

Web-Based Guided Self-Help Acceptance and Commitment Therapy (ACT) to Increase Self-Compassion and Psychological Flexibility in Undergraduate Psychology Students Suffering Emotional Distress: A Feasibility Study

[*Guided Self-Help Acceptance and Commitment Therapy (ACT) Berbasis Web untuk Meningkatkan Self-Compassion dan Fleksibilitas Psikologis pada Mahasiswa Sarjana Psikologi dengan Distress Emotional: Studi Fisibilitas*]

Felicia Yosiana Gunawan & Imelda Ika Dian Oriza
Fakultas Psikologi
Universitas Indonesia

Emotional distress amongst university students is an issue which has emerged as the result of various factors, such as the transition from adolescence to young adulthood, an increase in demands made, and changes in the situation and the system of learning. The phenomenon of distress may be seen from the number of undergraduate students seeking psychological help in university clinics. The queues of undergraduates always exceed the capacity for the provision of services, so that undergraduates are forced to wait for between one and three months. One of the ways to overcome this phenomenon is by conducting web-based psychological intervention. Internet connection may increase accessibility and facilitation of web-based psychological intervention. This study examined the feasibility of eight sessions of web-based guided self-help Acceptance and Commitment Therapy (ACT) organized to reduce the levels of emotional distress and to increase the psychological flexibility and self-compassion of undergraduate students of the Faculty of Psychology of a university in Indonesia. This study was quasi-experimental, with a one group pretest-posttest design involving 38 participants. After the interventions, there was a significant reduction in symptoms of distress detected, as well as an increase in the levels of psychological flexibility and self-compassion of the participants. Feasibility assessment results showed that with the supportive resources of the people conducting the trial, Internet connections, and independence on the part of the participants, the conducting of a web-based program of Acceptance and Commitment Therapy (ACT) is feasible. More in-depth research on a wider scale is required to reach a closer to adequate conclusion regarding the effectiveness of such a program, however, the feasibility of the web-based Acceptance and Commitment Therapy (ACT) intervention, as proven in this study, indicated that the features of online psychological intervention offer an efficient option for the providers of mental health services.

Keywords: Acceptance and Commitment Therapy (ACT), web-based, emotional distress, undergraduates

Distress emosional pada mahasiswa adalah isu yang muncul akibat berbagai faktor, seperti transisi dari usia remaja ke dewasa muda, bertambahnya tuntutan, dan perubahan situasi serta sistem belajar. Fenomena *distress* terlihat dari banyaknya mahasiswa sarjana yang mencari bantuan psikologis di klinik universitas. Antrean mahasiswa selalu melebihi kapasitas pemberi layanan sehingga mahasiswa perlu mengantre selama satu hingga tiga bulan. Salah satu cara untuk mengatasi fenomena ini adalah dengan menjalankan intervensi psikologis berbasis-web. Koneksi Internet dapat meningkatkan keterjangkauan dan kemudahan partisipan mengakses layanan psikologis. Studi ini meneliti fisibilitas delapan sesi *guided self-help Acceptance and Commitment Therapy (ACT)* berbasis-web yang disusun untuk menurunkan tingkat *distress* emosional serta meningkatkan fleksibilitas psikologis dan *self-compassion* mahasiswa sarjana Fakultas Psikologi dari sebuah

universitas di Indonesia. Studi ini merupakan *quasi-experimental* dengan desain *one-group pretest-posttest* sebanyak 38 partisipan. Setelah intervensi, ditemukan penurunan gejala *distress* yang signifikan, disertai dengan naiknya fleksibilitas psikologis dan *self-compassion* partisipan. Hasil asesmen fisibilitas menunjukkan bahwa dengan sumber daya yang menunjang dari pihak pelaksana, koneksi Internet, dan kemandirian dari pihak partisipan, program *Acceptance and Commitment Therapy (ACT)* berbasis-web fisibel untuk dilakukan. Riset lebih dalam dengan skala lebih luas dibutuhkan untuk mencapai konklusi yang lebih adekuat mengenai efektivitas program, namun fisibilitas intervensi *Acceptance and Commitment Therapy (ACT)* berbasis-web yang terbukti pada studi ini menunjukkan bahwa intervensi psikologis fitur daring merupakan opsi efisien bagi penyedia layanan kesehatan mental.

Kata kunci: *Acceptance and Commitment Therapy (ACT)*, berbasis-web, *emotional distress*, mahasiswa sarjana

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Correspondence concerning this article should be addressed to: Felicia Gunawan, Fakultas Psikologi, Universitas Indonesia, Kampus Baru UI, Jalan Margonda Raya, Pondok Cina, Kecamatan Beji, Depok 16424, Jawa Barat, Indonesia. E-Mail: feli.gml@gmail.com

The time of tertiary study, compared to other periods, is one of the times having the greatest potential for a person to feel under pressure (Bland et al., 2012). Individuals face many new demands, both academic and social, so there is the potential to suffer increases in stress which have a negative impact, for instance increases in the risk of becoming a dropout, a decline in well-being, and feelings of isolation (Beiter et al., 2015; Eisenberg et al., 2007). The sheer number of these stress-triggering factors surfaced in the findings of Musabiq and Karimah (2018), who stated that more than 50% of Indonesian undergraduates from the research sample were facing three or more sources of stress. The prevalence of Indonesian undergraduates experiencing stress has reached 71.6% (Fitasari, 2011).

Emotional distress (alternatively called “psychological distress”) is a term describing a variety of mental and physical symptoms which have a negative impact on health and psychological well-being (Goldberg, 2000). Emotional distress does not refer to a specific group of symptoms, but rather it is identified from the emergence of the comorbidities of the disorder symptoms of stress, anxiety, and depression, such as a decline in feelings of contentment or of interest in activities, extended periods of sadness, feelings of hopelessness, unexplained sadness, and rumination (Mirrowsky & Ross, 2002). Various pieces of research have found high levels of comorbidity

Periode kuliah merupakan salah satu periode yang paling berpotensi membuat seseorang merasa tertekan dibandingkan periode lainnya (Bland et al., 2012). Individu banyak menghadapi tuntutan baru, baik dari segi akademis maupun sosial, sehingga individu berpotensi mengalami peningkatan stres yang berdampak negatif, seperti misalnya meningkatkan risiko *dropout*, menurunkan *well-being*, dan membuat individu merasa terisolasi (Beiter et al., 2015; Eisenberg et al., 2007). Banyaknya faktor pemicu stres tampak dari temuan Musabiq dan Karimah (2018) yang menyatakan bahwa lebih dari 50% mahasiswa Indonesia dari sampel penelitian menghadapi tiga atau lebih sumber stres. Prevalensi mahasiswa Indonesia yang mengalami stres mencapai 71,6% (Fitasari, 2011).

“*Distress* emosional” (atau disebut juga “*distress* psikologis”) adalah istilah yang menggambarkan berbagai macam gejala mental dan fisik yang berdampak negatif pada kesehatan dan kesejahteraan psikologis (Goldberg, 2000). *Distress* emosional tidak mengacu pada satu kelompok simptom spesifik, melainkan sering diidentifikasi dari munculnya komorbiditas gejala gangguan stres, kecemasan, dan depresi, seperti berkurangnya perasaan senang atau ketertarikan beraktivitas, rasa sedih berkepanjangan, rasa putus asa, gelisah tanpa sebab jelas, dan ruminasi (Mirrowsky & Ross, 2002). Berbagai penelitian menemukan komorbiditas tinggi antar kelompok gangguan

between disorder groups of stress, anxiety, and depression (Beiter et al., 2015; Groen et al., 2020; Kalin, 2020). Other additional criteria in identifying emotional distress are a reduction in the ability of the individual to adapt to changes, demands, or stressors (Horwitz, 2007). Based upon these explanations and various findings, it may be concluded that emotional distress is a manifestation of symptoms of comorbidity from a cluster of disorder groups of stress, anxiety, and depression, which results in a decline in the levels of functionality and psychological well-being of an individual (Philips, 2009; Watson, 2009; Wheaton, 2007).

The phenomenon of distress and a decline in psychological well-being of undergraduate students, is apparent from the number of undergraduates of the Faculty of Psychology of University X in West Java, Indonesia, who have sought psychological services at the campus clinic. Based upon interviews with administrators of the clinic of University X (W. Surip, personal interview, December 1, 2018), the number of students seeking psychological services far exceeds the capacity of the psychologists available. Between 2018 and the end of 2019, there were more than 20 new undergraduate registrations per month at the clinic, with a variety of complaints and symptoms. This number of 20 new registrants was said by the administrator of the clinic to be quite high; as prior to 2018, the number of new registrants rarely exceeded that. On the other hand, there are only six permanent psychologists at the campus clinic. This disproportionality forces new undergraduate registrants to wait in line for between one and three months to receive psychological care. This long waiting time frequently makes undergraduates to lose the desire to seek counseling or not to respond when contacted by the clinic.

Besides long waiting times, there are several other hampering factors for those seeking psychological care, such as lecture timetables which are not in line with the times when psychologists are at their practice, increasingly severe psychological symptoms, and the concerns over social stigma (W. Surip, personal interview, December 1, 2018; Fathiyah, 2016). The increasing severity of symptoms of psychological disturbances may be illustrated from an increase in the severity

stres, kecemasan, dan depresi (Beiter et al., 2015; Groen et al., 2020; Kalin, 2020). Kriteria tambahan lain dalam mengidentifikasi *distress* emosional adalah kurangnya kemampuan individu dalam beradaptasi terhadap perubahan, tuntutan, atau *stressor* (Horwitz, 2007). Berdasarkan penjelasan dan berbagai temuan tersebut, dapat disimpulkan bahwa *distress* emosional merupakan manifestasi gejala komorbid dari kelompok gangguan stres, kecemasan, dan depresi yang berujung pada berkurangnya taraf keberfungsian dan kesejahteraan psikologis individu (Philips, 2009; Watson, 2009; Wheaton, 2007).

Fenomena *distress* dan menurunnya kesejahteraan psikologis mahasiswa sarjana tampak dari banyaknya mahasiswa sarjana Fakultas Psikologi Universitas X di Jawa Barat, Indonesia, yang mencari layanan psikologis ke klinik kampus. Berdasarkan wawancara dengan petugas administrasi klinik Universitas X (W. Surip, hasil wawancara pribadi, 1 Desember 2018), jumlah mahasiswa pencari layanan psikologis jauh lebih banyak dibanding kapasitas psikolog yang tersedia. Sejak tahun 2018 hingga akhir 2019, ada lebih dari 20 mahasiswa pendaftar baru di klinik setiap bulannya dengan berbagai keluhan dan gejala. Jumlah 20 mahasiswa pendaftar baru ini disebut petugas administrasi klinik sebagai jumlah yang cukup tinggi; pada periode sebelum tahun 2018, pendaftar baru jarang melebihi jumlah tersebut. Pada sisi lain, hanya ada enam psikolog tetap di klinik kampus. Ketimpangan ini membuat mahasiswa pendaftar baru terpaksa menunggu antre satu hingga tiga bulan untuk mendapatkan penanganan psikologis. Masa antre yang lama seringkali membuat mahasiswa kehilangan minat konseling atau tidak lagi merespon saat dihubungi pihak klinik.

Selain masa antre yang lama, terdapat sejumlah faktor penghambat lain dalam mencari penanganan psikologis, seperti misalnya jadwal kuliah yang tak sesuai dengan jadwal praktik psikolog, gejala gangguan psikologis yang bertambah parah, dan kekhawatiran terhadap stigma sosial (W. Surip, hasil wawancara pribadi, 1 Desember 2018; Fathiyah, 2016). Gejala gangguan psikologis yang bertambah parah dapat diilustrasikan dari memburuknya kecemasan atau rasa rendah diri

of anxiety or in feelings of low self-worth, to the extent that undergraduates become increasingly reluctant to seek psychological assistance. Social stigma can also impede the seeking of clinical assistance, because it makes the undergraduates feel threatened with being labeled with the stigma which frequently adheres to sufferers of mental health disorders (Christia, n.d., as cited in Zahra et al., 2019).

Additional phenomena which had not previously been considered by the authors but which are thought to be liable to have made the situations and conditions of undergraduates worse was the spread of the COVID-19 pandemic. Facing this pandemic situation, the Indonesian government issued governmental regulations, covering a number of strategic policies aimed to reduce the risk of the transmission of the virus, among which was the restriction of activities outside the home (*Peraturan Pemerintah Republik Indonesia Nomor 21 Tahun 2020 Tentang Pembatasan Sosial Berskala Besar Dalam Rangka Percepatan Penanganan Corona Virus Disease 2019 (COVID-19)* [Government Regulation of the Republic of Indonesia Number 21 Year 2020 Regarding Large-Scale Social Distancing in Order to Accelerate the Management of Corona Virus Disease (COVID-19)], 2020). In accord with the recommendations of the government, University X cancelled face-to-face classes, and switched to distance or online education (Circular of the Lector of University X, March 16, 2020). This decision was followed by the halting of activities of the psychology clinic, from March to May 2020, before finally the clinic began to operate online. This distance or online learning process and psychological intervention was unique because it created new problems, such as Internet access obstacles due of net disruptions, insufficient quota of Internet access for undergraduates who were economically challenged, and the potential for increases in stress arising from the sudden switch in the learning methods (Triwibowo, n.d., as cited in Gunadha & Rahmayunita, 2020; Utami et al., 2020).

The pandemic condition and the various demands which had to be met by undergraduates, very possibly made undergraduates at University X suffer excessive psychological pressure, resulting in emotional distress. This specific situation occurred after the intervention framework had been

sehingga mahasiswa semakin enggan mencari pertolongan psikologis. Stigma sosial juga dapat menghalangi pencarian pertolongan klinis karena membuat mahasiswa merasa terancam dilabeli stigma negatif yang sering melekat pada penderita gangguan kesehatan mental (Christia, n.d., sitat dalam Zahra et al., 2019).

Fenomena tambahan yang tidak diperhitungkan sebelumnya oleh penulis namun dianggap dapat memperburuk situasi dan kondisi mahasiswa sarjana adalah merebaknya pandemi COVID-19. Menghadapi situasi pandemi, pemerintah Indonesia mengeluarkan peraturan pemerintah dengan mengambil berbagai kebijakan strategis untuk mengurangi risiko penularan virus, di antaranya dengan mengimbau masyarakat untuk mengurangi aktivitas di luar rumah (*Peraturan Pemerintah Republik Indonesia Nomor 21 Tahun 2020 Tentang Pembatasan Sosial Berskala Besar Dalam Rangka Percepatan Penanganan Corona Virus Disease 2019 (COVID-19)* [Government Regulation of the Republic of Indonesia Number 21 Year 2020 Regarding Large-Scale Social Distancing in Order to Accelerate the Management of Corona Virus Disease (COVID-19)], 2020). Mengikuti saran pemerintah, Universitas X meniadakan kelas tatap-muka dan beralih pada pembelajaran jarak jauh atau daring (Surat Edaran Rektor Universitas X, 16 Maret 2020). Keputusan ini diikuti dengan diberhentikannya aktivitas klinik psikologi sejak Maret hingga Mei 2020, sebelum akhirnya klinik beroperasi secara daring. Pembelajaran dan pemberian intervensi psikologis jarak jauh ini menjadi unik karena menciptakan sejumlah masalah baru, seperti kendala akses Internet karena gangguan jaringan, kurangnya kuota jaringan bagi mahasiswa yang kurang mampu secara ekonomi, juga potensi meningkatnya stres yang timbul dari peralihan metode belajar secara tiba-tiba (Triwibowo, n.d., sitat dalam Gunadha & Rahmayunita, 2020; Utami et al., 2020).

Kondisi pandemi dan berbagai tuntutan yang harus dipenuhi mahasiswa sangat mungkin membuat mahasiswa sarjana Universitas X menerima tekanan psikologis lebih yang berujung pada *distress* emosional. Situasi khusus ini terjadi setelah rangkaian intervensi selesai disusun tim

completely organized by the authors and participants who had agreed to become a part of the study, however the great and wide scale of the pandemic which had great potential to influence the mental health of the participants, caused the authors to be of the opinion that this situation could increase the importance of the provision of online mental health services. Marshall and Brockman (2016) made the argument that the high comorbidity between the disorder groups of stress, anxiety, and depression, contained the implication that there was a common kernel of the same pathological processes between the three, that being a low level of psychological flexibility. Several pieces of research have also discovered that the lowness of the level of psychological flexibility is generally negatively associated with the general level of distress and the severity of the disorder symptoms of anxiety and depression (Stange et al., 2017). Psychological flexibility refers to the ability of an individual to adapt to changes, challenges, and demands, with efficiency and effectiveness (Hayes et al., 2006). Individuals who are psychologically flexible are fully aware of the present, so that they can direct their thoughts and behavior to be effective in facing challenges. Conversely, individuals with low psychological flexibility are those with rigid thought and behavioral patterns, and so are less adaptive. Low levels of adaptability of individuals may be seen from their ineffective problem solving and patterns of maladaptive behavior. This causes individuals with low levels of psychological flexibility to experience difficulty in adapting to challenges and demands, so that their psychological well-being may decline (Hayes et al., 2011).

