



Validation of Quarter-Life Management Program Module Based on Solution-Focused Therapy

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Abstract

A quarter-life crisis is a condition related to fulfilling early adult developmental tasks. Failing to fulfil these tasks can disrupt productivity and social relationships, cause emotional instability, and increase the risks of mental disorders. The Quarter-Life Management Program Based on Solution-Focused Therapy is designed to treat individuals aged 18–25 years with quarter-life crisis who experience education, employment, social relations, or personal identity problems. This study aimed to validate the program module. The content validation procedure carried out through professional judgment, resulted in an Aiken's V score of 0.91. The functional validation procedure was carried out through experimental research on 7 participants in experimental groups and 7 participants in waitlist-control group. The results of the within-subject test analysis indicate that the implementation of the program did not have a significant effect in reducing quarter-life crisis in the experimental group ($p= 0.052$). However, the program was effective in increasing a more positive self-perspective and enhancing problem-solving abilities ($p= 0.035$ and $p= 0.007$). In contrast, the waitlist-control group, which did not receive the program, showed no changes.

Keywords: early adulthood; solution-focused therapy; quarter-life crisis; validation of module

Each transition period in the life-span developmental plays an important role, including the transition from adolescence to adulthood. During this period, individuals face changes (Arnett, 2000). Among the changes in developmental tasks according to Havighurst's theory are changes romantic life (finding a partner), family life (starting a family or managing a house), social life (finding a compatible social group), job life (starting an occupation), and physical changes (being at the peak of fertility) (Hutteman et al., 2014). If individuals can perform these tasks well, they can achieve personal growth (Hutteman et al., 2014) Seiffge-Krenke & Gelhaar, 2008). Conversely, if they fail, they will experience a personal decline (loss), so they tend to have difficulty adjusting to developmental tasks (Hutteman et al., 2014). The adverse consequences that may arise are confusion (Agustin, 2012), frustration (Pinggolio, 2015), panic, self-doubt (Robbinson, 2016), helplessness (Robbins & Wilner, 2001), and despair (Hilton et al., 2021).

The results of the author's preliminary study involving three people aged 22–24 years, single and working, showed the same thing: early adult individuals are vulnerable to psychological pressure, entering a phase known as a "quarter-life crisis." A quarter-life crisis is an individual's intense reaction when facing significant changes in their early adulthood life. In this stage, young adults were leaving school for real life, a condition filled with instability, many choices, and helplessness (Robbins, 2004; Robbins & Wilner, 2001). Individuals will also experience changes in aspects of work, financial, academic, social, and personal identity (Black, 2010).

Social and environmental factors also play an important role in the occurrence of a quarter-life crisis. For example, family pressure to be successful and earn money immediately (Rahmania & Tasaufi, 2020) and career's social standards that must be met (results of preliminary studies). Although each individual responds to this phase differently (Robbins & Wilner, 2001), it has influenced various aspects of life. In some individuals, daily productivity can decrease and social relationships deteriorate (Hilton et al., 2021). They may also experience emotional instability (Robbinson, 2016), helplessness (Black, 2010), confusion (Black, 2010), uncertainty (Agustin, 2012), doubt, and fear (Nash & Murray, 2010), and some vulnerable individuals may experience depression or mild anxiety (Atwood & Scholtz, 2008).

A quarter-life crisis often occurs in the early adulthood stage, especially after the person leaves school and faces real adult life with various problems related to developmental tasks (Black, 2010; Robbins & Wilner, 2001). Individuals who can't carry the developmental tasks well will have difficulty adapting in the next tasks and experience a quarter-life crisis (Hutteman et al., 2014; Seiffge-Krenke & Gelhaar, 2007). Individuals with quarter-life crisis tend to have characteristics, such as negative self-evaluation, hesitation in making decisions, and feeling hopeless, anxious, depressed, and worried about their interpersonal relationships (Robbins & Wilner, 2001; Sumartha, 2020).

There are various treatment concepts for a quarter-life crisis, such as changing perceptions (Fischer, 2008), supportive group therapy (Rahmania & Tasaufi, 2020), psychoeducation (Lestari & Fuada, 2021) and focus on



solutions and personal strengths (O'Hanlon & Bertolino, 1998). The solution-focused concept is known as Solution-Focused Therapy (SFT), which is a competency-based model or approach that focuses on solutions, strengths, and successes rather than past problems or failures (Lutz, 2014). SFT focuses on the goals and the potential that individuals have (Bannink, 2007) and the therapist will help them to find it. Furthermore, Berg and Miller said "Rather than looking for what is wrong and how to fix it, we tend to look for what is right and how to use it" (Iveson et al., 2012; Lutz, 2014).

