

A Developmental Trajectory Toward Resilience: Emotional Regulation, Coping, and Self-Efficacy Through Group Cognitive Behavioral Therapy for Adolescents

مسار تطوري نحو الصلابة النفسية: تنظيم الانفعالات، التكيف، والكفاءة الذاتية من خلال العلاج المعرفي السلوكي الجماعي للمراهقين

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Abstract

This study explored the developmental trajectory toward resilience by examining the interplay of emotional regulation, coping, and self-efficacy within Group Cognitive Behavioral Therapy (CBT) for adolescents. Using an experimental design, 16 Lebanese adolescents aged 12–13 were randomly assigned to either an experimental group receiving Cognitive Behavioral Group Therapy (CBGT) or a control group. A qualitative case study approach complemented by quantitative self-report measures tracked both individual and group trajectories. Quantitative data were collected using five validated instruments: Connor-Davidson Resilience Scale (CD-RISC-25; Connor & Davidson, 2003) Emotion Regulation Questionnaire (ERQ), General Self-Efficacy Scale (GSE), Child PTSD Symptom Scale (CPSS), and Coping Self-Efficacy Scale (CSES). Findings suggest a clear developmental trajectory toward resilience through strengthening emotional regulation, coping, and self-efficacy. This trajectory-based model offers a culturally grounded framework for resilience-building interventions, applicable across diverse educational and mental health settings, and is proposed as a prototype for school-based implementation.

Keywords: Resilience; emotional regulation; coping; self-efficacy; Cognitive Behavioral Group Therapy (CBGT); adolescents; adolescent mental health; Lebanese adolescents; cultural adaptation; experimental design

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الملخص

هدفت هذه الدراسة إلى استكشاف المسار التطوري نحو الصلابة النفسية من خلال فحص التفاعل بين تنظيم الانفعالات، والتكيف، والكفاءة الذاتية ضمن إطار العلاج المعرفي السلوكي الجماعي للمراهقين. وباستخدام تصميم تجريبي، تم اختيار 16 مراهقًا لبنانيًا تتراوح أعمارهم بين 12 و13 عامًا بطريقة عشوائية للانضمام إلى إما مجموعة تجريبية تلقت العلاج المعرفي السلوكي الجماعي، أو مجموعة ضابطة. وقد تم تتبّع المسارات الفردية والجماعية باستخدام نهج دراسة حالة نوعية مدعومًا بأدوات قياس تعتمد على التقارير الذاتية. تم جمع البيانات من خلال خمس أدوات معتمدة هي: استبيان تنظيم الانفعالات، مقياس الكفاءة الذاتية العامة، مقياس أعراض

اضطراب ما بعد الصدمة للأطفال، قائمة فحص الأحداث الصادمة، ومقياس الكفاءة الذاتية في التكيف. تشير النتائج إلى وجود مسار تطوري واضح نحو الصلابة النفسية من خلال تعزيز تنظيم الانفعالات، والتكيف، والكفاءة الذاتية. ويقدم هذا النموذج المبني على المسار إطارًا مرتبطًا بالسياق الثقافي لتصميم تدخلات تُعزز الصلابة النفسية، قابلة للتطبيق في السياقات التعليمية والصحة النفسية المتنوعة، ويُقترح اعتماده كنموذج أولي للتنفيذ في المدارس.

الكلمات المفتاحية: المرونة؛ التنظيم العاطفي؛ التكيف؛ الكفاءة الذاتية؛ العلاج السلوكي المعرفي الجماعي (CBGT)؛ المراهقون؛ الصحة النفسية للمراهقين؛ المراهقون اللبنانيون؛ التكيف الثقافي؛ التصميم التجريبي

Introduction

In times marked by increasing global challenges, resilience has emerged as a defining factor for adolescent mental health as it is a base factor to empower youth to adapt, endure, and thrive in the face of emotional and environmental stressors. Resilience as the ability to adapt to emotional and environmental stress (Masten, 2001) develops as an active developmental process through the interaction between risk and protective factors

