



Evaluation of the DREAM (Developing Resilience and Empowering Adaptive Minds) Program among Adolescents: A Pilot Study at Kefitegna 12 High School, Addis Ababa, Ethiopia

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Abstract

This study explores the effectiveness of the D.R.E.A.M. (Developing Resilience and Empowering Adaptive Minds) program in enhancing adolescents' psychological well-being, specifically focusing on resilience, emotional regulation, and self-esteem. Employing a quasi-experimental design, the research involved 24 students aged 15 to 17, equally divided into experimental and control groups. Data were collected using psychometric scales and individual interviews. Quantitative results indicated that the experimental group demonstrated statistically significant improvements in resilience, expressive suppression, and self-esteem following the intervention, while the control group showed no comparable gains. Notably, cognitive reappraisal scores declined in both groups, highlighting the complexity of emotional regulation in adolescents. Qualitative findings supported these outcomes revealing positive shifts in participants' coping strategies and self-perceptions. The study underscores the potential of structured, school-based psychosocial interventions in fostering mental health and emotional competencies in youth. Limitations include the small, urban-based sample size and reliance on self-reported data. Future research is recommended to expand participant diversity and incorporate longitudinal and qualitative methodologies. Overall, the D.R.E.A.M. program shows promise as an effective model for adolescent mental health promotion within educational settings.

Keywords: Adolescents, Emotional Regulation, Psychosocial Intervention, Resilience, Self-esteem

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1. Introduction

Adolescence is a pivotal developmental period marked by profound neurological, emotional, and social changes that shape a person's lifelong mental health and adaptive capacities (Blakemore & Mills, 2014; Lippman & Moore, 2011). While this stage presents critical opportunities for growth, it also exposes adolescents to increased vulnerability due to internal and external stressors. Adolescents often navigate parent-child conflicts, identity struggles, peer pressure, and emotional volatility – factors that may trigger long-term psychological difficulties if not addressed early (Berk, 2007; Guedes, 2017). Global research highlights that building resilience and emotional regulation during adolescence fosters long-term well-being and buffers the negative effects of adversity (Namy et al., 2017).

In Ethiopia and across sub-Saharan Africa, recent studies have revealed alarmingly high rates of mental health problems among adolescents. Jörns-Presentati et al. (2021) found that over one-quarter of adolescents exhibit symptoms of depression and anxiety, with emotional and behavioral problems affecting over 40% of youth studied. These figures are echoed in Ethiopian-specific research, where approximately one-third of adolescents show signs of depression or trauma, often stemming from parental neglect, violence, or lack of perceived social support (Demoze et al., 2018; Girma et al., 2021; Tirfeneh & Srahbzu, 2020). In particular, due to gender-based violence and structural inequalities, girls are disproportionately affected by such phenomena. These findings point to an urgent need for school-based psychosocial interventions that build up emotional competencies and strengthen adolescents' ability to cope with adversity.

The concept of resilience – defined as the capacity to bounce back from difficulties – has emerged as a central focus in adolescent mental health promotion and involves dynamic interactions between individuals and their environments (Luthar et al., 2000; Masten, 2001). It is not merely a personal trait, but a learned adaptive process shaped by external support such as family, school, and community systems. In the Ethiopian context, research by Woldehanna, Araya, and Pankhurst (2018) and Crivello *et al.* (2021) underscores how adolescents view resilience as the ability to overcome life challenges through persistence and hope, a notion reflected in local languages such as *dandamachuu danda'u* (Afan Oromo) and *yemekwakwam chilota* (Amharic).

In response to these challenges, the D.R.E.A.M. (Developing Resilience and Empowering Adaptive Minds) program was developed as an educational intervention aimed at enhancing the psychological resilience, emotional regulation, and self-esteem of adolescents. Implemented in Ethiopia as part of the “Supporting Education Protection and Movement for Vulnerable Children in East Africa” (SPEM) project by C.I.F.A. ETS, the program seeks to create safe and empowering environments for at-risk youth. C.I.F.A., an international NGO with decades of experience working with vulnerable populations, adapted the D.R.E.A.M. program to fit Ethiopia’s cultural context. The intervention includes structured sessions delivered over 6-7 months, facilitated by trained psychologists and educators, and designed to equip adolescents with self-awareness tools, coping strategies, and emotional literacy.

