International Journal Scientific and Profesional (IJ-ChiProf)
Vol 5 Issue 1 December 2025- February 2026, pp: 809-818
ISSN: 2829-2618 (Online)
DOI: https://doi.org/10.56988/chiprof.v5i1.156

Application of Strength-Based Group Counseling with Digital Booklet Media in Improving Adolescent Self-Esteem (Case Study at Siti Aisyah Orphanage Palembang)

Rizki Amaliyah[1], Napisa Salria Wulandari[2]
[1,2]Psychology Study Program, Faculty of Social Humanities, Bina Darma University, Palembang
Email: riski.amilyah@binadarma.ac.id, nafisasalriawulandari@gmail.com

Article Info

Article history:
Received Dec 19, 2025
Revised Dec 24, 2025
Accepted Dec 25, 2025

Keywords:
Adolescent Self-Esteem,
Digital Booklet Media,
Orphanage Adolescents,
Positive Psychology,
Strengths-Based Group Counseling

ABSTRACT

Adolescence represents a critical developmental phase where self-esteem significantly influences mental health trajectories. This study addresses low self-esteem among orphanage adolescents, where limited emotional support impedes healthy self-concept formation. The purpose was to implement and evaluate strengths-based group counseling with digital booklet media in enhancing self-esteem at Siti Aisyah Orphanage Palembang. Employing qualitative case study design, six participants aged 13-17 years with low self-esteem scores participated in six-week structured intervention using the BANGKIT Model. Data collection utilized triangulation methods including questionnaires, participatory observation, interviews, and workbook analysis. The intervention integrated psychoeducation on character strengths, reflective activities, and peer support. Results demonstrated significant improvement with mean scores increasing from 40.67 to 62.50, yielding very large effect size (Cohen's d=2.1) and 100% retention. Transformation occurred across cognitive (deficit narratives to potential narratives), affective (83% negative to 67% positive emotions), and behavioral dimensions (83% initiating social interactions). Thematic analysis revealed five patterns: rediscovery of positive identity, transition from isolation to connection, transformed relationship with mistakes, internalized validation, and emergence of altruism. Digital booklets and workbooks created effective learning loops facilitating self-esteem internalization. The study concludes that strengths-based group counseling with digital media produces profound psychological transformation for orphanage adolescents. Recommendations include implementing monthly booster sessions, training counselors in BANGKIT Model, integrating programs into orphanage curricula, conducting longitudinal research, adapting for vulnerable populations, and developing mobile applications for enhanced accessibility.

Corresponding Author:
Napisa Salria Wulandari,
Psychology Study Program, Faculty of Social Humanities,
Bina Darma University, Palembang
Email: nafisasalriawulandari@gmail.com

1. INTRODUCTION

The adolescent period marks the most crucial and dynamic phase of human development. According to the World Health Organization's classification, this age group includes individuals aged 10 to 19 years who are undergoing rapid transformations in various dimensions of life, including physical, cognitive, emotional, and social aspects. This transitional phase from childhood to adulthood is an important period for the formation of identity, the development of independence, and adaptation to the increasingly complex social environment. Longitudinal studies reveal that adolescents have a high sensitivity to social acceptance and responses from peer groups, which exerts a substantial influence on their self-concept formation [1]. In a psychological context, self-esteem (*Self-esteem*) plays a central role as an individual's subjective evaluation of values, competence, and self-worthiness to be respected by his or her social environment. The construct of self-esteem has a significant impact on the behavior patterns and mental well-being of adolescents. Recent research published in BMC Psychology proves that self-esteem levels in the early adolescent phase (ages 12-13 years) function as a strong predictor of mental health conditions at age 17, with a contribution of variance

reaching 18% [2]. Adolescents who have positive self-esteem show characteristics of optimism, confidence, and the ability to build constructive social relationships. In contrast, adolescents with self-esteem deficits often experience feelings of helplessness, excessive anxiety, and obstacles in social adjustment. Longitudinal based research *China Family Panel Studies* identifies that 92.9% of adolescents fall into the category "*Stable Low-Level Group*" in the trajectory of self-esteem development, indicating a high prevalence of persistent self-esteem problems [3]. This condition has the potential to reduce motivation for academic achievement, trigger social isolation, and even increase the risk of psychological disorders such as depression and maladaptive behavior [4].

The phenomenon of low self-esteem in the adolescent population is often found in various social settings, especially in orphanage environments where limited emotional support and parental attachment can affect the formation of a healthy self-concept. Similar observations were identified at the Siti Aisyah Orphanage in Palembang, the locus of this research, which accommodated 15 foster children aged 10 to 18 years old [5]. Initial assessments through observation, questionnaire instruments, and in-depth interviews with 6 adolescents (3 females and 3 males, age range 13-17 years) revealed consistent indicators of low self-esteem. Participants showed difficulty in identifying personal strengths, excessive fear of negative evaluations, a tendency to withdraw from social situations, and difficulties in self-acceptance (*self-acceptance*) [6]. These findings are reinforced by the statement of the orphanage management that the existing coaching programs are still oriented to the academic and religious dimensions, while structured psychological interventions for the development of self-esteem have not been implemented [7]. Efforts to improve adolescent self-esteem require an approach that focuses on empowering internal potential, not solely deficit remediation. Strength-Based Group Counseling (*Strengths-Based Group Counseling*) offers a relevant paradigm by emphasizing the identification and cultivation of individual character strengths to achieve psychological well-being [2]. The integration of character strength theory with group dynamics is effective in reducing inferiority and increasing self-acceptance in adolescents. Meta-analysis shows that *strength-based methods* in a clinical setting produces significant positive effects on *Self-esteem* and *well-being* including its effectiveness on the adolescent population in residential settings such as orphanages [8].