One of the psychological interventions aimed at increasing psychological flexibility is that of the Acceptance and Commitment Therapy (ACT; Hayes et al., 2011). The Acceptance and Commitment Therapy (ACT) is focused upon an acceptance strategy, and self-awareness regarding the present (mindfulness). Acceptance and Commitment Therapy (ACT) is designed to assist individuals in accepting various matters which are difficult to control (e.g., feelings of being under pressure or ruminative thoughts) and directs the individual to focusing upon the present. A popular acronym, "ACT", illustrates this intervention strategy, thus: the "A" stands for "accept your thoughts and feelings", the "C" for "choose values

penulis dan partisipan yang telah setuju menjadi bagian studi, namun skala pandemi yang luas dan potensi yang tinggi dalam mempengaruhi kesehatan mental partisipan membuat penulis berpendapat bahwa situasi ini dapat meningkatkan bobot pentingnya penyediaan jasa kesehatan mental secara daring. Marshall dan Brockman (2016) berargumen bahwa komorbiditas tinggi antara kelompok gangguan stres, kecemasan, dan depresi memberi implikasi bahwa ada inti proses patologis yang sama antara ketiganya, yakni fleksibilitas psikologis rendah. Berbagai penelitian juga menemukan bahwa rendahnya tingkat fleksibilitas psikologis berasosiasi negatif dengan tingkat *distress* secara umum serta keparahan simtom gangguan cemas dan depresi (Stange et al., 2017). Fleksibilitas psikologis mengacu pada kemampuan individu untuk beradaptasi terhadap perubahan, tantangan, dan tuntutan dengan efisien dan efektif (Hayes et al., 2006). Individu yang fleksibel secara psikologis sadar penuh terhadap masa kini, sehingga individu tersebut dapat mengarahkan pikiran serta perilakunya agar efektif dalam menghadapi tantangan. Sebaliknya, individu dengan fleksibilitas psikologis yang rendah merupakan individu dengan pola pikir dan perilaku yang kaku, sehingga individu tersebut kurang adaptif. Rendahnya kemampuan individu beradaptasi bisa saja dilihat dari pemecahan masalah yang tidak efektif dan pola perilaku maladaptif. Hal ini membuat individu dengan fleksibilitas psikologis rendah kesulitan dalam beradaptasi terhadap tantangan dan tuntutan, sehingga kesejahteraan psikologis individu dapat menurun (Hayes et al., 2011).

Salah satu intervensi psikologis yang menasar peningkatan fleksibilitas psikologis adalah *Acceptance and Commitment Therapy* (ACT; Hayes et al., 2011). *Acceptance and Commitment Therapy* (ACT) berfokus pada strategi penerimaan (*acceptance*) dan kesadaran diri terhadap masa kini (*mindfulness*). *Acceptance and Commitment Therapy* (ACT) didesain untuk membantu individu menerima berbagai hal yang sulit untuk dikontrol (misalnya perasaan tertekan atau pikiran ruminatif) dan mengarahkan individu untuk berfokus pada masa kini. Salah satu akronim "ACT" yang populer mengilustrasikan strategi intervensi ini, yakni: "A" untuk "*accept your thoughts and feelings*" ("menerima pemikiran dan perasaanmu"), "C"

that are important in your life”, and the “T” for “take action towards your values” (Köhle et al., 2017). Through this strategy, Acceptance and Commitment Therapy (ACT) enables clients to begin giving attention to worthwhile values and to direct thoughts and behaviors to be in accord with those values, so that they can live lives rich in meaning.

Related to psychological flexibility, compassion is theorized as being an internal experience which becomes a factor of importance in managing and increasing emotional well-being (Harris, 2012). Self-compassion is defined as a form of affection for oneself (Neff, 2003). Self-compassion has three components: (1) self-kindness; (2) sense of common humanity; and (3) mindfulness, which intersect with a number of basic concepts of the Acceptance and Commitment Therapy (ACT). Specifically, self-compassion is found to have positive correlations with cognitive flexibility (Martin et al., 2011), and psychological flexibility (Marshall & Brockman, 2016), and can be a predictor of emotional distress (Van Dam et al., 2011). This positive correlation proves that the intersection of the component of self-compassion and the basics of the concepts of Acceptance and Commitment Therapy (ACT) is quite significant. For example, the concepts of both self-compassion and the Acceptance and Commitment Therapy (ACT) together stress the importance of the mindful and accepting attitude to the unique experiences of the individual.

The self as context component in Acceptance and Commitment Therapy (ACT) and the self-kindness component in self-compassion, also act together in directing a person to have a more open attitude to experiences without being judgmental. Both Acceptance and Commitment Therapy (ACT) and self-compassion support open and non-judgmental attitudes. A number of pieces of correlational research support the association between self-compassion and the positive affects which support well-being, and have found that self-compassion has a negative correlation with anxiety, depression, negative affects, rumination symptoms, the suppression of emotions, and maladaptive psychological functions (Leary et al., 2007; Neff et

untuk “*choose values that are important in your life*” (“memilih nilai yang penting dalam hidupmu”), dan “T” untuk “*take action towards your values*” (“beraksi menuju nilai pribadimu”) (Köhle et al., 2017). Melalui strategi tersebut, *Acceptance and Commitment Therapy (ACT)* memungkinkan klien mulai menghidupi nilai-nilai yang berharga dan mengarahkan pikiran serta perilakunya agar selaras dengan nilai-nilai tersebut, sehingga klien dapat memiliki hidup yang kaya makna.

Berkaitan dengan fleksibilitas psikologis, *compassion* ditekankan sebagai pengalaman internal yang menjadi faktor penting dalam menjaga dan meningkatkan *well-being* emosional (Harris, 2012). *Self-compassion* didefinisikan sebagai bentuk kasih sayang terhadap diri sendiri (Neff, 2003). *Self-compassion* memiliki tiga komponen: (1) *self-kindness*; (2) *sense of common humanity*; dan (3) *mindfulness* yang berpotongan dengan berbagai konsep dasar *Acceptance and Commitment Therapy (ACT)*. Secara spesifik, *self-compassion* ditemukan memiliki korelasi positif terhadap fleksibilitas kognitif (Martin et al., 2011), fleksibilitas psikologis (Marshall & Brockman, 2016), dan dapat menjadi prediktor *emotional distress* (Van Dam et al., 2011). Korelasi positif tersebut membuktikan bahwa perpotongan komponen *self-compassion* dengan dasar-dasar konsep *Acceptance and Commitment Therapy (ACT)* cukup signifikan. Sebagai contoh, baik *self-compassion* maupun *Acceptance and Commitment Therapy (ACT)* sama-sama menekankan pentingnya sikap *mindful* dan *accepting* terhadap pengalaman unik individu.

Komponen *self as context* dalam *Acceptance and Commitment Therapy (ACT)* dan komponen *self-kindness* dalam *self-compassion* juga sama-sama mengarahkan individu untuk lebih bersikap terbuka pada pengalaman tanpa menghakimi. Baik *Acceptance and Commitment Therapy (ACT)* maupun *self-compassion* mendukung sikap *open* dan *non-judgmental*. Sejumlah penelitian korelasi telah mendukung keterkaitan antara *self-compassion* dengan afek positif yang menunjang *well-being*, dan menemukan bahwa *self-compassion* berkorelasi negatif dengan kecemasan, depresi, afek negatif, simptom ruminasi, supresi emosi, dan fungsi psikologis maladaptif (Leary et al., 2007; Neff et al., 2007; Raes, 2010; Thompson

al., 2007; Raes, 2010; Thompson & Waltz, 2008). A Randomized Controlled Trial conducted by Yadavaia et al. (2014) proved that Acceptance and Commitment Therapy (ACT) intervention was effective in increasing the levels of self-compassion, in a sample of 73 graduate students in Nevada, United States of America, with psychological flexibility found as a significant mediator of the changes in the levels of self-compassion, distress, and a number of the symptoms of depression, anxiety and stress. On the basis of the previous explanations, it appeared that Acceptance and Commitment Therapy (ACT) intervention was feasible to conduct, and had the potential to be effective in lowering the levels of distress, increasing psychological flexibility, and also increasing levels of self-compassion in the population of University X undergraduates suffering emotional distress. Through the use of Acceptance and Commitment Therapy (ACT), psychological flexibility is increased, so that the individual may become more adaptive and effective in solving problems and facing challenging situations on a daily basis. Along with the increase in psychological flexibility and the increase in the ability of the individual to respond to stressors, emotional distress will potentially decrease and self-acceptance will increase.

Web-based guided self-help intervention is one of the media having the potential to increase efficiency and scope, while also overcoming the disproportionality of the resources of facilities offering psychological services. This online intervention provides various types of facilitation, such as increasing the efficiency regarding time and place for clients and psychologists, increasing the efficiency of human resources, reducing in the fear of negative stigma because of the feature of anonymity, and increasing the speed of client access to mental health resources and providers (Burns, 2010; Levin et al., 2017). The term "guided" in this context means the design of the intervention, the conduct of the program, as well as the administration follow the structure of psychological intervention which have been proven scientifically to be effective and is under the supervision of professional facilitators. Web-based guided self-help intervention still has some shortcomings, such as the low level of human support, fluctuating risks of dropout, and the low levels of the direct observation found in face-to-

& Waltz, 2008). *Randomized Controlled Trial* oleh Yadavaia et al. (2014) telah membuktikan bahwa intervensi *Acceptance and Commitment Therapy (ACT)* efektif meningkatkan *self-compassion* pada sampel 73 mahasiswa sarjana di Nevada, Amerika Serikat, dengan fleksibilitas psikologis ditemukan sebagai mediator signifikan pada perubahan tingkat *self-compassion*, *distress*, dan sejumlah gejala depresi, kecemasan, dan stres. Berdasarkan pemaparan sebelumnya, maka tampak bahwa intervensi *Acceptance and Commitment Therapy (ACT)* tampak efektif dilakukan dan juga berpotensi efektif untuk menurunkan level *distress*, meningkatkan fleksibilitas psikologis, juga meningkatkan *self-compassion* pada populasi mahasiswa Universitas X dengan *distress* emosional. Melalui *Acceptance and Commitment Therapy (ACT)*, fleksibilitas psikologis ditingkatkan, sehingga individu dapat menjadi lebih adaptif dan efektif dalam memecahkan masalah dan menghadapi situasi menantang sehari-hari. Seiring dengan naiknya fleksibilitas psikologis dan naiknya kemampuan individu dalam meresponi *stressor*, maka *distress* emosional berpotensi menurun dan *self-acceptance* pun meningkat.

Intervensi berbasis-web *guided self-help* menjadi salah satu media yang berpotensi meningkatkan efisiensi dan jangkauan, serta mengatasi ketimpangan sumber daya penyedia layanan psikologis. Intervensi daring ini memberikan berbagai kemudahan, seperti meningkatkan efisiensi waktu dan tempat bagi klien dan psikolog, meningkatkan efisiensi sumber daya manusia, mengurangi ketakutan akan stigma negatif karena adanya fitur anonim, dan mempercepat akses klien terhadap sumber daya dan tenaga kesehatan mental (Burns, 2010; Levin et al., 2017). Istilah "*guided*" pada konteks ini berarti desain intervensi, pelaksanaan program, serta administrasinya mengikuti struktur intervensi psikologis yang telah terbukti secara ilmiah dan berada di bawah supervisi fasilitator profesional. Intervensi *guided self-help* berbasis-web memang masih memiliki kekurangan seperti minimnya dukungan manusia, risiko *dropout* yang fluktuatif, dan minimnya observasi langsung dari sesi tatap muka (Andersson & Titov, 2014; Cowpertwait & Clarke, 2013), sehingga pada studi ini sistem *reminder* (pengingat)

face sessions (Andersson & Titov, 2014; Cowpertwait & Clarke, 2013), so that in this study, a reminder system through text messaging was brought into force to manage communication with the participants. Despite these limitations, the superiority of the efficiency of online intervention is believed by the authors to be capable of assisting clients who are forced to wait to receive psychological help, due to the limitations on the availability of professional practitioners.

The design of the web-based Acceptance and Commitment Therapy (ACT) intervention program has been practiced and studied with undergraduates outside Indonesia, and has been proven to be effective in increasing academic achievements, lowering levels of distress, reducing symptoms of anxiety and depression (Chase et al., 2013; Levin et al., 2017). In the research into the effectiveness of web-based Acceptance and Commitment Therapy (ACT) on the adult population of sufferers of depression in Finland, Lappalainen et al. (2014) found that the implementation of web-based Acceptance and Commitment Therapy (ACT) had a degree of effectiveness in line with that of its face-to-face implementation in reducing the symptoms of depression. A number of other pieces of research into the use of web-based Acceptance and Commitment Therapy (ACT) have also proven that this intervention was effective in assisting clients with issues related to stress, anxiety, and depression (Day et al., 2013; Hebert et al., 2017), while web-based behavioral interventions other than Acceptance and Commitment Therapy (ACT) have been found to be capable of overcoming addiction to alcohol (Kypri et al., 2014). In Indonesia, research into face-to-face Acceptance and Commitment Therapy (ACT) intervention has been conducted, and was found to be effective in increasing the level of psychological well-being of undergraduates (Wahyuni et al., 2018), increasing the quality of life of undergraduates with addiction to social media (Ahmad & Nurwianti, 2019), reducing symptoms of anxiety in stroke patients (Sianturi et al., 2018), and reducing levels of stress amongst victims of natural disasters (Elita et al., 2017).

Studies on the feasibility or effectiveness of web-based Acceptance and Commitment Therapy (ACT) with guided self-help program designs which specifically target the population of

via pesan teks atau pengingat diberlakukan untuk menjalin komunikasi dengan partisipan. Terlepas dari limitasi yang ada, keunggulan efisiensi intervensi daring dipercaya penulis dapat membantu klien yang terpaksa menunggu mendapat penanganan psikologis oleh karena keterbatasan tenaga profesional.

Desain program intervensi *Acceptance and Commitment Therapy (ACT)* berbasis-web sudah pernah dilakukan dan diteliti pada populasi mahasiswa di luar Indonesia dan terbukti efektif meningkatkan prestasi akademis, menurunkan level *distress*, menurunkan simtom kecemasan dan juga depresi (Chase et al., 2013; Levin et al., 2017). Pada penelitian efektivitas *Acceptance and Commitment Therapy (ACT)* berbasis-web pada populasi dewasa pengidap depresi di Finlandia, Lappalainen et al. (2014) menemukan bahwa *Acceptance and Commitment Therapy (ACT)* berbasis-web memiliki efektivitas yang setara dengan *Acceptance and Commitment Therapy (ACT)* tatap muka untuk menurunkan gejala depresi. Sejumlah penelitian *Acceptance and Commitment Therapy (ACT)* berbasis-web lain juga telah membuktikan bahwa intervensi tersebut efektif membantu klien dengan isu stres, kecemasan, depresi (Day et al., 2013; Hebert et al., 2017), sementara intervensi behavioral berbasis-web selain *Acceptance and Commitment Therapy (ACT)* telah ditemukan dapat mengatasi adiksi alkohol (Kypri et al., 2014). Di Indonesia, penelitian intervensi *Acceptance and Commitment Therapy (ACT)* tatap muka sudah pernah dilakukan dan ditemukan efektif meningkatkan kesejahteraan psikologis mahasiswa sarjana (Wahyuni et al., 2018), meningkatkan kualitas hidup mahasiswa sarjana dengan adiksi sosial media (Ahmad & Nurwianti, 2020), menurunkan simtom kecemasan pada pasien stroke (Sianturi et al., 2018), dan menurunkan tingkat stres pada korban bencana alam (Elita et al., 2017).

Studi fisibilitas ataupun efektivitas *Acceptance and Commitment Therapy (ACT)* berbasis-web dengan desain program *guided self-help* yang spesifik menysasar populasi mahasiswa sarjana

undergraduates suffering emotional distress, have never been conducted in Indonesia. The authors conducted an electronic search using the Google Search (2000-2021), Google Scholar (2000-2021), as well as PubMed (2000-2021). The keywords used included: “guided self-help”, “acceptance and commitment therapy”, “distress”, “students”, and “Indonesia”. This feasibility study was organized to obtain technical data, such as matters needing to be prepared and attended to in designing and providing web-based Acceptance and Commitment Therapy (ACT) interventions with guided self-help format to a population of undergraduates, receiving responses from the participants to the intervention, and obtaining a limited study of its effectiveness. These findings and discussions are hoped, by the authors, to be able to produce valuable data for Indonesia which is still experiencing a disproportionality of mental health practitioners (World Health Organization, n.d.).

