Vol. 11, No. 2, 2026, pp. 1415-1422
DOI: https://doi.org/10.29210/027199jpgi0005

Contents lists available at Journal IICET

JPGI (Jurnal Penelitian Guru Indonesia)
ISSN: 2541-3163(Print) ISSN: 2541-3317 (Electronic)

Journal homepage: https://jurnal.iicet.org/index.php/jpgi

Effectiveness of mindfulness – based acceptance and commitment therapy counseling on the self-acceptance of children in conflict with the law: a single-subject experimental study

Nurul Alya Mufidah Rahmat*), Sahril Buchori, M. Amirullah, Syahril Syahril
Universtas Negeri Makassar, Indonesia

Article Info

Article history:

Received Aug 25th, 2026
Revised Aug 31th, 2026
Accepted Aug 31th, 2026

Keyword:

Acceptance and commitment Therapy,
Children in conflict with the law,
Mindfulness,
Self-acceptance,
Single subject research

ABSTRACT

Children in Conflict with the Law (CICL) are prone to low self-acceptance due to stigma, guilt, and emotional pressure during legal proceedings. Given that CICL often experience cognitive fusion with negative self-labels and engage in avoidant coping, Acceptance and Commitment Therapy (ACT) was selected for its emphasis on psychological flexibility through mindfulness, acceptance, cognitive defusion, and values-based committed action. This study aims to analyze changes in Subject N's self-acceptance through mindfulness-based ACT. The quantitative method uses an A-B-A Single Subject Research (SSR) design, consisting of baseline A1, intervention B, and post-intervention A2. The subject is a CICL identified as N with low self-acceptance. The intervention integrates six core ACT processes with mindfulness exercises, delivered over seven sessions of 40 minutes each. Data from questionnaires and structured observations measure four aspects: awareness of vulnerability, balanced self-perception, separation of behavior from self-worth, and unconditional self-acceptance. Data were analyzed visually. Results showed a significant increase from 10 (low) at A1 to 31 (high) at A2. The 0% overlap confirms changes occurred due to the intervention. Thus, mindfulness-based ACT effectively improves Subject N's self-acceptance and can be an adaptive intervention for CICL with low self-acceptance.

Corresponding Author:

Nurul Alya Mufidah Rahmat,
Universitas Negeri Makassar,
Email: alyanurul193@gmail.com

Introduction

Children in Conflict with the Law (CICL) have become an increasingly concerning phenomenon in Indonesia. Data from the National Police Criminal Investigation Agency (Pusiknas Bareskrim Polri) recorded that from the beginning of the year to February 2025, there were 1,253 criminal cases involving children under 17 years of age, consisting of 437 children in conflict with the law related to theft, 460 children in assault and mobbing cases, 349 children involved in drug cases, and 7 children in brawls (Pusiknas Polri, 2025). The magnitude of this crime rate not only reflects purely legal problems but also indicates a profound psychological crisis affecting these children. This high level of legal involvement directly correlates with the emergence of psychosocial problems, such as low self-acceptance, low self-esteem, depression, and anxiety.

According to Law No. 11 of 2012, Article 1(3), a Child in Conflict with the Law (CICL) is defined as a child aged 12–18 years involved in legal proceedings. Although prior research has extensively documented the psychosocial repercussions of this statussuch as stigma, shame, guilt, low self-esteem, and difficulty

adaptingempirical studies evaluating structured, acceptance-based psychological interventions specifically tailored for this population remain notably scarce, particularly those employing rigorous single-subject experimental designs to capture individual change trajectories. To address this methodological and evidentiary gap, the present study aims to examine the effectiveness of mindfulness-based Acceptance and Commitment Therapy (ACT) counseling in improving the self-acceptance of a selected CICL subject, thereby offering direct evidence of behavioral change mechanisms and providing a replicable protocol for rehabilitation settings. This research focuses specifically on CICL as offenders, given that their deviant behavior often triggers pronounced internalized stigma and self-rejection. This aligns with the view of Dewi et al. (2022) that CICL generally face difficulties in accepting themselves. Ramdani et al. (2022) also affirm that CICL generally have low levels of self-acceptance due to traumatic experiences, environmental pressure, and the lack of social and psychological support they receive while serving their sentences. These problems can be observed through tendencies to blame oneself, feeling worthless, withdrawing from others, feeling ashamed of the legal status they once had, and difficulty viewing the future positively. Research by Setia et al. (2020) shows that CICL experience self-acceptance issues, such as feeling full of shortcomings, being ashamed of the convict status they acquired, thus generating excessive feelings of guilt and regret.