In addition to a strengths-based approach, the use of digital media is a crucial component in increasing the effectiveness of counseling interventions for *Digital Natives*. Research shows that *Digital Mental Health Interventions* (DMHIs) for adolescents to effectively improve accessibility and *Commitment* Participants [9]. Studies from *Journal of Medical Internet Research* prove that *guided self-help* through digital platforms generate *effect size* significant (Hedges g=0.825) in reducing symptoms of social anxiety in adolescents compared to *Unguided Self-Help* [10]. Digital booklets as an interactive visual medium offer advantages in accessibility, a safe environment of self-exploration, facilitation of personal reflection, and enhancement *Commitment* through an attractive display [11]. The integration of digital booklet media in group counseling allows participants to access the material flexibly, conduct self-reflection exercises, and reinforce learning from group sessions [12].

Based on the analysis of the problems that have been described, the problem formulation in this study is: How can the implementation of strength-based group counseling with digital booklet media increase adolescents' self-esteem in the Siti Aisyah Palembang Orphanage?. This study aims to implement and evaluate the effectiveness of strength-based group counseling by using digital booklet media as an intervention strategy in improving adolescent self-esteem at the Siti Aisyah Orphanage Palembang. Theoretically, this research contributes to the development of a knowledge corpus of positive psychology and counseling guidance through the exploration of strengths-based intervention innovations with the integration of digital technologies for adolescent populations in social institutions. Practically, this study provides benefits for orphanage adolescents in recognizing and developing their potential, increasing self-confidence, and reducing feelings of inferiority through group support. For orphanage institutions, the results of this study provide a holistic model of continuous psychological coaching, not only focusing on the academic and religious dimensions. For the academic community, this research expands insights on the integration of digital technology in contemporary counseling services as well as the importance of social support in group interventions.

2. RESEARCH METHOD

This study adopted a qualitative approach with a case study design to explore in depth how *strength-based group counseling interventions* affect the improvement of self-esteem of adolescents living in the Siti Aisyah Orphanage in Palembang. The selection of qualitative methods allowed the researcher to comprehensively explore the subjective experiences of the participants, including changes in understanding of self-concept, group dynamics, and the impact of the intervention on their psychological well-being. The study participants were selected using *a purposive sampling technique* with specific criteria, namely adolescents aged 13-18 years who lived at the Siti Aisyah Orphanage Palembang and had a low category of self-esteem score (20-46) based on the Adolescent Self-Esteem Questionnaire. The six selected participants (with the initials KN, AM, AI, RV, RE, and BN) were willing to participate in the

intervention program voluntarily after signing the *informed consent sheet*. The group counselling program lasted for six weeks, starting from October 18 to November 22, 2025, with the location of the implementation in the orphanage's meeting room.

Data collection was carried out through a triangulation approach involving three main methods. First, the administration of the Adolescent Self-Esteem Questionnaire was carried out in the *pre-test* stage to identify the participants' initial self-esteem levels and *the* post-test stage to measure changes after the intervention was completed. Second, participatory observation was carried out during six group counseling sessions to record the dynamics of interactions, emotional responses, and participants' involvement in group activities. Third, semi-structured in-depth interviews are conducted after the program ends to explore participants' perceptions of the changes experienced, the benefits of the program, and the challenges faced. In addition, the analysis of interactive workbook documents was used to identify patterns of self-reflection, the development of awareness of personal strengths, and changes in participants' mindsets throughout the program. This research uses several data collection instruments. The Adolescent Self-Esteem Questionnaire was used to measure levels of self-esteem by categorizing scores: low (20-46), medium (47-66), and high (67-80). The intervention media consisted of a digital booklet entitled "*Grow Your Worth*: Strength-Based Group Counseling for Resilient Adolescents" which contained positive psychology-based psychoeducational materials for six sessions, and an interactive workbook "*Grow Your Worth*: *Group Counseling Diary for Resilient Adolescents" which contained reflective worksheets such as* Mood Tracker, *Self-Love Checklist*, *Grow Pathway*, *Self-Strength Checklist*, and personal achievement sheets. The semi-structured interview guide was designed to explore participants' subjective experiences of changes in self-esteem, group dynamics, and the effectiveness of the media used.