In the design of a feasibility study, a limited examination of effectiveness may be conducted, to look at the short-term effects of the chosen intervention on the target sample (Bowen et al., 2009; Eldridge et al., 2016). A limited examination was the second step in the analysis of the data, and was aimed at looking at the clinical impact of web-based Acceptance and Commitment Therapy (ACT) with a guided self-help format, in assisting the Faculty of Psychology undergraduates of University X to overcome emotional distress and to increase their psychological flexibility and self-compassion. The hypotheses related to this limited test of effectiveness were as follows:

Hypothesis 1: A program of web-based Guided Self-Help Acceptance and Commitment Therapy (ACT) intervention significantly reduces the emotional *distress* levels of undergraduates.

Hypothesis 2: A program of web-based Guided Self-Help Acceptance and Commitment Therapy (ACT) intervention significantly increases the psychological flexibility of undergraduates.

Hypothesis 3: A program of web-based Guided Self-Help Acceptance and Commitment Therapy (ACT) intervention significantly increases the self-compassion levels of undergraduates.

dengan *distress* emosional belum pernah dilakukan di Indonesia. Penulis melakukan pencarian elektronik pada *Google Search* (2000-2021), *Google Scholar* (2000-2021), serta *PubMed* (2000-2021). Kata kunci yang digunakan mencakup: “*guided self-help*”, “*acceptance and commitment therapy*”, “*distress*”, “*students*”, dan “Indonesia”. Studi fisibilitas ini disusun untuk mendapatkan data teknis, seperti hal-hal yang perlu dipersiapkan dan diperhatikan dalam mendesain dan membawakan intervensi *Acceptance and Commitment Therapy (ACT)* berbasis-web dengan format *guided self-help* pada populasi mahasiswa sarjana, mendapatkan respon partisipan terhadap intervensi, dan mendapatkan kajian efektivitas terbatas. Temuan dan diskusi studi ini diharapkan penulis dapat menjadi data berharga untuk Indonesia yang masih mengalami ketimpangan tenaga kesehatan mental (World Health Organization, n.d.).

Pada desain studi fisibilitas, kajian efektivitas terbatas dapat dilakukan untuk melihat dampak jangka pendek dari intervensi yang dipilih terhadap target sampel (Bowen et al., 2009; Eldridge et al., 2016). Kajian efektivitas terbatas menjadi tahap kedua analisis data dan bertujuan untuk melihat dampak klinis *Acceptance and Commitment Therapy (ACT)* berbasis-web dengan format *guided self-help* dalam membantu mahasiswa sarjana Fakultas Psikologi Universitas X mengatasi *distress* emosional dan meningkatkan fleksibilitas psikologis serta *self-compassion*. Hipotesis terkait uji efektivitas terbatas studi ini berbunyi sebagai berikut:

Hipotesis 1: Program intervensi *Guided Self-Help Acceptance and Commitment Therapy (ACT)* berbasis-web menurunkan tingkat *distress* emosional mahasiswa secara signifikan.

Hipotesis 2: Program intervensi *Guided Self-Help Acceptance and Commitment Therapy (ACT)* berbasis-web meningkatkan fleksibilitas psikologis mahasiswa secara signifikan.

Hipotesis 3: Program intervensi *Guided Self-Help Acceptance and Commitment Therapy (ACT)* berbasis-web meningkatkan *self-compassion* mahasiswa secara signifikan.

Method

Design of Study

In brief, this feasibility study strove to answer, at the technical level, the question: “Can a study or intervention actually *be* conducted?” (Tickle-Degnen, 2013). The parameters of the success of the feasibility study were very much dependent upon the components which it was desired to evaluate. This caused the parameters of the feasibility study to be flexible and to be of open design, so that the authors could arrange the guidance questions or specific parameters which were aimed at each component of feasibility which they wished to inspect (Abbott, 2014). The five components of feasibility examined in this study were: (1) the sufficiency of resources; (2) the smoothness of the execution of the program; (3) the response or feedback of the participants; (4) the obstructions or problems for the authors as well as the participants; and (5) the potential for the effectiveness of the intervention.

Regarding the fifth component (the potential for the effectiveness of the intervention), the limited study of the effectiveness in obtaining preliminary data related to the potential for the effectiveness of the intervention was made using the quasi-experimental method, utilizing a one-group pretest-posttest design. What the differentiator was, between the complete study of effectiveness and the limited examination of effectiveness in the examination of feasibility, was a smaller research coverage, a smaller sample number, the absence of randomization, and a narrower follow-up time-frame (Bowen et al., 2009). Data collection was conducted three times, at the phases of pretest, posttest immediately following the sequence of the completed program, and at that of the follow-up which took place two weeks after that program completion. This limited study of effectiveness became **the second stage in the data analysis**, after the feasibility analysis of the first four components was performed.

Study Ethics

This study has passed examination by the Ethics Committee of the Faculty of Psychology of University X, which protected both the authors and also the undergraduates who were the research

Metode

Desain Studi

Secara singkat, studi fisibilitas berusaha menjawab pertanyaan: “Apakah studi atau intervensi ini *bisa* dilakukan?” pada level teknikal (Tickle-Degnen, 2013). Parameter kesuksesan studi fisibilitas sangat tergantung pada komponen yang ingin dievaluasi. Hal ini menyebabkan parameter studi fisibilitas menjadi fleksibel dan memiliki desain terbuka, sehingga penulis dapat menyusun pertanyaan pemandu atau parameter spesifik yang menysasar setiap komponen fisibilitas yang ingin ditinjau (Abbott, 2014). Lima komponen fisibilitas yang dikaji studi ini adalah: (1) kecukupan sumber daya; (2) kelancaran proses pelaksanaan program; (3) respon atau umpan balik partisipan; (4) hambatan atau masalah dari pihak penulis maupun partisipan; dan (5) potensi efektivitas intervensi.

Pada komponen kelima (potensi efektivitas intervensi), kajian efektivitas terbatas untuk mendapatkan data *preliminary* terkait potensi efektivitas intervensi didapat dari metode *quasi-experiment* dengan desain *one-group pretest-posttest*. Hal yang menjadi pembeda dengan studi efektivitas utuh dengan kajian efektivitas terbatas dalam lingkup studi fisibilitas adalah cakupan penelitian yang lebih kecil, jumlah sampel yang lebih sedikit, tidak adanya randomisasi, dan jarak waktu *follow-up* yang lebih sempit (Bowen et al., 2009). Tiga kali pengambilan data dilakukan pada tahap *pretest*, *posttest* segera setelah rangkaian program berakhir, dan *follow-up* dua minggu setelah program berakhir. Kajian efektivitas terbatas ini menjadi **tahap kedua dalam analisis data** setelah analisis fisibilitas empat komponen pertama dilakukan.

Kaji Etik

Studi ini telah lolos kajian Komisi Etik Fakultas Psikologi Universitas X yang menaungi tim penulis dan juga mahasiswa sarjana yang menjadi partisipan penelitian, dengan Surat Keterangan Kaji

participants, through *Surat Keterangan Kaji Etik* (Certificate of Study Ethics) Number 692/FPsi.Komite Etik/PDP.04.00/2019.

Participants

Sampling was of the purposive type as the recruitment was performed specifically from undergraduates of the Faculty of Psychology of University X in West Java, and those undergraduates were waiting in line for their turns for counseling at the campus clinic. The total of participants comprised 38 undergraduates of the Faculty of Psychology of University X, with an age range between 19-22 years, and consisted of five males and 33 females. The criteria for selection of the participants covered: (1) being active undergraduates of the Faculty of Psychology of University X; (2) experiencing disorder symptoms of stress, anxiety and/or depression, which refers to the score categories of “Mild” to “Severe” in at least one domain of the Depression Anxiety Stress Scale (DASS-42), the measurement instrument for the selection of aspirant participants; and (3) having agreed via Informed Consent and being willing to take part in the intervention program.

Only 12 of the total of 38 participants fully completed the series of instruments at the posttest and follow-up stages, so that the data analysis on effectiveness was restricted to only the data of these 12 participants. It appeared that the completion of the instruments at the posttest and follow-up stages which was not a technical requirement in the web medium of this study was one of the reasons for the decrease in the number of fully completed instruments.

Demography of Participants

Table 1 provides information on the pre-test Depression Anxiety Stress Scale (DASS-42) scores from all 38 participants, as well as from the 12 participants with complete pretest, posttest, and follow-up data.

Instruments

This study used the three self-report inventories adapted into Bahasa Indonesia and a series of feedback questionnaires to obtain data related to the feasibility of the program and the feedback from

Etik Nomor 692/FPsi.Komite Etik/PDP.04.00/2019.

Partisipan

Sampling berjenis *purposive* karena rekrutmen dilakukan secara spesifik hanya pada mahasiswa Fakultas Psikologi Universitas X di Jawa Barat dan mahasiswa yang sedang mengantre untuk mendapat giliran konseling pada klinik kampus. Total partisipan terdiri dari 38 mahasiswa sarjana Fakultas Psikologi Universitas X dengan rentang usia 19-22 tahun, terdiri dari lima pria dan 33 wanita. Kriteria pemilihan partisipan mencakup: (1) merupakan mahasiswa sarjana aktif Fakultas Psikologi Universitas X; (2) mengalami gejala gangguan stres, kecemasan, dan/atau depresi yang tampak dari kategori skor “Ringan” hingga “Sangat Parah” pada sekurang-kurangnya satu domain *Depression Anxiety Stress Scale (DASS-42)* yang menjadi alat ukur seleksi calon partisipan; dan (3) menyetujui *Informed Consent* dan bersedia mengikuti program intervensi.

Hanya 12 partisipan dari total 38 partisipan yang mengisi rangkaian alat tes secara lengkap pada tahap *posttest* dan *follow-up*, sehingga analisis data efektivitas terbatas dilakukan hanya dengan data 12 partisipan tersebut. Tampak bahwa pengisian alat tes pada tahap *posttest* dan *follow-up* yang tidak menjadi syarat secara teknis pada media web studi ini menjadi salah satu penyebab turunnya jumlah pengisi alat tes lengkap.

Demografi Partisipan

Tabel 1 menyediakan informasi skor *pretest Depression Anxiety Stress Scale (DASS-42)* dari total 38 partisipan serta 12 partisipan dengan data *pretest, posttest, dan follow-up* lengkap.

Instrumen

Studi ini menggunakan tiga *self-report inventories* adaptasi Bahasa Indonesia dan satu rangkaian kuesioner umpan balik untuk mendapat data terkait fisibilitas program dan umpan balik par-

Table 1
Demography of Participants

	Number (n = 38)	Percentage	Number (n = 12)	Percentage
Gender				
Male	5	13.16%	0	0%
Female	33	86.84%	12	100%
Initial Diagnosis				
Depression	27	71.07%	10	83.33%
Anxiety	37	97.37%	12	100%
Stress	32	84.22%	11	90.67%

Tabel 1
Demografi Partisipan

	Jumlah (n = 38)	Persentase	Jumlah (n = 12)	Persentase
Jenis Kelamin				
Pria	5	13,16%	0	0%
Wanita	33	86,84%	12	100%
Diagnosis Awal				
Depresi	27	71,07%	10	83,33%
Kecemasan	37	97,37%	12	100%
Stres	32	84,22%	11	90,67%

participants, and also to conduct a limited test of effectiveness.

Depression Anxiety Stress Scales (DASS-42)

The Depression Anxiety Stress Scales (DASS-42) were developed by Lovibond and Lovibond (1995), to measure levels of severity of the symptoms of stress, anxiety and depression, using Likert response scales (Damanik, 2006). This test comprises 42 statement items, such as: "I become angry over inconsequential matters.", "My mouth feels dry.", and "I panic easily.". Participants may respond to these statements with four choices on a Likert scale, which range from "0 (*no or never*)" to "3 (*very much in line with what occurs, or on nearly every occasion*)". The Bahasa Indonesia version by Damanik (2006) used in this study, has been proved reliable ($\alpha = .9483$), and passed a test of readability. The Depression Anxiety Stress Scales (DASS-42) were chosen for efficiency of use and for its good discriminating ability between the domains measured (Basha & Kaya, 2016). The higher the score in the Depression Anxiety Stress Scales (DASS-42), the higher is the severity of the levels of the symptoms of stress, anxiety, and/or depression of the participants.

tisipan, serta untuk melakukan uji efektivitas terbatas.

Depression Anxiety Stress Scales (DASS-42)

Depression Anxiety Stress Scales (DASS-42) dikembangkan Lovibond dan Lovibond (1995) untuk mengukur tingkat keparahan gejala stres, kecemasan, dan depresi dengan menggunakan respon skala *Likert* (Damanik, 2006). Tes ini terdiri dari 42 butir pernyataan seperti: "Menjadi marah karena hal-hal sepele.", "Mulut terasa kering.", dan "Mudah panik.". Partisipan dapat merespon pernyataan dengan empat pilihan jawaban dalam skala *Likert* yang mencakup "0 (*tidak ada atau tidak pernah*)" hingga "3 (*sangat sesuai dengan yang dialami, atau hampir setiap saat*)". Versi Bahasa Indonesia oleh Damanik (2006) yang digunakan studi ini telah terbukti reliabel ($\alpha = 0,9483$), dan telah lulus uji keterbacaan. *Depression Anxiety Stress Scales (DASS-42)* dipilih karena efisiensi penggunaan dan kemampuan diskriminasinya yang baik antar domain yang diukur (Basha & Kaya, 2016). Semakin tinggi skor *Depression Anxiety Stress Scales (DASS-42)* berarti semakin parah tingkat gejala stres, kecemasan, dan/atau depresi partisipan.

Acceptance and Action Questionnaire-II (AAQ-II)

This instrument measures acceptance, experiential avoidance, and levels of psychological flexibility (Hayes et al., 2006) with seven statement items, such as: “I am afraid and worried about if I cannot control my fears and feelings.” and “Worry impedes my success.”. The participants can respond using a seven-stage Likert scale which begins with “1 (*never or absolutely not appropriate*)” and progresses to “7 (*always*)”. Meta-analysis on 27 previous studies has proven that this measurement instrument is reliable ($a = .84$) and accurate in predicting the quality of life, levels of depression, anxiety, mental health, and future work performance (Bond et al., 2011). This study used an adaptation of the Acceptance and Action Questionnaire-II (AAQ-II) in Bahasa Indonesia adapted by Saniatuzzulfa and Retnowati (2015). This adapted version has a reliability score of .719 and has passed a test of readability. The higher were the scores in the Acceptance and Action Questionnaire-II (AAQ-II), the lower was the psychological flexibility and general psychological distress of the participants.

Self-Compassion Scales (SCS)

Self-Compassion Scales (SCS; Neff, 2003) measure self-compassion, based upon six components, these being the three components of self-compassion and three components which are inimical to self-compassion. The three components of self-compassion consist of: (1) self-kindness; (2) common humanity; and (3) mindfulness. The three components which are inimical to the main construct consist of: (1) self-judgment; (2) isolation; and (3) over-identification. There are 26 statement items, such as: “I reject the inadequacies and weaknesses which I have.” and “I attempt to view failure as a human condition.”. Participants may respond to the 26 statements using five-stage Likert scale answer options, starting at “1 (*almost never*)” through to “5 (*nearly always*)”. The Bahasa Indonesia version of the Self-Compassion Scales (SCS) in this study was taken from research by Budiani (2017) which had passed readability testing and was proven to be valid and reliable. The higher the score in the Self-Compassion Scales (SCS) meant higher self-compassion of the participant.

Acceptance and Action Questionnaire-II (AAQ-II)

Instrumen ini mengukur penerimaan, *experiential avoidance*, dan tingkat fleksibilitas psikologis (Hayes et al., 2006) dengan tujuh butir pernyataan seperti: “Saya takut dan khawatir jikalau saya tidak dapat mengontrol ketakutan dan perasaan saya.” dan “Kekhawatiran merintangai kesuksesan saya.”. Partisipan dapat merespon menggunakan skala *Likert* tujuh tingkat yang dimulai dari “1 (*tidak pernah atau tidak tepat sama sekali*)” hingga “7 (*selalu*)”. Meta-analisis terhadap 27 studi telah membuktikan bahwa alat ukur ini reliabel ($a = 0,84$) dan akurat dalam memprediksi kualitas hidup, tingkat depresi, kecemasan, kesehatan mental, kepuasan kerja, dan performa kerja masa depan (Bond et al., 2011). Studi ini menggunakan adaptasi *Acceptance and Action Questionnaire-II (AAQ-II)* dalam Bahasa Indonesia oleh Saniatuzzulfa dan Retnowati (2015). Versi adaptasi tersebut memiliki nilai reliabilitas sebesar 0,719 dan telah lulus uji keterbacaan. Semakin tinggi skor *Acceptance and Action Questionnaire-II (AAQ-II)* berarti semakin rendahnya fleksibilitas psikologis dan *general psychological distress* partisipan.