Solution-Focused Therapy (SFT) has several main techniques, such as miracle, scaling, exception, and compliment (Lutz, 2014; O'Connell, 2004). The miracle question is a hypothetical question in which the person imagines that the problem can be solved through a miracle (for instance "I want you to imagine. In the middle of the night, a miracle happens, and your problems are solved. But because the miracle happens while you are sleeping, you have no idea how the miracle solved the problem. But you may notice a small change. What is that?") (de Shazer et al., 2007).

In scaling questions, the therapist uses a range of numbers to assess thoughts, hopes, or problems (for instance "On a scale of 0-10, with 0 being as bad as it's ever been, where would you say you were today?") (de Shazer et al., 2007). The exception refers to examining moments when the problem is not present, which can help individuals reframe the situation (for instance "Is there any moment, when you don't feel any worries and there is no negative thought? What kind of moment is that?. Compliment is the therapist's sincere and honest appreciation (for instance "Wow, this is a great example, thank you") (de Shazer et al., 2007).

Therefore, an SFT-based program for individuals with quarter-life crisis was developed, called the Quarter-Life Management Program. This program aims to help individuals build a more positive perspective when looking at themselves and the problems they face, as well as design life goals during a quarter-life crisis. This program was based on the intervention module design reference with a solution-focused approach proposed by Agustin (2012), which was developed and modified in terms of delivery techniques (online), duration, worksheets, the addition of psychoeducation, and various other details according to the context and needs of the research. Agustin (2012) has permitted modification, validation, and other procedures required in the research.

Each session in the Quarter-Life Management Program has objectives and activities based on the concept of solution-focused therapy as discussed in Nichols and Davis (2016), as well as on Iveson et al. (2012), and Lutz (2014). The first session of the program focuses on recognizing conditions (Lutz, 2014; Nichols & Davis, 2016), the second session focuses on exploring dynamics (Iveson et al., 2012), the third session focuses on exploring potential (Iveson et al., 2012; Lutz, 2014), and the final session focuses on solutions (Lutz, 2014; Nichols & Davis, 2016).

Quarter-Life Management Program targets early adults (emerging adults or aged 18–25 years) (Arnett, 2000) who are experiencing problems in their 20s, such as problems with education, employment, social relations, or

personal identity. This program uses a group approach to increase effectiveness, facilitates everyone's learning from one another, and focuses on growth (Corey, 2016). The program was delivered online via videoconference Zoom.

To scientifically determine the effectiveness of program modules, a validity test is required (Azwar, 2017). So, this study aimed to validate the solution-focused therapy-based Quarter-Life Management Program module for individuals with a quarter-life crisis. This study hypothesized that the Quarter-Life Management Program Module based on solution-focused therapy is valid in treating individuals with a quarter-life crisis.

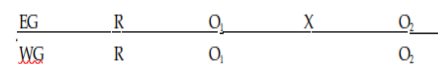
1. Method

1.1 Research Design

This quantitative study used module validation procedures, consisting of content validation and functional validation (Azwar, 2017). Content validation was carried out through professional judgment by practitioners (psychologist) and academics (lecture) who evaluated the program's objectives, duration, delivery method, language, and indicator of success. Azwar (2017) suggested that if the Aiken's V score obtained is higher than 0.50 or closer to 1.00, then the intervention module has a good content validity value. Additionally, a readability test was also carried out to determine the participants' understanding of the program. This test was carried out in session one of the programs, led by the facilitator. It assessed activities, instructions, materials, worksheets, and time allocation.

Functional validation was carried out through a randomized experiment method that places the smallest units into groups randomly, or random assignment (Shadish et al., 2002). The experimental design used was the pretest-posttest control group design (Shadish et al., 2002). The experimental group received "Quarter-Life Management Program" treatment, while the waitlist-control-group did not (the same treatment was given after the data collection process in the experimental group was completed). Measurements in both groups were carried out in two time points, before treatment (pretest) and after treatment (posttest). Figure 1 shows the research design of the experiment.