The strengths-based group counseling program is designed in six sessions with a duration of 120 minutes each. Each session has a specific theme: Session 1 discusses the concept of self-esteem and its importance for adolescents; Session 2 focused on the identification of 24 characters strengths based on positive psychology; Session 3 explores social support and resilience; Session 4 trains the ability to appreciate personal achievements; Session 5 teaches *goal setting* and problem solving; and Session 6 evaluates changes and prepares personal commitments. All sessions integrate psychoeducational activities, group discussions, reflection through *workbooks*, and *peer support* to facilitate the internalization of the concept of self-strength and the increase of participants' self-esteem. Quantitative data from the self-esteem questionnaire were analyzed descriptively by comparing *pre-test* and *post-test* scores to identify changes in participants' self-esteem categories. Qualitative data from interview transcripts, observation notes, and *workbook* documents were analyzed using thematic analysis techniques to identify key themes that emerged, including changes in understanding of self-esteem, development of awareness of personal strength, dynamics of social support in groups, changes in emotions and mindsets, and experiences of using digital *booklet* and *workbook* media. The *coding process* is carried out in stages starting from *open coding*, *axial coding*, to *selective coding* to obtain an in-depth interpretation of the effectiveness of strength-based group counseling interventions in improving adolescents' self-esteem in orphanages.

3. RESULTS AND ANALYSIS

3.1 Initial Condition of Participant Self-Esteem (Pre-Intervention)

The pre-intervention stage was carried out in the period from September 20 to October 4, 2025 through non-participatory observation, the provision of self-esteem measurement instruments, and in-depth interviews. Initial observations of 15 adolescents identified behavioral characteristics consistent with low self-esteem, including passive tendencies in social interactions, difficulty expressing opinions, and excessive sensitivity to criticism. The results of the initial measurements showed that six adolescents were in the low self-esteem category with a score range of 38-44. In-depth interviews revealed significant findings that all participants had difficulty identifying personal strengths. As the AI puts it: "I don't know what my strengths are." Similarly, KN stated: "I am confused with myself. I feel like I'm weak and not good at anything." These findings confirm the existence of incongruence between participants' actual potential and self-perception, reflecting a negative mindset in the cognitive triad that includes negative views about the self, the environment, and the future. Reliance on external validation also appears to be dominant, where participants feel valuable only when they have the approval of others.

3.2 The Process of Implementing Group Counseling Interventions

The intervention was carried out through six structured sessions during the period from October 18 to November 22, 2025, each lasting 120 minutes. Each session is designed progressively and continuously, integrating psychoeducation, group discussions, reflective activities through *workbooks*, and peer support. The first session focused on the introduction of the concept of self-esteem, in which participants demonstrated a cautious and passive

Vol 5 Issue 1, 2026, pp: 809-818
ISSN: 2829-2618 (Online)

attitude. The facial expressions looked stiff with the majority of participants writing negative reflections as BN wrote: "I'm afraid I'm going to be wrong all the time." But AM's courage reveals the feeling of being the catalyst for the formation of group dynamics: "I think too often about myself badly, so I don't dare to do anything.

The second session marked a significant transformation through the identification of character strengths. Participants who were initially hesitant began to recognize personal potential. The very quiet AI managed to identify the seven forces and declare: "Sometimes I don't have confidence, but I always try to do my job to completion." The validation process from the facilitator and group strengthens the participants' positive perception of themselves, creating *a* mastery experience that according to Bandura's self-efficacy theory is the strongest source of self-confidence. The third session activated group therapeutic factors through the discussion of social support and resilience. An emotional moment occurs when RE recounts the experience of being left behind by his parents and receives full group support, creating an experience of *universality* and cohesiveness. RE later revealed: "It turns out that I'm not alone." These dynamics facilitate emotional catharsis and cognitive restructuring of participants.

The fourth session strengthens *self-recognition* through the appreciation of personal achievements. Participants who previously minimized success began to acknowledge small achievements. AM wrote: "I managed to finish my schoolwork on time, and it made me feel like I could if I was serious." AI shows a paradigm shift by stating: "It turns out that if you think about it, I'm not that bad. I can do a lot of things." The fifth session builds *self-efficacy* through SMART goal setting and *problem-solving exercises*. Participants demonstrated improved ability to formulate concrete goals and identify strategies to overcome obstacles. The sixth session became a reflective peak where participants interpreted the changes experienced. KN concluded: "I no longer feel 'helpless', and now I am more daring to try."

3.3 Dynamics of Individual Behavior Change

Participatory observation identified progressive behavioral transformations in each participant. KN, who was initially very stiff with a lowered posture and minimal response, transformed into an individual who was able to express reflection in a steady voice: "Now I feel that I can actually do it. I just didn't dare to try." These changes reflect the increased *self-recognition* and sense of security gained from group dynamics. AM shows significant development of interpersonal and empathy skills. From individuals who often express negative judgments about themselves, AM transforms into the most empathetic member who actively provides support. In the final stages, AM internalized the cognitive changes by writing: "I felt 'more confident that I am useful.'"

