

Enhancing adolescent resilience to grief through ego state counseling

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Abstract: Grief is an inevitable part of the experience of losing a loved one, especially during adolescence. Research proves that grief is closely related to the level of resilience. Individuals who have low resilience will have difficulty adapting to situations after being left by a loved one, thus having a negative impact on adolescents' lives. This study reports the findings of a study that used an A-B-A single case research design to analyze the effect of ego state counseling to enhance resilience with adolescent grief symptoms. Participants consisted of three junior high school students (N=3) who experienced grief symptoms and low levels of resilience. The ego state therapy intervention was delivered in 4 sessions. The treatment focused on emotional release, resolution, empowering, Commitment to change. Self-report data was collected at pre-, during, and post-ESC time points. Based on the results of Visual Analysis and statistical analysis using the Adolescent Resilience Scale (ARS) and Prolonged Grief Disorder (PG-13-Revised) instruments, it was revealed that students who participated in ego state counseling experienced a significant decrease in sadness and an increase in resilience during the counseling process and after four weeks post-ESC. This evidence shows ego state counseling in improving resilience in adolescents with grief. For further research, it is possible to expand the research subjects with a variety of different backgrounds.

Keywords: Ego state counseling, adolescents, grief, resilience

Article History: Received on 20/10/2024; Revised on 23/11/2024; Accepted on 28/11/2024; Published Online: 28/12/2024.



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INTRODUCTION

The death of a loved one and grief reactions are an inevitable part of the human experience. The death of a loved one is a particularly difficult experience for adolescents, just as the death of a parent can potentially affect the adolescent's life in many ways such as adversely affecting health, social, psychological, and educational outcomes throughout life (Berg et al., 2016). Individuals who experience family loss are known to experience more internalizing problems, within 2 years of family loss, compared to peers who do not experience grief (Stikkelbroek et al., 2015). Early findings suggest that grief is uniquely associated with low levels of attachment to a person, and resilience (Bonanno et al., 2015). (Bonanno et al., 2002). The absence of grief symptoms after loss may be a function of inherent resilience in the face of adversity so as to be able to adapt properly (Bonanno et al., 2005). Resilience is one of the most important psychological attributes possessed by individuals because resilience embodies personal qualities that enable individuals to

thrive in the face of adversity. (Connor & Davidson, 2003). Resilience when associated with grief, can be defined as an individual's ability to maintain relatively low levels of psychological distress in response to a single traumatic event, such as the death of a close friend or family member. (Bonanno et al., 2004). Resilience plays an important role in understanding an individual's psychological adjustment process as it is defined as the process or outcome of successful adaptation despite challenging or threatening circumstances (Nakaya et al., 2006).

The role of resilience for individuals experiencing grief has been empirically demonstrated in several studies. Individuals who have high levels of resilience are more likely to successfully adapt to disruptive events (e.g., traumatic injury, job loss, and death), whereas individuals with low levels of resilience will have difficulty successfully adapting (White et al., 2010). (White et al., 2010). Individuals with higher levels of resilience are able to create and maintain constructive relationships, find creative solutions to difficult situations and develop positive expectations about life. (Hjemdal et al., 2011).

The position of resilience for individuals experiencing grief can be a mediator variable between social support and grief, where individuals who have high resilience encourage social support so that these individuals are able to rise from difficult conditions due to the death of a loved one, (Skalski et al., 2022). Grieving individuals can adjust well over time, and about a third of them show considerable resilience without negative consequences. One in six experience symptoms of chronic grief. Early identification of this syndrome may lead to referral to newly emerging interventions specific to grief (Ott et al., 2007).

A research outcome recommended the need for practitioners to focus on interventions to increase resilience and perceived social support to improve mental health in people who have lost a loved one. (Skalski et al., 2022).. Therefore, there is a need for a form of counseling intervention to increase resilience for those experiencing grief so that counselees can build new meaning in life in a way that is sensitive to family, social, and cultural contexts. (Neimeyer, 2000). Interventions that aim to increase resilience for individuals with symptoms of grief in order to be able to adapt to difficult conditions when left by loved ones, because if not given an intervention to increase resilience this grief condition can last indefinitely and cause problems for individuals (Weir, 2018). (Weir, 2018).