Figure 1
Research Design



Note: EG : Experiment Group (Quarter-Life Management Program) WG : Waitlist-control Group R : Random assignment O₁ : Pretest X : Treatment O₂ : Posttest

This study received ethical approval from the Research Ethics Committee of the Faculty of Psychology, Universitas Gadjah Mada with registration number 200/UN1/FPSi.1.3/SD/PT.01.04/2022.

1.2 Participants

The content validation procedure through professional judgment was carried out by academics and practitioners totaling 6 people, with details of 3 pure practitioners (psychologist), 1 pure academic, and 2 practitioners who are also academics.

Then, there were four participants in the readability test, having similar criteria as the participants in the functional validation. Participants in functional validation were recruited from Instagram, LinkedIn, and WhatsApp. Inclusion criteria in the functional validation were: 1) Aged 18–25 years old; 2) unmarried, because one of the basic focus of quarter-life problems is marriage (Hapke, 2017); 3) holding a bachelor degree (S-1), because Robbins and Wilner (2001) described that after graduating from college individuals tend to have uncertainty pathways and thus being prone to experiencing quarter-life crisis; 4) experiencing a crisis related to education, work, social relations, personal identity, or others in their 20s (Nash & Murray, 2010); 5) willing to participate in the entire research process until completion; and 6) having a good communication device (can run Zoom version 5.11.3) and internet connection (minimum speed 3 Mbps).

There were 87 applicants at the first stage of the recruitment, but only 32 met the inclusion criteria, and 17 confirmed to take part in the study. The assignment of participants into the control and experimental groups was carried out randomly with an online randomizer. In the middle of the program, three participants canceled their participation, leaving seven participants in the experimental group and seven participants in the control group.

1.3 Instrument

The instruments used in the content and functional validity of this research are shown in Table 1. The Quarter-Life Management Program module was prepared based on the intervention module design with a solution-focused approach proposed by Agustin (2012), which was developed and modified according to research needs. This program consists of pre-session, four main sessions and post-session. The program was delivered in four meetings. The program facilitator was a licensed clinical psychologist with 2 years' experience in solution-focused therapy, early adult problems, and group counseling. She is not the author of the module.

Two observers were tasked with observing the running of the program and the performance of the facilitator and participants. The observer criteria were a Master of Professional Psychology student, had passed the Observation and Interview class, and had interest, knowledge, and/or understanding of the problem in early adulthood Table 2 shows the module content. The Quarter-Life Crisis scale as the main outcome measure was developed by Sumartha (2020) based on the theory of the quarter-life crisis by Robbins and Wilner (2001). The scale consists of seven aspects and 14 item statements with a Likert's rating ranging from 1 (not at all true) to 5 (very true). This scale has a Cronbach's alpha reliability coefficient of 0.856 and a corrected item-total correlation value that ranges from 0.300 to 0.701 (Sumartha, 2020). Examples of items on this scale are "*I feel more mature but have not been*

able to produce anything" (favorable, item no. 8) and "*I have a clear picture of my future*" (unfavorable, item no. 6).

The Positive Thinking Scale was chosen as a manipulation check tool because one of the program's goals is "to build a more positive perspective in looking at oneself and the problems one is facing". The scale was developed by Hardini (2012) based on Albrecht (1980) positive thinking theory. The scale consists of four aspects and 19 items with a Likert's rating ranging from 1 (not at all true) to 4 (very true). This scale has a Cronbach's alpha coefficient of 0.895 and a corrected item-total correlation value ranging from 0.398 to 0.758 (Hardini, 2012). Examples of items on this scale are "*In almost every job, I live with the hope that it will be successful*" (favorable, item no. 1) and "*I feel burdened by the shortcomings that exist in me*" (unfavorable, item no. 2).

Meanwhile, the Program Reflective Questionnaire is a manipulation check tool. This questionnaire consists of quarter-life crisis knowledge (for instance, "*Quarter-life crisis occurs when an individual enters late adulthood: true or false*" item no 1a), problem identification activities and goal setting (for instance, "*I can identify and understand the problems I am currently facing*", item no 1b and "*I can set goals that I want to achieve in the future*", item no 4b).

1.4 Data Analysis

Quantitative data analysis using the within-subject test was conducted to compare the quarter-life crisis scores before treatment (pretest) and after treatment (posttest) in both groups (the experimental group and waitlist-control group). As an additional analysis, between-subject test was carried out to compare the gain scores in both groups. A descriptive analysis of the results of observations of training implementation, daily assignments, and training evaluation sheets was also carried out.