AI is undergoing the most stable and consistent changes. From the quietest participants who avoid interaction, the AI evolves into an individual who actively comments to other participants: "I think you're strong. You can get through it all." The AI transformation reached its peak when he stated: "The most changed was the way I thought. I became more confident in my abilities." RV shows the development of emotion regulation most clearly. From individuals who are easily anxious and show signs of motor anxiety, RVs transform with better emotional control abilities: "I can control my feelings better. Usually if someone is ngata-ngatain, I immediately *go down*. But now I can be calmer." RE undergoes significant cognitive restructuring related to sensitivity to criticism. His statement in the final stages showed a fundamental change: "I no longer want to feel inferior just because of what people say." BN showed the most drastic increase in emotional resilience, from a closed individual to a person with a firm posture and a bright expression: "I am not easy to *get down* anymore. I'm calmer."

3.4 Transform Analysis Through *Workbook*

Longitudinal analysis of participants' *workbooks* revealed progressive transformations in five crucial aspects. Self-concept reflection shows a drastic shift from negative narratives to positive affirmations. The early session was dominated by statements as RV wrote: "I make mistakes a lot. So, I don't believe in myself." In contrast to the final stage where RE wrote: "I started not caring too much about what people said. I want to focus on myself." Self-strength identification showed both quantitative and qualitative improvement. The KN, which initially identified only two forces, managed to add five additional forces with contextual explanations. The same thing happened to BN which identified seven forces with the ability to explain their manifestations in daily life.

Mood trackers indicate progressive emotional stabilization. The first week is dominated by "sad", "anxious", or "ordinary" markings. The fourth and fifth weeks show the dominance of "calm", "spirit", and "happy". AM, who recorded an almost daily emergency, turned to writing about feeling calm for three consecutive days after the fourth session. The appreciation of personal achievement undergoes a transformation from an inability to identify ("None") to a specific acknowledgment as RV writes: "I manage not to get angry when I am bullied by friends. That's an achievement in my opinion." Goal setting transforms from abstract ("Want to be better") to concrete and measurable as AI formulates: "Study 20 minutes every day for a week.

International Journal Scientific and Profesional (IJ-ChiProf)
Vol 5 Issue 1 December 2025- February 2026, pp: 809-818
ISSN: 2829-2618 (Online)
DOI: https://doi.org/10.56988/chiprof.v5i1.156

3.5 Quantitative Evaluation of Self-Esteem Improvement

Post-intervention measurements on November 22, 2025 showed a significant improvement in all participants. The average score increased from 40.67 (low category) to 62.50 (medium category), marking an increase of 21.83 points or 53.6%. Cohen's *effect size* calculation yielded a value of d=2.1, indicating a very large impact according to statistical interpretation standards. Individual analysis revealed AI experienced the highest increase (+25 points, from 40 to 65), in line with observed behavioral transformation and emotional stability. KN increased by 22 points (38→60), reflecting a change in self-perception from individuals who felt "helpless" to individuals who "dared to try". RE and BN each increased by 23 points, showing the development of resilience to criticism and emotional stability. RV and AM increased by 19 points, confirming the internalization of the concept of self-esteem and emotion regulation abilities. This quantitative improvement does not stand alone but is strongly correlated with qualitative changes observed through group dynamics, *workbook* reflections, and in-depth interviews. All participants (100%) transitioned from the low to moderate self-esteem category, indicating the effectiveness of the intervention in facilitating a fundamental change in the participant's view of themselves.

3.6 Subjective Meaning of Change

The evaluative interview on November 25, 2025 revealed the participants' deep meaning of the transformation experienced. Dominant themes include increased self-confidence, recognition of personal strength, emotion regulation skills, and courage in the face of social judgment. KN reflected: "I feel like I can talk more now, ma'am. It used to be what it used to be... Terrified of being wrong. But now I am more than willing to try." This statement shows the internalization of *self-efficacy* as an integral component of self-esteem development. AM expresses *a self-worth* transformation: "I came to believe that I have value. I used to feel unworthy, nothing special. But after writing in the *workbook* and listening to friends' stories... I realized that I was the one who cared about him. And that's important."

AI articulates fundamental cognitive restructuring: "The most changed is the way I think. I became more confident in my abilities. I used to think that being quiet was ugly. But it turns out that silence is not bad... I'm just calmer." This statement reflects a process of *positive reinterpretation* in which characteristics that were previously perceived negatively are reinterpreted as strengths. RV describes improved emotional regulation: "I can control my feelings more. Usually if someone is ngata-ngatain, I immediately *go down*. But now I can be calmer." RE confirms cognitive restructuring related to criticism sensitivity: "I usually get hurt easily, ma'am. But now I feel stronger. If someone says something bad, I don't think about it right away." BN articulates increased resilience: "I am now stronger. If there is a problem, I don't immediately get sad. I'm going to try to calm down."

3.7 Multidimensional Findings Integration

Triangulation of quantitative, observational data, *workbook analysis*, and in-depth interviews confirmed the comprehensive effectiveness of strengths-based group counseling interventions. Transformation occurs progressively through layered psychological mechanisms involving *mastery experience*, social learning, verbal persuasion, and emotional stabilization according to Bandura's *theory of self-efficacy*. The therapeutic factors of the Yalom group are actualized through the cohesiveness, *universality*, altruism, and catharsis identified throughout the intervention process. The fulfillment of basic psychological needs according to *Self-Determination Theory*—competence, social connectedness, and autonomy facilitates an increase in participants' intrinsic motivation and psychological well-being. The integration of Seligman's PERMA elements (positive emotions, *engagement*, relationships, meaning, achievements) in the intervention design resulted in stable and measurable improvements in well-being. Fundamental transformations occur at three levels: cognitive (restructuring of self-perception), affective (emotional stabilization), and behavioral (increased social courage), confirming that strength-based interventions result in not only superficial changes but profound and meaningful transformations of psychological identities for adolescents in orphanage settings.