These psychological problems were also identified in a social rehabilitation center in Makassar City that focuses specifically on the protection, rehabilitation, and empowerment of vulnerable groups, one of which is CICL. The phenomenon of low self-acceptance was observed in CICL who experienced difficulty accepting their condition and past experiences, held negative self-perceptions, and faced obstacles in developing hope for the future. Initial assessment results showed varying levels of self-acceptance, divided into three categories: low, medium, and high. In detail, out of the total CICL, 3 children (19%) fell into the high self-acceptance category, 8 children (50%) were in the medium category, while 5 children (31%) had low self-acceptance. In this study, the subject was selected based on inclusion criteria: being a CICL participating in a social rehabilitation program, having a self-acceptance score in the low category, showing difficulty accepting their condition and past experiences, excessive self-criticism, negative self-perception, low self-disclosure, unclear future goals, willingness to participate in the entire research process, and having a longer rehabilitation duration compared to other CICL. Based on these criteria, Subject N was selected because they obtained the lowest self-acceptance score, demonstrated several indicators of low self-acceptance, and had a longer rehabilitation duration compared to other subjects. Subject N's low self-acceptance condition could potentially further weaken their self-acceptance and trigger negative self-perception, feelings of inferiority, and self-harming behavior. Agustina and Naqiyah (2020) state that low self-acceptance leads to difficulty seeing positive aspects, loss of self-confidence, social isolation, anxiety, and depression. Research by Nurfadila (2024) adds that without good self-acceptance, individuals become trapped in destructive self-criticism, struggle to forgive past mistakes, and reject future growth potential.

Self-**a**cceptance plays a crucial role in the psychologically healthy quality of life of an individual, especially for CICL. According to Ellis (Septiana et al., 2026), self-acceptance is defined as an individual's ability to accept themselves as they are, unconditionally, including past experiences, present circumstances, successes and failures, without denial or judgment, and without depending on the approval of others. Factors causing low self-acceptance in CICL are often influenced by negative stigma from society, rejection from the surrounding environment, and the emotional pressure of undergoing legal proceedings (Hendariyanto et al., 2024).

Low self-acceptance has the potential to trigger depression, withdrawal, and obstacles in the rehabilitation and social reintegration process. To address this issue, an appropriate intervention approach is needed, one of which is mindfulness-based Acceptance and Commitment Therapy (ACT) counseling. According to Hayes et al. (2012), ACT is an approach that emphasizes acceptance of full awareness, feelings, and the present moment (mindfulness), as well as a commitment to making behavioral changes aligned with personal values. There are six core processes of ACT (acceptance, cognitive defusion, present moment, self as context, values, committed action) aimed at helping subjects not to fight negative emotions but to accept them consciously and build new life goals.

Previous research has demonstrated the effectiveness of ACT in improving self-acceptance in various populations (Khusumadewi, 2020; Setiawan et al., 2023; Pribadi & Ambarini, 2024). However, the application of mindfulness-based ACT counseling to CICL using a Single Subject Research (SSR) design remains limited. The SSR design allows researchers to repeatedly and deeply observe changes in the subject's self-acceptance before, during, and after the intervention. This study aims to examine the effectiveness of mindfulness-based ACT counseling in improving the self-acceptance of CICL Subject N.