The study described in this article evaluates the implementation of the D.R.E.A.M. program at Kefitegna 12 High School in Addis Ababa, Ethiopia, using a quasi-experimental design. Specifically, it investigates the program’s effect on three critical psychosocial outcomes: self-esteem, resilience, and emotional regulation. These outcomes were measured before and after the intervention in both the experimental and control groups using pre- and post-test assessments. The overall objective of the study is to assess the effectiveness of the program in enhancing adolescents’ adaptive capacities. The specific objectives are: (1) to identify the difference between the experimental and control groups in self-esteem scores before and after the intervention, (2) to identify the difference between the groups in resilience scores, and (3) to assess differences in emotional regulation scores.

This study contributes to the limited body of empirical literature on school-based psychosocial interventions for Ethiopian adolescents and provides actionable insights for educators, policymakers, and mental health professionals seeking culturally responsive strategies to foster youth well-being.

2. Review of Related Literature

This section reviews key concepts relevant to the D.R.E.A.M. pilot study, focusing on the psychological and developmental factors that the program seeks to address – namely, resilience, self-esteem, and emotional regulation. The literature also elaborates on the specific challenges faced during adolescence, particularly in low-income and high-risk environments such as Ethiopia. These discussions provide both a conceptual and empirical foundation for evaluating the program’s relevance and impact.

2.1. Concept of Adolescence

Adolescence is a transitional stage between childhood and adulthood, marked by profound biological, psychological, and social transformations. It is during this period that individuals begin to adopt adult roles, responsibilities, and expectations (Kimmel & Weiner, 1995). While traditionally associated with the teenage years, contemporary research – especially in neuroscience – recognizes “emerging adulthood” as a distinct developmental phase extending into the early twenties (Arnett, 2000; Laurie, 2022).

Evidence from longitudinal studies such as the “Young Lives Research Programme” shows that factors like poverty and violence significantly contribute to emotional distress among adolescents, while access to education, employment, and strong social networks are protective factors (Crivello et al., 2021; Tafere & Chuta, 2020; Pankhurst et al., 2016; Chuta, 2014). In sub-Saharan Africa, and particularly in Ethiopia, mental health challenges among adolescents are increasingly documented. A review by Jörns-Presentati et al. (2021) found that 27% of African adolescents reported symptoms of depression, 30% had symptoms of anxiety, and over 40% experienced emotional or behavioral problems. Girls, often subject to gender-based violence and discrimination, exhibited higher rates of internalizing disorders such as depression and anxiety.

Local studies in Ethiopia echo these concerns, highlighting high rates of adolescent mental health issues, often linked to neglect, abuse, and limited social support (Demoze et al., 2018; Girma et al., 2021; Tirfeneh & Srahbzu, 2020). Such findings underscore the urgent need for targeted interventions among adolescents to build up psychological resilience and emotional regulation capacities.

2.2. Resilience

The term *resilience* originates from the Latin word *resilient*, meaning “to spring back”, and has traditionally described the elastic quality of materials (Joseph, 1994). In psychology, resilience refers to an individual’s capacity to adapt and recover in the face of adversity. According to the Oxford Dictionary of English, it is “the ability to resist or quickly recover from difficult conditions” (Soanes & Stevenson, 2006). Scholars such as Fletcher and Sarkar (2012) similarly define it as the capacity to rebound after setbacks.

Resilience is not a fixed personality trait but a dynamic process that results from the interaction between the individual and their environment (Luthar et al., 2000). It involves adapting effectively despite exposure to significant threats or stressors. Masten (2001, 2014) argues that resilience reflects developmental competence, which is the ability to meet the expectations and challenges of one's cultural and social context, especially in times of stress.

Research in Ethiopia also emphasizes a culturally grounded understanding of resilience. Woldehanna, Araya, and Pankhurst (2018) found that Ethiopian adolescents who experienced adversity viewed resilience as the power to positively transform their lives. Similarly, Crivello et al. (2021) presented local expressions of resilience such as *dandamachuu danda'u* (Afaan Oromoo – “the ability to withstand challenges”) and *yemekwakwam chilota* (Amharic – “success in defying expectations”), demonstrating the culturally embedded nature of the concept.