(Rutter, 1987; Fergus & Zimmerman, 2005). The risk and protective factor framework define resilience as the ability to succeed in adapting when facing adverse situations (Rutter, 1987; Masten, 2001). This theory describes resilience as the outcome of how risk factors such as chronic stress and developmental transitions combine with protective factors which buffer against psychological distress. According to Masten (2001) and Rutter (1987), internal protective factors such

as emotional regulation, coping skills and self-efficacy enable adolescents to handle stress better which promotes their adaptation and psychological well-being despite facing adversity. Adolescents experience biological and emotional changes which may impact their emotional regulation, decision-making and social interaction skills (Compas et al., 2017). Trauma is not the only context in which resilience is studied as recent research suggests it is important as well in managing daily stress and performing developmental tasks (Masten, 2014).

The theoretical framework presents the importance of the development of interventions which enhance these internal capabilities particularly in high-risk areas like Lebanon where the challenges are intensified by political instability, economic difficulties and exposure to conflicts and displacements (Karam et al., 2016). Exposure to risk factors such as chronic stress, family instability, academic pressure, displacement and socio-political unrest elevates psychopathology risk. Therefore, the urgent need for culturally appropriate and applicable and preventative interventions becomes evident due to the high psychological distress risk among adolescents in such environments. Group Cognitive

Behavioral Therapy demonstrates potential for increasing resilience through instruction of emotional control and improvement of coping abilities and self-efficacy (Hofmann et al., 2012; Rose et al., 2014). The study introduces a new trajectory-based system which explains how resilience emerges by following an ordered sequence of emotional regulation development alongside coping advancement and self-efficacy growth through Cognitive Behavioral Group Therapy (CBGT) Intervention.

The ability to control emotions stands as a fundamental element for a better mental health as this ability helps adolescents deal with their emotional sensitivity and reactivity during developmental challenges. According to Gross (2015), adolescents can learn to track and assess their emotions in order to modify their responses, which supports emotional regulation, a core process that contributes to resilience.

The process of coping involves purposeful methods which people use to handle stressors that exceed their available resources according to Lazarus & Folkman (1984). People use problem-focused (active problem-solving) or emotion-focused (emotional response management) strategies to cope with stress depending on their emotional regulation abilities.

According to Bandura (1997) self-efficacy refers to the belief that one has the ability to organize and execute actions needed to tackle upcoming challenges. High self-efficacy enhances confidence, motivation, and the sustained application of coping skills, especially under stress.

A unique feature of this study is its proposal and empirical validation of a novel trajectory-based model of resilience, in which emotional regulation, coping, and self-efficacy are not treated as isolated skills, but as sequential and interrelated stages that collectively support adolescent psychological growth and adaptive functioning. The trajectory framework received evaluation through implementing a culturally adapted Group Cognitive Behavioral Therapy (CBGT) intervention. The evidence-based approach of CBGT allows adolescents to develop emotional insight and apply adaptive coping strategies and build self-efficacy through peer learning and cognitive restructuring and therapist-guided exercises.

The design and delivery of the CBGT intervention required cultural adaptation as its fundamental element. In Lebanon, mental health stigma and collectivist cultural values often discourage emotional disclosure,

particularly among adolescents. The group CBT approach proved successful in this setting because it used collective support to create a normalizing environment for shared emotional experiences which made therapy more accessible to participants. The success of this approach demonstrates the need to adapt interventions according to local cultural standards because Middle Eastern communities tend to reject individual therapy sessions. This framework provides a model for future research to assess resilience-building programs in different adolescent groups who face similar challenges in underdeveloped or disadvantaged areas.