2. Results

2.1 Content Validation

The assessment aspect in content validation was carried out through professional judgment procedures. The results in Table 3 shows that the total value of Aiken's V was 0.91 and the professional also gave some suggestions for module improvement. The readability test results showed that Aiken's V test score was 0.98. Several suggestions for program development included reminding participants to turn on the camera, prepare worksheets, and for the researcher to anticipate late attendance.

2.2 Functional Validation

The homogeneity test was carried out to fulfill the hypothesis test requirements. The result shows that the QLC variable ($p = 0.563$ in pretest and $p = 0.702$ in posttest; $p > 0.05$) and BP variable ($p = 0.070$ in pretest and $p = 0.086$ in posttest; $p > 0.05$) have relatively the same or homogenous variances ($p > 0.05$).

Baseline comparison analysis was conducted to examine the initial characteristics of each variable in the experimental and control groups. The results indicated

Table 1
Research Instruments

| Type of Validation | Instrument | Type of Instrument |
|---------------------|---|--------------------|
| Content Validity | Solution-Focused Therapy-Based Quarter-Life Management Program Module | Module |
| | Module feasibility scoring sheet for professional judgement | Scoring sheet |
| | Module readability test scoring sheet | Scoring sheet |
| Functional Validity | Quarter-Life Crisis Scale | Scale |
| | Positive Thinking Scale (manipulation check) | Scale |
| | Program Reflective Questionnaire (manipulation check) | Scale |
| | Worksheets and diaries | Worksheet |
| | Program evaluation sheet for participants | Evaluation sheet |
| | Program observation sheet for observers | Observation sheet |

Table 2
Mapping of the Quarter-Life Management Program Module

| Day | Session | Activity |
|-----|---|--|
| 1 | Pre-session Introduction | <ol style="list-style-type: none"> 1. Introduction and checking conditions 2. Pretest and manipulation checks |
| | 1 st Session Exploration of Problems, Miracles and Goals | <ol style="list-style-type: none"> 1. Opening and mood check-in (by scaling and/or descriptively) 2. Identify problems with the "My Problem" worksheet 3. See the difference through magic with the help of the "Miracle" worksheet 4. Designing goals with the "My Goals" worksheet 5. End of activity |
| 2 | 2 nd Session Dynamics and Exclusion Exploration | <ol style="list-style-type: none"> 1. Opening and mood check-in 2. Review Session 1 material and reflect on experiences 3. Analysis of the dynamics of the crisis 4. Exploration of exceptions 5. Giving "Positive Quality Survey" worksheet assignments 6. End of activity |
| 3 | 3 rd Session Self Potential Exploration | <ol style="list-style-type: none"> 1. Opening and mood check-in 2. Review Session 2 materials and reflect on experiences 3. Get to know participants potential and qualities through the "Positive Quality Survey" assignment 4. Identify and evaluate coping skills 5. Giving the task of implementing solution-focused behavior and focusing on goals, with the "My Action" worksheet 6. End of activity |
| 4 | 4 th Session Solution and Termination | <ol style="list-style-type: none"> 1. Opening and mood check-in 2. Review Session 3 material and reflect on experiences with the "My Action" worksheet assignment 3. Design concrete strategies for achieving goals with the "SMART Goals" worksheet 4. Individual reflection over the entire session 5. Termination |
| | Post-session Closing | <ol style="list-style-type: none"> 1. Posttest and manipulation checks 2. End of activity |

Table 3
Results of Aiken's V Assessment Through Professional Judgment

| Assessment Component | Aiken's V Score Range | Aiken's V Score | Aiken's V Module |
|--------------------------------------|-----------------------|-----------------|------------------|
| Module Content Assessment Components | | | 0.91 |
| Pre-session | 0.83-0.96 | 0.90 | |
| 1 st Session | 0.83-1.00 | 0.93 | |
| 2 nd Session | 0.88-0.96 | 0.91 | |
| 3 rd Session | 0.88-1.00 | 0.95 | |
| 4 th Session | 0.88-0.96 | 0.93 | |
| Post-session | 1.00-1.00 | 1.00 | |
| General Assessment Components | | | |
| Code of conduct | 0.88-0.88 | 0.88 | |
| Module clarity | 0.83-0.92 | 0.86 | |
| Time allocation | 0.92-0.92 | 0.92 | |
| Grammar Assessment Component | | | |
| Grammar | 0.79-0.79 | 0.79 | |
| Module Display Assessment Components | | | |
| Module layout | 0.83-1.00 | 0.94 | |

that there were no significant differences ($p > 0.05$) between the baseline scores of the experimental and control groups. This means that the baseline (standard scores) of both groups were identical across all three variables.