After reviewing some of the literature on the importance of interventions to increase resilience with symptoms of grief in adolescents, the recommended counseling model and believed to be able to increase resilience in adolescents with symptoms of grief is the ego state counseling model. Ego state counseling is able to encourage counselees to be adaptive, assertive, empowering, and logical, and able to express emotions appropriately but sensitively and caring (Barabasz et al, 2013). Previously pent-up emotions where the ego state makes the counselee dysfunctional are permanently changed by ego state counseling to the level of function of the pre-traumatic event, in addition, the counselee gains strength and resilience to repeated conditions of grief (Barabasz et al, 2013). In addition, ego state counseling facilitates the expression of ego states at physiological and

psychological levels that are strong enough to activate subcortical processes to release emotions in the presence of the counselor and add ego strength to the counselee. This is followed by interpretation and reintegration. The result is the reconstruction of an adaptive and resilient personality (Barabasz et al., 2011). The description above shows that research on the ego state counseling approach to increase resilience with grief symptoms is quite necessary. To measure the effectiveness of ego state counseling in increasing resilience to grief symptoms in adolescents.

METHOD

Ethical

The Research Ethics Committee of the Faculty of Education and Psychology, Semarang State University, letter number B/1226/UN37.1.1/KM.07/2024 has approved this research. We conducted this research in accordance with the Ethical Principles of Psychologists and the Code of Ethics of the American Psychological Association. Before attending the counseling session, the participant and the counselor will make a counseling contract. Participants are provided with an information sheet during the pre-interview and agree that their information may be collected and used in the case study. Participants are given information sheets at the pre-counseling meeting and agree that the information may be collected and used in the case study. Each session was recorded with the client's consent and an opportunity was given if the client wished to stop the recording. Participants were invited to comment on and amend personal details prior to publication

Participant

The participants were vocational high school students aged between 16 and 17 years old. Three participants were selected because they met the criteria as research subjects, namely three participants with high grief symptom scores and low resilience level scores, willing to voluntarily participate in the counseling intervention, and have obtained consent from both parents. Subjects used initial names to maintain confidentiality.

Participant 1: 17-year-old KHN experienced symptoms of grief due to the loss of loved ones, namely his father and grandmother, these symptoms were marked by frequent deep longing for the deceased when he was alone in the room, in his mind he still could not fully accept the loss of the deceased even though he lost it when he was in elementary school, there was a feeling of jealousy when he saw other people with his father, always alone when in class, and easily cried when there was a little problem with friends in class.

Participant 2: APS 16 years old experienced grief due to the loss of a father figure. The impact of losing a father APS always remembers a father figure when at home there is a problem with his mother, feels that he has lost a father figure who likes to help and defend him, becomes easily emotional either at home or at school. besides that APS became quiet and did not mingle too much with his classmates because in him there was a feeling of insecurity.

Participant 3: ANA 16 years old experienced symptoms of grief due to the loss of a grandfather who was very close and loved the counselee during her brother's life, but when ANA was in grade 6 her grandfather passed away due to illness. The impact of the death of ANA's grandfather often feels homesick for the figure of the deceased so that the

room previously used by her grandfather is now used by ANA and often remembers her grandfather during life when she is alone in the room. In addition, ANA also still does not believe in the departure of her grandfather because according to ANA, she has committed many sins and mistakes and has not had time to apologize to her grandfather, that feeling disturbs her. So that every time she is in her sister's room alone, she always cries because she remembers the figure of the deceased.

Research Procedure

This research utilizes a single case study with an A-B-A design that includes baseline, intervention, and maintenance phases. Baseline refers to the measurement before the intervention process, intervention refers to the measurement during the intervention process is given, and the maintenance phase refers to the measurement of the resilience of change after the intervention process. In a single case study, the A-B-A design was used for data collection and analysis of the impact of ego state therapy on resilience with grief symptoms in adolescents. The reason for using the A-B-A design is very clear as it shows an effective relationship between the independent and dependent variables (Cooper et al., 2007; Ray, 2015). Furthermore, refer to Figure 1.