2.3. Self-Esteem

Self-esteem plays a vital role in personal development, influencing academic success, emotional health, and social relationships. Redenbach (1991) emphasizes that high self-esteem supports the realization of one's full potential across various domains of life. The foundational work by Morris Rosenberg (1965) defined self-esteem as a person's overall evaluation of self-worth, highlighting it as a stable, internal sense of value and respect for oneself. Other scholars have conceptualized self-esteem as a product of the gap between one's actual achievements and their aspirations or ambitions (Miller & Cho, 2017). Importantly, self-esteem is not innate or static; rather, it evolves through interactions with the environment and social relationships (Baumeister, 2013). Abraham Maslow also recognized self-esteem as a fundamental human motivation within his hierarchy of needs, distinguishing it from related constructs such as self-efficacy (Cherry, 2022).

In the context of adolescence, self-esteem becomes particularly crucial as young people form their identities and navigate increasing social pressures. Interventions that promote positive self-perception and reinforce a sense of capability can significantly enhance adolescents' overall well-being and capacity to succeed in school and life.

2.4. Emotional Regulation

Emotional regulation refers to the set of cognitive and behavioral processes by which individuals manage their emotional experiences – modifying their intensity, duration, or expression to meet personal or social goals (Gross, 1998). This capacity is essential for maintaining psychological stability and fostering adaptive responses to stress and interpersonal challenges.

Thompson (1994) defined emotional regulation as involving both intrinsic and extrinsic processes that monitor and adjust emotional responses. Gross and John (2003) further differentiated between antecedent-focused strategies – such as reappraisal, which modify emotional responses before they occur – and response-focused strategies, such as suppression, which influence the emotion just after it has been experienced.

Poor emotional regulation is strongly associated with mental health issues such as anxiety, depression, and mood disorders (Aldao, Nolen-Hoeksema, & Schweizer, 2010). During adolescence, when emotions are often intense and rapidly shifting, the development of emotional regulation skills is particularly important. It not only contributes to emotional well-being but also supports academic performance, social integration, and resilience (Silk, Steinberg, & Morris, 2003; Yap, Allen, & Sheeber, 2007; Opitz, Gross, & Urry, 2012).

3. Methods and Materials

This study employed a quasi-experimental research design utilizing both quantitative and qualitative methods to evaluate the effectiveness of the D.R.E.A.M. program. The quasi-experimental approach enabled the comparison of outcomes between an experimental group, which received the intervention, and a control group, which did not. Such a design was chosen for its practicability in natural educational settings where random assignment was not feasible. Quantitative data provided measurable indicators of change, while qualitative data offered contextual insights into participants' lived experiences and psychosocial conditions.

The research was conducted at Kefitegna 12 High School, the only secondary school among the twelve government schools (11 primary and 1 secondary) in Yeka Sub-City, Addis Ababa, where the SPEM project operates. The school was selected based on its relevance to the target age group of the D.R.E.A.M. program, which, as previously mentioned, focuses on adolescents aged 15 to 17. A total of 24 students were purposively selected based on criteria

such as age, vulnerability, and willingness to participate. Participants were divided evenly into an experimental group ($n = 12$) and a control group ($n = 12$), with attention given to gender balance.

Data were collected through both standardized psychometric questionnaires and semi-structured individual interviews. The questionnaire included three validated scales: the Emotional Regulation Questionnaire (ERQ) by Gross and John (2003), the Connor-Davidson Resilience Scale (CD-RISC-10), and the Rosenberg Self-Esteem Scale (RSE). The ERQ consists of 10 items assessing two emotional regulation strategies – cognitive reappraisal and expressive suppression. The CD-RISC-10 evaluates psychological resilience on a five-point Likert scale, with higher scores indicating greater resilience. The RSE measures global self-worth through 10 items, originally developed for adolescents but widely used across age groups.

