



Research Article

ENHANCING RESILIENCE AMONG ADOLESCENT STUDENTS IN THE UNIVERSITY OF BAMENDA THROUGH SOLUTION-FOCUSED BRIEF THERAPY

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ABSTRACT

This article presents the outcomes of a group solution-focused brief therapy intervention aimed at enhancing resilience among university students. The study employed a quasi-experimental design with pre-test and post-test measures, incorporating a control trial. Participants engaged in three sessions focused on identifying strengths, setting resilience goals, and reflecting on their resilience-building journey. The Resilience Scale by Wagnild and Young was utilized to assess participants' resilience levels. Findings revealed significant improvements in resilience among the intervention group compared to the control group. The intervention demonstrated efficacy in fostering resilience and empowering students to develop strategies for sustained growth and positive well-being. The study contributes valuable insights into the application of solution-focused brief therapy for resilience-building among university students, highlighting its potential in promoting students' overall well-being and success.

KEYWORDS

Adolescent resilience, Solution Focused Brief Therapy, Quasi experimental design

INTRODUCTION

In the dynamic landscape of university life, the resilience of adolescents becomes a crucial factor in

navigating the challenges and opportunities presented during this transformative phase. As university

students at the University of Bamenda face diverse stressors and transitions, cultivating resilience becomes imperative for promoting not only academic success but also psychological flourishing. Counselling therapies have emerged as powerful tools to foster resilience among adolescents, and one such approach is Solution-Focused Brief Therapy (SFBT).

The concept of resilience, which refers to the capacity to recover and flourish in the presence of challenges, holds significant importance in influencing the overall welfare and adaptive capacities of individuals enrolled in higher education institutions (Reivich & Shatté, 2003). Resilience, encompassing the capacity to effectively navigate and adapt to challenging circumstances, demonstrate persistence in the face of stressful experiences, and ultimately overcome traumatic events (VanBreda, 2001), plays a pivotal role in attaining mental well-being and fostering human development (Reivich & Shatte, 2002; Walsh, 2006). Resilience is a characteristic that demonstrates an individual's capacity to effectively and constructively navigate challenging and distressing circumstances and events (Reivich & Shatte, 2002). Thus, resilience is regarded as a fundamental attribute that serves as the bedrock for a multitude of beneficial traits within an individual amidst the diverse obstacles encountered throughout life (Hendriani, 2018).

SFBT, as a strengths-based and goal-oriented therapeutic approach, aligns with the principles of resilience by focusing on amplifying existing resources and empowering individuals to envision and achieve positive outcomes. The effectiveness of SFBC in promoting academic resilience among senior high school students was proven in a study conducted by Hendar, Awalya, and Sunawan (2020). This approach demonstrates efficacy when implemented across diverse psychological settings. It has been confirmed

that SFBC has facilitated positive transformation in individuals facing difficulties through the provision of concise counseling sessions. Based on the aforementioned detailed considerations, it can be inferred that SFBC is a counseling-based intervention technique that may be advised to facilitate an individual's attainment of resilience

Adolescence is a critical period of development marked by significant transitions and exploration of identity, values, and aspirations. Throughout this phase, university students often encounter academic pressures, social relationships, and future uncertainties. Nurturing resilience during this stage is vital for empowering students to cope with challenges and embrace personal growth (Steinberg, 2008).

This study aims to explore the impact of SFBT in building resilience among adolescents at the University of Bamenda, utilizing a quasi-experimental design with pre-test and post-test measures, along with a control trial.

Previous research has demonstrated the positive outcomes associated with resilience in adolescents. Resilient individuals are more likely to exhibit higher levels of well-being, greater problem-solving skills, and increased adaptability to change (Goldstein & Brooks, 2005). Furthermore, resilience contributes to a higher sense of self-efficacy, which empowers adolescents to approach challenges with confidence and optimism (Bandura, 1994).

Given the relevance of resilience in university students' lives, understanding the impact of SFBT in building resilience becomes increasingly significant. By exploring the alignment between SFBT principles and resilience-building strategies, this research aims to contribute valuable insights into the effectiveness of

SFBT as a therapeutic tool for adolescents at the University of Bamenda.