Method

This study employed a quantitative approach with a Single Subject Research (SSR) design. SSR is a research approach that provides an in-depth focus on observation and has been widely used in various fields such as education, psychology, rehabilitation, and health (Marlina, 2021). This study used an A-B-A design intended to measure the target behavior continuously (Pandang & Anas, 2019). The A-B-A design was chosen over the A-B design because the presence of a second baseline phase (A2) allows the researcher to test whether the increase in self-acceptance that occurred during the intervention (phase B) is maintained after the intervention is withdrawn, thereby providing stronger evidence of the functional relationship between the intervention and the target behavior change. Although the A-B-A-B design offers stronger effect replication through repeated intervention application, its implementation in the context of CICL rehabilitation was deemed less ethical as alternatingly withdrawing and re-administering the intervention could potentially cause confusion and emotional distress for the subject, and it was constrained by the limited rehabilitation timeframe set by the center. Thus, the A-B-A design is considered adequate to demonstrate the effectiveness of mindfulness-based ACT counseling in improving the subject's self-acceptance. The A-B-A design consists of three phases: Baseline 1 (A1): Measurement of Subject N's initial self-acceptance level before the intervention (3 observation sessions). Intervention (B): Implementation of individual mindfulness-based ACT counseling sessions, totaling 7 sessions. Baseline 2 (A2): Re-measurement of self-acceptance levels after the intervention is withdrawn to observe the lasting effect of the service (3 observation sessions).

The subject involved in this study was a CICL, Subject N (female, 17 years old), selected based on the following inclusion criteria: (1) being a CICL officially registered in the social rehabilitation program at the center; (2) having a self-acceptance score in the lowest category based on the initial USAQ assessment; (3) exhibiting at least three observable behavioral indicators of low self-acceptance as identified during preliminary observation, including difficulty accepting past experiences and mistakes, excessive self-criticism, persistent negative self-perception, low self-disclosure in social interactions, and unclear future goals or life orientation; (4) expressing voluntary willingness to participate in the entire research process, including all intervention and observation sessions; and (5) having a remaining rehabilitation duration of at least three months, thereby ensuring sufficient time for consistent and sustainable implementation of the seven-session intervention without disruption. The instruments used in this study consisted of two types: structured observation sheets and a self-acceptance questionnaire.

The self-acceptance questionnaire used is an adaptation and modification of the Unconditional Self-Acceptance Questionnaire (USAQ) developed by Chamberlain & Haaga (2001). The researcher simplified the language of the USAQ items to make them more understandable and suitable for the CICL context. This questionnaire consists of 20 items measuring unconditional self-acceptance in the subject, using a four-point Likert scale (1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree). The four aspects measured in this scale include: (1) awareness of personal vulnerability, (2) a balanced view of the self, (3) the ability to separate behavior from self-worth, and (4) unconditional self-acceptance. The USAQ has demonstrated good internal consistency, with a Cronbach's alpha coefficient of 0.72 as reported in the original validation study (Chamberlain & Haaga, 2001), reflecting acceptable reliability. The scale also exhibits strong construct. This questionnaire served as an initial assessment tool to identify the subject's self-acceptance level prior to the study, but it was not the primary data source in the SSR graph.

Observations were conducted by observing 10 behavioral indicators representing the four aspects of self-acceptance (awareness of personal vulnerability, a balanced view of the self, the ability to separate behavior from self-worth, and unconditional self-acceptance). The scoring procedure for observations was carried out by assessing each indicator based on the frequency, intensity, and quality of behavior occurrence during the session, where each indicator was given a score from 1 to 4. Thus, the maximum total score obtainable from the observation was 40. These observation scores were used as the primary data in the visual analysis to observe changes in self-acceptance across phases (A1-B-A2) in the SSR graph.

The mindfulness-based ACT counseling intervention was carried out over 7 sessions, each lasting 40 minutes, covering: (1) introduction and mapping of initial conditions; (2) acceptance; (3) advanced acceptance and cognitive defusion; (4) present moment and self as context; (5) values; (6) committed action; and (7) evaluation and reinforcement of committed action. Data were collected through three techniques with different functions. Structured observation was the primary data source in the SSR design, where the researcher directly observed and recorded the subject's behavior in each session (phases A1, B, and A2) to obtain self-acceptance scores presented in the SSR graph. The USAQ questionnaire was used as a pretest instrument in phase A1 to measure comprehensive score changes outside the observation sessions and to verify the consistency of the observation results. Documentation served as supporting data, including field notes, activity photographs, and

the subject's reflection journals throughout the intervention process to complement the qualitative data on the dynamics of the subject's behavioral changes.