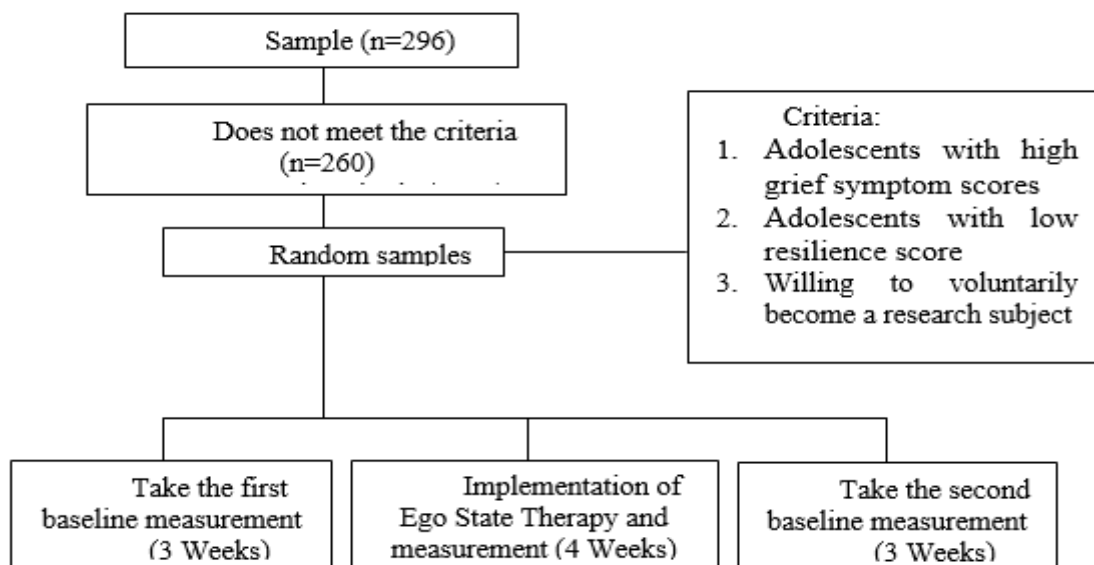


Figure 1. Research Procedure

The sampling technique used in this study was non-probability sampling with purposive sampling, which is a sampling technique and determination based on certain considerations (Creswell, 2012). The researcher conducted an initial measurement of all 296 participants to get a picture of grief ($M=63.66$, $SD=4.46$) and resilience ($M=63$, $SD=4.90$) experienced by participants before selecting research subjects for intervention. After measurement, three participants ($n=3$) were found to fit the criteria with high grief symptom scores and low resilience scores. The participants volunteered for the counseling sessions. Participant KHN had a grief score of 36 and a resilience score of 56, Participant APS had a grief score of 35 and a resilience score of 62, Participant ANA had a grief score of 35 and a resilience score of 54.

The next step is to make a schedule for taking measurements at baseline (A1) for each selected subject. Then the selected subjects were scheduled individually to take measurements in the baseline phase three times. The intervention phase consists of 4 weeks. The procedure used in the implementation of the intervention was prepared based on the protocol contained in ego state therapy. Every week after the counseling session, the subjects took measurements to get an overview of the changes that occurred to them after attending the session. Therapy is conducted face-to-face with a duration of 30-60 minutes. Each session was evaluated regarding what positive changes were felt.

The stages of counseling to increase resilience experiencing grief have four stages. The first stage is Emotional Release The first stage carried out in this first counseling session is that the counselor tries to explore the problems experienced by the counselee. The counselor tries to analyze the problem and in this case a negative emotion that is being faced by the counselee which will later be found the root of the problem and resolved. The second stage of resolution counselees who have been able to express their feelings, and relieve their past emotions will be directed to make resolutions or changes regarding the feelings or state of grief that were previously injured. This resolution aims to make the counselee have a new and more positive picture of the state of grief that he has been experiencing.

