based well-being programs remain promising across different intervention traditions, including social-emotional learning, positive psychology, mindfulness, compassion-focused approaches, physical activity, and cognitive-behavioral components (Benavente et al., 2026). For guidance and counseling services, this literature supports a tiered logic: universal promotion can establish a positive school climate and basic socio-emotional competencies, while selected students may require more individualized and responsive counseling. This distinction is relevant to the present study because the intervention was not delivered to an entire grade; it was directed to seven students identified through screening as experiencing low flourishing. The selected-group approach may allow counseling to focus more closely on each student's patterns of appraisal, personal-social concerns, and barriers to positive functioning than a universal classroom program can typically provide.

The need for targeted support was evident in the preliminary study at MA Al Azhar Wirosari in October 2024. Interviews with guidance and counseling teachers indicated that personal-social problems were among the issues most frequently experienced by students. Such problems can affect students' emotional balance, relationships, confidence, coping, and ability to experience school as meaningful and manageable. Guidance and counseling services are therefore positioned to respond when students show persistent patterns of low positive functioning. Counseling interventions in schools can support self-evaluation, communication, coping, and self-esteem, and Indonesian counseling literature has likewise documented the usefulness of structured counseling approaches for student adjustment (Kasmawati & Alam, 2021). For students whose low flourishing is linked to negative self-appraisal, dissatisfaction,

perceived pressure, or difficulty interpreting stressful situations, an intervention that directly addresses cognition is theoretically relevant.

Cognitive Behavior Therapy (CBT) provides such a framework because it conceptualizes emotional and behavioral responses as partly influenced by interpretations, assumptions, and habitual patterns of thinking. CBT is among the most extensively studied psychological approaches, with broad meta-analytic support across a range of problems (Butler et al., 2006; Hofmann et al., 2012). Contemporary reviews continue to regard CBT as a central evidence-based psychotherapy because of its explicit theory, structured procedures, testable mechanisms, and large cumulative evidence base (David et al., 2018). Indonesian counseling literature has also applied CBT-oriented counseling to anxiety-related concerns in educational contexts (Fitria et al., 2020). Youth psychotherapy research also indicates that behavioral and cognitive-behavioral approaches have reliable effects across multiple informants, although effects vary by presenting problem and study context (Weisz et al., 2017). For adolescents specifically, CBT has a substantial evidence base for common internalizing problems such as anxiety (Kendall & Peterman, 2015), while school-based prevention programs that frequently include cognitive-behavioral components can reduce anxiety and depressive symptoms (Werner-Seidler et al., 2017).

Within CBT, cognitive restructuring is used to identify automatic or maladaptive thoughts, evaluate the evidence and consequences associated with those thoughts, and construct more realistic and adaptive alternatives. The technique is particularly relevant when emotional distress is maintained by rigid negative judgments about the self, relationships, competence, or the future. Indonesian studies have applied cognitive restructuring to problems such as bullying-related cognition and student self-esteem (Anis, 2022; Rani et al., 2022), while the broader CBT literature supports the proposition that changes in appraisals can contribute to improved emotional and behavioral functioning (Hofmann et al., 2012). From a flourishing perspective, the potential value of cognitive restructuring lies not in forcing positive thinking, but in reducing distorted or unhelpful interpretations that may obstruct engagement, relationships, self-acceptance, realistic achievement, and meaning.

At the same time, evidence from well-being promotion should not be equated with evidence from symptom-focused CBT. School-based positive psychology interventions have shown benefits for adolescent well-being (Shoshani & Steinmetz, 2014; Tejada-Gallardo et al., 2020), and broader meta-analyses of positive psychology interventions indicate that intentional activities can improve well-being while reducing distress (Bolier et al., 2013; Carr et al., 2021). Resilience-focused school interventions can also reduce mental health problems, although effects differ across populations and implementation conditions (Dray et al., 2017). Similarly, a multilevel meta-analysis found that school-based stress interventions were particularly promising for selected groups of adolescents rather than uniformly effective for every student (van Loon et al., 2020). These findings suggest a role for targeted, responsive counseling in addition to universal programs.