The individual interview comprised 52 open- and closed-ended questions and was designed to gather information in three key areas: demographic and personal background, personal challenges and vulnerabilities, and internal and external support systems. These interviews were conducted before the intervention to provide a comprehensive understanding of participants' psychosocial context. The psychometric questionnaires, on the other hand, were administered to both the experimental and control groups before and after the intervention in alignment with a pre-test/post-test structure. Additionally, qualitative observations and session reports by educators and facilitators were collected to enrich the data and support triangulation.

Quantitative data were manually checked for completeness and accuracy before being entered into PSPP version 20 for statistical analysis. Descriptive statistics, including frequencies and percentages, were used to summarize participants' demographic profiles and questionnaire responses. To evaluate the impact of the D.R.E.A.M. program, inferential statistics were employed. Specifically, independent samples t-tests were conducted to compare pre- and post-intervention scores for self-esteem, emotional regulation, and resilience between the experimental and control groups. A significance level of $\alpha = 0.05$ was applied to all tests to determine statistical significance.

Ethical considerations were central to the research process. Informed consent was obtained from all student participants and their parents or guardians prior to data collection. The consent form clearly outlined the study's purpose, procedures, and the voluntary nature of participation. Participants were assured that they could skip any questions they were uncomfortable answering and could withdraw from the study at any time without any consequences. Confidentiality and anonymity were strictly maintained: no personal identifiers were collected, and all data were overseen in accordance with ethical standards to ensure the privacy and protection of participants throughout the study.

4. Results and discussions

This section presents the findings of the D.R.E.A.M. program, focusing on statistical comparisons between the experimental and control groups across three key psychological constructs: resilience, emotional regulation, and self-esteem. The section is structured in three parts: 1) first, descriptive statistics on the demographic characteristics of participants are presented; 2) second, insights from individual interviews are summarized, capturing the participants' family and social backgrounds, and 3) finally, results from t-tests comparing pre- and post-test scores on the psychometric scales are analyzed to determine the program's impact.

4.1. Demographic Characteristics of Participants

The demographic analysis includes gender, age, and grade level. In the experimental group (n = 12), gender distribution was balanced – 50% male and 50% female. The control group consisted of 12 participants as well, with 66.7% female and 33.3% male. Age distribution in the experimental group showed that 50% were 16 years old, 33.3% were 17, and 16.7% were 15. Similarly, in the control group, 41.7% were aged 16, another 41.7% were 17, and 16.7% were 15. While both groups had similar age ranges, the experimental group had a slightly higher proportion of 16-year-olds.

Regarding grade levels, 83.3% of participants in the experimental group were in Grade 9, with only one student from Grades 10 and one from grade 11. The control group displayed a more even distribution: 50% were in Grade 9, 33.3% in Grade 10, and 16.7% in Grade 11. This indicates that the experimental group was more homogeneous in terms of grade level.

4.2. Participants' Family Background, Personal Circumstances, and Vulnerability

Most participants in both groups lived with their families – 90% in the experimental group and 80% in the control group, while a small proportion lived on their own (10% and 20%, respectively). Family relationship status varied: in the control group, 50% reported parental separation or divorce, 33.3% lived with both parents, and 16.7% were from widowed families. In contrast, 50% of the experimental group came from widowed families, 33.3% from separated or divorced families, and 16.7% lived with both parents. These findings suggest potential emotional and social vulnerabilities related to family structure.

In terms of family education, 66.7% of experimental group families and 50% of control group families had no formal education. Primary education was attained by 33.3% of the experimental group and 25% of the control group. A small portion of the control group reported secondary education (16.7%) and university-level education (8.3%). Such low educational attainment may limit access to resources, socio-economic opportunities, and informed decision-making.

Economic status also varied: in the control group, 50% identified as poor, 33.3% as extremely poor, and 16.7% as middle-income. Among the experimental group, 41.7% were poor, 41.7% middle-income and 16.7% extremely poor. Health status reports showed that 33.3% of families in both groups had at least one member with a medical condition.

Regarding experiences of abuse, 83.3% of the control group reported no such experiences, while 16.7% had experienced harassment or neglect. In contrast, 66.7% of the experimental group reported no abuse, while 33.3% did. After-school responsibilities were prevalent across both groups, with all control group participants and 83.3% of the experimental group engaged in family duties, and the remaining 16.7% of the latter involved in paid work. Nearly all participants reported no physical disabilities (91.7%) in the control group and 100% in the experimental group.