Self-Compassion Scales (SCS)

Self-Compassion Scales (SCS; Neff, 2003) mengukur *self-compassion* berdasarkan enam komponen, yakni tiga komponen *self-compassion* dan tiga komponen yang berlawanan dengan *self-compassion*. Tiga komponen *self-compassion* mencakup: (1) *self-kindness*; (2) *common humanity*; dan (3) *mindfulness*. Tiga komponen yang berlawanan dengan konstruk utama mencakup: (1) *self-judgment*; (2) *isolation*; dan (3) *over-identification*. Terdapat 26 butir pernyataan seperti: “Saya menolak kekurangan serta kelemahan yang saya miliki.” dan “Saya mencoba untuk melihat kegagalan sebagai hal yang manusiawi.”. Partisipan dapat menjawab 26 butir pernyataan dengan pilihan jawaban berskala *Likert* lima tingkat yang dimulai dari “1 (*hampir tidak pernah*)” hingga “5 (*hampir selalu*)”. *Self-Compassion Scales (SCS)* versi Bahasa Indonesia studi ini diambil dari penelitian Budiani (2017) yang telah lulus uji keterbacaan, terbukti valid dan reliabel. Semakin tinggi skor *Self-Compassion Scales (SCS)* berarti semakin tinggi *self-compassion* partisipan.

Feedback Questionnaire

In arranging the guidance questions for the study and the questionnaire, the authorship team used references from a number of general feasibility studies (Abbott, 2014; Eldridge et al., 2016) and feasibility studies related to web-based Acceptance and Commitment Therapy (ACT), which had been performed on a population of chronic pain sufferers (Saracutu et al., 2018). The discussion and analysis related to the results of the feasibility evaluation were in descriptive form.

Questionnaires were distributed at the end of each session and arranged so as to obtain data on the feasibility of the program from the viewpoint of the participants. The questionnaire comprised three questions with Likert scale response choices, and three other additional questions. These six questions were arranged to obtain three of the five components of feasibility, those being: (1) the smoothness of the execution of the program from the viewpoint of the participants; (2) the feedback from the participants; and (3) hindrances from the viewpoint of the participants. Table 2 shows the three components of feasibility assessed through each question in the questionnaires.

Procedure

Figure 1 provides a simplified illustration of the flow of the study.

Preparation Phase

Recruitment was conducted by the distribution of recruitment posters on campus and in the psychology undergraduate community of University X, as well as through contact being made with undergraduates who were still waiting in line for the campus psychology clinic. The authorship team then distributed online informed consent, containing information related to the aims of the study, the flow of intervention throughout eight sessions, as well as stipulations and rights for program participants. After giving their agreement, 38 participants obtained guidance documents and dummy IDs to access the campus website in order to take part in the online sessions without having to use their real identities. Web-based audio-visual materials were the principle means used in the inter-

Kuesioner Umpan Balik

Dalam menyusun pertanyaan pemandu studi dan kuesioner, tim penulis menggunakan acuan dari beberapa kajian studi fisibilitas secara umum (Abbott, 2014; Eldridge et al., 2016) dan studi fisibilitas *Acceptance and Commitment Therapy (ACT)* berbasis-web yang pernah dilakukan pada populasi penderita rasa sakit kronis (Saracutu et al., 2018). Bahasan dan analisis terkait hasil evaluasi fisibilitas berbentuk deskriptif.

Kuesioner diberikan pada akhir setiap sesi dan disusun guna mendapatkan data fisibilitas program dari sudut pandang partisipan. Kuesioner terdiri dari tiga pertanyaan dengan pilihan respon berskala *Likert* dan tiga pertanyaan pelengkap. Enam pertanyaan ini disusun untuk mendapat data tiga dari lima komponen fisibilitas, yakni: (1) kelancaran proses pelaksanaan program dari sudut pandang partisipan; (2) umpan balik partisipan; dan (3) hambatan dari pihak partisipan. Tabel 2 menunjukkan tiga komponen fisibilitas yang diases oleh tiap butir pertanyaan.

Prosedur

Gambar 1 menyediakan ilustrasi sederhana atas alur studi.

Tahap Persiapan

Rekrutmen dilakukan dengan menyebarkan poster rekrutmen pada kampus dan komunitas mahasiswa sarjana psikologi Universitas X, serta mengontak mahasiswa yang masih dalam masa antri di klinik psikologi kampus. Tim penulis lebih lanjut memberi *informed consent* daring yang berisi penjelasan terkait tujuan studi, alur intervensi selama delapan sesi, beserta dengan ketentuan dan hak dalam mengikuti program. Setelah setuju, 38 partisipan mendapat dokumen pemandu dan *dummy ID* untuk mengakses *website* kampus untuk mengikuti sesi daring tanpa menggunakan identitas asli. Materi berbasis-web audio-visual menjadi sarana utama dalam intervensi. Berikut adalah detail materi dan media yang digunakan tim penulis:

Table 2
Questions in the Feedback Questionnaires

No.	Question	Type of Response	Feasibility Component
1	Has this session been of benefit to you?	Multiple choice, Likert scale 1-5	Participant feedback related to session benefits.
2	Were you able to complete the session easily?	Multiple choice, Likert scale 1-5	Participant feedback related to the ease of the material; the smoothness of the program.
3	How much time was required to complete the session?	Multiple choice, Likert scale 1-5	The smoothness of the program.
4	What did you like in this session?	Open	Participant feedback related to points appreciated.
5	What did you not like in this session?	Open	Participant feedback related to points not appreciated; hindrances encountered by the participant.
6	What needs doing to, or improving in, the session, for you to obtain more benefit?	Open	Participant feedback related to suggestions for improvement.

Tabel 2
Butir Pertanyaan Kuesioner Umpan Balik

No.	Butir Pertanyaan	Jenis Respon	Komponen Fisibilitas
1	Apakah sesi ini bermanfaat bagi Anda?	Pilihan ganda, skala <i>Likert</i> 1-5	Umpan balik partisipan terkait manfaat sesi.
2	Apakah Anda dapat menyelesaikan sesi ini dengan mudah?	Pilihan ganda, skala <i>Likert</i> 1-5	Umpan balik partisipan terkait kemudahan materi; kelancaran program.
3	Berapa lama waktu yang dibutuhkan untuk menyelesaikan sesi?	Pilihan ganda, skala <i>Likert</i> 1-5	Kelancaran program.
4	Apa yang Anda sukai dari sesi ini?	Terbuka	Umpan balik partisipan terkait hal-hal yang diapresiasi.
5	Apa yang Anda tidak sukai dari sesi ini?	Terbuka	Umpan balik partisipan terkait hal-hal yang kurang diapresiasi; hambatan yang mungkin ditemui partisipan.
6	Apa yang perlu diperbaiki atau ditingkatkan dari sesi ini agar Anda mendapat lebih banyak manfaat?	Terbuka	Umpan balik partisipan terkait saran peningkatan.

vention. Details of the material and media used by the authors were as follows:

Details of Web-Based Media: Videos and Metaphors. Videos containing animation and narration were used to introduce the concepts of Acceptance and Commitment Therapy (ACT) and to perform basic psychoeducation. Metaphors assisted the participants to see situations from different viewpoints and to play the roles of the characters in the story, as well as to feel the illustrated themes (Stoddard & Afari, 2014). This study used metaphors adopted from The Big Book

Detail Media Berbasis-Web: Video dan Metafora. Video berisi animasi dan narasi digunakan untuk memperkenalkan konsep-konsep *Acceptance and Commitment Therapy (ACT)* dan melakukan psikoedukasi dasar. Metafora membantu partisipan untuk melihat suatu situasi dari sudut pandang yang berbeda dan turut berperan sebagai karakter dalam cerita, serta merasakan hal-hal yang diilustrasikan (Stoddard & Afari, 2014). Studi ini menggunakan metafora yang

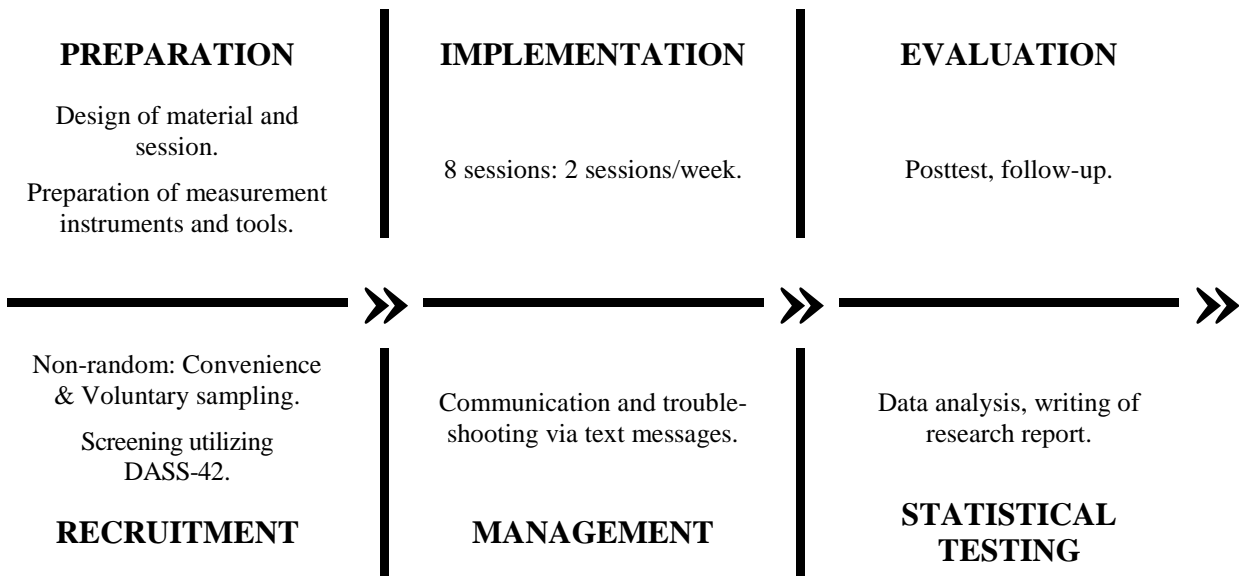


Figure 1. Flow of the study.



Gambar 1. Alur studi.

of ACT Metaphors by Stoddard and Afari (2014).

diadopsi dari *The Big Book of ACT Metaphors* oleh Stoddard dan Afari (2014).

Details of Web-Based Media: Audio-Visual Media. Media other than videos comprised audio-recordings, visual-narrative presentations, interactive quizzes, and fill-in forms. All of this media was related to the website and contained the traditional contents of the Acceptance and Commitment Therapy (ACT), such as a study guide

Detail Media Berbasis-Web: Media Audio-Visual. Media selain video mencakup rekaman audio, presentasi visual-naratif, kuis interaktif, dan laman isian. Seluruh media ini terpaut pada *website* dan memuat konten tradisional *Acceptance and Commitment Therapy (ACT)*, seperti panduan belajar berbagai teknik relaksasi serta *mindfulness*,

for various relaxation techniques and mindfulness, together with psychoeducational material and illustrations of every-day cases. The Work-Sheets were downloaded and designed to assist participants organize concrete strategies, as well as being used to practice various mindfulness and acceptance techniques.

Execution Phase

In all, eight online sessions were opened at a frequency of two sessions per week, i.e., on Thursdays and Fridays. The sessions were opened automatically on the campus website portal, which was used by the authorship team on the days and dates pre-determined. The authorship team sent reminders in the form of text messages via WhatsApp, on the day as each session had just opened. In accordance with the design and appointments, each session was thought likely to last around 30-60 minutes and the whole eight sessions, together with the follow-up testing, ended after six weeks. This time period was assumed to be sufficient, because the whole series was packaged online and was also carried out during the time of the *Pembatasan Sosial Berskala Besar (PSBB; Large-Scale Social Restrictions)* which lasted from April to June, 2020.

At the end of each session, there was a series of feedback questionnaires to be completed by the participants, as well as a reminder that the participants could contact the authorship team, should they encounter difficulties. Communications between the authorship team and the participants was conducted via WhatsApp messages, or e-mail. There were no communications via telephone, face-to-face, nor by video-call.

Posttests were conducted at the end of each session, then follow-ups, which took up two weeks after the final session finished. After that, the authors contacted the participants again via WhatsApp to announce that the intervention program had been completed and to hand out incentives in the form of phone credits, to all participants.

The Series of Sessions

The organization of the eight sessions of the program was based upon the general principles of

serta materi psiko-edukasi dan ilustrasi kasus sehari-hari. Lembar Kerja diunduh dan didesain untuk membantu partisipan menyusun strategi konkret, juga digunakan untuk melatih berbagai teknik *mindfulness and acceptance*.

Tahap Pelaksanaan

Total delapan sesi daring dibuka dalam frekuensi dua sesi per minggu, yakni pada hari Senin dan Jumat. Sesi dibuka secara otomatis oleh portal *website* kampus yang digunakan tim penulis pada hari dan tanggal yang telah ditentukan. Tim penulis memberikan *reminder* dalam rupa pesan teks via *WhatsApp* pada hari setiap sesi baru terbuka. Sesuai dengan desain dan perjanjian, setiap sesi diperkirakan berkisar 30-60 menit dan total delapan sesi beserta tes *follow-up* selesai dalam waktu enam minggu. Rentang waktu ini diasumsikan cukup karena seluruh rangkaian dikemas secara daring dan juga dilaksanakan pada masa Pembatasan Sosial Berskala Besar (PSBB) yang berlangsung sejak April hingga Juni 2020.

Pada akhir setiap sesi, terdapat rangkaian kuesioner umpan balik yang bisa diisi partisipan dan pengingat bahwa partisipan dapat mengontak tim penulis bila mengalami kesulitan. Komunikasi antar tim penulis dan partisipan dilakukan via *WhatsApp message* atau *e-mail*. Tidak ada komunikasi via telepon, tatap muka, atau *video-call*.

Posttest diambil pada sesi terakhir, disusul dengan *follow-up* yang berjarak dua minggu sejak sesi terakhir selesai. Setelahnya, penulis mengontak partisipan kembali via *WhatsApp* untuk mengumumkan bahwa program intervensi telah selesai dan memberikan insentif berupa saldo pulsa bagi seluruh partisipan.

Rangkaian Sesi

Susunan delapan sesi program dilandasi oleh enam prinsip dasar *Acceptance and Commitment*

Acceptance and Commitment Therapy (ACT) as contrived by Hayes (2004) and Harris (2009), being: (1) acceptance; (2) defusion; (3) mindfulness; (4) self as context vs. conceptualized self; (5) values; and (6) committed action. Each session presented one basic or underlying principle, accompanied by a variety of metaphors and case illustrations in a variety of audio-visual media. The framework of each session covered basic psychoeducation on the principles of Acceptance and Commitment Therapy (ACT), together with metaphors and illustrations aimed at making it easier for the participants to comprehend the applications and concrete examples of the principles of Acceptance and Commitment Therapy (ACT) in the context of their daily lives. Furthermore, the participants were able to access various exercises through audio, narrational, quiz, and Work-Sheet guidance.

Appendix contains a summary of the session contents, the web-based media employed, and the aims of each use of media. Figure 2 provides an example of the material used in the study.

Data Analysis

Feasibility Data Analysis Procedure

The five basic components of feasibility of this study comprised: (1) resources; (2) the facility of smoothness of the process of implementing the program; (3) responses or feedback from the participants; (4) the hindrances or problems from the viewpoints of the authors as well as the participants; and (5) the potential for the effectiveness of the intervention. The guiding questions of each component of the program were arranged by the authorship team, based upon the matters thought to be important for consideration during construction, administration, and data evaluation.

The qualitative analysis of the responses to each question on feedback questionnaire used *a posteriori* coding, i.e., by categorizing the study data on the basis of a shorter “title” or term, so that qualitative data might be broken down, comprehended, and reorganized to form a more complete conclusion (Creswell, 2015). After the coding was performed, the authors summarized the distribution of it, so as to be able to see the varia-

Therapy (ACT) sebagaimana dituliskan oleh Hayes (2004) dan Harris (2009), yakni: (1) *acceptance*; (2) *defusion*; (3) *mindfulness*; (4) *self as context vs. conceptualized self*; (5) *values*; dan (6) *committed action*. Setiap sesi merepresentasikan satu prinsip dasar yang disertai dengan berbagai metafora dan ilustrasi kasus dalam variasi media audio-visual. Kerangka setiap sesi mencakup psikoedukasi dasar mengenai prinsip-prinsip *Acceptance and Commitment Therapy (ACT)*, diikuti dengan metafora dan ilustrasi yang bertujuan untuk memudahkan partisipan memahami aplikasi dan contoh nyata prinsip-prinsip *Acceptance and Commitment Therapy (ACT)* dalam kehidupan sehari-hari. Selanjutnya partisipan dapat mengakses berbagai latihan lewat panduan audio, narasi, kuis, dan Lembar Kerja.

Lampiran berisi rangkuman isi sesi, media berbasis-web yang digunakan, dan tujuan dari setiap penggunaan media. Gambar 2 menyediakan contoh materi yang digunakan dalam studi ini.