The third stage of empowering This third session aims to provide reinforcement and find a resilient positive state that has hopes and ideals that can become a driver and reinforcement in carrying out its activities, in accordance with the criteria for people who have high resilience are people who have hopes and ideals for their future. The purpose of this last stage is to evaluate the changes that have been made by the counselee during the counseling and make a commitment so that the counselee remains in the changes that have been achieved and has the ability to adapt and overcome problems that may arise in the future after being left by a loved one.

Adolescent Resilience Scale

Adolescent Resilience Scale (ARS) is to measure the level of resilience in adolescents. ARS was developed by (Oshio., 2003) consists of 21 items containing three dimensions including novelty seeking (7 items), emotional regulation (9 items), and positive future orientation (5 items). The statements on this scale are scored on a 5-point scale. The Likert score range is between 1 (definitely no) and 5 (definitely yes). Fourteen statements are directly scored and seven statements are reverse scored. A resilience score of less than 57 indicates low, and a score of 69-90 indicates a high category. The scale achieved high internal consistency ($\alpha = 0.67$) for the current sample. This indicates that the reliability of the resilience scale for adolescents is high, which means that this instrument can produce consistent scores and is suitable for use in research.

Prolonged Grief Disorder (PG-13-Revised)

Prolonged Grief Disorder (PG-13-Revised) is an instrument to measure grief in adolescents. PG-13 Revised was developed by (Prigerson et al., 2021) consists of 13 items containing 13 dimensions (Respondent's exploration of the loss of a close person (1 item), Respondent's exploration of the time of death (1 item), Longing (1 item), Preoccupation with thoughts/obsessions about the deceased (1 item), identity disturbance (1 item), Mistrust (1 item), Avoidance (1 item), Emotional pain (1 item), Reintegration (adjustment)

difficulties (1 item), Emotional numbness (1 item), Feeling of meaningless life (1 item), Loneliness (1 item), Related disorders (1 item). The statements on this scale are scored on a 5-point scale. The Likert score range is between 1 (not at all) and 5 (strongly felt). Two initial and one final question served as grief selection and ten statements were scored directly. Grief symptom scores of less than 30 were categorized as normal grief, and more than 30 as prolonged grief disorder. The scale achieved high internal consistency ($\alpha = 0.87$) for the current sample. This indicates that the reliability of the resilience scale for adolescents is high, which means that this instrument can produce consistent scores and is suitable for use in research.

Ego State Therapy Intervention

Procedures and techniques used in the implementation of ego state therapy to increase resilience with symptoms of grief in adolescents. There are four sessions used in this intervention.

Table 1. Ego State Therapy intervention skills for 4 weeks

Session	Theme	Destination	Stages of Counseling
1	Emotional Release	The counselor is able to release negative emotions that make the counselor experience long grief after losing parents and make it more neutral.	Building rapport, State Diagnosis, Ascertaining Specific Conditions, Bridging Action, Expression, Introject Speak, Removal Relief, Imagery Check, Closure, Evaluation.
2	Resolution	The counselor is able to change and resolve the negative state that makes the grief that has been pent up into a state with resilience that can empower.	Relationship Building, Resource Finding, Closing, Evaluation
3	Empowering	Reinforcing positive states and having goals and hopes as states that will make the counselee more resilient after losing a loved one.	Vivify specific, Bridging Action, Changing chair, Closing, Evaluation
4	Commitment to change	Have high consistency and resilience to change and address issues that may arise in the future.	Relationship building, resource finding, closing, and evaluation

Social Validation

Social validation data was gathered after the intervention to gain insights into participants' perceptions and experiences with ego state therapy. The participants engaged in an online discussion facilitated by an independent practitioner, a measure

intended to minimize response bias (Page & Thelwell, 2013). This qualitative data offered valuable insights into the intervention's impact and effectiveness, helping researchers understand its broader implications (Turner et al., 2014). Open-ended questions encouraged participants to reflect on the relevance, usefulness, and influence of ego state therapy on their thoughts, emotions, and behaviors.