Manipulation checks were carried out on the positive thinking scale (BP) gain score data and the Program Reflective Question (PRP) questionnaire. The results of the independent sample t-test analysis showed $p = 0.021$, which means that there was a difference in the BP score ($p < 0.05$) between the experimental and control groups, but there was no difference in the PRP score ($p = 0.084$; $p > 0.05$).

This study hypothesized that the Quarter-Life Management Program Module based on solution-focused therapy is valid in treating individuals with a quarter-life crisis. Hypothesis testing was carried out by analyzing the within-subject test (through paired sample t-test) in the gain scores of the experimental and waitlist-control groups. The result showed that in the experimental group, there was no difference in QLC scores ($p = 0.052$).

Additional analysis was performed through the between-subject test (through independent sample t-test) in the gain scores of the experimental and waitlist-control groups. The results show a $p = 0.011$, which means that there was a difference ($p < 0.05$) in the quarter-life crisis score between the experimental group that received the Quarter-Life Management Program based on solution-focused therapy and the waitlist-control group that did not. Also, the results show a $t = -3.00$, which means that the mean score of the Quarter-Life Crisis Scale by the experimental group is lower than the waitlist-control group.

2.3 Results of Program Implementation

Pre-session: Introduction. Pre-session activities included introduction, mood checking, and pretest which are led by the researcher as a program moderator. The session went well and was well-managed, all the participants, facilitator, and observers were responsive. The results of the pre-session were the participants getting to know each other, ensuring the readiness of communication tools, internet

networks, places, and worksheets, as well as completing pretest and manipulation checks.

1st Session: Exploration of Problems, Magic, and Goals. In the first session, the facilitator delivered psychoeducation about the quarter-life crisis as a foundation to raise awareness of participants' problems. The "My Problem" worksheet was used to map out the problems. With the help of the "Miracle" worksheet, the facilitator persuaded the participant to imagine "what if the problems are solved", so that participants could design the goals they wanted to achieve (written in the "My Goals" worksheet). The results of the first session were the participants understanding the concept of a quarter-life crisis, increasing awareness of problems, imagining solutions to the problems, and setting goals.

2nd Session: Dynamics and Exclusion Exploration. In the second session, the facilitator and participant analyzed the dynamics of problems in their 20s by interpreting the various challenges and changes that come with being an adult. The exception technique was used to see the potential for success over similar challenges that had occurred in the past. To better recognize personal potential and resources, the facilitator gave the "Positive Quality Survey" worksheet as an assignment to be done at home. The participants in the second session were more open and responsive. The results of the second session were participants understanding the dynamics of a quarter-life crisis, seeing opportunities for success from similar challenges in the past, even evaluating and reapplying them in a better way, and receiving positive quality survey assignments.

3rd Session: Exploration of Self-Potential. In the third session, the "Positive Quality Survey" assignment that had been completed was used as a guideline for exploring participants' potential, self-quality, and resources. The facilitator helped participants use their potential as well as assured that it was possible to achieve their goals or solve their problems. Additionally, the facilitator engaged participants in identifying coping strategies that had been modified and adapted to strengthen their goals and problem-solving. The facilitator assigned participants to apply the knowledge that had been obtained in this

program in real life and write it down on the “My Action” worksheet. The results of the third session were participants being more aware of their potential, self-quality, and coping strategies to achieve goals and find solutions.

4th Session: Solutions and Termination. In the fourth session, the facilitator and participants analyzed the “My Action” assignment. The evaluation of this assignment was used as a reference for designing strategies for the goals to be achieved. Participants wrote the strategy on the “SMART Goals” worksheet. The facilitator then asked every participant to reflect on all the activities they have undertaken and learned. As a form of termination, the facilitator voiced appreciation, reinforcement, and congratulations to the participant. The results of the fourth session were participants being able to evaluate the implementation of their tasks and develop concrete strategies to achieve the desired goals.