Analisis Data

Prosedur Analisis Data Fisibilitas

Lima komponen dasar fisibilitas studi ini mencakup: (1) sumber daya; (2) kelancaran proses pelaksanaan program; (3) respon atau umpan balik partisipan; (4) hambatan atau masalah dari pihak penulis maupun partisipan; dan (5) potensi efektivitas intervensi. Pertanyaan pemandu setiap komponen disusun tim penulis berdasarkan hal-hal yang dianggap penting untuk diperhatikan pada konstruksi, administrasi, dan evaluasi data.

Analisis kualitatif terhadap setiap respon dari pertanyaan kuesioner umpan balik menggunakan koding *a posteriori*, yakni dengan mengkategorikan data studi berdasarkan “judul” atau istilah yang lebih singkat, sehingga data kualitatif dapat dipecah, dipahami, dan disusun kembali menjadi kesimpulan yang lebih utuh (Creswell, 2015). Setelah koding dilakukan, penulis merangkum sebaran kategori data sehingga penulis dapat meli-



Figure 2. An example of a fragment of the metaphor video “Leaves on the Stream”.

Note. This metaphor video is an original work of the authors.

tions and the majority of the responses for each question. The program was evaluated as being feasible if and when the majority of the participants awarded good cumulative values (Likert scale > 3) and the results of the qualitative coding of the open questions was more dominated by responses stating that the program was beneficial, interesting, and/or easily accessed and easily understood.

The analysis of the components of feasibility not related to the feedback responses of the participants was based upon observation and the experiences of the authorship team during the drafting, conduct, and management of the implementation of the study. Sufficiency of resources referred to whether material, human, and time resources provided by the authors were sufficient, through to the final phase of the study. The program was evaluated as being feasible when the material resources from the funding received by the authorship team, together with the provided human resources and the period of time of six months, were sufficient to carry out the entirety of the sequence of the study.

Analysis of the facility or smoothness of the process of the conduct was looked at from a number of sides, these being: (1) Whether the program ran in accord with the time period and the

Gambar 2. Contoh cuplikan video metafora “Leaves on the Stream”.

Catatan. Video metafora ini merupakan karya orisinal penulis.

hat variasi dan mayoritas respon untuk tiap pertanyaan. Program dinilai fisibel bila mayoritas partisipan memberikan kumulatif nilai baik (skala *Likert* > 3) dan hasil koding kualitatif terhadap pertanyaan terbuka lebih didominasi oleh respon yang menyatakan bahwa program bermanfaat, menarik, dan/atau mudah diakses dan mudah dipahami.

Analisis komponen fisibilitas yang tidak terkait respon umpan balik partisipan didasarkan pada observasi dan pengalaman tim penulis selama merancang, melaksanakan, dan melakukan manajemen atas jalannya studi. Kecukupan sumber daya mengacu pada apakah sumber daya materi, manusia, dan waktu yang telah disiapkan penulis cukup hingga tahap akhir studi. Program dinilai fisibel saat sumber daya materi dari hibah yang diterima tim penulis beserta sumber daya manusia dan waktu sebanyak enam bulan yang disiapkan cukup untuk menjalankan seluruh rangkaian studi.

Analisis kelancaran proses pelaksanaan dilihat dari beberapa hal, yakni: (1) Apakah program berjalan sesuai dengan alur waktu dan desain yang sudah dirancang; dan (2) Apakah penulis dapat

design as planned; and (2) Whether the authors were capable of facilitating the needs and questions of the participants through the communication method of using text messages. The communication analysis, based upon observations, was also conducted with regard to the level of participation or independence of the participants during each session, by calculating total percentage of participants who accessed the sessions and the percentage of participants who completed the Work-Sheets and subsequently uploaded them.

Evaluation Procedure and Limited Effectiveness Testing

Limited effectiveness testing was the fifth component of the feasibility study, and employed the Friedman Test, performed by testing the three hypotheses of the study. The Friedman Test is an alternative testing method from repeated measures One-Way Analysis of Variance (ANOVA; Kotz et al., 2004). A non-parametric test was the choice made due to the small number of participants, so the assumption of normal distribution was breached by default (Gravetter & Wallnau, 2010). This test was also used because the research data from all measurement instruments used was of ordinal data.

Results

Feasibility of Program

The study of the program feasibility was conducted based upon guidance questions on the four basic components of the study, which are: (1) resources; (2) process and implementation of the program; (3) responses or feedback; and (4) hindrances and problems.

Resources

The material resources required to organize and conduct the program included funds contributed by the *Program Pengembangan Masyarakat Universitas X* (Societal Development Program of University X) program. The funds were used principally to create the audio-visual content on the academic website, which became the intervention media. The human resources required comprised three researchers who also had the task of facilitating the program, a clinical supervisor, and

memfasilitasi kebutuhan dan pertanyaan partisipan menggunakan metode komunikasi teks. Analisis berdasarkan observasi juga dilakukan terhadap tingkat partisipasi atau kemandirian partisipan pada tiap sesi dengan menghitung total presentase partisipan pengakses sesi dan presentase partisipan yang mengisi Lembar Kerja dan mengunggahnya kembali.

Prosedur Evaluasi dan Uji Efektivitas Terbatas

Uji efektivitas terbatas menjadi komponen kelima studi fisibilitas ini dan menggunakan *Friedman Test* yang dilakukan untuk menguji tiga hipotesis studi. *Friedman Test* merupakan tes alternatif dari *repeated measures One-Way Analysis of Variance (ANOVA; Kotz et al., 2004)*. Tes non-parametrik menjadi pilihan karena jumlah partisipan yang kecil, sehingga asumsi distribusi normal otomatis terlanggar (Gravetter & Wallnau, 2010). Tes ini juga digunakan karena data penelitian dari seluruh alat ukur yang digunakan bersifat ordinal.

Hasil

Fisibilitas Program

Kajian fisibilitas program dilakukan berdasarkan pertanyaan pemandu empat komponen dasar studi, yaitu: (1) sumber daya; (2) proses dan pelaksanaan program; (3) respon atau umpan balik; dan (4) hambatan dan masalah.

Sumber Daya

Sumber daya materi yang dibutuhkan untuk menyusun dan melaksanakan program mencakup pendanaan dari hibah Program Pengembangan Masyarakat Universitas X. Dana terutama digunakan untuk menciptakan konten audio-visual pada web akademis yang menjadi media intervensi. Sumber daya manusia yang dibutuhkan mencakup tiga orang peneliti yang juga bertugas sebagai fasilitator program, seorang supervisor klinis, dan narasumber yang telah menjalankan intervensi

sources who had previously conducted web-based interventions in Indonesia. The time resources required for preparation were six months, whilst the implementation of the intervention and the data calculations consumed three months. All resources were evaluated as being sufficient for the preparation and implementation of the program.

The Process and Implementation of the Program

The flow of the program was smooth, from the preparation, through the implementation, till the data calculations. The implementation of the program proceeded in accord with the schedule or timetable, i.e., with two sessions opened per week with free access, through to the follow-up phase. The communications procedure via WhatsApp message and e-mail was evaluated as being quite effective in answering the questions of the participants and providing information or reminders when the sessions had just been opened on the web system.

The assessments of the participation and the independence of the participants was determined from the numbers who accessed the sessions, the degree of completion of the Work-Sheets, and the number of people completing the feedback requests at the end of each session. Operationally, the dropouts were defined as those who “failed absolutely to access the session”. Throughout the program, the number who gained access was stable between 35 and 38 participants, so that the dropout rate was a mere three participants or a maximum of 7.89%. This percentage was higher than those in the meta-analysis studies, which produced a 17.95% dropout rate (Karekla et al., 2019). The number of participants who completed the follow-up phase was only 18, so that the total number to finish the test instrument series completely was 12 participants or 47.34%.

The level of completion of the Work-Sheets was one way of reviewing the level of participation. This can be seen from the number of participants completing and uploading the Work-Sheets per session, except for Session 8 or the final session which did not require any uploading. Table 3 contains summaries of numbers and percentages of those completing the Work-Sheets at each session, out of the total number of 38 participants.

berbasis-web di Indonesia. Sumber daya waktu yang dibutuhkan pada masa persiapan adalah enam bulan, sedangkan pelaksanaan serta perhitungan data memakan waktu tiga bulan. Seluruh sumber daya ini dinilai cukup untuk menyiapkan dan melaksanakan program intervensi.

Proses dan Pelaksanaan Program

Alur program berjalan lancar mulai dari tahap persiapan, pelaksanaan, hingga perhitungan data. Pelaksanaan program berjalan sesuai jadwal, yakni dengan dua sesi yang dibuka per minggu dengan akses bebas hingga fase *follow-up*. Prosedur komunikasi via *WhatsApp message* dan *e-mail* dinilai cukup efektif dalam menjawab pertanyaan partisipan dan memberikan informasi atau pengingat (*reminder*) saat sesi baru dibuka system web.

Asesmen partisipasi dan kemandirian partisipan dilihat dari jumlah pengakses sesi, tingkat penyelesaian Lembar Kerja, dan jumlah pengisi umpan balik pada tiap akhir sesi. Secara operasional, *dropout* didefinisikan sebagai “tidak ada akses pada sesi sama sekali”. Sepanjang program, jumlah pengakses stabil antara 35-38 partisipan, sehingga *dropout rate* hanyalah tiga partisipan atau 7,89% secara maksimal. Persentase ini lebih tinggi dari kajian meta-analisis yang menghasilkan angka 17,95% (Karekla et al., 2019). Jumlah pengisi alat tes pada tahap *follow-up* hanya 18 partisipan, sehingga total pengisi seluruh rangkaian alat tes lengkap hanya mencapai 12 partisipan atau 47,34%.

Tingkat penyelesaian Lembar Kerja menjadi salah satu cara meninjau tingkat partisipasi. Hal ini dilihat dari jumlah partisipan yang mengisi dan mengunggah kembali Lembar Kerja per sesi, terkecuali untuk Sesi 8 atau sesi terakhir yang tidak mengharuskan pengunggahan kembali. Tabel 3 berisi rangkuman jumlah dan persentase pengisi Lembar Kerja pada setiap sesi dari total 38 partisipan.

Table 3
Levels of Completion of Worksheets

Session	Work-Sheets	Number of Participants Completing the Work-Sheets	Percentage (%) of Participants Completing the Work-Sheets Out of the Total ($n = 38$)
1	Daily Experience Diary	28	73.64
	My Choice Point	31	81.53
2	Observe, Breathe, Permit	15	39.45
3	Defusion	14	36.82
4	Mindfulness	13	34.19
5	My Conceptualized Selves	12	31.56
6	Values; Bull's Eye	10	26.30
7	Action Plan	8	21.04
8	Valued Living	-	-

Tabel 3
Tingkat Penyelesaian Lembar Kerja

Sesi	Lembar Kerja	Jumlah Partisipan yang Menyelesaikan Lembar Kerja	Persentase (%) Pengisi Lembar Kerja dari Total Partisipan ($n = 38$)
1	<i>Daily Experience Diary</i>	28	73,64
	<i>My Choice Point</i>	31	81,53
2	Amati, Bernafas, Izinkan	15	39,45
3	Defusi	14	36,82
4	<i>Mindfulness</i>	13	34,19
5	<i>My Conceptualized Selves</i>	12	31,56
6	<i>Values; Bull's Eye</i>	10	26,30
7	<i>Action Plan</i>	8	21,04
8	<i>Valued Living</i>	-	-

The completion levels of the Work-Sheets at each session ranged between 21.04% - 81.53%, with an average percentage of 43.07%. There were no definite benchmarks to be used as references for the evaluation of the completion of the Work-Sheets, but percentages below 50% appear to be less than an ideal level for a web-based guided self-help intervention series which greatly relied upon the independence of the participants.

Responses or Feedback

Feedback was obtained from the responses of the participants to the questionnaires at every session and to the final questionnaires from the complete series of sessions. The three questions related to the benefits obtained from the sessions, the ease in completing the sessions, and the time required for the completion of the sessions could be answered by the participants using a Likert-scale score. The majority of the participants evaluated all of the sessions as being "beneficial" (a score of 4.0) through to "very beneficial" (a score of 5.0). On average, the score for the beneficial nature of the

Tingkat penyelesaian Lembar Kerja pada tiap sesi memiliki rentang antara 21,04% - 81,53%, dengan rata-rata persentase penyelesaian sebesar 43,07%. Tidak ada tolak ukur pasti sebagai acuan terhadap penilaian penyelesaian Lembar Kerja, namun persentase yang berada dibawah 50,0% tampak kurang ideal bagi rangkaian intervensi *guided self-help* berbasis-web yang sangat mengandalkan kemandirian partisipan.

Respon atau Umpan Balik

Umpan balik diambil dari respon partisipan pada kuesioner tiap sesi dan pada kuesioner akhir dari seluruh rangkaian sesi. Tiga pertanyaan terkait manfaat sesi, kemudahan menyelesaikan sesi, dan waktu yang dibutuhkan untuk menyelesaikan sesi dapat partisipan isi dengan skor berskala *Likert*. Mayoritas partisipan menilai bahwa seluruh sesi "bermanfaat" (skor 4,0) hingga "sangat bermanfaat" (skor 5,0). Rata-rata skor manfaat sesi adalah 4,56. Mayoritas partisipan menilai bahwa program "mudah" diikuti dengan rata-rata skor 3,80. Terkait durasi pengerjaan sesi, mayoritas

session was 4.56. The majority of the participants evaluated the program as being “easy” to follow, with an average score of 3.80. Regarding the duration of the implementation of each session, the majority of the participants completed the sessions in a time period ranging between 30-90 minutes.

Feedback on the open questions was processed through an *a posteriori* coding process. Open questions invited feedback in the form of comments on matters which were liked in the program, on matters which were not liked, and recommendations for improvement. The majority of the participants were of the opinion that the content was quite clear, easy to understand, interactive, and interesting in appearance. A number of the Work-Sheets which asked for reflection elicited positive responses and had a cathartic effect on the participants.

A number of participants provided feedback stating that there was session content which was too dominated by narration or text, whilst there were also participants who were confused when completing the Work-Sheets and had poor Internet connections, which hindered the independence of the program. Two participants regretted there was no direct feedback from the team of psychologists, nor the facilitators. Suggestions for program development comprised suggesting additions to the illustration media, making the appearance of the web more attractive, the compression of the material, an increase in the number of concrete illustrations, and clarification of the instructions on the Work-Sheets.

Hindrances and Problems

An hindrance during the preparation phase was time running short against the timetable, because the making of the videos took longer than expected. In the conduct phase, technical hindrances on the part of the participants, such as difficulties navigating on the website, and questions around using the Work-Sheets were able to be overcome through communication via WhatsApp by the authors in their roles as facilitators.

Two participants had difficulties using the Work-Sheets because they felt unsure if what they had done was in accord with the requests from the authors. These two participants also complained of

partisipan menyelesaikan sesi dalam rentang 30-90 menit.

Umpan balik pada pertanyaan terbuka diolah melalui proses koding *a posteriori*. Pertanyaan terbuka memancing umpan balik berupa hal-hal yang disukai dari program, hal-hal yang kurang disukai, dan saran peningkatan. Mayoritas partisipan menilai bahwa konten cukup jelas, mudah dipahami, interaktif, dan menarik secara tampilan. Beberapa Lembar Kerja yang menggali refleksi menimbulkan respon positif dan efek katarsis pada partisipan.

Beberapa partisipan memberi umpan balik bahwa ada konten sesi yang terlalu didominasi narasi atau tulisan, sedangkan ada partisipan yang bingung mengerjakan Lembar Kerja dan memiliki koneksi Internet buruk sehingga menghambat program mandiri. Dua orang partisipan menyayangkan tidak adanya umpan balik langsung dari tim psikolog atau fasilitator. Saran pengembangan program mencakup penambahan media ilustrasi, membuat tampilan web lebih menarik, memadatkan materi, memperbanyak ilustrasi konkret, dan memperjelas instruksi Lembar Kerja.

Hambatan dan Masalah

Hambatan pada tahap persiapan adalah waktu yang mundur dari jadwal oleh sebab pembuatan video yang memakan waktu lebih lama dari perkiraan. Pada tahap pelaksanaan, hambatan teknis dari pihak partisipan seperti kesulitan bernavigasi dalam *website* dan pertanyaan seputar pengerjaan Lembar Kerja dapat diatasi melalui komunikasi via *WhatsApp* dengan penulis selaku fasilitator.

Dua partisipan sempat merasa kesulitan mengerjakan Lembar Kerja karena merasa tidak tahu apakah yang kedua partisipan tersebut lakukan sudah sesuai dengan permintaan penulis. Kedua

the lack of direct feedback from the authors. This problem was a finding, related to a shortcoming in the study or the sort of independent guided self-help program, and is discussed further below in the Discussion section.

Potential for the Effectiveness of the Program

The test of effectiveness was limited, with only complete data from 12 participants, and was conducted to look at the levels of emotional distress, psychological flexibility and self-compassion, from the pretest, posttest, and follow-up phases.