Data analysis was conducted using the split-middle method, which includes within-condition and between-condition analyses. Within-condition analysis covers the length of condition, direction of trend, stability, data path, stability level, and level change; while between-condition analysis examines changes in trend, stability, level, and data overlap between the baseline and intervention phases. The stability criterion used was 15%, with a stability percentage of 85%-100% categorized as stable and <85% as unstable.

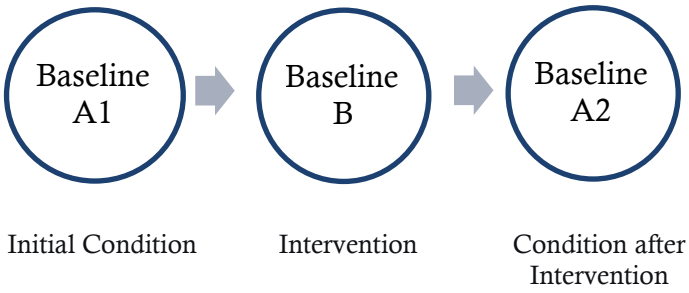

Figure 1. A-B-A Single Subject Research Design

Result and Discussions

This research was conducted from March 3, 2026, to April 24, 2026. The intervention, mindfulness-based Acceptance and Commitment Therapy (ACT) counseling, was provided to Subject N (a 17-year-old female adolescent) to test its effectiveness in improving self-acceptance. The selection of Subject N was based on the established inclusion criteria, namely having low self-acceptance and having a longer rehabilitation duration compared to other subjects, thus allowing for consistent implementation of the intervention. The primary data in this study were obtained through structured observations measuring four aspects of self-acceptance, with a maximum score of 40. Data were analyzed using split-middle visual analysis with a stability criterion of 15%.

Results of Measuring Subject N's Self-Acceptance Condition in 3 Phases (Baseline A1/B/A2)

The results showed that in the A1 baseline phase, Subject N's self-acceptance score demonstrated a stable trend with an average of 10 out of 40**,** which fell into the very low category. Across three consecutive measurement sessions (session 1 = 10, session 2 = 10, session 3 = 10), no score fluctuation occurred whatsoever, indicating that without any treatment, the subject's self-acceptance level tended to remain in a low condition and did not change spontaneously. This low score reflected deep obstacles across all four dimensions of self-acceptance (Ellis in Septiana et al., 2026).

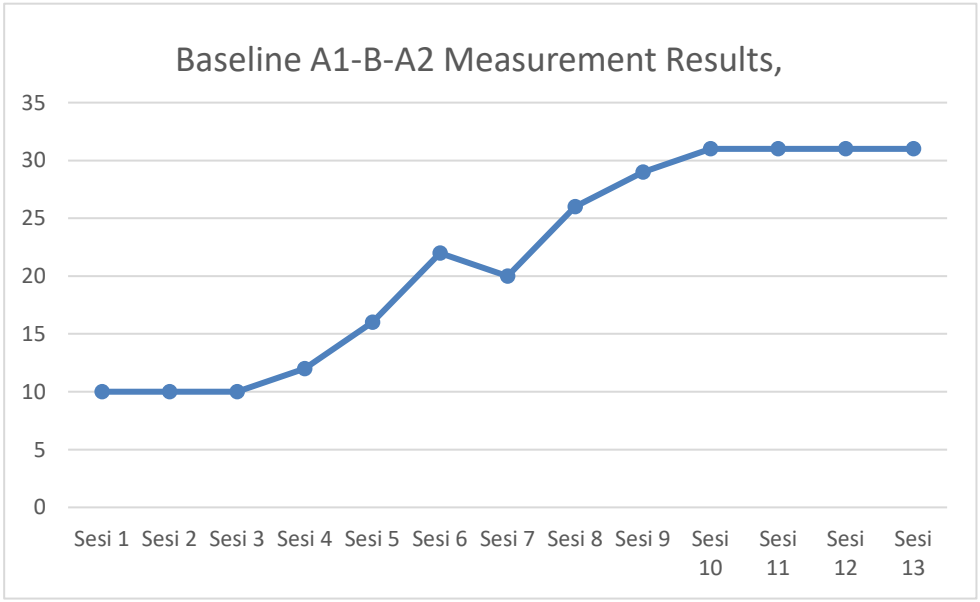

Figure 2. Graph of Baseline A1-B-A2 Measurement Results

In the dimension of awareness of personal vulnerability, the subject showed a strong resistance to acknowledging their weaknesses, manifested in defensive attitudes and withdrawal from social interaction. The