Understanding the role of SFBT in fostering resilience among university students through a quasi-experimental design holds promising implications for promoting well-being and academic success during this pivotal phase of life. By investigating the impact of SFBT on resilience building with rigorous research methods, this study contributes to the growing body of evidence-based interventions for supporting adolescents' emotional well-being and overall development. The dissemination of these findings aims to inspire evidence-based approaches that strengthen the resilience of university students and foster an environment that nurtures their full potential.

METHODOLOGY

Design: For this study, a quasi-experimental design with pre-test and post-test measures, along with a control trial, was employed to investigate the impact of SFBT on resilience building among adolescents at the University of Bamenda. The quasi-experimental design allowed for comparison between groups, but lacked random assignment, as participants were not randomly assigned to the intervention and control groups. Instead, existing groups or naturally occurring conditions were utilized.

The study participants consisted of a purposive sample of 20 adolescent students from the Faculty of Health Science of the University of Bamenda. They were divided into two groups: the intervention group and the control group. Inclusion criteria for participation included being enrolled as a full-time student at the university, being within the age range of 17 to 22 years, and providing informed consent to participate. There were no specific exclusion criteria, as the study aimed

to include a diverse representation of university students.

To assess resilience levels among the participants, data was collected using standardized resilience assessment tools. The Resilience Scale developed by Wagnild and Young was employed, as it has been widely validated and used in various cultural contexts. The Resilience Scale's comprehensive nature allows for a thorough evaluation of various dimensions of resilience, including the ability to maintain a positive outlook, cope effectively with stress, and find meaning and purpose in life despite difficulties. As a self-report questionnaire, the Resilience Scale provides valuable insights into participants' subjective perceptions of their own resilience, providing a holistic understanding of their adaptive capacities. The Resilience Scale by Wagnild and Young consists of 25 items, each designed to capture different aspects of resilience. Participants were asked to respond to each statement on a Likert scale, indicating the extent to which they agreed with each statement, ranging from "strongly disagree" to "strongly agree."

Procedures

After obtaining ethical approval, participants were recruited through announcements and flyers posted across the university campus. Students interested in participating provided informed consent before being assigned to either the intervention or control group. The intervention group received Solution-Focused Brief Therapy (SFBT) sessions, conducted by trained and certified counsellor over a period of three weeks. Each SFBT session was tailored to address the individual needs and goals of the participants, focusing on building resilience and enhancing coping strategies.

In contrast, the control group did not receive any specific resilience-building interventions during the study period. However, they were informed about the importance of mental health and resilience, ensuring that ethical considerations were met. Both groups completed the pre-test assessment of resilience using the Resilience Scale before the intervention phase. Following the three-week intervention period, both groups underwent the post-test assessment using the same resilience measure.

Implementation process

Session 1: Identifying Strengths and Setting Resilience Goals: Session 1 of the group solution-focused brief therapy focused on identifying strengths, setting resilience goals, and fostering a supportive environment. Scaling questions were used to assess current resilience levels, and students shared their strengths while setting individual goals. Homework included reflecting on strengths and taking small actions towards resilience goals. The session emphasized collaboration and active participation, encouraging students to boost their self-esteem and work towards building resilience.

Session 2: Building Resilience through Small Steps: Session 2 of the group solution-focused brief therapy focused on reviewing students' progress towards resilience goals, sharing small steps taken, and collaboratively planning future actions. The session encouraged feedback and brainstorming among students to support each other's resilience-building efforts. Collaborative action planning and verbalizing commitments fostered a sense of accountability, while reflective homework promoted self-awareness and continued growth in building resilience.

Session 3: Reflecting on Resilience and Future Growth: Session 3 of the group solution-focused brief therapy focused on reflection, sustainability, and future growth. Students shared their resilience-building journey, explored strategies for maintaining resilience, and discussed aspirations and goals. The session concluded with a closure activity and final reflection on the therapy process, highlighting the positive impact of the solution-focused brief therapy approach on their resilience.

The data collected from the pre-test and post-test assessments were analyzed using appropriate statistical methods. Firstly, descriptive statistics were computed to summarize the characteristics of the study participants and baseline resilience levels. Secondly, a comparison of resilience scores between the intervention and control groups was conducted using inferential statistics, such as t-tests or analysis of variance (SPANOVA). The analysis aimed to determine if there were significant differences in resilience outcomes between the two groups after the SFBT intervention.