A research gap therefore remains at the intersection of flourishing, individual school counseling, and cognitive restructuring. Much of the adolescent CBT literature evaluates anxiety, depression, stress, or other symptoms, while much of the school flourishing literature evaluates universal or multicomponent positive psychology and social-emotional programs. Fewer studies have examined whether a brief, individually delivered cognitive restructuring intervention is associated with changes in low flourishing among adolescents identified through school screening, particularly in a madrasah educational context. The present study addresses this practical and empirical gap by examining changes in low-flourishing severity among grade XI students who received four meetings of CBT-based individual counseling using cognitive restructuring. The objective was to determine whether students showed lower low-flourishing

severity after the intervention than before it, while interpreting the findings in accordance with the methodological limits of a one-group pretest-posttest design.

METHOD

This study used a quantitative pre-experimental approach with a one-group pretest-posttest design, represented as O1 X O2. O1 denotes the pretest measurement of low-flourishing severity, X denotes the counseling intervention, and O2 denotes the posttest measurement. This design was selected to examine within-participant change in a small group of students identified through school screening. Because the design contains no untreated or alternative-treatment comparison group, it permits description of change over time but does not by itself establish that the intervention caused the observed change.

The initial screening involved 66 grade XI students at MA Al Azhar Wirosari. Seven students were identified as having low flourishing and all seven were included as intervention participants. Participant selection therefore functioned as total sampling within the subgroup identified by the screening procedure. The study retained the school-based focus of the original manuscript: participants were not recruited as a clinical sample but were students identified as needing responsive guidance and counseling support.

Data were collected through a flourishing questionnaire and structured observations conducted across the counseling process. To remain consistent with the score distribution in the source manuscript, the questionnaire score is interpreted as a low-flourishing severity score: higher scores indicate greater severity and lower scores indicate improvement. The reported score intervals are very low (32-57), low (58-83), medium (84-109), high (110-135), and very high (136-160). This scoring direction is study-specific and should not be confused with instruments such as the Flourishing Scale, in which higher scores conventionally indicate greater flourishing (Diener et al., 2010). The available source states that validity and reliability testing were conducted before use, but it does not report the questionnaire item count, construct indicators, item-validity coefficients, reliability coefficient, validation sample, or derivation of the category intervals. Consequently, these psychometric characteristics cannot be reconstructed without the original instrument documentation.

The counseling intervention consisted of four individual meetings. The first meeting focused on problem exploration and identification of symptoms and barriers associated with low flourishing, including dissatisfaction, low vitality, relationship difficulties, social pressure, and other concerns reported by participants. The second meeting emphasized externalization or personification of the problem and self-evaluation, helping students examine how the problem was positioned in relation to the self. The third meeting used mind mapping and self-empowerment to organize perceived problem sources and possible responses. The fourth meeting evaluated students' feelings after counseling and consolidated self-knowledge, self-esteem, self-acceptance, and the lessons drawn from the counseling process. Across the intervention, the cognitive restructuring orientation was intended to help participants recognize unhelpful appraisals and formulate more adaptive interpretations. The source manuscript does not report session duration, counselor qualifications, homework assignments, a standardized cognitive-restructuring worksheet, or formal treatment-fidelity checks, so those details are not inferred here.

Descriptive analysis was used to summarize pretest and posttest severity distributions, mean scores, and the observation pattern across the four counseling meetings. Because the same seven participants were measured twice and the sample was very small, paired scores were analyzed using the Wilcoxon signed-rank test. The retained output reports $Z = -2.731$ and an asymptotic significance displayed by the statistical software as 0.000. In conventional reporting, a displayed value of 0.000 is expressed as $p < .001$ rather than $p = .000$. However, with only

seven paired observations, an exact Wilcoxon *p* value is preferable. The original paired scores or complete rank output were not available in the submitted manuscript, so the exact *p* value, median or mean-rank information, and a standardized effect size could not be independently verified.