The model presents a scientifically grounded culturally responsive and practically adaptable pathway to adolescent resilience through its transformative sequence of emotional regulation, coping and self-efficacy. The preventative intervention serves as a protective and preventative intervention for adolescent mental health in both resource-rich and under-resourced settings. The therapeutic sequence enables the transition from emotional vulnerability to psychological resilience. The research introduces a new three-phase structured approach to deliver resilience-building

in educational settings. The research presents a new approach to resilience enhancement by treating these factors as a unified process instead of separate elements. The intervention delivers culturally appropriate mental health solutions to Arab countries through its implementation in Lebanon while filling an important research gap in this region.

Statement of the Problem

Many current interventions tend to address resilience's components such as emotional regulation, coping, or self-efficacy in isolation, despite the fact that resilience is becoming more widely acknowledged as a crucial component of adolescent mental health. Furthermore, individual, symptom-focused approaches are frequently given priority in traditional therapeutic models, which may not be enough to stop stress from worsening into more severe mental health issues. Scalable, preventative, and contextually relevant interventions are becoming more and more necessary in Lebanon, where teenagers are regularly exposed to chronic and compounding stressors. Cognitive Behavioral Group Therapy (CBGT) is one group-based therapeutic model that shows promise in filling this gap. Research on using CBGT to help adolescents develop resilience in Arab and Lebanese

cultural contexts is still scarce, though. Studying self-efficacy, coping, and emotional regulation as interrelated processes instead of separate outcomes can help fill gaps within a more defined pathway to resilience. This model seeks to equip Lebanese adolescents with the psychological tools required to manage daily stressors proactively, preventing potential mental health challenges later in life.

Research Questions

Guided by the theoretical framework and intervention model, the study examined the following research questions:

1. To what extent does GCBT group therapy improve resilience levels among Lebanese adolescents compared to a control group?
2. Does GCBT group therapy enhance emotional regulation skills in Lebanese adolescents?
3. Does the intervention of GCBT promote the development of adaptive coping strategies among Lebanese adolescents?
4. Does participation in GCBT group therapy increase self-efficacy among Lebanese adolescents?
5. Is there evidence of a developmental sequence in which improvements in emotional regulation lead to enhanced coping, which in turn

fosters greater self-efficacy and ultimately contributes to increased resilience?

Hypotheses

Based on the study's conceptual model, the following hypotheses were tested:

1. Resilience Enhancement

Adolescents who participate in CBT group therapy will show a significant increase in resilience levels compared to their baseline measurements.

2. Emotional Regulation Improvement

Adolescents undergoing CBT group therapy will demonstrate significant improvements in emotional regulation. Specifically, it is hypothesized that participants will show an increased use of cognitive reappraisal strategies and a decreased reliance on emotional suppression, reflecting a shift toward more adaptive emotional regulation patterns.

3. Coping Skills Development

Adolescents participating in the intervention will exhibit greater use of adaptive coping strategies and reduced reliance on maladaptive coping mechanisms.

4. Self-Efficacy Enhancement

Adolescents receiving CBT group therapy will report increased self-efficacy, reflecting improved confidence in their ability to manage challenges.

5. Trajectory Toward Resilience

Improvements in emotional regulation will precede gains in coping skills, which will subsequently enhance self-efficacy, ultimately resulting in a measurable increase in overall resilience among adolescents in the experimental group.

Methods

Participants and Sampling

Participants were recruited from a private school in Beirut, Lebanon. From an initial pool of 22 students who consented to participate, 16 were randomly selected (ages 12–13) and assigned equally to the experimental (CBGT) and control groups. The randomization process included participants with various emotional profiles that included individuals who had subclinical emotional difficulties which did not reach full clinical criteria but were known to increase the risk of later psychopathology if left untreated (Kessler et al., 2007; Costello et al., 2003). 8 participants were assigned to the control group and 8 participants were assigned to the experimental group. Each group had 4 girls and 4 boys.