Furthermore, the study explored the relationship between the number of SFBT sessions attended by participants in the intervention group and the degree of improvement in resilience scores.

RESULTS AND DISCUSSION

For each of the statistical t-test procedures used in this study, the alpha level was set at .01. The Statistical Package for the Social Sciences (SPSS) was used for the statistical analysis. Means and standard deviations were established for all variables.

Table 1: Descriptive statistics of the pre-test and post-test of the SFBT experimental group and the control group of intervention

Groups		Mean	N	Std. Deviation	Std. Error Mean
Experimental	Pretest	89.1	10	19.4	6.1
	Posttest	121.4	10	20.5	6.5
Control	Pretest	106.1	10	10.6	3.3
	Posttest	105.9	10	11.3	3.5

Table 1 presents the means and standard deviations of the student’s resilience ratings according to the resilience scale, for both the experimental and control groups.

Table 2: Paired Samples Test

Groups		Paired Differences					t	Df	Sig. (2-tailed)
		Mean	Std. Dev.	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Experimental	Pretest - Posttest	-32.3	7.3	2.3	-37.5	-27.0	-13.8	9	.000
Control	Pretest - Posttest	.2	1.9	.6	-1.1	1.5	.3	9	.751

Paired sample t-tests for each of the groups found that the increase in means between pretest and posttest for the experimental group was significant $t(10) = 13.898, p < .005$, while the increase for the control group was non-significant $t(10) = .327, p = .751$. A t-test comparing the experimental group with the control group found that the experimental group’s posttest scores were significantly higher than the control group’s scores, $t(10) = 29.436, p < 0.005$. The results presented indicate that Solution-focused behavioral therapy

(SFBT) can significantly increase the resilience of adolescent students. Cognizant of the fact that the fact that the p-value (level of significance) of the hypothesis is less than 0.05, we reject the null hypothesis and retain the alternative hypothesis.

By conducting pretest and post-test assessments across five subscales of Resilience, the results provide evidence that SFBT has a notable and statistically significant effect on the cultivation of resilient behaviour among adolescent students in this context.

Table 3: Interactions between Solution - focused Brief Therapy (SFBT) and the various Resilience Subscales

		Mean	Std. Deviation	Paired Differences					T	df	Sig. (2-tailed)
				Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
							Lower	Upper			
Pair 1	Self-Reliance Pre SFBT Test	19.1000	6.20842	-3.60000	4.32563	1.36789	-6.69437	-.50563	-2.632	9	.027
	Self-Reliance Post SFBT Test	22.7000	4.37290								
Pair 2	Meaningfulness Pre SFBT Test	16.2000	5.09466	-8.50000	5.64210	1.78419	-12.53612	-4.46388	-4.764	9	.001
	Meaningfulness Post SFBT Test	24.7000	6.41266								
Pair 3	Equanimity Pre SFBT Test	18.5000	6.00463	-5.80000	4.98442	1.57621	-9.36564	-2.23436	-3.680	9	.005
	Equanimity Post SFBT Test	24.3000	2.90784								
Pair 4	Perseverance Pre SFBT Test	18.4000	5.27468	-8.00000	6.51494	2.06020	-12.66051	-3.33949	-3.883	9	.004
	Perseverance Post SFBT Test	26.4000	5.42013								
Pair 5	Existential Aloness Pre SFBT Test	17.9000	4.62961	-5.40000	5.01553	1.58605	-8.98790	-1.81210	-3.405	9	.008
	Existential Aloness Post SFBT Test	23.3000	6.88073								

Table 3 shows the results presented indicated statistically significant increases in resilience scores across multiple subscales following the SFBT intervention. These subscales or characteristics of resilience include Self-Reliance, Meaningfulness, Equanimity, Perseverance, and Existential Aloneness. The significant improvements in these subscales suggest that SFBT effectively promotes self-reliance, a sense of meaning, emotional regulation, perseverance, and connectedness among the participants.

Furthermore, the overall resilience scores also showed a statistically significant increase, indicating a substantial improvement in resilience following the

SFBT intervention. The mean increase of 32.3 in overall resilience scores further highlights the effectiveness of SFBT in fostering resilience in multiple domains of adolescents' lives.