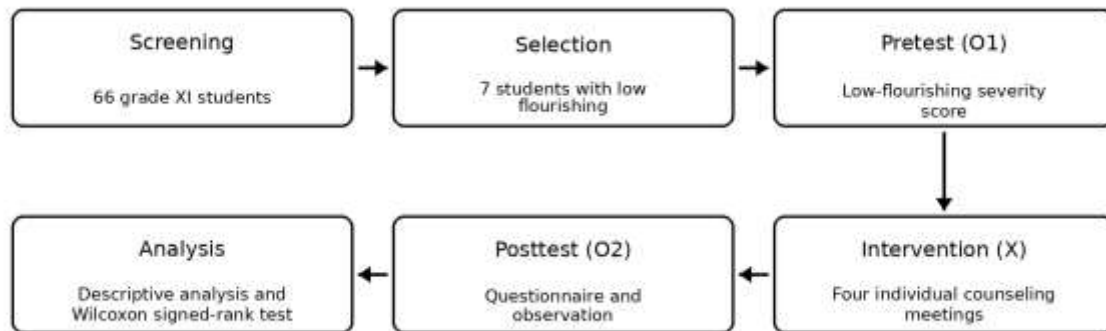


Figure 1. Study procedure for the one-group pretest-posttest design

Figure 1 summarizes the study sequence from screening through analysis. The source manuscript also does not report an ethics approval number, institutional permission details, or participant/parent informed consent and assent procedures. These reporting elements should be verified against the original study records before final publication because they are essential for transparent reporting of school-based research involving adolescents.

RESULTS AND DISCUSSION

Changes in Low-Flourishing Severity

The primary descriptive result was a clear downward shift in low-flourishing severity after the four counseling meetings. Because higher scores represent greater severity in the study's scoring system, movement from high or very high categories toward medium or low categories is interpreted as improvement. Table 1 presents the pretest and posttest distributions.

Table 1. Low-flourishing severity before and after cognitive behavioral individual counseling

Score interval	Severity category	Pretest, n	Pretest, %	Posttest, n	Posttest, %
136-160	Very high	2	28.6	0	0.0
110-135	High	5	71.4	0	0.0
84-109	Medium	0	0.0	3	42.9
58-83	Low	0	0.0	4	57.1
32-57	Very low	0	0.0	0	0.0
Total		7	100.0	7	100.0

At pretest, five students (71.4%) were classified in the high category and two students (28.6%) in the very high category. At posttest, no student remained in either of those categories; four students (57.1%) were classified in the low category and three (42.9%) in the medium category. The pattern is therefore internally consistent with lower low-flourishing severity following the intervention. Importantly, the result should be described as a within-group change rather than as proof that counseling alone produced the change, because there was no control group against which natural change, repeated testing, or other school experiences could be compared.

Observation Across the Counseling Meetings

Observation data provide complementary information about the progression of change during the intervention. Scores were unchanged from Meeting 1 to Meeting 2 for all participants and then declined for most participants during Meetings 3 and 4. This pattern suggests that observable change was not immediate and became more apparent after the intervention had progressed beyond initial problem exploration and self-evaluation. Table 2 summarizes the observation scores reported in the source manuscript.

Table 2. Observation scores across the four counseling meetings

Participant	Meeting 1 (%)	Meeting 2 (%)	Meeting 3 (%)	Meeting 4 (%)
1	70	70	70	50
2	90	90	80	60
3	100	100	90	60
4	70	70	70	50
5	80	80	50	30
6	80	80	60	50
7	80	80	60	40

The delayed pattern is plausible in a brief counseling sequence. Initial sessions frequently focus on building a shared understanding of the problem and identifying thoughts, feelings, and contextual triggers before participants are able to practice alternative appraisals. In the present study, the third meeting introduced mind mapping and self-empowerment, while the fourth consolidated self-knowledge, self-esteem, and self-acceptance. The observational trend is therefore compatible with the intended progression of the intervention. Nevertheless, because the observational instrument and rater procedures were not fully reported, these data are best treated as supportive process information rather than independent evidence of efficacy.

Pretest-Posttest Statistical Pattern

The study used the Wilcoxon signed-rank test to evaluate paired pretest-posttest change. The reported mean low-flourishing severity score decreased from 123.1 to 85.4, equivalent to a descriptive reduction of approximately 30.6%. The retained statistical output reported $Z = -2.731$ and an asymptotic significance displayed as 0.000. Table 3 presents the statistical information that can be verified from the available manuscript.

Table 3. Reported pretest-posttest and Wilcoxon results

Statistic	Reported value
Pretest mean low-flourishing severity score	123.1
Posttest mean low-flourishing severity score	85.4
Descriptive mean reduction	30.6%
Wilcoxon Z	-2.731
Asymptotic significance (software display)	0.000*

The statistical direction supports the descriptive finding that low-flourishing severity was lower at posttest. However, statistical significance should not be confused with causal certainty. With $N = 7$, each participant has substantial influence on the result, and the absence of a comparison group prevents the design from separating intervention effects from alternative

explanations. An exact Wilcoxon test and a standardized effect size would provide more appropriate small-sample reporting, but these statistics cannot be reconstructed from the summary values alone. The inferential result is therefore best interpreted as preliminary evidence of a systematic pretest-posttest shift in this specific group.