One participant, KHN, shared her transformation throughout the process. Before the intervention, she struggled with frequent crying episodes triggered by unclear reasons and found it challenging to express her emotions. Negative feelings often overwhelmed her, leading to self-harm tendencies and, at times, suicidal thoughts. After completing the therapy, KHN reported feeling a sense of emotional relief and mental strength. She described how her ability to express herself had improved significantly, and she no longer cried as easily as before. She felt more in tune with her emotions, noting that she had learned to listen to herself and that her self-harming behavior had ceased. The therapy left her feeling more excited and optimistic about life.

Another participant, APS, detailed her journey of coping with pressures at home following the loss of her father. Before the intervention, APS felt constantly uncomfortable and emotionally strained due to frequent conflicts with her mother. These pressures spilled over into her school life, where she often felt isolated and excluded. Following the therapy, APS experienced a noticeable shift in her emotional state. She described feeling calmer and more at ease at home, even during moments of tension. While some insecurities lingered, she expressed a newfound enthusiasm for her future and a reduced sense of pressure in her daily life.

Similarly, ANA reflected on her experience with grief after losing her grandfather. Before the intervention, ANA found it difficult to accept his passing, often feeling disbelief and surrounding herself with reminders of him at home. Her grief led to a lack of motivation for routine activities and pursuing her aspirations. However, the therapy helped ANA come to terms with her loss. She shared that she now felt at peace with her grandfather's passing, though she continued to miss him. Instead of being paralyzed by sadness, she began to recall him with warmth and appreciation. ANA also rediscovered her drive to achieve her goals, such as becoming an athlete and a model, and she embraced a more disciplined lifestyle, including regular exercise.

The results of the therapy highlighted its profound impact on the participants. It significantly enhanced their resilience, emotional regulation, and ability to cope with grief. Each participant showed personal growth, demonstrating that ego state therapy can be a powerful tool for fostering psychological well-being and helping individuals overcome emotional challenges.

Data Analysis

The experiment conducted in this study used single-case research with an A-B-A design consisting of baseline measurement (A1), intervention implementation (B), and repeated measurement at follow-up (A2). A single case research design is conducted to evaluate the causal relationship between an intervention and a dependent variable where the counselee or individual is the subject of analysis in the study (Lenz, 2015). Visual data analysis is the process of achieving a reliable assessment or consistency of the effect of the

intervention provided to the counselee by visually examining graphical data (Vannest & Ninci, 2015).

The purpose of visual analysis is to measure whether there is a relationship between ego state therapy in increasing resilience and grief symptoms in adolescents (Lundervold & Belwood, 2000; Rubin & Bellamy, 2012). A trend is the direction of a line on a graph that shows an increase or decrease in data, the level or grade of the data in relation to the position of the data set taken at baseline or intervention (Cooper et al., 2007; Lundervold & Belwood, 2000).

In assessing the effect size of the intervention, the single case design was calculated using Cohen's *d* where <0.87 indicates a small effect while $0.87 - 2.67$ indicates a medium effect and a large effect indicates >2.67 (Parker & Vannest, 2009). Therefore, the latter was used in this analysis as it only assessed one case. To determine the magnitude of change in each participant using statistics, this analysis included the calculation of the Reliable Change Index (RCI; Jacobson & Truax, 1991) for resilience and grief. If the RCI value is greater than 1.96, then the probability of a random change in scores is less than 0.05. RCI values are given for each individual on total grit, passion, and perseverance.

RESULTS AND DISCUSSION

The resilience and grief of all participants are presented in graph 1 and graph 1.2 as shown in all phases of data for KHN, APS, and ANA low resilience and high grief. Visual analysis showed that all participants exhibited low levels of resilience and high grief during the baseline phase prior to the ego state counseling intervention sessions.