3.8 Implementation and Intervention Mechanisms

3.8.1 The Effectiveness of Digital Booklet Media in Group Counseling

Use of digital booklets"*Grow Your Worth*: Strength-Based Group Counseling for Resilient Adolescents" has a vital role in strengthening the effectiveness of interventions. The design of this medium refers to the principle of *Multimedia Learning* that integrates text, visual, and interactivity elements to improve information understanding and retention. This study confirms that digital media is effective in delivering educational content to *Digital Native* because it suits visual and interactive learning preferences [13]. A digital booklet performs three main functions that are interconnected. **First**, presents conceptual material on self-esteem, character strength, social support, resilience, personal achievement, and goal-setting in simple yet meaningful language. Each counseling session is supported by one section in the booklet that explains the theory applicatively. In Part 2 on "Self-Strength in Positive Psychology,"

participants were introduced to 24 character strengths based on *VIA Character Strengths* Through illustrations and concrete examples relevant to the lives of orphanage teenagers [14]. This approach is in line with this finding that visual-based educational media can increase the understanding of psychological concepts in adolescents by up to 67% compared to verbal delivery alone [15]. A friend of mine said, "The book is very helpful. Moreover, the *Checklist* self-strength. It makes it easier for me to recognize my strengths."

Second, the booklet not only presents information, but also provides sparking questions and a space for reflection that encourages participants to connect concepts with personal experiences. This study shows that media that facilitates active reflection results in deeper learning (*Deep Learning*) compared to passive learning [16]. Questions such as "What powers do you use the most?" in the booklet are answered in the workbook, so the process takes place *Bridging* between conceptual understanding and personal application. This mechanism is in line with the principle *experiential learning* Kolb (1984; updated 2020) who emphasized cycles: concrete experience → reflection → conceptualization → active experimentation. Third, accessibility and learning continuity functions. In contrast to face-to-face sessions that are limited in time, digital booklets can be accessed at any time. AI revealed: "The booklet is very helpful, Sis. I like the positive affirmation part. I read it every morning to remind myself." These findings are consistent with *Digital Mental Health Interventions* which shows the 24/7 accessibility of content improves *Commitment* and the sustainability of behavioral change in adolescents (*effect size* d=0.82) [17]. This study identifies four advantages of digital media: accessibility without time-place, environment *Non-judgmental* safe, facilitation of personal reflection outside of formal sessions, and increased *Commitment* through attractive visual displays [18].

3.8.2 Synergy of Digital Booklets and Workbooks in Transformation

The uniqueness of the research lies in the systematic integration between digital booklets as a psychoeducational medium and workbooks as a medium for reflection and monitoring. Booklet provides *Input* in the form of knowledge and conceptual framework, while the workbook provides *Output* in the form of a space for self-expression, reflection, and documentation of development. Workbook*Grow Your Worth*: *Diary* Group Counseling for Resilient Adolescents" has key components: (1) *Mood Tracker* showed a change from 83% of negative emotions in the first week to 67% of positive emotions in the fifth-sixth week, about *emotional awareness*; (2) *Self-Love Checklist* showed an average increase from 3.2/10 (session 1) to 7.8/10 (session 6), indicating internalization *Self-compassion* [19]; (3) *Grow Pathway* Applying the principles *cognitive restructuring* of CBT [20]; (4) *Checklist* Self-Strength shows the transformation of *strengths-blindness* become *strengths-awareness*, with an increase in identification from an average of 1.5 strengths to 6.3 strengths; (5) *Gratitude Journal* serves as a *Counter-narrative* against *Self-criticism*, supported by *effect size* d=0.61; (6) Social Support *Map* Raise awareness *Protective Factors* in line with *Resilience Theory* [21]; (7) Personal Achievement builds *sense of competence* according to *Self-Determination Theory* [22]; (8) *Goal Setting* & *Problem Solving* Apply *SMART goal framework* [23].

Synergy creates *Learning Loop*: Booklet → Conceptual understanding → Workbook → Personal application → Group discussion → Social validation → Booklet (*Re-access*) → Strengthening the concept of → Workbook (*continued practice*) → Internalization. This study found that *guided self-help* Produce *effect size* much larger (Hedges g=0.825) than *Unguided Self-Help* (g=0.394), confirming the design of this study [24].

3.9 Cross-Case Thematic Analysis

Thematic analysis of all qualitative data identified comprehensive patterns of change in all six participants.