Interpreting the Change Through Flourishing and Cognitive Behavioral Perspectives

The observed change can be interpreted through both flourishing theory and the cognitive-behavioral model. Flourishing is not reducible to feeling happy; it encompasses functioning across self-evaluation, relationships, engagement, purpose, and competence (Keyes, 2002; Ryff, 1989; VanderWeele, 2017). In adolescents, positive mental health is associated with better psychosocial functioning and fewer behavioral difficulties (Keyes, 2006), while multidimensional student well-being frameworks emphasize the interdependence of positive emotion, engagement, relationships, meaning, and accomplishment (Kern et al., 2015). The participants in this study were described as experiencing dissatisfaction, low vitality, relationship difficulties, social pressure, and difficulty coping with expectations. These concerns map onto several domains of positive functioning and help explain why a counseling intervention focused on appraisals and self-evaluation may have been relevant.

CBT proposes that interpretations influence emotional and behavioral responses, and cognitive restructuring directly targets interpretations that are rigid, inaccurate, or unhelpful. The broader evidence base shows that CBT is effective across multiple psychological problems (Butler et al., 2006; Hofmann et al., 2012) and remains one of the most empirically supported psychological approaches (David et al., 2018). Youth treatment meta-analysis further indicates that behavioral and cognitive-behavioral therapies produce meaningful benefits, although effect sizes and informant agreement vary by problem area (Weisz et al., 2017). The present study did not assess a clinical disorder, so these findings cannot be transferred directly to a flourishing outcome; rather, the CBT literature provides a mechanism-based rationale for why altering maladaptive appraisals could contribute to better functioning.

Cognitive restructuring may be particularly useful when low flourishing is maintained by negative self-evaluation or inflexible interpretations of interpersonal and achievement demands. The technique asks the student to make thoughts explicit, examine their evidence and usefulness, consider alternative interpretations, and connect new appraisals with more adaptive action. Indonesian counseling studies have reported benefits of cognitive restructuring for bullying-related cognition and self-esteem (Anis, 2022; Rani et al., 2022). In the present intervention, the later emphasis on self-knowledge, self-esteem, and self-acceptance is also consistent with local literature linking these constructs to adaptive student development and self-actualization (Lutfiyani & Bhakti, 2017; Mufidatu & Sholichatun, 2016; Refnadi, 2018; Sitorus et al., 2019). These constructs are not identical to flourishing, but they may represent pathways through which students become better able to evaluate themselves realistically, maintain relationships, and respond to pressure.

The findings also align with the broader literature showing that adolescent well-being can change through structured intervention. A controlled school-based positive psychology program produced improvements in mental health and well-being indicators among adolescents (Shoshani & Steinmetz, 2014), and meta-analytic evidence suggests that multicomponent positive psychology programs yield small improvements in adolescent subjective and psychological well-being (Tejada-Gallardo et al., 2020). A recent synthesis of school-based interventions similarly found a small overall benefit for adolescent subjective well-being across diverse program types, while also reporting substantial heterogeneity between studies (Benavente et al., 2026). These patterns are important for interpreting the present result: the direction of change is compatible with a wider evidence base, but the magnitude observed in

seven selected students should not be assumed to generalize to other schools, age groups, or counseling formats.

Implications for School Counseling Practice

The practical contribution of this study lies in its targeted responsive-service model. Universal programs are valuable because they can reach entire student populations, and large meta-analyses show benefits of school-based social-emotional and well-being programs (Durlak et al., 2011; Waters, 2011). Yet universal approaches do not remove the need for individualized support. Reviews of school-based stress and mental health interventions indicate that selected or higher-need groups can benefit from targeted programs and that effectiveness depends on implementation conditions (Dray et al., 2017; van Loon et al., 2020). For guidance and counseling teachers, a screening-to-intervention pathway may therefore be useful: identify students showing sustained low positive functioning, conduct an individualized assessment, select an evidence-informed counseling strategy, monitor progress, and intensify or refer support when the student's needs exceed the scope of school counseling.