Research Design

The research design implemented a mixed-methods approach within an

experimental framework to analyze adolescent resilience development through emotional regulation and coping mechanisms and self-efficacy. The study used a randomized controlled trial (RCT) design to assess the effects of Cognitive Behavioral Group Therapy (CBGT) on protective factors. The research employed a qualitative case study design to examine deep psychological changes of individuals while offering insights into their developmental process throughout the study duration. The researchers collected and analyzed these reflections systematically to gain longitudinal understanding of psychological processes. The mixed-methods research design gained strength through the integration of validated quantitative scales with qualitative insights which confirmed the observed therapeutic changes.

Procedure

The CBGT intervention spanned four months. The intervention consisted of 12 weekly sessions which each lasted 45 minutes. The Researcher conducted these sessions as she holds a license as a clinical psychologist and has received training in both CBT and group-based therapeutic methods. The focus of the sessions was to help participants develop

emotional awareness, learn cognitive restructuring techniques, strengthen coping skills, and engage in behavioral activation. Group norms were clearly established from the beginning. Participants were expected to maintain confidentiality and treat each other with respect throughout the process. On the other hand, the control group were part of a non-therapeutic activity (craft). Validated psychological scales were administered to both groups to evaluate outcomes before and after the intervention. During the sessions, a trained research assistant was present to document group interactions and participant verbal expressions. All sessions were transcribed verbatim. These transcripts were then used in a thematic analysis to ensure that participants' voices and experiences were captured as accurately as possible.

Instruments

- Connor-Davidson Resilience Scale (CD-RISC-25; Connor & Davidson, 2003)
- Emotion Regulation Questionnaire (ERQ) (ERQ; Gross and John, 2003,
- Self-Efficacy Questionnaire (GSE) (GSE; Schwarzer and Jerusalem, 2010),
- Child PTSD Symptom Scale (CPSS) (Foa et al., 2001),

- Traumatic Events Screening Inventory (TESI) (Ford, 2002)
- Coping Self-Efficacy Scale (Block & Kremen, 1996).

All instruments demonstrated strong psychometric properties and were administered pre- and post-intervention.

Ethical Considerations

Ethical approval was obtained. Parental and participant consent was secured. Participants could withdraw at any time, and post-study referrals to school mental health services were provided when needed. All participant names used in this study are assigned (non-identifiable) names to protect participant confidentiality.

Results

The research investigated two main hypotheses which tested whether adolescents receiving CBGT treatment would show better emotional regulation and coping skills and self-efficacy than the control group. Also, the study tested whether emotional regulation improvements would precede coping skills development which would then lead to increased self-efficacy. The research used qualitative case studies supported by quantitative results to evaluate these hypotheses. Both hypotheses were validated

through the results, confirming the proposed developmental sequence and the impact of the CBGT intervention. This section presents findings from both the quantitative and qualitative components of the study, which assessed the impact of Group Cognitive Behavioral Therapy (CBGT) on resilience, emotional regulation, coping, and self-efficacy among adolescents.

Impact of CBT Group Therapy on Resilience, Cognitive Reappraisal, Emotional Suppression, Coping, and Self-Efficacy

A series of mixed factorial ANOVAs examined the effects of group (control vs. experimental; between-subjects) and time (pretest vs. posttest; within-subjects) on the outcome variables: resilience, cognitive reappraisal, emotional suppression, coping, and self-efficacy. Significant main effects of group and time, as well as significant interaction effects (group \times time), were found across all outcome variables, indicating that changes in resilience, cognitive reappraisal, emotional suppression, coping, and self-efficacy over time differed by group. Follow-up paired-samples t-tests revealed significant improvements from pretest to posttest in the experimental group

on all outcomes ($ps < .001$), including a decrease in emotional suppression and increases in resilience, cognitive reappraisal, coping, and self-efficacy. No significant changes were observed

in the control group. These results support the efficacy of CBT group therapy in enhancing adolescents' psychological resilience and coping capacities (Table 1).