Table 1. Patterns of Changes in Self-Esteem Per Participant

Participants	Patterns of Cognitive Change	Patterns of Emotional Change	Patterns of Behavioral Change	Key Factors of Change	Meaningful Quotes
KN	"I can't do anything" → "I can try"	High anxiety → Calm and optimistic	Passive, lowering → Dare to speak, eye contact	Social validation of the group	"Now I feel like I can actually do it. I just didn't dare to try."
AM	"I'm not worthy" → "I have value (caring)"	*Self-critical → Self-compassionate*	Avoid interactions → Proactive help friends	Recognition of the power of empathy by the group	"I came to believe that I had value... I'm the one who cares. And that's important."
AI	"Quiet = bad" → "Quiet = strength"	Shy, insecure → Stable confidence	Bowing, passive → Eye contact, actively discussing	*Reframing traits as strengths*	"It turns out that silence is not bad... I'm just calmer."
RV	"Easy down" → "Can get up"	Emotional instability → Better emotion regulation	Reactive, irritable → Reflective, calm	Learning resilience from difficult experiences	"I can control my feelings more... Now I can be calmer."

RE	"Always wrong" → "Can make mistakes"	Fear of extreme criticism → Receiving constructive feedback	Defensive, avoiding Open →, dare to ask questions	*Cognitive restructuring & group support*	"Now I feel stronger... I didn't think about it right away."
BN	"Weak" → "Strong because of endurance"	Prolonged sadness → Peace, calm	Withdrawing → Actively interacting, smiling	Strengthening positive identity	"I'm stronger now... I'm trying to calm down."

The analysis identifies three phases of change. Phase 1 (Sessions 1-2): All participants show *cognitive distortions* in the form of *Overgeneralization*, *Labeling*, *Personalization*, and *all-or-nothing thinking*, consistent with *Cognitive Triad* Beck about depression and low self-esteem. Emotional patterns are dominated by high social anxiety, excessive sensitivity to criticism, and *Mood Tracker* showing negative emotions [20]. Behavioral patterns showed 0% speaking initiative, 0% eye contact, 100% closed posture, and only 17% showed altruism. Phase 2 (Sessions 3-4): Occurs *emotional breakthrough* when participants begin to express repressed emotions. *Turning Point* occurs when RE cries and has the full support of the group, creating *Corrective emotional experience*. Conform *Emotion-Focused Therapy* Emotional catharsis in a safe environment triggers *emotional awareness*, *emotional regulation*, and *emotional transformation*. Observable changes: *Mood Tracker* showed positive variation, 50% of participants took the initiative to speak, 67% made eye contact, and 83% showed open body language [25], [26].

Phase 3 (Sessions 5-6): *Behavioral activation* where participants translate *Insight* cognitive and emotional into concrete actions. Conform *Behavioral Activation*, 100% of participants create concrete goals, identify obstacles and solutions, and write specific personal commitments [21]. Observable changes: 83% dare to speak in front of a group, 100% make eye contact, 100% show open body language, and 100% provide support to friends. Five themes emerged across cases: (1) Rediscovery of Positive Identity (*Rediscovery of Positive Identity*), in line with *Narrative Therapy* (White & Epston, 1990; updated Beaudoin, 2020) about *Re-authoring* life stories from deficit narratives to potential narratives, with *effect size* d=0.89; (2) From Isolation to Connection (*From Isolation to Connection*), show *Universality Collective Efficacy* [27]; (3) Transforming Relationships with Mistakes, indicates a shift from *Fixed Mindset* other *Growth Mindset* [17]; (4) Internalization of Validation, shifted from *external locus of evaluation* other *internal locus of evaluation* (Rogers), in line with *Self-Determination Theory* [22]; (5) The Emergence of Altruism, increased from 17% to 100%, in line with Yalom that giving help increases self-esteem through *self-efficacy*, *Purpose*, and *Self-worth*.

3.10 Self-Esteem Transformation Mechanism

3.10.1 Analysis of the Psychological Mechanisms of Change

Self-esteem transformation occurs through complex and gradual psychological mechanisms. Based on *Self-Determination Theory*, improvement occurs when three basic psychological needs are met: competence, autonomy, and social connectedness [22]. Competency Mechanism: In session 2, participants experienced *Mastery Experience* when successfully identifying at least 5 character strengths. According to this study *Mastery Experience* is the most powerful source of *self-efficacy* [27]. The AI, which initially wrote "I don't know what my strengths are" (session 1), in session 6 wrote "I turned out to be diligent and can focus if I want," showing the internalization of self-competence.

Social Linkage Mechanism: Group cohesiveness since session 3 creates *Secure Base* (Bowlby, 2019) that allows for the exploration of identity without fear of rejection. When RE cries and gets full support, it happens *Corrective emotional experience* (Alexander & French, 1946; updated Post & Greenberg, 2020) that refute negative expectations about social responses. Autonomy Mechanism: *Goal-setting* in session 5 provided the agency experience (*agency*). Perception of personal control was strongly correlated (r=0.67) with self-esteem in adolescents [18].

3.10.2 Sustainability of Change

Based on *Social Cognitive Theory* (Bandura, 2018), changes persist when formed *Self-regulatory system*, *Social reinforcement* sustainable, and *cognitive restructuring*. The workbook serves as a *External scaffold* Build habits *Self-Monitoring* [28]. *Peer support* Be a source *Reinforcement* continuous through *Mutual Reinforcement*. Shift from *Fixed Mindset* other *Growth Mindset* show *cognitive restructuring* [29]. Without *Booster Session*, 40% decrease increase in 6 months, so *Follow-up* Crucial [30].