Cognitive restructuring should be implemented as more than a generic invitation to 'think positively.' A structured school counseling application would ideally document the student's triggering situation, automatic thought, emotional and behavioral response, evidence for and against the thought, balanced alternative thought, and planned behavioral response. Treatment fidelity is particularly important because CBT outcomes depend not only on naming a technique but on delivering its active procedures consistently. The international youth CBT literature emphasizes structured, developmentally appropriate implementation (Kendall & Peterman, 2015), and broader reviews demonstrate that program implementation quality can moderate outcomes in school interventions (Durlak et al., 2011). Future applications of the present counseling model should therefore specify session duration, counselor preparation, cognitive-restructuring worksheets, between-session practice, and fidelity checks.

A complementary implication is that school counseling should integrate deficit reduction with positive mental health promotion. Prevention reviews show that school programs can reduce anxiety and depression (Werner-Seidler et al., 2017), while positive psychology meta-analyses show that interventions can also improve well-being (Bolier et al., 2013; Carr et al., 2021). These two goals are related but not interchangeable. A student may have few symptoms yet still experience low purpose, weak relationships, or poor engagement; conversely, a student may possess strengths while also needing support for distress. A flourishing-informed counseling framework therefore encourages BK teachers to assess both problems and positive functioning, consistent with dual-factor models of youth mental health (Antaramian et al., 2010).

Limitations and Directions for Future Research

Several limitations substantially constrain interpretation. First, the study used a one-group pretest-posttest design without a control or comparison condition. Maturation, regression to the mean, repeated measurement, changing school circumstances, expectancy, or other concurrent experiences could contribute to the observed change. Second, the sample included only seven students from one grade level and one school, which limits statistical precision and external validity. The findings should therefore be treated as preliminary and context-specific rather than as an estimate of a population-level treatment effect.

Third, the psychometric reporting is incomplete. Although the source manuscript states that validity and reliability testing were conducted, it does not provide the number of items, validity coefficients, reliability coefficient, validation sample, or evidence supporting the severity categories. Flourishing is a multidimensional construct with several established

operationalizations (Diener et al., 2010; Kern et al., 2015), so clear documentation of the instrument is necessary to determine exactly what changed. Fourth, the retained statistical output does not provide the exact Wilcoxon p value, rank information, median change, or standardized effect size. These should be reported in future work, especially for small samples.

Fifth, intervention fidelity cannot be evaluated from the available report because session length, counselor qualifications, homework, standardized cognitive-restructuring procedures, and fidelity monitoring were not documented. Finally, ethics approval or institutional permission and informed consent/assent procedures are not described in the available manuscript and require verification from the original study records. Replication should use a larger sample, preferably random or matched comparison conditions, validated measures with transparent score direction, preregistered analyses, longer follow-up, standardized intervention materials, fidelity checks, and complete ethical reporting. Such improvements would allow researchers to determine not only whether students improve, but whether cognitive restructuring produces improvement beyond expected change and whether gains persist over time.

CONCLUSION

This study found a consistent reduction in low-flourishing severity among seven grade XI students after four meetings of cognitive behavioral individual counseling using cognitive restructuring. The mean severity score decreased from 123.1 to 85.4, the categorical distribution shifted from high/very high severity to medium/low severity, and the retained Wilcoxon output reported $Z = -2.731$ with an asymptotic significance conventionally expressed as $p < .001$. The change is theoretically compatible with cognitive-behavioral principles and with broader evidence that structured school-based interventions can support adolescent mental health and well-being. However, the one-group pretest-posttest design, very small sample, incomplete psychometric and fidelity reporting, and absence of a verified exact Wilcoxon result mean that causal effectiveness cannot be established. For school counseling practice, cognitive restructuring may be considered a promising responsive-service strategy for students identified with low flourishing when it is delivered systematically, monitored carefully, and integrated with broader assessment of positive functioning and student needs. Future studies should use larger samples, a comparison or control condition, clearly validated measures, standardized intervention protocols, treatment-fidelity monitoring, follow-up assessment, effect-size reporting, and complete ethical documentation.