subject was unable to express their thoughts and feelings openly in 3 measurements and showed no response when directed. This indicated low self-disclosure regarding their experiences, which can hinder individuals in achieving optimal self-acceptance. This aligns with the findings of Muhammad (2024), who found that self-disclosure plays a crucial role in accelerating the self-acceptance process in adolescents. In the dimension of a balanced view of the self, the subject was only able to see their past failures (as a perpetrator of a criminal act) and completely ignored their positive aspects or potential. This was reflected in the low scores on indicators such as "expressing thoughts and feelings openly" and "showing an attitude of accepting suggestions and following directions." In the dimension of the ability to separate behavior from self-worth, the subject experienced strong cognitive fusion, where they equated their deviant behavior with their entire identity, leading them to judge themselves as "evil" and "worthless." Indicators such as "not comparing oneself with others" and "responding to praise mindfully" did not appear at all in 3 measurements, indicating that the subject was highly dependent on external evaluation. Similarly, You Can Do It! Education (2025) emphasizes that self-acceptance in young people requires a realistic awareness of their strengths and weaknesses, and that without this awareness, adolescents become highly vulnerable and lack resilience**.** Furthermore, Fang et al. (2025) also that ACT increases psychological flexibility a capacity that enables adolescents to have greater awareness of their internal experiences, including weaknesses and vulnerabilities, without avoidance or resistance.

In the dimension of unconditional self-acceptance, the subject showed a high dependence on external validation; they felt they were only worthy of acceptance if others (family, society) were willing to accept them. Indicators such as "showing enthusiasm in social interaction," "being able to mention important and valuable things in their life," and "showing commitment to behavioral change to achieve goals" did not appear in the measurements, reflecting low self-awareness and a lack of life goal orientation. This aligns with the findings of Klussman et al. (2022), who explain that self-awareness leads individuals toward aligned actions to achieve better well-being. This condition was exacerbated by the internalization of social stigma and lack of family social support, which trapped the subject in chronic guilt and self-harming behavior as a form of punishment for past mistakes. This is consistent with the findings of Malo Bili et al. (2022) and Hendariyanto et al. (2024) that internalized negative stigma significantly inhibits the self-acceptance process in individuals with legal backgrounds. Research by Darmayarti et al. (2023) also states that family social support has a positive impact on stressful life events experienced by CICL, who are in great need of family social support to survive and accept themselves during their sentence.

Overall, the A1 baseline results showed that Subject N experienced obstacles in various aspects of self-acceptance formation, namely vulnerability awareness (refusing to acknowledge weaknesses), balanced self-view (focusing only on failures), separation of behavior from self-worth (cognitive fusion between behavior and identity), and unconditional self-acceptance (dependence on external validation). This condition emphasizes the importance of intervention to help individuals develop self-acceptance, life values, and the ability to commit to actions aligned with those values.

Entering the Intervention phase (B), the direction of change trend gradually increased from 12 in the first intervention session to reaching 31 in the seventh session. Although there was a slight fluctuation in session 4 (score 20, down from 22 in session 3), the overall data path indicated an increasing direction (+), with a level change of +19 points (from 12 to 31). The comparison between phases A1 and B showed a 0% overlap percentage, which methodologically indicates that the change in target behavior occurred directly and consistently as a result of the treatment, not due to chance factors (Marlina, 2021).

In the post-intervention Baseline A2 phase, Subject N's self-acceptance score returned to a stable trend at a score of 31 across three measurement sessions (session 1 = 31, session 2 = 31, session 3 = 31), with no decline whatsoever. The overlap percentages between A1-B and B-A2 were both 0%, which is a methodological indicator of high effectiveness in SSR designs (Marlina, 2021), as there is no data overlap between the pre-intervention baseline phase and the intervention phase, indicating that the behavioral changes occurred consistently after the intervention was administered. The stability of the score in the A2 phase (31) shows that the changes that occurred were maintained, indicating that the subject had internalized the psychological skills taught and was not merely responding situationally to the presence of the counselor. Thus, the quantitative comparison across the three phases reveals a clear pattern: stable low score (A1: 10) → gradual increase during intervention (B: 12 → 31) → stable high score post-intervention (A2: 31). This pattern strongly supports the effectiveness of mindfulness-based ACT counseling in improving Subject N's self-acceptance.