4.3. Result Presentation of Psychometric Scales

Table 1: Results of the initial test on resilience levels for both the experimental and control groups

Group	Test	N	Mean	SD	t	Df	p	Mean difference
Experimental	Initial	12	27.75	5.85	1.52	22.00	.139	4.00
Control		12	23.75	6.86				

The initial resilience scores as depicted in Table 1 showed a mean of 27.75 (SD = 5.85) for the experimental group and 23.75 (SD = 6.86) for the control group. The t-test result ($t(22) = 1.52, p = .139$) indicates no statistically significant difference at the pre-test level.

Table 2: T-test group statistics for resilience of post-intervention

Group	Test	N	Mean	SD	t	Df	p	Mean difference
Experimental	Final	12	31.58	4.21	4.39	22.00	.000	9.33
Control		12	22.25	6.05				

In the post-test results (Table 2), the experimental group scored significantly higher ($M = 31.58, SD = 4.21$) compared to the control group ($M = 22.25, SD = 6.05$). The t-test revealed a significant difference ($t(22) = 4.39, p < .001$), indicating the program's effectiveness in enhancing resilience.

Table 3: Results of the initial test on cognitive reappraisal levels for both groups

Group	Test	N	Mean	SD	t	Df	p	Mean difference
Experimental		12	18.92	6.23	-1.08	22.00	.293	-3..08
Control	Initial	12	22.00	7.70				

Regarding the cognitive reappraisal, in the initial test (Table 3), the control group had a higher mean score ($M = 22.00, SD = 7.70$) than the experimental group ($M = 18.92, SD = 6.23$), but the difference was not statistically significant ($t(22) = -1.08, p = .293$).

Table 4: Results of the post test on cognitive reappraisal levels for both groups

Group	Test	N	Mean	SD	t	Df	p	Mean difference
Experimental		12	9.83	2.89	-3.85	22.00	.001	-8.67
Control	Post	12	18.50	7.24				

Unexpectedly, post-test results (Table 4) showed that the experimental group had a lower mean score ($M = 9.83$, $SD = 2.89$) than the control group ($M = 18.50$, $SD = 7.24$), with the difference being statistically significant ($t(22) = -3.85$, $p = .001$). This may suggest a decrease in reliance on cognitive reappraisal strategies or a shift toward alternative emotion regulation mechanisms promoted by the program.

Table 5: Results of the initial test on expressive suppression levels for both groups

Group	Test	N	Mean	SD	t	Df	p	Mean difference
Experimental	Initial	12	14.75	7.03	.00	22.00	1.000	.00
Control		12	14.75	6.18				

As indicated in Table 5 Initial scores for expressive suppression were identical for both groups ($M = 14.75$) with no significant difference ($t(22) = 0.00$, $p = 1.000$).

Table 6: T-test group statistics for expressive suppression of final test score

Group	Test	N	Mean	SD	t	Df	p	Mean difference
Experimental	Final	12	21.08	5.28	4.59	22.00	.000	9.50
Control		12	11.58	4.85				

In the post-test (Table 6), the experimental group reported a substantially higher mean ($M = 21.08$, $SD = 5.28$) compared to the control group ($M = 11.58$, $SD = 4.85$), and the difference was statistically significant ($t(22) = 4.59$, $p < .001$). This suggests that the intervention may have influenced participants to adopt expressive suppression as a coping strategy.

Table 7: Results of the initial test on self-esteem levels for both groups

Group	Test	N	Mean	SD	t	Df	p	Mean difference
Experimental	Initial	12	19.83	4.34	0.91	22.00	.371	1.67
Control		12	18.17	4.59				

Initial self-esteem scores (Table 7) showed no significant difference between groups: the experimental group had a mean of 19.83 (SD = 4.34), while the control group scored 18.17 (SD = 4.59), with a t-value of 0.91 (p = .371).