Potential for the Effectiveness of Intervention: Emotional Distress

The results of the limited study of effectiveness showed that there was a significant reduction in the severity of the symptoms of emotional distress, marked by the declines in the scores on the Depression Anxiety Stress Scales (DASS-42) in all domains (stress, anxiety, and depression) after the intervention. Table 4 contains the score differences of the participants at each phase of the data collection.

In the domain of stress, significant changes were seen on the pretest and follow-up scores (values of the Friedman test 0.024, $a < .05$). In the domain of stress, the average of the pretest scores was 24.92, which later declined posttest to 16.75, and again declined on the follow-up to 15.60. In the domain of anxiety, a significant decline occurred between the posttest and follow-up scores (0.024, $a < .05$). In the domain of depression, a significant decline occurred between pretest and posttest scores (0.002, $a < 0.05$), and also in pretest and follow-up scores (0.018, $a < 0.05$). Based upon the results showing a decline in the scores on the Depression Anxiety Stress Scales (DASS-42), in all domains, Hypothesis 1 was accepted.

Potential for the Effectiveness of Intervention: Psychological Flexibility

There was a significant increase in levels of psychological flexibility, marked by declines in the Acceptance and Action Questionnaire-II (AAQ-II) scores, from the pretest to the posttest phase (0.014, $a < .05$). On the basis of the decline in the Acceptance

partisipan tersebut juga menyayangkan tidak adanya umpan balik langsung dari penulis. Masalah ini menjadi temuan terkait kekurangan studi atau jenis program *guided self-help* mandiri yang lebih lanjut akan dibahas pada bagian Diskusi.

Potensi Efektivitas Program

Uji efektivitas terbatas pada 12 partisipan dengan data lengkap dilakukan untuk melihat perubahan tingkat *emotional distress*, fleksibilitas psikologis, dan *self-compassion* dari tahap *pretest*, *posttest*, dan *follow-up*.

Potensi Efektivitas Intervensi: Emotional Distress

Hasil kajian efektivitas terbatas menunjukkan bahwa terjadi penurunan signifikan pada keparahan gejala *distress* emosional yang ditandai dengan penurunan skor *Depression Anxiety Stress Scales (DASS-42)* pada seluruh domain (stres, kecemasan, dan depresi) setelah intervensi. Tabel 4 berisi perbedaan skor partisipan pada setiap fase pengambilan data.

Pada domain stress, perubahan signifikan terlihat pada skor *pretest* dan *follow-up* (nilai tes Friedman 0,024, $a < 0,05$). Pada domain stres, rata-rata skor *pretest* adalah 24,92, kemudian turun pada *posttest* menjadi 16,75, dan turun kembali pada *follow-up* menjadi 15,60. Pada domain kecemasan, penurunan signifikan terjadi pada skor *posttest* ke *follow-up* (0,024, $a < 0,05$). Pada domain depresi, penurunan signifikan terjadi antara skor *pretest* dan *posttest* (0,002, $a < 0,05$), serta pada skor *pretest* dan *follow-up* (0,018, $a < 0,05$). Berdasarkan hasil penurunan skor *Depression Anxiety Stress Scales (DASS-42)* pada seluruh domain, maka Hipotesis 1 diterima.

Potensi Efektivitas Intervensi: Fleksibilitas Psikologis

Terjadi peningkatan signifikan pada tingkat fleksibilitas psikologis yang ditandai dengan turunnya skor *Acceptance and Action Questionnaire-II (AAQ-II)* dari fase *pretest* ke *posttest* (0,014, $a < 0,05$). Berdasarkan penurunan

Table 4

Results of Statistical Testing of the Depression Anxiety Stress Scales (DASS-42), Acceptance and Action Questionnaire-II (AAQ-II), and the Self-Compassion Scales (SCS)

			Test Statistic	Std. Error	Std. Test Statistic	Sig.	Adj. Sig.
DASS-42	Stress	Pretest - Posttest	0.667	.408	1.633	.102	.307
		Pretest - Follow-Up	1.083	.408	2.654	.008*	.024
		Posttest - Follow-Up	0.417	.408	1.021	.307	.922
	Anxiety	Pretest - Posttest	0.542	.408	1.327	.185	.554
		Pretest - Follow-Up	1.083	.408	2.654	.008*	.024
		Posttest - Follow-Up	0.542	.408	1.327	.185	.554
	Depression	Pretest - Posttest	1.375	.408	3.368	.001*	.002
		Pretest - Follow-Up	1.125	.408	2.756	.006*	.018
		Posttest - Follow-Up	- 0.250	.408	- 0.612	.540	1.000
AAQ-II	Pretest - Posttest	- 1.083	.408	- 2.654	.008*	.024	
	Pretest - Follow-Up	0.875	.408	2.143	.032	.096	
	Posttest - Follow-Up	- 0.125	.408	- 0.306	.759	1.000	
SCS	Pretest - Posttest	- 1.083	.408	- 2.654	.008*	.024	
	Pretest - Follow-Up	- 1.417	.408	- 3.470	.001*	.002	
	Posttest - Follow-Up	- 0.333	.408	- 0.816	.414	1.000	

Tabel 4

Hasil Uji Statistik Depression Anxiety Stress Scales (DASS-42), Acceptance and Action Questionnaire-II (AAQ-II) dan Self-Compassion Scales (SCS)

			Test Statistic	Std. Error	Std. Test Statistic	Sig.	Adj. Sig.
DASS-42	Stres	Pretest - Posttest	0,667	0,408	1,633	0,102	0,307
		Pretest - Follow-Up	1,083	0,408	2,654	0,008*	0,024
		Posttest - Follow-Up	0,417	0,408	1,021	0,307	0,922
	Kecemasan	Pretest - Posttest	0,542	0,408	1,327	0,185	0,554
		Pretest - Follow-Up	1,083	0,408	2,654	0,008*	0,024
		Posttest - Follow-Up	0,542	0,408	1,327	0,185	0,554
	Depresi	Pretest - Posttest	1,375	0,408	3,368	0,001*	0,002
		Pretest - Follow-Up	1,125	0,408	2,756	0,006*	0,018
		Posttest - Follow-Up	- 0,250	0,408	- 0,612	0,540	1,000
AAQ-II	Pretest - Posttest	- 1,083	0,408	- 2,654	0,008*	0,024	
	Pretest - Follow-Up	0,875	0,408	2,143	0,032	0,096	
	Posttest - Follow-Up	- 0,125	0,408	- 0,306	0,759	1,000	
SCS	Pretest - Posttest	- 1,083	0,408	- 2,654	0,008*	0,024	
	Pretest - Follow-Up	- 1,417	0,408	- 3,470	0,001*	0,002	
	Posttest - Follow-Up	- 0,333	0,408	- 0,816	0,414	1,000	

and Action Questionnaire-II (AAQ-II) scores, Hypothesis 2 was accepted.

Potential for the Effectiveness of Intervention: Self-Compassion

A significant increase in self-compassion, marked by the increase in scores in the Self-Compassion Scales (SCS), between the pretest and posttest scores (0.008, $a < .05$), together with those between those of the pretest and the follow-up

skor Acceptance and Action Questionnaire-II (AAQ-II), maka Hipotesis 2 diterima.

Potensi Efektivitas Intervensi: Self-Compassion

Terjadi peningkatan signifikan pada *self-compassion* yang ditandai dengan naiknya skor *Self-Compassion Scales (SCS)* antara skor *pretest* dan *posttest* (0,008, $a < 0,05$), serta antara *pretest* dan *follow-up* (0,001, $a < 0,05$). Berdasarkan hasil

(0.001, $a < .05$). On the basis of these results, Hypothesis 3 was accepted.

Discussion

This study was aimed at analyzing the feasibility of web-based guided self-help Acceptance and Commitment Therapy (ACT) intervention for undergraduates of the Faculty of Psychology of University X, who were experiencing emotional distress. The core question of the feasibility study was: “Can a web-based guided self-help Acceptance and Commitment Therapy (ACT) program be administered to the undergraduates of the Faculty of Psychology of University X?”. The design for the feasibility study was chosen by the authors as the initial step in identifying a number of varied technical matters which needed to be prepared, in order to draft and administer online Acceptance and Commitment Therapy (ACT) interventions, and to look at the responses of the undergraduates as participants who comprised the sample.

One of the things which needed to receive attention in arranging and preparing the material resources of the program in this study was the choices of the material and the language. The study utilized a variety of audio-visual material, such as animation video with voiced narration, audio recordings, visual presentations, multiple-answer quizzes, and Work-Sheets. There was no guiding principle in determining the most appropriate media to present the online psychological intervention material, however the feedback of a number of participants stated that they more appreciated the colored audio-visual media with minimal narration texts. The language used in the various online media was informal or casual Bahasa Indonesia, presented in the form of light dialogue. Seeing that the participants evaluated the media choices and contents presentations, using such comments as “*interesting, interactive, easily digested, easily applied*”, the authors drew the conclusion that the varied interactive type of media and informal or casual language were quite suitable for a sample comprising undergraduates.

Related to the feedback from the participants, the session evaluated as being most “difficult” by the majority of participants who answered the

ini, Hipotesis 3 diterima.

Diskusi

Studi ini bertujuan menganalisis fisibilitas intervensi *guided self-help Acceptance and Commitment Therapy (ACT)* berbasis-web bagi mahasiswa sarjana Fakultas Psikologi Universitas X yang mengalami *distress* emosional. Pertanyaan inti dari studi fisibilitas ini adalah: “Apakah program *guided self-help Acceptance and Commitment Therapy (ACT)* berbasis-web bisa diberikan pada mahasiswa sarjana Fakultas Psikologi Universitas X?”. Desain studi fisibilitas dipilih penulis sebagai langkah awal untuk mengidentifikasi berbagai hal-hal teknis yang perlu dipersiapkan untuk merancang dan menjalankan intervensi daring *Acceptance and Commitment Therapy (ACT)*, dan melihat respon partisipan mahasiswa sarjana yang menjadi sampel.

Salah satu hal yang perlu diperhatikan dalam menyusun dan menyiapkan sumber daya materi program pada studi ini adalah pilihan media dan bahasa. Studi ini menggunakan variasi media audio-visual seperti video animasi dengan narasi suara, rekaman audio, presentasi visual, kuis dengan pilihan berganda, dan Lembar Kerja. Tidak ada panduan baku dalam menentukan media yang paling tepat untuk membawakan materi intervensi psikologis daring, namun umpan balik sejumlah partisipan menyatakan bahwa partisipan lebih menghargai media audio-visual berwarna yang minim teks narasi. Bahasa yang digunakan dalam berbagai media daring merupakan Bahasa Indonesia kasual yang dikemas dalam bentuk dialog ringan. Melihat bahwa partisipan menghargai pilihan media dan pembawaan konten pada umpan balik dengan komentar seperti “*menarik, interaktif, mudah dicerna, mudah diaplikasikan*”, maka penulis menarik simpulan bahwa ragam media interaktif yang variatif dan bahasa kasual cukup cocok untuk sampel mahasiswa sarjana.

Terkait umpan balik partisipan, sesi yang dinilai paling “sulit” oleh mayoritas partisipan pengisi kuesioner adalah Sesi 7, “*Committed Action*”, yang

questionnaire was Session 7, “*Committed Action*”, which comprised the planning of steps and behaviors aimed at achieving a life in accord with individual values. In sessions with a great weight of application such as Session 7, it appeared one online session without personal evaluation by a psychologist was difficult for the participants to digest independently. This might possibly be avoided by dividing the sessions having a greater weight, such as Session 7, into a number of sub-sessions conducted on different days.

On the aspects of the process and the administration of the program, the independence of the participants was at levels the authors considered to be less than ideal. The levels of independence of the participants, evaluated from the levels of completion of the Work-Sheets, the number of people completing feedback questionnaires, and the number completing the entirety of the tests, was below 50.00%. There are no standard references related to what the ideal percentage of independence ideal for a web-based program such as that of this study, however this finding is disappointing, recalling that guided self-help programs are greatly dependent upon the independence of the participants. The gap between the levels of data completion and the access levels on all sessions was possibly caused by the nature of the requirements for completion of the Work-Sheets and questionnaires, which was not compulsory. The authors purposely did not make the completion of any particular activity a condition for access to the following session, because the authors wished to see the independence levels of the participants. Besides this, the authors also thought that conditions which were too strict had the potential to increase the dropout rate of the participants. Unfortunately, this decision actually affected several activities, such as the completion of Work-Sheets and the completion of questionnaires to become optional and able to be ignored. The findings related to feasibility were in accord with those of previously-conducted research of web-based Acceptance and Commitment Therapy (ACT) performed on a population of undergraduates with various psychological issues in the United States of America (Levin et al., 2017). In the study, it was found that, although web-based Acceptance and Commitment Therapy (ACT) increased the psychological flexibility of undergraduates, the level of overall program

berisi perencanaan tindak dan perilaku untuk menuju hidup yang sesuai dengan *values* individual. Pada sesi dengan bobot aplikasi besar seperti Sesi 7, tampak bahwa satu sesi daring tanpa evaluasi personal oleh psikolog menjadi sulit untuk dicerna partisipan secara mandiri. Hal ini mungkin dapat dihindari dengan memecah sesi dengan bobot lebih besar seperti Sesi 7 menjadi beberapa sub-sesi pada hari yang berbeda.

Pada aspek proses dan pelaksanaan program, tingkat kemandirian partisipan berada pada persentase angka yang penulis anggap kurang ideal. Tingkat kemandirian yang dinilai dari tingkat penyelesaian Lembar Kerja, jumlah pengisi kuesioner umpan balik, dan jumlah pengisi seluruh rangkaian tes berada di bawah 50,00%. Tidak ada acuan baku terkait berapa persen tingkat kemandirian yang ideal pada program berbasis-web seperti pada studi ini, namun temuan ini disayangkan mengingat program *guided self-help* merupakan program yang sangat mengandalkan kemandirian partisipan. Kesenjangan tingkat pengisi data dengan tingkat akses pada seluruh sesi mungkin disebabkan oleh sifat pengisian Lembar Kerja dan kuesioner yang tidak bersifat wajib. Penulis sengaja tidak menjadikan penyelesaian satu aktivitas tertentu sebagai syarat untuk mengakses sesi berikutnya karena penulis ingin melihat tingkat kemandirian partisipan. Selain itu, penulis juga berpikir bahwa syarat yang terlalu kaku akan berpotensi meningkatkan *dropout rate* partisipan. Sayangnya, keputusan tersebut justru membuat berbagai aktivitas seperti pengisian Lembar Kerja dan pengisian kuesioner sebagai opsi yang dapat diabaikan. Temuan terkait fisibilitas sesuai dengan penelitian *Acceptance and Commitment Therapy (ACT)* berbasis-web di Amerika Serikat yang pernah dilakukan terhadap populasi mahasiswa dengan variasi isu psikologis (Levin et al., 2017). Pada studi tersebut, ditemukan bahwa walau *Acceptance and Commitment Therapy (ACT)* berbasis-web efektif meningkatkan fleksibilitas psikologis mahasiswa, tingkat penyelesaian program secara keseluruhan kurang dari 50,00%.

completion was less than 50.00%.

The results of the limited examination of effectiveness using the Friedman Test on a web-based guided self-help Acceptance and Commitment Therapy (ACT) program showed the program as being proven to be capable of reducing emotional distress, seen from the reduction in the levels of symptoms of stress, anxiety and depression, as well as being effective in increasing levels of psychological flexibility and self-compassion for 12 participants. The results of this study were in line with a variety of findings and Randomized Controlled Trials on populations outside Indonesia, which stated that web-based Acceptance and Commitment Therapy (ACT) interventions were effective in dealing with the issues of stress, anxiety and depression (Köhle et al., 2017; Levin et al., 2017; Lappalainen et al., 2014; Hayes et al., 2012).

In theory, the findings of this study proved that Acceptance and Commitment Therapy (ACT) intervention, at least on the scale of a limited sample with a follow-up period of less than one month, was effective in targeting the pattern of dysfunctionality which became the root of emotional distress, that being that of low psychological flexibility (Hayes, 2004). The patterns of non-adaptive avoidance and fusion are the principle characteristics of low psychological flexibility, which occurs commonly with disorders of stress, anxiety, and depression. This is observable from the similarities of symptoms such as rumination and neuroticism (Jacobson et al., 2001; Levin et al., 2014). It is these maladaptive patterns of thought and behavior which were the targets of intervention. The eight sessions of online Acceptance and Commitment Therapy (ACT) which were organized to increase the comprehension by the participants of the connections between thoughts, emotions, and behavior, as well as containing mindfulness and acceptance training, proved to be successful in increasing the levels of psychological flexibility. Through the clarification of the material, independent tasks, and various exercises, the participants were encouraged to be more aware of and accept unpleasant things about themselves, so that they could focus on behavior more in accord with values which they themselves individually esteemed, in the present time. The increases in the

Hasil kajian efektivitas terbatas menggunakan *Friedman Test* program *guided self-help Acceptance and Commitment Therapy (ACT)* berbasis-web menunjukkan bahwa program terbukti dapat menurunkan *distress* emosional yang dilihat dari penurunan tingkat gejala stres, kecemasan, dan depresi, serta efektif meningkatkan fleksibilitas psikologis dan *self-compassion* pada 12 partisipan. Hasil studi ini sejalan dengan berbagai temuan dan *Randomized Controlled Trials* terhadap populasi di luar Indonesia yang menyatakan bahwa intervensi *Acceptance and Commitment Therapy (ACT)* berbasis-web efektif menangani isu stres, kecemasan, dan depresi (Köhle et al., 2017; Levin et al., 2017; Lappalainen et al., 2014; Hayes et al., 2012).