Discussion

The success of this intervention did not occur by chance, but rather through systematic psychological mechanisms. ACT works by increasing psychological flexibility through its six core processes (Hayes et al., 2012). In the acceptance stage, the subject was invited to create space for feelings of guilt, shame, and disappointment without having to fight or escape from them. This directly improved the dimension of

"unconditional self-acceptance," as the subject began to accept themselves including the accompanying negative emotions, without demanding that those feelings disappear first. The metaphor of "clouds passing by" helped the subject understand that emotions and thoughts are temporary and do not permanently define their identity.

Furthermore, the cognitive defusion process played a significant role in improving the dimension of "ability to separate behavior from self-worth." Before the intervention, the subject experienced cognitive fusion with thoughts like "I am evil" and "I am worthless," considering these thoughts as absolute and undeniable truths. Through defusion exercises (such as word repetition and metaphorical techniques), the subject was trained to see these thoughts as verbal events or language constructs, not as objective facts about themselves. As a result, the subject began to distinguish between "I am a worthless person" and "I am having the thought that I am worthless." This separation directly improved the dimension of separating behavior from self-worth, which is the core of healthy self-acceptance.

The present moment and self-as-context processes helped the subject not to get trapped in rumination over past regrets or anxiety about the future. By practicing mindfulness, the subject learned to be consciously present in the current moment, which allowed them to realize that the "self" is essentially a stable container or context in which various experiences (including traumatic and painful ones) come and go. This awareness directly strengthened the dimension of "awareness of personal vulnerability," as the subject became more honest and courageous in acknowledging their weaknesses and pain without being destroyed by those experiences.

In the values stage, the subject successfully identified that family, inner peace, and becoming a better person were important values in their life. This value identification provided new orientation and meaning, shifting the subject's focus from "regretting who they were before" to "who they want to become in the future." This fundamentally improved the dimension of a balanced self-view, as the subject no longer viewed themselves only through the lens of failure, but also through the lens of hope and potential. In the committed action stage, the subject formulated concrete actions and obstacle anticipation strategies, which built self-efficacy and proved that they were capable of making behavioral changes aligned with their life values.

This success aligns with previous research. Khusumadewi (2020) showed that ACT is effective in improving self-acceptance in adolescents from divorced parents. Setiawan et al. (2023) found that ACT significantly improves self-acceptance in cancer patients. Utami (2022) proved that ACT is effective in improving physical self-acceptance in adolescents. Pribadi & Ambarini (2024) showed that ACT is effective in reducing depressive symptoms by increasing acceptance of internal experiences. The novelty of this research lies in the application of mindfulness-based ACT to CICL using the SSR method. The SSR approach allows for the in-depth and continuous detection of the intervention's direct effects. This advantage is important because changes in self-acceptance in CICL require a deep understanding of individual psychological dynamics. The success of the intervention was also supported by real behavioral changes in the subject, such as increased self-disclosure, management of negative emotions, reduction in self-harming behavior, and commitment to actions aligned with life values. The subject, who previously withdrew from their family, now dares to take the initiative to re-establish communication with their family.

However, given that this study employed an SSR approach, these findings cannot be broadly generalized to all CICL. For future researchers, it is recommended to direct research agendas more specifically by involving a larger number of subjects to enhance the generalizability of findings, while also employing stronger experimental designs such as Single Subject Research (SSR) with across-subject replication or group experimental designs with a control group where feasible. Additionally, extending the duration of the follow-up phase is essential to examine the long-term sustainability of the intervention's effects. Future studies are also encouraged to test the effectiveness of ACT across different CICL characteristics, for instance, based on the type of criminal offense or age range, as well as to conduct comparative studies between mindfulness-based ACT and other psychological intervention approaches to determine its relative efficacy in diverse contextsThe results showed that in the A1 baseline phase, Subject N's self-acceptance score demonstrated a stable trend with an average score of 10 out of 40, which fell into the very low category. The stable data over three measurement sessions indicated that without any treatment, Subject N's self-acceptance level tended to remain in a low condition and did not change spontaneously. This low score reflected deep obstacles across all four dimensions of self-acceptance (Ellis in Septiana et al., 2026).