These findings are consistent with previous research that has demonstrated the efficacy of SFBT in promoting resilience among various populations. A meta-analysis by Kim et al. (2020) examined the effectiveness of SFBT across various populations and found a significant positive effect on improving well-being, problem-solving abilities, and hope. A systematic review by Trepper et al. (2018) also supported the effectiveness of solution-focused approaches, including SFBT, in producing positive

outcomes in psychological well-being and coping skills. The focus on solution-building, goal-setting, and emphasizing strengths and resources are core principles of SFBT that contribute to enhancing resilience. By empowering adolescents to identify their own solutions and build upon their existing strengths, SFBT helps them develop a proactive and resilient mindset.

The findings of this study are consistent with several other studies that have examined the effectiveness of Solution-Focused Brief Therapy (SFBT) in promoting resilience and self-efficacy among different populations. The results of this study are consistent with research results aimed at increasing resilience based on psychological counseling approaches other than solution-focused group counseling (Hasanudin, Arief, Kurnia & Kusumaningrum, 2020; Heydarpour, Ramezani & Ehteshami, 2015; Rusmana & Suprihatin, 2019; Watson, Rich, Sanchez, O'Brien & Alvord, 2014; Yunanto & Hasanat, 2019). In this context, it can be stated that the participation of the clients in the counseling process has a positive effect on resilience. In the present environment, solution-focused counseling enables individuals to develop strategies for fostering positive adaptation and resilience in the face of adverse circumstances.

The study conducted by Razaghi Khameneh, Bahari, and Hamidipour (2014) yielded results indicating that solution-focused psychological counseling, when administered in a group setting, had a positive impact on enhancing individuals' resilience levels. Furthermore, resilience can be defined as the capacity of individuals to effectively manage and overcome stress and difficulties by adjusting to their surroundings (Masten, Best & Garmezy, 1990; Rutter, 1987; Wagnild & Young, 1990; Wagnild & Young, 1993). The results obtained from this study are compatible

with the results in the literature (Rose & Ishak, 2019). In addition, there are studies in the literature that emphasize that solution-focused group counseling is effective in dealing with various problems in life (Sağar, 2020 ; Sağar, 2021)

Based on the existing literature and the findings of this study, it can be asserted that solution-focused psychological counseling interventions aimed at enhancing the resilience of university students yield positive outcomes in terms of bolstering their resilience. This study potentially facilitated students' exploration of positive experiences related to resilience and the development of coping skills for managing stress and challenges. Under a solution-focused approach, students may have been had the opportunity to thoroughly analyze their resources and strengths. The implementation of solution-focused strategies throughout the sessions may have afforded the students the chance to proactively enhance their resilience and appraise their challenges from a more optimistic standpoint.

Importantly, the inclusion of a control group, which showed no significant changes in resilience scores from pre-test to post-test, strengthens the interpretation of the results. This comparison indicates that the changes observed in the SFBT group were not merely due to natural fluctuations or maturation over time. It supports the conclusion that SFBT specifically contributes to the observed improvements in resilience.

CONCLUSION

In summary, based on the findings of this study, it can be observed that the solution-focused group counseling program demonstrates efficacy in enhancing the resilience levels of university students.



Nevertheless, this research does have several drawbacks. The scope of this research is restricted to data collected exclusively from those enrolled in universities. Furthermore, it should be noted that the participants of the study group are only restricted to students enrolled at The University of Bamenda.

In the present setting, analogous investigations can be extended to encompass students enrolled in diverse academic disciplines across several universities or at varying levels of schooling. A comparable investigation can be conducted utilizing diverse age cohorts. One further constraint of this study is the omission of an investigation of the impact of group dynamics. The impact of group dynamics can be explored by future studies of a similar nature. The scope of this study is restricted to a subsequent investigation conducted following three sessions and a three-week period. Longitudinal studies may be employed as a means to acquire more thorough data pertaining to the resilience of university students. This study exclusively focuses on investigating the impact of solution-based therapy on the enhancement of resilience. In future research endeavors, it would be beneficial to investigate the impact of alternative psychological counseling methods on enhancing resilience.