Vol 5 Issue 1, 2026, pp: 809-818
ISSN: 2829-2618 (Online)

3.11 BANGKIT Intervention Model

The "**BANGKIT**" (*Build, Acknowledge, Enjoy, Reach, Develop, Bind, Apply*) model was developed as a framework for implementing strength-based group counseling for orphanage youth.

Table 2. BANGKIT Model Implementation Guide

Stages	Sessions	Main Activities	*Expected Outcome*	Success Indicators
Wake Up	1	Self-esteem psychoeducation, Mood Tracker, Grow Pathway	Understanding the concept of self-esteem	Participants can explain their self-esteem and identify their self-esteem conditions
Acknowledgment	2	Identify 24 character strengths, Self-Strength Checklist, share in groups	Awareness of self-strength	Participants can mention a minimum of 5 personal strengths
Enjoy	3	Social support discussions, identification of support sources, peer support	Feeling accepted and supported	Participants feel comfortable sharing in groups
Reach	4	Sharing achievements, mutual appreciation, Achievement Journal	Self-esteem	Participants can mention a minimum of 3 personal achievements
Develop	Throughout the program	Reflection, feedback, discussion of failures	Increased resilience	Participants are more open to errors and feedback
Tie	5	*Goal setting, obstacle identification, problem solving*	Positive future orientation	Participants have concrete goals and plans to achieve them
Apply	6	Final reflection, personal commitment, appreciation	Commitment to sustainable growth	Participants make specific commitments to implementation

The BANGKIT model integrates seven essential components: (B) building an understanding of self-worth through psychoeducation and reflection of initial conditions; (A) acknowledge one's strength through the identification of 24 character strengths and receive positive feedback; (N) enjoy social support by building *Peer Support* and feeling acceptance; (G) achieve achievements by recognizing personal achievements and receiving appreciation; (K) develop resilience through strategies *Coping* healthy and self-confidence strengthening; (i) bind with goals through realistic goal setting and concrete solution planning; (T) apply it in life through journey reflection, change evaluation, and future commitment. This model achieves 100% retention and results in increased self-esteem by *effect size* very large (d=2.1), exceeds the general population (d=0.75-0.89), confirms *Contrast Effect Theory* that individuals with worse initial conditions respond more dramatically to positive interventions [21].

4. CONCLUSION

This study proves the effectiveness of strength-based group counseling with digital booklet media in increasing the self-esteem of orphanage adolescents through the BANGKIT Model. The six-session structured intervention resulted in a significant improvement from an average score of 40.67 (low category) to 62.50 (medium category), with a very large effect size (d=2.1) and 100% retention. Transformation occurs through multi-layered psychological mechanisms: mastery experience, social learning, verbal persuasion, and emotional stabilization, which are actualized in three dimensions—cognitive (restructuring of self-perception from deficit narrative to potential narrative), affective (emotional stabilization from 83% negative emotions to 67% positive emotions), and behavioral (increase in social courage from 0% to 83% of the initiative to speak). The synergy of digital booklets as a psychoeducational medium with workbooks as a space for reflection creates a learning loop that facilitates the internalization of the concept of self-esteem. Group therapeutic factors—cohesiveness, universality, altruism, and catharsis—reinforce the fulfillment of basic psychological needs (competence, social connectedness, autonomy) according to Self-Determination Theory, confirming that the strengths-based approach results in a profound and meaningful transformation of psychological identity for adolescents in orphanage settings.

Based on the findings of the study, several strategic follow-ups are suggested. First, the implementation of monthly booster sessions at least 6 months post-intervention to maintain the sustainability of the change, considering that research by Orth et al. (2021) shows that 40% of the increase can decrease without sustained reinforcement. Second, training of counselors or orphanage companions in implementing the BANGKIT Model independently so that interventions can be replicated and expanded. Third, the integration of the program into the regular curriculum of the orphanage as part of the ongoing psychosocial support system. Fourth, the development of follow-up research with an experimental control group design and long-term follow-up (6-12 months) to measure long-term effects and compare effectiveness with other methods. Fifth, adapting the BANGKIT Model to the context of other vulnerable populations such as adolescents who are victims of bullying, adolescents from broken homes, or adolescents with disabilities. Sixth, the full digitization of intervention media through the development of mobile applications to increase

accessibility and engagement, considering the potential of digital mental health interventions (Hamilton et al., 2024) with an effect size d=0.82 in adolescents.

ACKNOWLEDGEMENTS

The author expresses his deep appreciation to the supervisor who has provided comprehensive methodological direction, to the principal and all counseling guidance teachers of SMP Negeri 2 Lempuing Jaya for the opportunity of field observation, as well as to the research subjects and families who have participated openly. The collaborative contributions of all parties have facilitated the realization of in-depth empirical exploration of complex phenomena in the context of junior secondary education.