Conclusions

This study proves that mindfulness-based Acceptance and Commitment Therapy (ACT) counseling is effective in improving self-acceptance in Children in Conflict with the Law (CICL). The effectiveness of this intervention is concretely evidenced by the subject's score increase from 10 (very low) during the A1 baseline phase to 31 (high) at the end of the intervention phase (B), with this improvement consistently maintained at 31 throughout

the A2 post-intervention phase. The 0% overlap between phases A1-B and B-A2 methodologically confirms that these behavioral changes occurred as a direct result of the intervention, not due to chance or extraneous factors. The effectiveness of this intervention is supported by the stability of improvement that persisted even after the treatment was withdrawn, indicating that the subject had internalized psychological skills such as mindfulness, cognitive defusion, and commitment to personal values as fundamental mechanisms of change. Thus, ACT does not merely alleviate short-term psychological symptoms but builds the individual's capacity to accept the past and plan for the future in a more adaptive manner. These findings are highly relevant for counselors and managers of social rehabilitation centers as empirical evidence that acceptance-based interventions can serve as a structured and applicable alternative for CICL who experience difficulties in self-acceptance. In contrast to previous ACT studies that generally used group designs, this study offers novelty through its Single Subject Research (SSR) design, which allows for in-depth exploration of the dynamics of individual change over time. Although the results are promising, the generalizability of these findings remains limited to the context of a single subject, necessitating replication with more diverse subject characteristics to strengthen the external validity of this intervention. Future replication studies are encouraged to prioritize subject characteristics such as type of criminal offense (violent vs. non-violent), age range (early adolescence vs. middle adolescence), gender, and duration of rehabilitation stay, as these variables may differentially influence treatment responsiveness and the pace of self-acceptance improvement.

Referensi

Agustina, W., & Naqiyah, N. (2020). Case study of low self-acceptance in eighth-grade students of SMPN 1 Sukodono. *Jurnal BK UNESA*, 11(4), 525–539.

Audina, P. W., & Tobing, D. H. (2023). Self-acceptance of people with HIV/AIDS: A literature review. Humanitas (Jurnal Psikologi), 7(2), 195-212.

Carson, S. H., & Langer, E. J. (2006). Mindfulness and self-acceptance: Shelley H. Carson and Ellen J. Langer. *Journal of rational-emotive and cognitive-behavior therapy*, *24*(1), 29-43. https://doi.org/10.1007/s10942-006-0022-5

Chamberlain, J. M., & Haaga, D. A. (2001). Unconditional self-acceptance and psychological health. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, *19*(3), 163-176.

Damayarti, L. (2023). The relationship between family support and self-acceptance of inmates at Class IIA Sungguminasa Women's Penitentiary, Gowa Regency [Undergraduate thesis, Universitas Negeri Makassar]. Eprints UNM. http://eprints.unm.ac.id/32802

Dewi, A. D., Ramadhani, N., & Lestari, S. (2022). Social adaptation of adolescents who have been in conflict with the law. *March*, 11(1), 153–165. https://doi.org/10.30872/psikostudia

Fang, S., Keulen, J., Deković, M., Matthijssen, D., Schraven, J., & Bodden, D. (2025). Psychological flexibility, adaptive emotion regulation, self-compassion, and autonomy as mechanisms of change in acceptance and commitment therapy for transitional-age youth. Behavior Therapy, 57(3), 439-455. https://doi.org/10.1016/j.beth.2025.10.004

Hayes, S. C., Pistorello, J., & Levin, M. E. (2012). Acceptance and Commitment Therapy as a unified model of behavior change. https://doi.org/10.1177/0011000012460836

Hendariyanto, V. I., Suryanto, S., Uktubara, A. L. R. A., & Rizkika, H. L. (2024). A self-acceptance of children in conflict with the law after serving the court decision. *Journal of Correctional Issues*, 7(1), 224–235. https://doi.org/10.52472/jci.v7i1.455

Khusumadewi, A. (2020). The effectiveness of Acceptance and Commitment Therapy to improve self-acceptance of female students from divorced parents at MTs 02 PP Amanatul Ummah Pacet. 1–6.