Post-session: Closing. Post-session activities were posttest and delivery of evaluations by participants. The results of the post-session were participants taking the final measurement (posttest) and submitting program evaluations

The facilitator looked clean, neat, and well-organized throughout the session. The choice of words conveyed was general and clear, and daily concrete examples were inserted so that it was easy to understand. The facilitator was able to build group dynamics by giving positive responses, probing, reflecting on feelings, encouraging emotional release, summarizing, and provoking new insights. The facilitator applied empathic listening and a warm, accepting, and open attitude.

The observer wrote down the participants’ performance, including attendance, activeness, and involvement in the program session. The observer also noted the facilitator’s performance in terms of appearance, language, responses, time management, and attitude. Observation notes were well-written, detailed, and clear.

At the initial meeting, the participants’ enthusiasm and initiative were good, and group dynamics began to form. Participant enthusiasm had decreased in the middle of the session but increased again at the end of the session. Participants understood the concept of a quarter-life crisis, recognized their conditions, knew the goals they want to achieve, and were confident in their positive qualities.

Based on participant evaluations, the program aligned with their needs and could be applied in everyday life. The material presented also used appropriate methods and media. Overall, the program objectives were well achieved. However, there were internet signal problems and delays. Participants also suggested that the next program should include icebreaking during the session break. Based on the facilitator evaluation, the program module should be supplemented with concrete examples from daily life, making it easier to deliver. The observer evaluation was regarding the starting time as some participants were 10–15 minutes late.

Meanwhile, the quantitative evaluation results from all participants showed an average Aiken’s V score of 0.89. The assessment covered several aspects, including program usefulness (score: 0.90), achievement of program objectives (score: 0.85), time allocation for program implementation (score: 0.83), application of the program in daily life (score:

0.88), understanding of the material (score: 0.92), method of material delivery (score: 0.92), and use of media (score: 0.90).

3. Discussion

The results showed that the Quarter-Life Management Program Module based on solution-focused therapy is valid for treating individuals with a quarter-life crisis. The initial hypothesis of the study was fulfilled through content validation and functional validation procedures (Azwar, 2017). The content validation procedure, which was carried out through professional judgment, resulted in an Aiken’s V score of 0.91. Azwar (2017) suggested that if the Aiken’s V score obtained is higher than 0.50 or closer to 1.00, then the intervention module has a good content validity value. Meanwhile, the results of functional validation carried out through experimental research produced a $p = 0.011$. This means that there was a difference in QLC scores between the experimental group that received the treatment and the waitlist-control group that did not.

Quarter-life crisis is an individual’s intense reaction when they start growing up (Robbins & Wilner, 2001), which can be overcome by focusing on oneself, finding solutions, setting goals, and exploring potentials (de Shazer et al., 2007). The hope is that individuals feel capable and empowered (Bannink, 2007; Lutz, 2014) to get through the crisis. The results of The Quarter-Life Management Program showed that six of the seven participants in the experimental group experienced a decrease in quarter-life crisis levels after joining the program. Atwood and Scholtz (2008) agree that the main key to dealing with the quarter-life crisis period is oneself, because the one who knows the problem, the solution, and the capability to solve it is the individual. O’Connell (2004) explained that SFT provides instructions for self-identification, so with this awareness, individuals can develop effective and logical solutions to implement (Agustin, 2012).

The qualitative result showed that participants were not feeling alone because they understood that everyone had their difficulties. The collective feeling that emerges from group counseling activities can be a reinforcement for reducing the level of a quarter-life crisis (Rahmania & Tasaufi, 2020). The social support that is present among the participants also plays an important role in generating insight and solutions to recover from the crisis (Rahmania & Tasaufi, 2020). In addition, the result also shows that participants should learn to focus more on solving problems and achieving goals, rather than constantly lamenting the problems.

Basic SFT techniques in the program could help participants. Exception questions help participants see opportunities for success (Bannink, 2007) and understand the situation from another point of view (Iveson et al., 2012). Scaling questions aided participants in understanding their condition (Bavelas et al., 2013) by getting to know themselves better. Miracle questions help participants set goals (Bannink, 2007). Meanwhile, the compliment from the facilitator throughout the session helped increase the therapeutic alliance (Lutz, 2014), as well as the participants’ self-acceptance.