Table 8: Results of the Final test on self-esteem levels for both groups

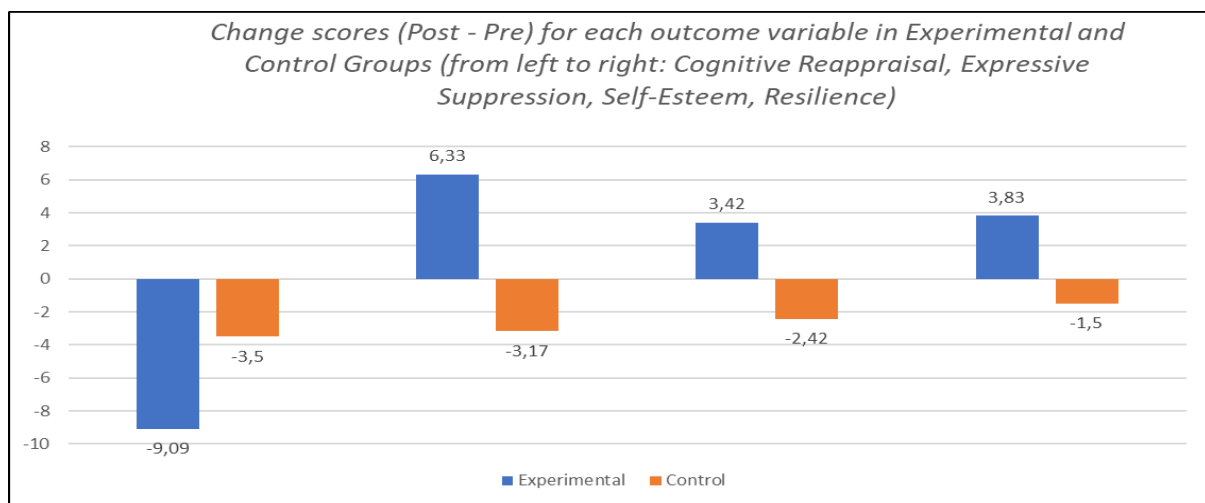
Group	Test	N	Mean	SD	t	Df	p	Mean difference
Experimental	Post	12	23.25	2.22	6.03	22.00	.000	7.50
Control		12	15.75	3.70				

The post-test results (Table 8) demonstrated a statistically significant improvement in the experimental group (M = 23.25, SD = 2.22) compared to the control group (M = 15.75, SD = 3.70), with a t-value of 6.03 (p < .0001). This result highlights the effectiveness of the D.R.E.A.M program in promoting self-esteem among adolescent participants.

5. Discussion

The discussion is mainly focused on results of the final test score for the 4 constructs evaluated and the change scores in post-pre means (fig. 1).

Fig. 1. Change scores in Experimental and Control Groups



5.1. Resilience

The findings reveal a statistically significant difference in resilience scores between the experimental and control groups in the final test. Participants in the experimental group demonstrated a meaningful increase in resilience (+3.83), whereas the control group experienced a slight decrease (-1.5). These results suggest that the intervention had a positive and measurable impact on participants' resilience. This finding is consistent with previous research, which underscores the effectiveness of structured resilience-building programs. Fergus and Zimmerman (2005) emphasized the role of such interventions in enhancing adolescents' coping strategies. Similarly, Lalonde et al. (2018) found that life skills training significantly improve resilience among young people. Baker and Beresin (2020) also reported that participation in life skills programs contributes to improved psychological well-being, greater confidence, and reduced anxiety symptoms. Additional studies by McGee et al. (2019) and Chapman et al. (2016) confirmed that life skills interventions foster positive social functioning and psychological strength. However, it is crucial that these programs create safe and inclusive environments where adolescents can express themselves without fear of judgment or stigma (Baker & Beresin, 2020; McGee et al., 2019).

5.2. Emotional Regulation

The final test results indicated a significant increase in expressive suppression among the experimental group compared to the control group. This outcome may reflect a heightened emotional awareness among participants, stemming from their exposure to a safe and supportive environment during the intervention. However, it could also suggest that participants, having become more aware of their emotional states, might resort to suppression when similar supportive environments are absent in their everyday lives. In contrast, both groups exhibited a decline in cognitive reappraisal scores – most notably the experimental group (-9.09) compared to the control group (-3.5). These results align with Aldao et al. (2010), who found that resilience-based interventions may differentially impact various emotional regulation strategies. Reappraisal, in particular, is a cognitively demanding strategy that may not be easily cultivated in a short-term intervention. Furthermore, Gross's (2015) model of emotion regulation supports the complexity of this outcome, as it emphasizes that emotional regulation is a multifaceted process. The model posits that strategies such as suppression, reappraisal, and acceptance require distinct cognitive resources and may not improve uniformly through the same intervention.