Resilience

Resilience in all participants in all phases of the study is presented in figure 1. Overall there was a significant increase in resilience and resilience dimensions of all participants. Participant KHN showed a large increase ($d=14.00$) in resilience from before counseling ($M=55.67$, $SD=63.75$), after the counseling process to ($M=63.75$, $SD=3.50$) and continuing post counseling to ($M=65.33$, $SD=1.15$). The score ($RCI = 17.23$) shows significant and reliable changes, and the score ($PND = 75\%$) shows that ego state counseling is effective in increasing resilience in KHN counselees.

APS participants showed ($d=3.22$) where there was a large increase in the resilience of APS counselees starting from before the counseling process ($M=62.33$, $SD=1.53$), during the counseling process ($M=67.25$, $SD=1.53$), and after counseling to ($M=70.33$, $SD=1.53$). The score ($RCI = 3.22$) shows a significant change in reliability, the score ($PND = 75\%$) illustrates that ego state counseling is effective in increasing resilience in APS counselees.

ANA counseling showed ($d=2.45$) a moderate increase in the positive dimension of future orientation seen from before the counseling process ($M=16.33$, $SD=0.58$), during the counseling process ($M=17.75$, $SD=3.30$) and after counseling ($M=21$, $SD=1$). The score ($RCI=2.54$) shows significant changes reliably, and the score ($PND=75\%$) shows ego state counseling is questionable to increase the positive dimension of future orientation in APS counselees.

The visual analysis of the figure 2 above shows an increase in resilience among participants KHN, APS, and ANA from the baseline phase to the intervention phase, continuing into the post-intervention phase.

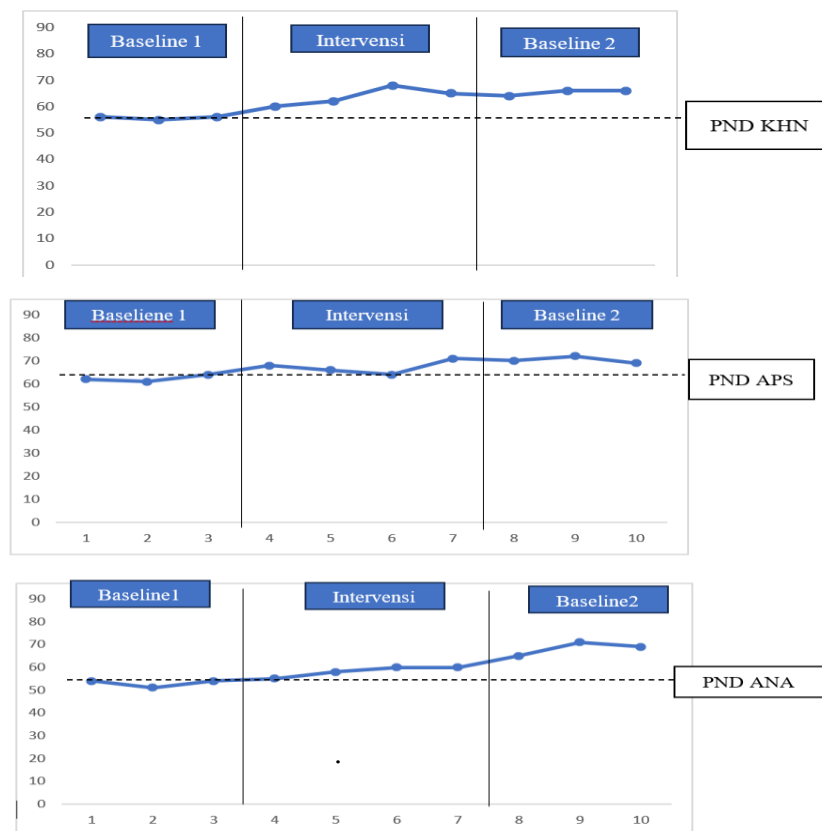


Figure 2. Resilience levels of participants

Grief

Changes in the level of grief symptoms in KHN counselees in graph 2 show a downward trend from each phase. Table 1 shows ($d = 2.14$) a moderate decrease in grief symptoms and seen from before the counseling process ($M = 40$, $SD = 31$), during the counseling process ($M = 31$, $SD = 2.08$), and after counseling ($M = 21.33$, $SD = 2.08$). The score ($RCI = 4.21$) describes a reliable significant change, and the score ($PND = 75\%$) describes that ego state counseling is effective for reducing grief symptoms in KHN clients.