Secara teori, temuan studi ini membuktikan bahwa intervensi *Acceptance and Commitment Therapy (ACT)*, setidaknya pada skala sampel terbatas dengan jangka *follow-up* kurang dari satu bulan, efektif menasar pola disfungsi yang menjadi akar *distress* emosional, yakni fleksibilitas psikologis rendah (Hayes, 2004). Pola menghindar yang tidak adaptif dan fusi adalah ciri utama dari fleksibilitas psikologis rendah yang menjadi kesamaan antara gangguan stres, kecemasan, dan depresi. Hal ini terlihat dari kesamaan atau kemiripan simtom seperti ruminasi dan neurotisisme (Jacobson et al., 2001; Levin et al., 2014). Pola pikiran dan perilaku maladaptif inilah yang menjadi sasaran intervensi. Delapan sesi *Acceptance and Commitment Therapy (ACT)* daring disusun untuk meningkatkan pemahaman partisipan terhadap keterkaitan pikiran, emosi, dan perilaku, serta dipenuhi dengan latihan *mindfulness and acceptance* terbukti berhasil meningkatkan fleksibilitas psikologis. Melalui pemaparan materi, tugas mandiri, dan berbagai latihan, partisipan diajak untuk lebih menyadari dan menerima hal-hal tidak menyenangkan sebagai bagian dari diri mereka, sehingga partisipan dapat fokus pada perilaku di masa kini yang sesuai dengan nilai-nilai yang berharga bagi diri masing-masing. Peningkatan fleksibilitas psikologis partisipan yang tampak dari turunya skor *Acceptance and Action Questionnaire-II (AAQ-II)* memberi implikasi bahwa partisipan telah lebih adaptif terhadap

psychological flexibility of the participants, which were apparent from the declines in their scores on the Acceptance and Action Questionnaire-II (AAQ-II), carried the implication that the participants were already more adaptive to internal or external changes, so that they were no longer trapped in fusion or inflexible thought patterns based upon the past or the future. This made the participants able to face challenges and changes in a more effective manner, so that demands did not always realize their potential to be stressors (Gilbert et al., 2019).

Changes in thinking patterns can also facilitate changes in behavior patterns. These changes make it possible for people with high psychological flexibility to use a variety of effective coping strategies, so that the levels of distress which arise from the failure of the implementation of maladaptive coping also decline (Stange et al., 2017). This argument is supported by biological theory and research, which state that an organism with a high level of flexibility is more able to identify challenges contextually, has more options to respond to challenges, and is more skillful or effective in using *coping* strategies (Bonanno & Burton, 2013).

Increases in the Self-Compassion Scales (SCS) scores of 12 participants indicated that the intervention program succeeded in increasing the levels of self-compassion in the short period of the implementation of the program through to the follow-up. This finding was in accord with the argument that self-compassion is actually an implicit process which is the target of an intervention utilizing Acceptance and Commitment Therapy (ACT; Luoma & Platt, 2015). The principle framework of self-compassion intersects with the framework of Acceptance and Commitment Therapy (ACT), which emphasizes acceptance, both of oneself and of unpleasant matters outside one's personal control. This basic similarity means individuals who have received Acceptance and Commitment Therapy (ACT) intervention are also indirectly learning to be more tolerant and open towards themselves and towards all unpleasant experiences (stressors). In the construct of self-compassion, this learning is known as "compassionate acceptance", "openness to experience", and "self-kindness" (Neff, 2003). These things are the targets, when the Acceptance

perubahan internal atau eksternal, sehingga mereka tidak lagi terjerat dalam fusi atau pola pikir yang kaku atau yang bertumpu pada masa lalu atau masa depan. Hal ini membuat partisipan dapat menghadapi tantangan dan perubahan secara lebih efektif, sehingga tuntutan tidak selalu menjadi potensi *stressor* (Gilbert et al., 2019).

Perubahan pola pikir juga dapat memfasilitasi perubahan pola perilaku. Perubahan tersebut memungkinkan individu dengan fleksibilitas psikologis yang tinggi untuk menggunakan variasi strategi *coping* yang efektif, sehingga tingkat *distress* yang muncul dari kegagalan implementasi *coping* maladaptif pun menurun (Stange et al., 2017). Argumen ini didukung oleh teori dan penelitian biologi yang menyatakan bahwa organisme dengan fleksibilitas tinggi lebih mampu mengidentifikasi tantangan secara kontekstual, lebih memiliki banyak opsi untuk merespon tantangan, dan lebih berdaya atau lebih efektif dalam menggunakan strategi *coping* (Bonanno & Burton, 2013).

Peningkatan skor *Self-Compassion Scales (SCS)* 12 partisipan menandakan bahwa program intervensi berhasil meningkatkan *self-compassion* pada masa singkat berjalannya program hingga *follow-up*. Temuan ini sejalan dengan argumentasi bahwa *self-compassion* sebenarnya adalah proses implisit yang menjadi target intervensi *Acceptance and Commitment Therapy (ACT)*; Luoma & Platt, 2015). Kerangka utama dari *self-compassion* beririsan dengan kerangka *Acceptance and Commitment Therapy (ACT)* yang mengutamakan penerimaan, baik terhadap diri sendiri ataupun hal-hal tidak menyenangkan yang berada di luar kendali individu. Kesamaan dasar ini membuat individu yang telah menerima intervensi *Acceptance and Commitment Therapy (ACT)* secara tidak langsung juga telah belajar untuk lebih toleran dan terbuka terhadap diri sendiri dan segala pengalaman tidak menyenangkan (*stressor*). Pada konstruk *self-compassion*, pembelajaran tersebut dikenal dengan "compassionate acceptance", "openness to experience" dan "self-kindness" (Neff, 2003). Ketiga hal ini menjadi sasaran saat intervensi *Acceptance and Commitment Therapy*

and Commitment Therapy (ACT) intervention counsels individuals to apply acceptance, and to free themselves from the fusion which is normally found in the form of stigma, dogma, or negative self-concepts, which restrict the thought or behavior patterns of the individual.

Findings related to an increase in self-compassion as an impact of the Acceptance and Commitment Therapy (ACT) program in this study are further supported by studies which found that self-compassion has a positive correlation with psychological flexibility (Marshall & Brockman, 2016). Related to the decline in the levels of emotional distress of the participants, the findings of this study were in accord with a variety of other studies, which found that both self-compassion and psychological flexibility had negative correlations with levels of anxiety, depression, the severity of symptoms of rumination, as well as emotional suppression (Leary et al., 2007; Neff et al., 2007; Neff et al., 2005; Raes, 2010; Thompson & Waltz, 2008).

Other findings were the increase in the levels of severity of the symptoms of depression, and the decline in psychological flexibility and self-compassion between the posttest and follow-up phases, although these changes were not significant. The changes carried the implication that the participants required more than one additional session or follow-up after the program was completed, and at longer intervals. The addition of a number of sessions, post-program, could strengthen the therapeutic and learning effects of the material which had been delivered.

Clinically, although the results of this study proved it to have been effective in reducing the levels of the symptoms of emotional distress of the 12 undergraduates, it needs to be realized that the findings may not yet be suitable for generalization for the larger undergraduate population. The web-based guided self-help program was an independent program aimed at increasing the efficiency of and access for seekers of mental health services on psychological intervention and material. An independent program which operates fully online and with minimal personal contact with mental health workers, such as this, was considered by the authors to be insufficiently flexible in handling the unique complaints of individual participants. The

(ACT) membimbing individu untuk menerapkan *acceptance* dan melepaskan diri dari fusi yang biasa ditemui dalam bentuk stigma, dogma, ataupun konsep diri negatif yang merestriksi pola pikir atau perilaku individu.

Temuan terkait peningkatan *self-compassion* sebagai dampak program *Acceptance and Commitment Therapy (ACT)* pada studi ini lebih lanjut didukung oleh studi yang menemukan bahwa *self-compassion* memiliki korelasi positif dengan fleksibilitas psikologis (Marshall & Brockman, 2016). Berkaitan dengan turunnya *distress* emosional partisipan, temuan studi ini sejalan dengan berbagai studi yang menemukan bahwa baik *self-compassion* maupun fleksibilitas psikologis memiliki korelasi negatif dengan tingkat kecemasan, depresi, keparahan gejala ruminasi, serta supresi emosi (Leary et al., 2007; Neff et al., 2007; Neff et al., 2005; Raes, 2010; Thompson & Waltz, 2008).

Temuan lain adalah naiknya tingkat keparahan gejala depresi, dan juga turunnya fleksibilitas psikologis dan *self-compassion* dari tahap *posttest* ke *follow-up*, walau perubahan ini tidak signifikan. Perubahan ini memberi implikasi bahwa partisipan memerlukan lebih dari satu sesi tambahan atau *follow-up* setelah program selesai, dengan interval yang lebih panjang pula. Tambahan beberapa sesi setelah program mungkin dapat memperkuat efek *therapeutic* dan efek pembelajaran dari materi yang sudah diberikan.

Secara klinis, walau hasil studi ini terbukti efektif menurunkan gejala *distress* emosional pada 12 mahasiswa sarjana, perlu diperhatikan bahwa temuan belum tentu dapat digeneralisasi ke populasi mahasiswa yang lebih luas. Program *guided self-help* berbasis-web merupakan program mandiri yang bertujuan untuk meningkatkan efisiensi dan akses pencari layanan kesehatan mental terhadap materi dan intervensi psikologis. Program mandiri yang sepenuhnya berjalan secara daring dan minim kontak personal dengan tenaga kesehatan mental seperti ini penulis anggap kurang fleksibel untuk menjawab keluhan unik partisipan. Format *guided self-help* juga penulis anggap kurang cocok pula diberikan pada kasus klinis yang

authors also considered that the guided self-help format is not completely appropriate for administration to more severe clinical cases, such as cases of suicidal thoughts or self-harm, because of the limitations of the media of observation and the flexibility of intervention.

As the first feasibility study in Indonesia of web-based guided self-help Acceptance and Commitment Therapy (ACT) intervention on an undergraduate population suffering emotional distress, this study was hoped to be able to enrich the examination of various material related to the development of online psychological intervention in Indonesia. The authors also hope that the results and discussions of this study may become contributions to the information available regarding the overcoming of the disproportionality between the numbers of the seekers of mental health services and the providers of those services, both in University X and also in Indonesia. This study was occasioned by the phenomenon of the disproportionality of the numbers of these seekers and of service providers in University X, which resembles the problems of the shortages of mental health providers in Indonesia - which in 2017 still had the ratio of three mental health professionals to every 100,000 members of the population (World Health Organization, n.d.). A web-based program of guided self-help has the potential to be a suitable option for consideration, for the provision of easily accessible, cost-effective, and efficient mental health services because of the flexibilities of time and place (Levin et al., 2017).

Limitations

The limitations of this study were the relatively small sample, from which to obtain a study result which might be generalized to a wider population of undergraduates or young adults ($n = 12$). This were also caused by the sample coverage being restricted to undergraduates of the Faculty of Psychology of one of the universities in Indonesia only, the wide inclusive criteria related to the level of severity of symptoms of emotional distress, and the minimal amount of control over external variables.

The reduction in the numbers of those completing the measurement instruments at the posttest and follow-up phases, possibly caused by

lebih berat seperti kasus bunuh diri atau melukai diri sendiri (*self-harm*) oleh sebab keterbatasan media observasi dan keterbatasan fleksibilitas intervensi.

Sebagai studi fisibilitas intervensi *guided self-help Acceptance and Commitment Therapy (ACT)* berbasis-web pada populasi mahasiswa sarjana dengan *distress* emosional yang pertama di Indonesia, studi ini diharap dapat memperkaya kajian mengenai berbagai materi terkait perkembangan intervensi psikologis daring di Indonesia. Penulis juga berharap bahwa hasil dan diskusi studi ini dapat menjadi sumbangan informasi terhadap upaya mengatasi ketimpangan antara pencari layanan kesehatan mental dan penyedia jasa di Universitas X dan juga di Indonesia. Hal ini disebabkan fenomena ketimpangan pencari layanan dan penyedia jasa pada Universitas X menyerupai ketimpangan tenaga kesehatan mental Indonesia - yang pada tahun 2017 masih memiliki rasio tiga profesional banding 100.000 penduduk (World Health Organization, n.d.). Program *guided self-help* berbasis-web berpotensi menjadi opsi yang layak dipertimbangkan untuk menyediakan layanan kesehatan mental yang mudah dijangkau, *cost-effective*, dan efisien oleh sebab fleksibilitas waktu dan tempat (Levin et al., 2017).

Limitasi

Limitasi studi ini adalah jumlah sampel yang relatif kecil untuk mendapatkan hasil kajian yang dapat digeneralisasi pada populasi mahasiswa sarjana atau dewasa muda yang lebih luas ($n = 12$). Hal ini juga disebabkan oleh lingkup sampel yang terbatas hanya pada mahasiswa sarjana Fakultas Psikologi salah satu universitas Indonesia, kriteria inklusi yang luas terkait tingkat keparahan simtom *distress* emosional, dan minimnya kontrol terhadap variabel eksternal.

Penurunan partisipan pengisi alat ukur pada tahap *posttest* dan *follow-up* mungkin dipengaruhi oleh pemberian alat ukur yang tidak dijadikan

the optional completion of measurement instruments, the completion of which was not made an absolute condition in the completion of the entire program series. In this study, there were no specific sanctions for participants who did not complete the measurement instruments at the posttest and follow-up stages. This absence of sanctions or absolute requirements possibly made the participants feel that such completion after the program had finished was an optional choice.

The design of the entirely web-based guided self-help program, without face-to-face contact, meant that direct observations could not be performed. Limitations in human resources, time, and a platform, also did not enable the authors to provide a system of feedback or personal monitoring of Work-Sheets and the session-to-session progress of participants. This caused two participants to become confused around the completion of Work-Sheets as the two participants were not sure that they had completed the Work-Sheets in accord with instructions or not. This could be a matter of note, recalling that interactive psychological intervention programs have more potential to be more effective and conducive to supporting the motivation of the participants to complete the program (Andersson & Cuijpers, 2009; Farrand & Woodford, 2015). The limitations of resources also caused the authors to choose the website of University X as the medium because of the ease of access by participants. The choice of an academic website gave the authors limited room to move in designing the web-based appearance and features.

Suggestions

Recommendations for further web-based guided self-help intervention experiments include an increase in the number of and the distribution of the sample, so that the results of the testing of effectiveness may be more suitable for generalization. Besides this, further research could also utilize various indirect observation instruments, such as Work-Sheets or mood trackers to replace face-to-face observation, tighten the conditions for the completion of testing instruments to avoid missing data, and also create tighter exclusion criteria or provide program variations and features reconciled with the levels of the severity of symptoms.

syarat mutlak dalam mengikuti rangkaian program. Pada studi ini memang tidak ada sanksi spesifik untuk partisipan yang tidak mengisi alat ukur pada tahap *posttest* dan *follow-up*. Tidak adanya sanksi atau syarat mutlak ini mungkin membuat partisipan merasa pengisian alat ukur setelah program selesai merupakan pilihan opsional.

Desain program *guided self-help* yang seluruhnya berbasis-web tanpa kontak tatap muka menyebabkan observasi langsung tidak dapat dilakukan. Keterbatasan sumber daya manusia, waktu, dan *platform* juga tidak memungkinkan penulis untuk menyediakan sistem umpan balik atau *monitoring* personal terhadap Lembar Kerja dan kemajuan partisipan dari sesi ke sesi. Hal ini sempat membuat dua orang partisipan bingung dalam mengisi Lembar Kerja karena kedua partisipan tersebut tidak tahu apakah mereka sudah mengisi Lembar Kerja sesuai instruksi. Hal ini dapat menjadi catatan, mengingat program intervensi psikologis yang interaktif berpotensi lebih efektif dan lebih kondusif untuk menopang motivasi partisipan dalam menyelesaikan program (Andersson & Cuijpers, 2009; Farrand & Woodford, 2015). Limitasi sumber daya juga menyebabkan penulis mengambil *website* Universitas X sebagai media karena kemudahan akses oleh partisipan. Pilihan *website* akademis lebih lanjut membuat penulis memiliki ruang gerak terbatas dalam mendesain tampilan dan fitur-fitur berbasis-web.