The group dynamics were well-developed. In the first

session, the participants were responsive but not fully open and supportive (recognizing group members, or formation stage) (Corey, 2016). In the second session, the participants were more enthusiastic and open (exploring expectations, functions, and attitudes according to the group situation, or the orientation and exploration phase). In the third session, the enthusiasm of the participants decreased (the emergence of anxiety and conflict, or the transition stage), but the task was still being carried out (the working stage). In the last session, enthusiasm and initiative returned, as well as increased empathy and group dynamics (the final stage) (Corey, 2016).

The online delivery technique (based on telepsychology) made it easier for people from various regions to participate in the program, as well as increased efficiency and flexibility in setting the place and time (Saptandari, 2020). However, there were internet network problems and unpredictable events, such as heavy rains that affected internet speed and power grid shutdowns.

Quarter-life crisis is a generational or age-based topic. The older generation (Baby Boomers and X) have more limited choices compared to the younger generation (Y and Z generations), who are faced with many choices regarding the future. Black (2010) stated that the number of choices (the paradox of choice) could cause confusion and fatigue, leading to quarter-life crisis. This condition is not necessarily the same for the next generation in the next 15-20 years. Moreover, the topic of the Quarter-Life Crisis (QLC) tends to be culturally specific (Robbins & Wilner, 2001), meaning that different cultures may experience variations in the areas of problems. Therefore, continuous, and extensive studies regarding the quarter-life crisis are needed.

There were threats to internal validity in the form of maturation, history, and instrumentation. Research participants who were early adults had a pattern of formal operational cognitive development (Santrock, 2019). Even though the experimental procedure only lasted for three weeks, the participants experienced a learning and maturing process until there was a threat of maturation (Hastjarjo, 2011). In that period, there was also pressure from work and parents, which could be a historical threat because it sufficiently affected individual conditions (Hastjarjo, 2011). Regarding the threat of instrumentation, Hastjarjo (2011) asserted that the Program Reflective Questionnaire (PRP) is a knowledge-based questionnaire. So, it was possible that the participants already knew the questions in the questionnaire.

There was also the threat of extraneous or foreign variables, which can have an effect (like an independent variable) on the impact of treatment (a dependent variable) (Soneye, 2014). The extraneous variable that appeared was the experimenter/ investigator effect (Soneye, 2014), in the form of the attitude and behavior of the facilitator. The program facilitator was a psychologist who, based on descriptive analysis, performed well by applying the principles of empathic listening and being warm, accepting, and open. So, this could be a variable that affected the treatment impact. However, efforts have been made in the form of randomized assignments, which, according to Soneye (2014), can be one way to overcome this threat.

This study has several limitations. First, there were

challenges related to internet instability, which disrupted participants' smooth engagement in the program. Second, while some participants printed the worksheets, others did not, leading to differences in writing experience. Third, the program was conducted entirely online, necessitating further trials to assess its effectiveness in offline settings. Fourth, there were threats to internal validity, including maturation effects, historical influences, and instrumentation threats, as well as extraneous variable threats such as the experimenter effect. Fifth, there is a potential scoring bias in participant recruitment, as the selection process was conducted solely by the researcher without the involvement of an external rater. threat of internal validity and extraneous variables, and the possibility of recruitment scoring bias.

4. Conclusion

The results showed that the Quarter-Life Management Program Module based on solution-focused therapy had good content and functional validity for treating individuals with a quarter-life crisis. Descriptively, a decrease in the level of the quarter-life crisis is accompanied by an increase in the ability to think positively, which can help individuals build a more positive perspective on oneself and find solutions to the problems faced.

4.1 Suggestion

For future researchers, further development of this program module is highly necessary. Future studies can conduct offline trials to evaluate its effectiveness using different technical approaches, increase the sample size to enhance population generalizability, reassess the number of assigned tasks to minimize participant fatigue, and adjust the program duration to ensure a more comfortable experience for participants. Additionally, further research should be conducted across different age groups and cultural contexts, considering that the topic of the quarter-life crisis tends to be generational and culturally specific. Future researchers are also encouraged to develop a brief therapy program to shorten session durations and improve cost efficiency.

5. Declaration

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5.2 Funding

This research is fully funded by the researcher.

5.3 Author's Contribution

ER and NUH designed the study. ER collected data and analyzed data along with NUH. NUH read, edited, and approved the final manuscript.

5.4 Conflict of Interest

The author declares that there is no conflict of interest in the research, writing, and/ or publication of this article.

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