Changes in the level of grief symptoms in APS counselees in graph 2 show a downward trend in grief symptoms in each phase. In table 1, it can be seen that APS counselees experienced a large decrease in grief symptoms ($d = 4.62$) seen from before the counseling process ($M = 35$, $SD = 2$), during the counseling process ($M = 26$, $SD = 1.5$), and after counseling ($M = 18$, $SD = 1.53$). The score ($RCI = 9.07$) describes significant changes reliably, and the score ($PND = 100\%$) describes that ego state counseling is very effective in reducing grief symptoms in APS counselees.

Changes in the level of grief symptoms in counselee ANA in graph 2 show a downward trend in grief symptoms in each phase. In table 1, ANA's counselee showed a

showed a consistent increase for each participant in resilience total score and a decrease in grief from before the intervention, during, and after the intervention. In addition, the effectiveness of ego state therapy was also supported by improvements in each resilience dimension of all participants except for APS participants, especially the dimensions of emotional regulation and positive future orientation.

Ego state counseling with the ability to encourage counselees to be adaptive, assertive, empowering, and logical, and able to express emotions appropriately but sensitively and caring (Barabasz et al., 2013). Previously pent-up emotions where the ego state makes the counselee dysfunctional are permanently changed by ego state counseling to the level of function of the pre-traumatic event, in addition, the counselee gains strength and resilience to repeated trauma conditions (Barabasz et al., 2013). (Barabasz et al., 2013)..

Ego state counseling makes it possible to access a variety of resources that can be maximized for increased resilience and access the ego that may be problematic that causes individual self-sabotage so that individuals are unable to empower themselves as they should, so that increased resilience is not achieved. ego state counseling aims to help counselees get to know their state with the aim of being used as an advantage for the counselee (Emmerson, 2014). Ego state counseling has a good ability to help individuals who experience grief where ego state counseling helps individuals to express pent-up emotions that cause individuals to grieve and encourage individuals to be adaptive and resilient in facing the loss of loved ones.

Moreover ego state counseling facilitates the expression of ego states at physiological and psychological levels that are strong enough to activate subcortical processes to release emotions in the presence of the counselor and add ego strength to the counselee. This is followed by interpretation and reintegration. The result is the reconstruction of an adaptive and resilient personality (Barabasz et al., 2011). Individuals who have high levels of resilience are more likely to successfully adapt to disruptive events such as job loss, and death, whereas individuals with low levels of resilience will have difficulty successfully adapting (White et al., 2010). (White et al., 2010).

Individuals with higher levels of resilience are able to create and maintain constructive relationships, find creative solutions to difficult situations and develop positive expectations about life. (Hjemdal et al., 2011).. Resilience becomes a mediator variable between social support and grief, where individuals who have high resilience encourage to get social support so that these individuals are able to rise from difficult conditions due to the death of a loved one. (Skalski et al., 2022)..

In general, with the ability of ego state counseling, the counselee has high resilience so that the counselee can better adapt after being left by the closest person from family members and can go through the grief phase well.

Research Limitations and Recommendations for Further Research

This study had three participants and all of them were in the same location. For future research, it is hoped that samples can be taken from various locations and different backgrounds in order to be able to see the generalization of the research results. Individual variability in response to ego state counseling may not be fully accommodated

so that the results can vary greatly. For future research, it is necessary to expand diverse research subjects in order to accommodate wider differences in participants.

CONCLUSION

This study aims to see how successful ego state counseling is to increase resilience with grief symptoms in adolescents. After the ego state counseling process, all three participants showed increased resilience and decreased grief symptoms. The findings support the theoretical idea that ego state counseling can improve resilience with grief symptoms in adolescents. It is therefore recommended to develop and implement ego state counseling in schools to help adolescents increase resilience and reduce the impact of grief due to bereavement.

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