Saran

Saran bagi penelitian intervensi *guided self-help* berbasis-web selanjutnya mencakup peningkatan jumlah dan sebaran sampel sehingga hasil uji efektivitas dapat lebih digeneralisasi. Selain itu, penelitian selanjutnya dapat menggunakan berbagai alat observasi tak langsung seperti Lembar Kerja atau *mood tracker* untuk mengganti observasi tatap-muka, memperketat syarat pengisian alat tes untuk menghindari *missing data*, serta membuat kriteria eksklusi yang lebih ketat atau menyediakan variasi program dan fitur rujuk sesuai dengan tingkat keparahan simtom.

Related to the material content and the delivery of online intervention, further intervention programs could increase the quality of the content and the media based upon the feedback of the participants in this study. For instance, the program could be compressed and enriched with interactive audio-visual content, sessions with a heavy material content could be broken into a number of parts so the material would be easier to digest, and help services could be provided, such as tele-counseling sessions and the provision of feedback on the progress of participants. Face-to-face services, for instance, could be conducted intermittently or alternately with guided self-help sessions. Preliminary assessment, prior to the commencement of the series of sessions, might also assist the future researchers in assessing whether the aspirant participants will like and be helped by the format of direct pure guided self-help or by intermittent alternatives. This could assist future researchers to sort the aspirant participants and provide more detailed intervention services.

Finally, the authors are of the opinion that there should be very wide creative scope in designing unique media and features for online guided self-help intervention. The authors also hope that this study may support Indonesian providers of psychological services to be more daring and innovative in providing more accessible psychological services.

Conclusion

Based upon the results of this study, it may be concluded that the web-based guided self-help Acceptance and Commitment Therapy (ACT) intervention program, in a framework of eight sessions, was feasible to be conducted with a sample population comprising 38 undergraduates of the Faculty of Psychology, who were suffering emotional distress. The program was also found to be effective in lowering levels of emotional distress, increasing levels of self-compassion, and increasing the psychological flexibility of 12 participants, in the period of six weeks of intervention and the follow-up.

This conclusion carries the implication that a web-based program of Acceptance and Commitment Therapy (ACT) is feasible to be conducted and was useful for the reduction of the

Terkait konten materi dan pembawaan intervensi daring, program intervensi selanjutnya dapat meningkatkan kualitas konten dan media berdasarkan umpan balik partisipan studi ini. Misalnya, program dapat dipadatkan dan diperkaya dengan konten audio-visual yang interaktif, memecah sesi dengan bobot berat menjadi beberapa bagian sehingga materi lebih mudah dicerna, menyiapkan layanan bantuan seperti sesi telekonseling dan memberi umpan balik terhadap kemajuan partisipan. Layanan tatap-muka, misalnya, dapat dilakukan secara intermiten atau bergantian dengan sesi *guided self-help*. Asesmen awal sebelum rangkaian intervensi dimulai juga bisa membantu peneliti selanjutnya untuk menilai apakah calon partisipan akan suka dan terbantu dengan format *guided self-help* murni atau intermiten. Hal ini dapat membantu peneliti selanjutnya untuk memilah calon partisipan dan menyediakan layanan intervensi yang lebih terperinci.

Pada akhirnya, penulis berpendapat bahwa ruang berkreasi sangat luas dalam mendesain media dan fitur-fitur unik intervensi *guided self-help* daring. Penulis berharap studi ini dapat mendorong penyedia layanan psikologis Indonesia untuk lebih berani berinovasi dalam menyediakan layanan psikologis yang mudah diakses.

Simpulan

Berdasarkan hasil studi, dapat disimpulkan bahwa program intervensi *guided self-help Acceptance and Commitment Therapy (ACT)* berbasis-web dalam rangkaian delapan sesi daring fisibel dilakukan pada sampel populasi yang terdiri dari 38 mahasiswa sarjana Fakultas Psikologi dengan *distress* emosional. Program juga ditemukan efektif menurunkan tingkat *distress* emosional, meningkatkan *self-compassion*, dan meningkatkan fleksibilitas psikologis 12 partisipan pada jangka waktu enam minggu masa intervensi dan *follow-up*.

Simpulan ini memberi implikasi bahwa program *Acceptance and Commitment Therapy (ACT)* berbasis-web fisibel dilakukan dan berguna untuk mengurangi keparahan simtom *distress* emosional,

severity of symptoms of emotional distress, increased psychological flexibility, and increased levels of self-compassion of the undergraduates who comprised the study sample, so that the program can assist undergraduates who are waiting to receive clinical management and reduce the waiting lines at the campus clinic. It was proven that a guided self-help program which capitalized on technology, Internet connections, and provision of the feature of anonymity was able to provide efficiency as well as to have therapeutic effects for participants who are suffering emotional distress.

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meningkatkan fleksibilitas psikologis, dan meningkatkan *self-compassion* pada mahasiswa sarjana yang menjadi sampel studi, sehingga program dapat membantu mahasiswa yang sedang menunggu untuk mendapatkan penanganan klinis dan mengurangi antrean klinik kampus. Program *guided self-help* yang memanfaatkan teknologi, sambungan internet, dan memberikan fitur anonimitas terbukti dapat memberikan efisiensi serta efek *therapeutic* terhadap partisipan dengan *distress* emosional.

Pendanaan

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Appendix

Contents Summary of the Eight Sessions and the Web-Based Media

Session	Media	Aim
1	<p>Visual Presentation. Audio-Visual Video: “Happiness Trap: Evolution of the Human Mind” (Harris, 2017). Visual Presentation.</p> <p>Work-Sheet: “Daily Experience Diary”.</p> <p>Work-Sheet: “My Choice Point”.</p>	<p>Introduction to the appearance and features of the website. Introduction to the way the human brain works.</p> <p>Basic psychoeducation on symptoms and comorbidities of the disturbances of stress, anxiety, and depression, as representations of emotional distress.</p> <p>Assists participants to monitor their thoughts, feelings, and day-to-day behavior. Also Assists them to see how the three of these are mutually connected.</p> <p>Assists participants clarify their goals, in participating in intervention.</p>
2	<p>Metaphor Video “The Hungry Cat”. Visual Presentation.</p> <p>Audio Recording: Exercise “Observe, Breathe, Permit”.</p>	<p>Illustrates acceptance versus experiential avoidance. An introduction to concepts and illustrations of some cases of acceptance versus experiential avoidance.</p> <p>Guides participants in practicing techniques of relaxation and mindfulness, brings participants to applying the concepts of mindful acceptance of things which are disturbing, or difficult to change.</p>
3	<p>Visual Presentation.</p> <p>Metaphor Video “Leaves on the Stream.” Website Sheet for Completion. Work-Sheet: “De-fusion Experiment”.</p>	<p>An introduction to concepts and types of fusion, e.g. fusion of awkward self-evaluations or descriptions, fear of the future, or feelings of guilt from the past.</p> <p>An illustration of mindfulness, regarding thoughts and feelings in the present.</p> <p>Identification of the three principle fusions of participants.</p> <p>Introduction to several de-fusion techniques, ways of applying these techniques to daily life, and notes on application by participants.</p>
4	<p>Metaphor Video “Time Machine”.</p> <p>Visual Presentation.</p> <p>Audio Recording: Exercise in “Mindfulness.” Website Sheet for Completion.</p> <p>Work-Sheet: “Mindfulness Training Journal”.</p>	<p>An illustration of the effects of not being mindful, e.g. thoughts which are often misalnya pikiran yang sering “involved” with the past of the future, instead of being focused on the present.</p> <p>Concepts, benefits and exercises in present moment awareness, or the technique of mindfulness.</p> <p>Guided practice in the technique of mindfulness, such as in mindful breathing.</p> <p>Reflections on experiences in this session and the exercises in mindfulness.</p> <p>Introduction to several mindfulness techniques, and daily notes on their application to everyday life.</p>
5	<p>Visual Presentation.</p> <p>Metaphor Video “Aircraft Passengers”.</p> <p>Website Sheet for Completion. Work-Sheet: “My Conceptualized Self”. Audio Recording: Exercise in accessing the observer self.</p>	<p>An introduction to the concept of, and cases of, conceptualized selves, which often become sources of fusion.</p> <p>An illustration of several concepts or descriptions of oneself as a passenger aboard an aircraft, who frequently strives to sabotage the controls of the aircraft, or the life of the participant.</p> <p>Reflections on experiences in taking the sessions.</p> <p>Identification of types and impacts of self-concepts which become fusions for participants.</p> <p>Training in mindfulness to access the observer self, or the part of oneself which always monitors the various internal experiences of the participant.</p>

Session	Media	Aim
6	<p>Visual Presentation Metaphor Video “Home Renovations” and visual presentation. Narration Text.</p> <p>Website Sheet for Completion.</p> <p>Work-Sheet: “What is Your Value?”.</p> <p>Independent Task: Questioning the values of two people close to oneself.</p>	<p>Introduction to, and examples of, values. An illustration of how values can become solid foundations for a home.</p> <p>Explanations related to values and behavior, explanations of how values can direct behavior.</p> <p>Identification of appropriate and inappropriate conduct, regarding values.</p> <p>Identification of the values of participants in four areas of life: the area of work and education, social areas, personal development and health, as well as sporting areas. After this, the participants are asked to evaluate how much their behavior has been in line with their values, using a Likert scale.</p> <p>Obtaining a picture of the values of people in one’s vicinity, reflecting on the appropriateness of attitudes and behavior of those people to their values.</p>
7	<p>Visual Presentation.</p> <p>Metaphor Video “Workmates”.</p> <p>Visual Presentation.</p> <p>Work-Sheet: “My Action Plan”.</p>	<p>Introduction to the concepts of committed action and goal setting,, on the basis of personal values.</p> <p>An illustration of how commitment, and goals in accordance with values, can assist participants to overcome barriers.</p> <p>An illustration of the application of committed action in accord with values.</p> <p>Identifying short, medium and long-term goals; identifying behavior which is in accord with goals and abilities, which may assist achieve those goals. After this, participants identified matters which had the potential to hinder them in the achievement of their goals, and plan and draft strategies to face those hindrances.</p>
8	<p>Metaphor Video “Road Trip” and visual presentation. Website Sheet for Completion.</p> <p>Work-Sheet: “Valued Living”.</p>	<p>Illustrations of a trip for the participants to achieve their goals, using an Acceptance and Commitment Therapy (ACT) approach.</p> <p>Reflections on experiences of the participants who took part in all of the sessions.</p> <p>Assisting participants review the consistency of their behavior with goals and values.</p>

Lampiran

Rangkuman Isi Delapan Sesi dan Media Berbasis-Web

Sesi	Media	Tujuan
1	<p>Presentasi Visual. Video Audio-Visual: “<i>Happiness Trap: Evolution of the Human Mind</i>” (Harris, 2017). Presentasi Visual.</p> <p>Lembar Kerja: “<i>Daily Experience Diary</i>”.</p> <p>Lembar Kerja: “<i>My Choice Point</i>”.</p>	<p>Introduksi tampilan dan fitur <i>website</i>. Introduksi cara bekerja otak manusia.</p> <p>Psikoedukasi dasar simtom dan komorbiditas gangguan stres, kecemasan, dan depresi sebagai representasi <i>distress</i> emosional. Membantu partisipan mengamati pikiran, perasaan, dan perilakunya sehari-hari, juga membantu melihat bagaimana ketiganya saling berkaitan. Membantu partisipan memperjelas tujuannya dalam mengikuti intervensi.</p>
2	<p>Video Metafora “Kucing Lapar”. Presentasi Visual.</p> <p>Rekaman Audio: Latihan “Amati, Bernafas, Izinkan”.</p>	<p>Mengilustrasikan <i>acceptance versus experiential avoidance</i>. Introduksi konsep dan ilustrasi kasus <i>acceptance versus experiential avoidance</i>. Membimbing partisipan dalam melatih teknik relaksasi dan <i>mindfulness</i>, membawa partisipan untuk menerapkan konsep <i>mindful acceptance</i> terhadap hal-hal yang mengganggu atau sulit diubah.</p>
3	<p>Presentasi Visual.</p> <p>Video Metafora “<i>Leaves on the Stream</i>”. Laman isian <i>website</i>. Lembar Kerja: “Eksperimen Defusi”.</p>	<p>Introduksi konsep dan jenis-jenis fusi, contoh: fusi penilaian atau deskripsi diri yang kaku, ketakutan terhadap masa depan, atau rasa bersalah dari masa lalu. Ilustrasi <i>mindfulness</i> terhadap pikiran dan perasaan di masa kini. Identifikasi tiga fusi utama partisipan. Introduksi beberapa teknik defusi, cara aplikasi teknik pada kehidupan sehari-hari, dan catatan aplikasi oleh partisipan.</p>
4	<p>Video Metafora “Mesin Waktu”. Presentasi Visual.</p> <p>Rekaman Audio: Latihan “<i>Mindfulness</i>”. Laman isian <i>website</i>. Lembar Kerja: “Jurnal Latihan <i>Mindfulness</i>”.</p>	<p>Ilustrasi efek dari tidak <i>mindful</i>, misalnya pikiran yang sering “tersangkut” di masa lalu atau masa depan alih-alih berfokus pada masa kini. Konsep, manfaat, dan latihan <i>present moment awareness</i> atau teknik <i>mindfulness</i>. Membimbing latihan teknik <i>mindfulness</i>, seperti <i>mindful breathing</i>. Refleksi pengalaman pada sesi ini dan latihan <i>mindfulness</i>. Introduksi beberapa teknik <i>mindfulness</i> dan catatan harian aplikasi pada kehidupan sehari-hari.</p>
5	<p>Presentasi Visual.</p> <p>Video Metafora “Penumpang Pesawat”.</p> <p>Laman isian <i>website</i>. Lembar Kerja: “<i>My Conceptualized Selves</i>”. Rekaman Audio: Latihan mengakses <i>the observer self</i>.</p>	<p>Introduksi konsep dan ilustrasi kasus <i>conceptualized selves</i> yang sering menjadi sumber fusi. Ilustrasi berbagai konsep atau deskripsi diri sebagai penumpang pesawat yang seringkali berusaha menyabotase kendali pesawat atau kehidupan partisipan. Refleksi pengalaman mengikuti sesi. Identifikasi jenis dan dampak konsep diri yang menjadi fusi partisipan. Melatih <i>mindfulness</i> untuk mengakses <i>the observer self</i>, atau bagian diri yang selalu mengamati berbagai pengalaman internal partisipan.</p>
6	<p>Presentasi Visual. Video Metafora “Renovasi Rumah”</p>	<p>Introduksi dan contoh-contoh <i>values</i>. Ilustrasi bagaimana <i>values</i> dapat menjadi fondasi kokoh bagi</p>

Sesi	Media	Tujuan
	<p>dan presentasi visual. Teks Narasi.</p> <p>Laman isian <i>website</i>. Lembar Kerja: “<i>What is Your Value?</i>”.</p> <p>Tugas Mandiri: Menanyakan <i>values</i> dua orang terdekat.</p>	<p>sebuah rumah. Penjelasan keterkaitan <i>values</i> dan perilaku, penjelasan bagaimana <i>values</i> dapat mengarahkan perilaku. Identifikasi perilaku yang sesuai dan tidak sesuai dengan <i>values</i>. Identifikasi <i>values</i> partisipan pada empat area kehidupan: area kerja dan edukasi, sosial, pengembangan pribadi dan Kesehatan, serta area bermain. Setelahnya, partisipan diminta menilai sejauh mana perilaku mereka telah sesuai dengan <i>values</i> menggunakan skala <i>Likert</i>. Mendapatkan gambaran <i>values</i> dari orang-orang di sekitar, merefleksikan kesesuaian sikap dan perilaku orang-orang tersebut dengan <i>values</i> mereka.</p>
7	<p>Presentasi Visual.</p> <p>Video Metafora “Rekan Kerja”.</p> <p>Presentasi Visual. Lembar Kerja: “<i>My Action Plan</i>”.</p>	<p>Introduksi konsep <i>committed action</i> dan <i>goal setting</i> yang dilandaskan pada <i>values</i> pribadi. Ilustrasi bagaimana komitmen dan tujuan sesuai <i>values</i> dapat membantu partisipan mengatasi hambatan. Ilustrasi contoh aplikasi <i>committed action</i> yang selaras <i>values</i>. Mengidentifikasi tujuan jangka pendek, menengah, dan panjang; mengidentifikasi perilaku yang sesuai dengan tujuan serta sumber daya yang dapat membantu mencapai tujuan tersebut. Selanjutnya, partisipan mengidentifikasi hal-hal yang berpotensi menghalangi mereka mencapai tujuan dan merancang strategi menghadapi hambatan tersebut.</p>
8	<p>Video Metafora “Perjalanan Darat” dan presentasi visual. Laman isian <i>website</i>. Lembar Kerja: “<i>Valued Living</i>”.</p>	<p>Ilustrasi perjalanan partisipan mencapai tujuan menggunakan pendekatan <i>Acceptance and Commitment Therapy (ACT)</i>. Refleksi pengalaman partisipan mengikuti seluruh rangkaian sesi. Membantu partisipan memantau konsistensi perilaku dengan tujuan dan <i>values</i>.</p>