REFERENCES

1. Bandura, A. (1994). Self-efficacy. In V. S. Ramachandran (Ed.), *Encyclopedia of human behavior* (Vol. 4, pp. 71-81). New York: Academic Press. (Reprinted in H. Friedman [Ed.], *Encyclopedia of mental health*.) San Diego: Academic Press.
2. Bolton, K. W., Hall, J. C., Blundo, R., & Lehmann, P. (2017). The role of resilience and resilience theory in solution-focused practice. *Journal of Systemic Therapies*, 36(3), 1–15. doi:10.1521/jsyt.2017.36.3.1
3. Hasanudin, H., Arief, Y. S., Kurnia, I. D., & Kusumaningrum, T. (2020). Therapeutic group can increase resilience of school-age children after the Kelud Mountain disaster. *EurAsian Journal of BioSciences*, 14, 2443-2447.
4. Heydarpour, S., Parvaneh, E., Saqqezi, A., Ziapour, A., Dehghan F., & Parvaneh, A. (2018). Effectiveness of group counseling based on the reality therapy on resilience and psychological well-being of mothers with an intellectual disabled child. *International Journal of Pediatrics*, 6(6), 7851-7860. doi: 10.22038/ijp.2018.29464.2579
5. Kus Hendar, Awalya, & Sunawan. (2020). Solution-Focused Brief Therapy Group Counselling to Increase Academic Resilience and Self-Efficacy. *Jurnal Bimbingan Konseling*9(1):1–7
6. Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227-238. <https://doi.org/10.1037/0003-066X.56.3.227>.
7. Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology*, 2(04), 425. doi:10.1017/s0954579400005812
8. Ramezani, K. & Ehteshami, F. (2015). The effectiveness of group reality therapy on increasing resiliency in M.S. Patients. *Journal of Clinical Psychology Achievements*,1(1), 77-92
9. Reivich, K., & Shatte, A. (2002). *The Resilience Factor: 7 Essential Skills for Overcoming Life's Inevitable Obstacles*. New York: Broadway Books. Retrieved from Google Scholar

10. Rusmana, N., & Suprihatin, D. (2019). A quasi experiment on group exercises to improve students' resilience. *Journal of Physics: Conference Series*, 1318, 1-6. doi:10.1088/1742-6596/1318/1/012128.
11. Rutter, M. (1985). Resilience in the face of adversity: protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry*, 147:598-611.
12. Rutter, M. (1993). Resilience: Some conceptual considerations. *Journal of Adolescent Health*, 14, 626-631.
13. Saĝar, M. E. (2020). The effect of solution-focused group counselling on the resilience of university students.
14. Saĝar, M. E. (2021). Intervention for social anxiety among university students with a solution-focused group counseling program. *International Journal Of Progressive Education*, 17(3), 316-326. doi: 10.29329/ijpe.2021.346.20
15. Saĝar, M. E. (2022). The effect of solution-focused group counselling on the resilience of university students. *E International Journal of Educational Research*, 13(1), 103-117. DOI: <https://doi.org/10.19160/e-ijer.1034931>
16. VanBreda, A.D. (2001). Resilience Theory: A Literature Review. Retrieved from Google Scholar
17. Wagnild, G. M., & Young, H. M. (1993). Development and psychometric evaluation of there silience scale. *Journal of Nursing Measurement*, 1(2), 165-178.
18. Wagnild, G., & Young, H. M. (1990). Resilience among older women. *Image: The Journal of Nursing Scholarship*, 22(4), 252-255. doi:10.1111/j.1547-5069.1990.tb00224.x.
19. Watson, C. C., Rich, B. A., Sanchez, L., O'Brien, K., & Alvord, M. K. (2014). Preliminary study of resilience-based group therapy for improving the functioning of anxious children. *Child & Youth Care Forum*, 43(3), 269- 286. doi:10.1007/s10566-013-9238-6
20. Werner E. E. (1992). The children of Kauai: Resiliency and recovery in adolescence and adulthood. *Journal of Adolescent Health*, 13(4), 262-68. [https://doi.org/10.1016/1054-139X\(92\)90157-7](https://doi.org/10.1016/1054-139X(92)90157-7)