Table 1 Mixed Factorial ANOVA: Impacts of CBT Group Therapy on Different Outcomes									
	ANOVA F-test			Experimental Group			Control Group		
Outcome	Group	Time	Group *Time	Pretest (M (SD)	Posttest (M (SD)	T-test	Pretest (M (SD)	Posttest (M (SD)	t-test
Resilience	*17.97	**41.95	**50.68	48.63 (3.85)	67.63 (9.40)	** -7.20	49.25 (1.67)	48.25 (1.98)	1.94
Cognitive Reappraisal	*15.63	**43.28	**41.44	19.88 (2.23)	31.38 (6.41)	** -6.94	19.63 (1.41)	19.75 (0.71)	-0.21
Emotional Suppression	*17.97	**41.05	**50.68	17.13 (1.55)	12.88 (2.42)	*5.86	18.50 (2.00)	18.50 (2.56)	0.00
Coping	**22.23	**58.10	**45.97	49.13 (5.14)	70.50 (10.46)	** -7.41	47.13 (1.55)	48.38 (1.30)	-1.78
Self-Efficacy	**26.11	**35.11	**31.99	19.38 (1.85)	30.13 (6.03)	** -6.33	17.50 (1.31)	17.75 (1.83)	-0.33

* $p < .01$, ** $p < .001$ **Qualitative Results**

Qualitative analysis of participant narratives and therapist observations revealed a developmental sequence consistent with the intervention model. Participants initially displayed emotional guardedness and low self-efficacy. As sessions progressed, they began using cognitive-behavioral strategies, resulting in enhanced emotional awareness, reduced suppression, and increased use of adaptive coping mechanisms. By the end of the program, most participants reported greater confidence and resilience. Individual case trajectories

reflected this pattern in greater detail:

- Emma began therapy with emotional outbursts and difficulty managing anger. Through mindfulness and journaling, she learned to identify her triggers and delay emotional reactions. By the end of the program, she reported feeling more in control during family conflicts.
- Jay entered the group with intense anger and a tendency to escalate in response to stress. He applied deep breathing and physical activity as coping tools, and by the final sessions, demonstrated

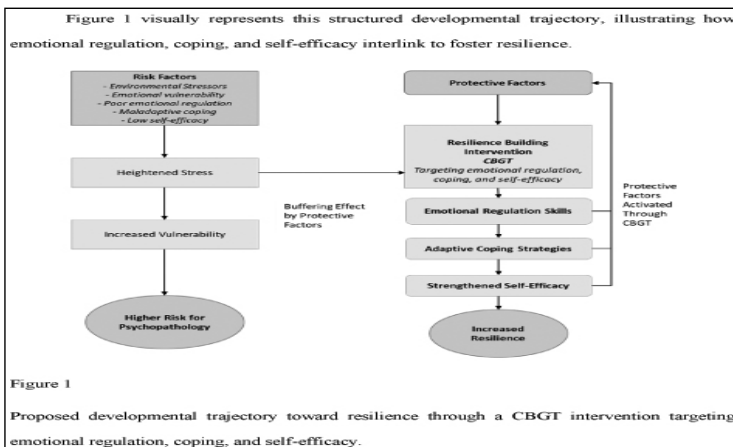
the ability to de-escalate and seek help when needed.

- Olivia presented with perfectionism and harsh self-criticism. The group helped her identify these patterns and restructure them using cognitive reappraisal. She expressed increased self-compassion and acceptance of imperfection.
- Bassel initially struggled with low self-esteem and self-comparison. Expressive techniques such as art and journaling supported his shift toward recognizing personal strengths and adopting a more balanced self-image.
- Aiden was emotionally avoidant and withdrawn. The group process helped him articulate his emotions, and he progressed to sharing openly and using expressive writing and discussion as outlets.
- Noah avoided emotional expression, initially staying quiet. Gradually,

he began to use music and storytelling as tools for expression, demonstrating increased emotional openness and self-confidence.

- Mary faced anticipatory grief related to her grandmother's illness. She applied mindfulness practices and emotional processing strategies to manage distress and reported feeling more grounded and resilient by the end.
- Dalia attended regularly but remained disengaged. She did not participate in exercises or discussions and showed minimal change across sessions. Her case suggests a need for individualized therapy to address possible barriers such as social anxiety or emotional inhibition.