Klussman, K., Curtin, N., Langer, J., & Nichols, A. L. (2022). The importance of awareness, acceptance, and alignment with the self: A framework for understanding self-connection. *Europe's journal of psychology*, *18*(1), 120. https://doi.org/10.5964/ejop.3707

Marlina. (2021). *Single Subject Research*. Depok: Rajawali Pers.

Nurfadila, N. (2024). Case study of self-acceptance of correctional inmates (WBP) who received religious guidance at Class II Parepare Penitentiary [Undergraduate thesis, IAIN Parepare]. Repository IAIN Parepare. https://repository.iainpare.ac.id/id/eprint/7579

Pandang, A., & Anas, M. (2019). *Experimental research in guidance and counseling (Basic concepts and applications step-by-step)*. Published by Badan Penerbit Universitas Negeri Makassar, Library Building Lt.1, UNM Gunungsari Campus.

Pribadi, I. N., & Ambarini, T. K. (2024). Case study: Application of Acceptance Commitment Therapy in depressed individuals with psychosis to manage unwanted experiences. *Procedia: Studi Kasus dan Intervensi Psikologi*, 12(4), 151–157. https://doi.org/10.22219/procedia.v12i4.32590

Pusiknas Polri. (2025). Hundreds of children involved in criminal acts since the beginning of 2025. Pusiknas.Polri.Go.Id. https://pusiknas.polri.go.id/detail_artikel/ratusan_anak_terlibat_tindak_kriminal_sejak_awal_tahun_2025

Ramdani, R. T., Hidayati, N. O., & Hernawati, T. (2022). Self-acceptance of children in correctional institutions (Andikpas) at the Special Child Development Institution (LPKA). *Jurnal Keperawatan*, 14, 47–54.

Septiana, R. A., Ningsih, R., & Puspitarini, I. Y. D. (2026). Validation of a self-acceptance scale based on Albert Ellis's theory among high school students. *Prosiding Konseling Kearifan Nusantara*, 5(2), 209–219.

Setia Putri, N., Sulandari, S., & Ger, M. (2020). *Self-acceptance of prisoners at Boyolali Detention Center* (Doctoral dissertation). Universitas Muhammadiyah Surakarta.

Setiawan, M. A. P., Qadariah, S., & Halimah, L. (2023). Effectiveness of Acceptance and Commitment Therapy (ACT) to improve self-acceptance in post-mastectomy breast cancer patients. Schema: *Journal of Psychological Research*, 8(1), 16–21. https://doi.org/10.29313/schema.v8i1.11649

Undang-Undang Republik Indonesia Nomor 11 Tahun 2012 tentang Sistem Peradilan Pidana Anak [Law of the Republic of Indonesia Number 11 of 2012 concerning the Juvenile Criminal Justice System]. Jakarta.

Utami, S. E. (2022). Effectiveness of Acceptance and Commitment Therapy (ACT) to improve self-acceptance in adolescents from divorced families. *Psyche 165 Journal*, 15(2), 99–104. https://doi.org/10.35134/jpsy165.v15i2.168

Wibowo, B., & Putro, E. (2025). Effectiveness of group counseling using Acceptance and Commitment Therapy with cognitive defusion techniques to overcome overthinking in XI B students of SMA Negeri 1 Colomadu for the 2024/2025 academic year. *Pendas: Jurnal Ilmiah Pendidikan Dasar*, 10(03), 235–245.

You Can Do It! Education. (2025). Self-acceptance: The psychological 'armour' that protects young people. https://youcandoiteducation.com.au/blogs/blog/self-acceptance-the-psychological-armour

Zaskia, A. H., Maulidina, C. A., Azalia, V., Fadilah, A., & Harum, T. M. (2024). Literature review: The impact of social stigma on children with intellectual disabilities. *Jurnal Unik: Pendidikan Luar Biasa*, 9(2), 111–120.