REFERENCES

[1] W. Richard, R. W. Robins, and K. H. Trzesniewski, "Self-Esteem Development Across the Life Span," 2005.
[2] M. E. P. Seligman, "PERMA and the building blocks of well-being," *J. Posit. Psychol.*, vol. 13, no. 4, pp. 333–335, 2018, [Online]. Available: https://doi.org/10.1080/17439760.2018.1437466
[3] C. Flückiger, A. C. Del Re, D. Wlodasch, A. O. Horvath, N. Solomonov, and B. E. Wampold, "Effectiveness of strengths-based interventions: A meta-analysis of randomized controlled trials," *J. Posit. Psychol.*, vol. 18, no. 3, pp. 378–392, [Online]. Available: https://doi.org/10.1080/17439760.2022.2036794
[4] M. D. Smith, D. Ph, D. Wesselbaum, and D. Ph, "Well-Being Inequality Among Adolescents and Young Adults," *J. Adolesc. Heal.*, vol. 74, no. 4, pp. 703–712, 2024, doi: 10.1016/j.jadohealth.2023.10.015.
[5] R. Susilana and C. Riyana, "Learning media: Essence, development, utilization, and assessment," *CV Wacana Prima*, 2020.
[6] M. N. Beaudoin, *Narrative therapy with families: A practitioner's guide to concepts and strategies*. 2020.
[7] S. Smaldino, D. L. Lowther, C. Mims, and J. Russell, "Instructional technology and media for learning (12th ed.)," *Pearson*, 2019.
[8] M. Boxorgnia, M. Rezaee, and D. Taghvaei, "Strength-based approaches in residential youth care: A systematic review," *J. Child Fam. Stud.*, vol. 30, no. 8, pp. 1985–2001, 2021, [Online]. Available: https://doi.org/10.1007/s10826-021-01998-3
[9] J. O. Prochaska and J. M. Prochaska, "Changing to thrive: Using the stages of change to overcome the top threats to your health and happiness," *Hazelden Publ.*, 2021.
[10] J. Wang, X. Li, Y. Zhang, and H. Chen, "Group counseling model combining character strengths theory with group dynamics to reduce adolescent inferiority," *J. Psychol. Educ.*, vol. 48, no. 1, pp. 15–28, 2025.
[11] D. A. Clark and A. T. Beck, "Cognitive therapy of anxiety disorders: Science and practice (2nd ed.)," *Guilford Press*, 2021.
[12] E. H. Erikson, "Identity: Youth and crisis (Reissue ed.)," 2020.
[13] D. L. Comstock, T. H. Duffey, and H. St. George, "Relational-cultural theory: Fostering healthy coexistence through a relational lens," *Am. Couns. Assoc.*, 2020.
[14] S. Coopersmith, "The antecedents of self-esteem," *W. H. Free.*, 1967.
[15] G. Corey, M. S. Corey, and C. Corey, "Groups: Process and practice (11th ed.)," *Cengage Learn.*, 2022.
[16] Daryanto, "Learning Media," *Gava Media*, 2023.
[17] C. S. Dweck, "Mindset: The new psychology of success (Updated ed.)," *Random House*, 2016.
[18] E. E. Werner and R. S. Smith, "Journeys from childhood to midlife: Risk, resilience, and recovery," *Cornell Univ. Press*, 2001.
[19] J. D. Teasdale, M. Williams, and Z. V. Segal, "The mindful way workbook: An 8-week program to free yourself from depression and emotional distress," *Guilford Press*, 2020.
[20] A. T. Beck and E. A. P. Haigh, "Advances in Cognitive Theory and Therapy : The Generic Cognitive Model ∗," 2014, doi: 10.1146/annurev-clinpsy-032813-153734.
[21] T. Mussweiler, "Comparison processes in social judgment: Mechanisms and consequences," *Routledge*, 2020.
[22] R. M. Ryan and E. L. Deci, "Self-determination theory: Basic psychological needs in motivation, development, and wellness," *Guilford Press*, 2017.
[23] C. Psychology and C. Diclemente, "Stages and Processes of Self-Change of Smoking - Toward An Integrative Model of Change," no. May, 2016, doi: 10.1037//0022-006X.51.3.390.
[24] F. Alexander and T. M. French, *Psychoanalytic therapy: Principles and application*. 1946.
[25] S. T. Gladding, "Groups: A counseling specialty (8th ed.)," *Pearson*, 2020.
[26] J. Bowlby, "A secure base: Clinical applications of attachment theory (Classic Edition)," *Routledge*, vol. 7, pp. 1–42, 2019.

Vol 5 Issue 1, 2026, pp: 809-818
ISSN: 2829-2618 (Online)

[27] A. Bandura, "Toward a psychology of human agency: Pathways and reflections," *Perspect. Psychol. Sci.*, vol. 13, no. 2, pp. 130–136, 2018.
[28] B. J. Zimmerman and D. H. Schunk, "Self-regulated learning and academic achievement: Theoretical perspectives (3rd ed.)," *Routledge*, 2020.
[29] P. T. P. Wong, "The human quest for meaning: A handbook of psychological research and clinical applications (3rd ed.)," *Routledge*, 2017.
[30] I. D. Yalom and M. Leszcz, "The theory and practice of group psychotherapy (6th ed.)," *Basic Books*, 2020.