These qualitative patterns align with the quantitative findings, reinforcing the effectiveness of CBGT in enhancing key psychological competencies in adolescents. (Figure 1).



Discussion

This research study demonstrated complete support for the proposed research hypotheses by showing that adolescents receiving CBGT treatment achieved better emotional regulation skills and coping abilities and self-efficacy which followed a predictable developmental pattern. The research findings enhance adolescent mental health science by demonstrating how focused group treatments should handle stress-related issues.

During adolescence it becomes crucial to develop resilience because it provides the foundation for future psychological adjustment and life satisfaction (Luthar et al., 2000; Masten, 2014). Teenagers could face two types of stressful situations: individual traumatic events and the continuous accumulation of daily stressors stemming from academic demands and peer relationships and environmental turmoil (Compas et al., 2017; Grant et al., 2003). Trauma-focused interventions currently lead mental health practices yet this research shows that stressors at both chronic and subclinical levels require immediate attention to preserve emotional control and coping abilities (Romeo, 2013). The successful implementation of interventions needs to teach adolescents protective factors

that help them manage all types of challenges instead of focusing only on trauma responses.

The research shows that emotional regulation development creates an essential pathway which enables adolescents to build coping abilities which subsequently build their self-efficacy to protect their mental health. The initial skill of emotional regulation created the foundation which allowed participants to learn coping strategies before developing self-efficacy. The monitoring process of adolescents during group-based interventions like CBGT functions as a risk identification tool to detect individuals who need supplemental support before stress vulnerabilities advance into clinical mental disorders (Pine et al., 1998).

According to this model resilience develops as a planned process which starts with emotional regulation followed by coping mechanisms and ends with self-efficacy sustaining the entire process. The researchers established this model sequence by analyzing participant stories with qualitative data from standardized tests and observational notes about session progress. This study differs from past research because it shows how these variables develop in an interdependent sequence through both qualitative and quantitative evidence.

Cultural Considerations and Implementation

The effectiveness of the intervention depended heavily on cultural adaptation. The CBGT method achieved cultural acceptance among Lebanese adolescents through its delivery methods which respected collectivist values and addressed mental health stigma and followed local respect norms. The research demonstrates that cultural adaptation remains essential for developing resilience programs because it enables better student participation and better program results.

The proposed trajectory-based model shows strong potential to be integrated into school-based mental health programs which must focus on early prevention in both well-funded and underfunded regions.

Conclusion

The Group Cognitive Behavioral Therapy (CBGT) helps adolescents develop resilience through a developmental process which starts with emotional regulation and progresses to coping and self-efficacy. The trajectory-based framework delivers more than therapeutic benefits because it serves as a conceptual model for developing flexible mental health interventions which handle emotional and environmental challenges faced

by adolescents. The model functions as a prototype to advance both future resilience research and applications while enhancing knowledge about adolescent psychological development and delivering practical methods for improving mental health results in different sociocultural contexts.

This study highlights the importance of a sequential therapeutic trajectory which begins with emotional regulation improvement, progresses with adaptive coping strategy development, and reaches enhancement of self-efficacy. The GCBT intervention facilitated this progression because it taught participants how to accept and control their emotions. Adolescent's psychological resilience increased as they became more able to manage emotional and situational stressors. Therefore, it is important to focus on emotional regulation in psychological interventions for adolescents as a core skill that catalyzes broader adaptive functioning and supports overall psychological well-being.

The study delivers important findings about resilience development yet researchers need to consider specific research constraints. The exploratory design required the current sample size but future studies need to conduct replication research with bigger and more varied participant groups. The

mixed-methods design enhanced the research findings yet future studies should extend their follow-up duration to assess how therapeutic effects persist over time. The research provides a solid basis for future investigations and intervention development despite its current limitations.

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