REFERENCES

- Anis, A. N. (2022). *Penerapan teknik restrukturisasi kognitif untuk mereduksi perilaku bullying di SMA Negeri 3 Maros* [Undergraduate thesis, Universitas Negeri Makassar].
- Antaramian, S. P., Huebner, E. S., Hills, K. J., & Valois, R. F. (2010). A dual-factor model of mental health: Toward a more comprehensive understanding of youth functioning. *American Journal of Orthopsychiatry*, 80(4), 462-472. <https://doi.org/10.1111/j.1939-0025.2010.01049.x>
- Benavente, M., Rodríguez-Rivas, M. E., Valdebenito, S., Chuecas, M. J., & Alfaro, J. (2026). Effectiveness of school-based interventions on adolescents' subjective well-being: A systematic review and meta-analysis of recent evidence. *Child Indicators Research*. Advance online publication. <https://doi.org/10.1007/s12187-026-10400-8>
- Bethell, C. D., Gombojav, N., & Whitaker, R. C. (2019). Family resilience and connection promote flourishing among US children, even amid adversity. *Health Affairs*, 38(5), 729-737. <https://doi.org/10.1377/hlthaff.2018.05425>

- Bolier, L., Haverman, M., Westerhof, G. J., Riper, H., Smit, F., & Bohlmeijer, E. (2013). Positive psychology interventions: A meta-analysis of randomized controlled studies. *BMC Public Health*, 13, Article 119. <https://doi.org/10.1186/1471-2458-13-119>
- Butler, A. C., Chapman, J. E., Forman, E. M., & Beck, A. T. (2006). The empirical status of cognitive-behavioral therapy: A review of meta-analyses. *Clinical Psychology Review*, 26(1), 17-31. <https://doi.org/10.1016/j.cpr.2005.07.003>
- Carr, A., Cullen, K., Keeney, C., Canning, C., Mooney, O., Chinseallaigh, E., & O'Dowd, A. (2021). Effectiveness of positive psychology interventions: A systematic review and meta-analysis. *The Journal of Positive Psychology*, 16(6), 749-769. <https://doi.org/10.1080/17439760.2020.1818807>
- David, D., Cristea, I., & Hofmann, S. G. (2018). Why cognitive behavioral therapy is the current gold standard of psychotherapy. *Frontiers in Psychiatry*, 9, Article 4. <https://doi.org/10.3389/fpsy.2018.00004>
- Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D. W., 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>
- Dray, J., Bowman, J., Campbell, E., Freund, M., Wolfenden, L., Hodder, R. K., McElwaine, K., Tremain, D., Bartlem, K., Bailey, J., Small, T., Palazzi, K., Oldmeadow, C., & Wiggers, J. (2017). Systematic review of universal resilience-focused interventions targeting child and adolescent mental health in the school setting. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56(10), 813-824. <https://doi.org/10.1016/j.jaac.2017.07.780>
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405-432. <https://doi.org/10.1111/j.1467-8624.2010.01564.x>
- Fitria, L., Neviyarni, N., Netrawati, N., & Karneli, Y. (2020). Cognitive behavior therapy counseling untuk mengatasi anxiety dalam masa pandemi COVID-19. *Al-Irsyad: Jurnal Pendidikan dan Konseling*, 10(1), 23-29. <https://doi.org/10.30829/al-irsyad.v10i1.7651>
- Friedman, H. S., & Kern, M. L. (2014). Personality, well-being, and health. *Annual Review of Psychology*, 65, 719-742. <https://doi.org/10.1146/annurev-psych-010213-115123>
- 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(5), 427-440. <https://doi.org/10.1007/s10608-012-9476-1>
- Kasmawati, K., & Alam, F. A. (2021). Penerapan konseling kelompok dalam meningkatkan self-esteem siswa. *JUBIKOPS: Jurnal Bimbingan Konseling dan Psikologi*, 1(1), 37-47.
- Kendall, P. C., & Peterman, J. S. (2015). CBT for adolescents with anxiety: Mature yet still developing. *American Journal of Psychiatry*, 172(6), 519-530. <https://doi.org/10.1176/appi.ajp.2015.14081061>
- Kern, M. L., Waters, L. E., Adler, A., & White, M. A. (2015). A multidimensional approach to measuring well-being in students: Application of the PERMA framework. *The Journal of Positive Psychology*, 10(3), 262-271. <https://doi.org/10.1080/17439760.2014.936962>