5.3. Self-Esteem

The results revealed a statistically significant improvement in self-esteem among the experimental group, with a positive mean difference of +3.42, while the control group's self-esteem declined by -2.42. This suggests that the D.R.E.A.M. program had a notable and positive effect on adolescents' perceptions of self-worth. This outcome echoes the findings of Trzesniewski et al. (2006), who demonstrated the long-term benefits of self-esteem training on academic performance and mental health. The results are also aligned with Heatherton and Polivy's (1991) framework, which distinguishes between situational and stable self-esteem. Their research suggests that structured interventions can help adolescents develop a more consistent and resilient sense of self-worth. Additionally, Rosenberg's (1965) seminal work on self-esteem underlines the role of external experiences – particularly educational and psychosocial interventions – in shaping one's self-perception. The current findings reinforce the view that structured and supportive environments, such as those provided by the D.R.E.A.M. program, are effective in enhancing self-esteem among adolescents.

6. Limitations and Implication for Future Research

This pilot study offers valuable insights into the effects of the D.R.E.A.M. program on adolescent well-being; however, several limitations must be considered when interpreting the findings. The use of self-reported questionnaires introduces potential bias, as participants – particularly adolescents – may have provided socially desirable responses rather than accurate reflections of their thoughts and experiences. Additionally, as with many pilot studies, it was not feasible to control for all potential confounding variables. This lack of control may have influenced the observed outcomes and limits the ability to draw strong causal conclusions. Another limitation lies in the study's relatively small and homogenous sample. All participants were drawn from a single urban area (Addis Ababa) and represented a narrow segment of the adolescent population. As such, the results cannot be readily generalized to broader or more diverse adolescent populations, including those from rural regions, out-of-school youth, or adolescents from different cultural and socioeconomic backgrounds.

These limitations point to several important directions for future research. Expanding the sample size and scope to include participants from diverse geographic, educational, and social contexts would enhance the generalizability and external validity of the findings.

Moreover, while this study relied primarily on quantitative data, incorporating qualitative methods – such as in-depth interviews, focus group discussions, and narrative reflections – would provide richer, more nuanced insights into how adolescents perceive and experience the D.R.E.A.M. program. These approaches could help uncover underlying mechanisms behind the intervention's impact and illuminate factors that contribute to its effectiveness.

Future studies should also explore specific moderating variables that may influence program outcomes, such as gender, family involvement, peer dynamics, or school engagement. Understanding how these contextual factors interact with intervention components could offer guidance for tailoring the program to meet the needs of diverse adolescent groups. Additionally, longitudinal designs are recommended to assess the sustainability of the program's effects over time and to determine whether the observed benefits are maintained beyond the immediate post-intervention period.

In summary, while the current study provides encouraging preliminary evidence of the D.R.E.A.M. program's potential, further research with more rigorous designs and broader samples is needed to confirm its efficacy, refine its components, and inform its adaptation and implementation on a larger scale.

7. Conclusion

This study demonstrated that participation in the D.R.E.A.M. program led to significant improvements in resilience, self-esteem, and emotional regulation among adolescents in the experimental group compared to their counterparts in the control group. Participants who engaged in the intervention consistently scored above the mean in the post-test results for all three constructs, indicating that the program had a meaningful and measurable impact on their psychological well-being.

These outcomes underscore the potential of the D.R.E.A.M. program to foster key life skills and emotional competencies among adolescents, especially those facing social and personal vulnerabilities. The improvements observed suggest that the program can play a vital role in helping young people build resilience, regulate their emotions more effectively, and develop a stronger and more stable sense of self-worth. Overall, the findings highlight the value of integrating structured psychosocial interventions into adolescent development initiatives and

offer promising directions for future expansion and adaptation of the D.R.E.A.M. model across diverse educational and community settings.

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