- 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). Mental health in adolescence: Is America's youth flourishing? *American Journal of Orthopsychiatry*, 76(3), 395-402. <https://doi.org/10.1037/0002-9432.76.3.395>
- Lutfiyani, V., & Bhakti, C. P. (2017). Strategi layanan bimbingan dan konseling komprehensif dalam pengembangan self-knowledge pada siswa sekolah dasar. *SENDIKA: Seminar Nasional Pendidikan FKIP UAD*, 1, 370-377.
- Mufidatu, F., & Sholichatun, Y. (2016). Penerimaan diri remaja yang memiliki keluarga tiri. *Psikoislamika: Jurnal Psikologi dan Psikologi Islam*, 13(1), 29-38. <https://doi.org/10.18860/psi.v13i1.6407>
- Orkibi, H., Hamama, L., Gavriel-Fried, B., & Ronnen, T. (2018). Pathways to adolescents' flourishing: Linking self-control skills and positivity ratio through social support. *Youth & Society*, 50(1), 3-25. <https://doi.org/10.1177/0044118X15581171>
- Rani, R. K., Sugiharto, D. Y. P., & Sugiyo, S. (2022). Keefektifan konseling kelompok cognitive behavioral therapy (CBT) dengan teknik cognitive restructuring untuk meningkatkan self-esteem pada siswa. *Bulletin of Counseling and Psychotherapy*, 4(1), 44-48. <https://doi.org/10.51214/bocp.v4i1.155>
- Refnadi, R. (2018). Konsep self-esteem serta implikasinya pada siswa. *Jurnal EDUCATIO: Jurnal Pendidikan Indonesia*, 4(1), 16-22. <https://doi.org/10.29210/120182133>
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069-1081. <https://doi.org/10.1037/0022-3514.57.6.1069>
- Shoshani, A., & Steinmetz, S. (2014). Positive psychology at school: A school-based intervention to promote adolescents' mental health and well-being. *Journal of Happiness Studies*, 15(6), 1289-1311. <https://doi.org/10.1007/s10902-013-9476-1>
- Sitorus, M. W., Badrujaman, A., & Fitri, S. (2019). Pengaruh layanan bimbingan kelompok dengan metode permainan terhadap penerimaan diri siswa. *ENLIGHTEN: Jurnal Bimbingan Konseling Islam*, 2(1), 18-23. <https://doi.org/10.32505/enlighten.v2i1.1215>
- Tejada-Gallardo, C., Blasco-Belled, A., Torrelles-Nadal, C., & Alsinet, C. (2020). Effects of school-based multicomponent positive psychology interventions on well-being and distress in adolescents: A systematic review and meta-analysis. *Journal of Youth and Adolescence*, 49(10), 1943-1960. <https://doi.org/10.1007/s10964-020-01289-9>
- van Loon, A. W. G., Creemers, H. E., Beumer, W. Y., Okorn, A., Vogelaar, S., Saab, N., Miers, A. C., Westenberg, P. M., & Asscher, J. J. (2020). Can schools reduce adolescent psychological stress? A multilevel meta-analysis of the effectiveness of school-based intervention programs. *Journal of Youth and Adolescence*, 49(6), 1127-1145. <https://doi.org/10.1007/s10964-020-01201-5>
- VanderWeele, T. J. (2017). On the promotion of human flourishing. *Proceedings of the National Academy of Sciences of the United States of America*, 114(31), 8148-8156. <https://doi.org/10.1073/pnas.1702996114>
- Waters, L. (2011). A review of school-based positive psychology interventions. *The Australian Educational and Developmental Psychologist*, 28(2), 75-90. <https://doi.org/10.1375/aedp.28.2.75>
- Weisz, J. R., Kuppens, S., Ng, M. Y., Eckshtain, D., Ugueto, A. M., Vaughn-Coaxum, R., Jensen-Doss, A., Hawley, K. M., Krumholz Marchette, L. S., Chu, B. C., Weersing, V. R., & Fordwood, S. R. (2017). What five decades of research tells us about the effects of youth psychological therapy: A multilevel meta-analysis and implications for science and practice. *American Psychologist*, 72(2), 79-117. <https://doi.org/10.1037/a0040360>

Werner-Seidler, A., Perry, Y., Calear, A. L., Newby, J. M., & Christensen, H. (2017). School-based depression and anxiety prevention programs for young people: A systematic review and meta-analysis. *Clinical Psychology Review*, 51, 30-47.
<https://doi.org/10.1016/j.cpr.2016.10.005>