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Enhancing Resilience and Reducing Psychological Distress through a Brief Resilience Intervention among University Students

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Abstract

University life is characterized as a transitional period accompanied by its own stressors, such as consistent academic pressure, future career insecurity, and familial and personal responsibilities. Lack of adaptive capabilities during this time period can cause psychological distress in university students; population. Therefore, the objective of the study was to examine the effectiveness of the brief resilience intervention program to decrease psychological distress and to improve resilience in university students. The brief intervention consisted of two sessions (45 minutes each) scheduled over two consecutive weeks, with one session per week. Overall, twenty-eight university students were selected through the convenience sampling technique from various departments of Karakoram International University. A single-group repeated-measure design was employed to compare pre- and post-intervention scores. Findings indicated a significant variance between (a) pre-intervention psychological distress and post-intervention psychological distress scores, and (b) pre-intervention resilience scores and post-intervention resilience scores. Findings of the study underscore the importance and applicability of brief, low-cost, and integrative resilience interventions to reduce psychological distress and promote resilience in the university students' population.

Keywords: Resilience, resilience intervention, psychological distress, university students, cognitive behavior therapy.

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Introduction

Recent research has witnessed a comparably high prevalence of psychological distress within the university student population (Porru et al., 2021; Nosè et al., 2025). University life, known as a transition period (Schecher et al., 2018; Li & Lee, 2025), usually starts with a combination of stressors such as personal, academic, financial, social, and career insecurity. University students become psychologically overwhelmed due to the inability to meet daily academic pressure, such as completion of assignments, quizzes, presentations, and group projects, whereas familial and financial responsibilities make them even more stressed out (Li & Lee, 2024). Consequently, students with high psychological distress have reported poor academic performance, lack of confidence, high dropout rates, insomnia, and, in worst cases, suicidal ideations. Therefore, at this time, it is important to enhance internal protective resources to safeguard students from developing psychological distress. First introduced by Garmey (1991) and Rutter (1985) and subsequently elaborated in resilience research, resilience has been conceptualized as a developing protective factors which buffers individuals against psychological distress (García-Pérez et al., 2025). Emerging research highlighted numerous interventions, which are either long-term or resource-intensive. Considering university students' stressful and time-lacking life, the present researcher witnessed a limited focus on brief and low-cost interventions; furthermore, fewer studies have examined both distress reduction and resilience enhancement together. Hence, the present research intended to see the effectiveness of brief resilience intervention on psychological distress and resilience among university students.

Psychological distress is described by Mirowsky (2003) as a condition of emotional suffering characterized by symptoms of depression, anxiety, and stress that negatively impact daily functioning. Psychological distress within undergraduate students is often linked to academic pressure, interpersonal problems, financial difficulties, and future career uncertainty (Alifiyan et al., 2021). Persistent and unaddressed distress may hinder emotional and psychological functioning, further impairing coping abilities and academic performance. Previous literature suggests that resilience has buffering properties against stress and psychological distress in university students. High resilience is related with better coping styles, emotional regulation, and better adaptability to academic demands. Furthermore, prior literature has demonstrated that resilience tends to have a negative relationship with psychological distress, highlighting its strength as a protective psychological resource in university students (Yasmeen & Kauser, 2025; Yusefi et al., 2025)

Resilience is mainly explained as the individual's capability to adapt positively to stressful and challenging situations (American Psychological Association, 2014). Previously, resilience has been conceptualized as a fixed personality characteristic (Block & Block, 1980 as cited in Colin, 2014); and a dynamic process (Luther & Cicchetti, 2000). However, contemporary research conceptualizes resilience as a dynamic, multisystem, and learnable process that can be influenced by social, biological, and psychological factors and can enhance other positive capabilities (Charney, 2004; Southwick et al., 2014; Ungar et al., 2021). In a stressful academic environment, resilience protects students through adaptive coping ability, positive appraisal, and emotional regulation (Gloria & Steinhardt, 2014).

Theoretically, cognitive appraisal theory underlines the impact of an individual's perception and emotional response to a stressful event (Lazarus & Folkman, 1984), while risk and resilience theory determines the development of adaptive abilities during risk exposure (Rutter, 1987). Collectively, these frameworks highlight that resilience interventions function through cognitive and protective mechanisms. While appraisal-based models underscore

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restructuring perceptions of stress, risk and resilience theory highlights the importance of protective processes that enable adaptive functioning in stressful circumstances. Taken together, the resilience intervention may effectively strengthen cognitive, emotional, and behavioral skills (Steinhardt & Dolbier, 2008; Morrison & Pidgeon, 2017; Liu et al., 2022). According to Ang et al. (2022), the findings of their meta-analysis provide evidence for the usefulness of resilience interventions in alleviating anxiety, depression, and stress within university students. Adapting these interventions daily enhances cognitive, adaptive, and emotional functioning in stressful circumstances.

Many studies based on cognitive-behavior techniques (Kaplan et al., 2023), mindfulness practices (Galante et al., 2018), stress management (PEHLİVAN SARIBUDAK,2024), and relaxation techniques (Eichner, 2022) have been evident in strengthening resilience and reducing psychological distress. However, a substantial number of the studies have examined either resilience or psychological distress along with various psychological outcomes such as sleep quality, coping (Houston et al., 2017), or self-efficacy (Kaplan et al., 2023); fewer studies have concurrently examined enhancement in resilience and reduction in psychological distress. Thus, examining only a single outcome, i.e., either resilience or psychological distress, may provide incomplete evidence concerning their benefits on university students' mental health. In addition, many previous studies proposed long-duration, resource-intensive, and multi-session interventions (Galante et al., 2018; Herbert & Manjula, 2022) that often require skilled therapists, which may limit their scalability and are difficult to practice in university settings. Conversely, there is limited empirical evidence examining interventions that are brief, cost-effective, easy to practice (Akeman et al., 2019; Kadian et al, 2022), and capable of improving resilience while decreasing psychological distress.

Given the gaps identified in the literature, there is a need to evaluate brief and feasible resilience interventions that can be administered within university settings, where there are often time and resource limitations. Therefore, short-duration, skill-based interventions may offer actionable benefits to enhance students' resilience, along with reducing psychological distress. Consequently, this study aimed to assess the effectiveness of a brief resilience intervention among university students. The objective of the study was to examine the changes in psychological distress and resilience post-intervention. For this purpose, it has been hypothesized that (a) the brief resilience intervention will significantly reduce psychological distress among university students, and (b) the brief resilience intervention will significantly enhance resilience among university students.

Methods

Participants

A sample of 28 (14 males and 14 females) undergraduate university students participated in the study, selected through the convenient sampling of non-probability sampling technique from Karakoram International University. The mean age of participants was 22.8 (*SD*=1.9).

Initially, 35 students volunteered to participate in the study. However, 7 participants discontinued participation after the first session and did not attend the second session. Consequently, data from 28 participants who completed both sessions were included in the final analysis.

Measures

The following measures were used in the research:

Personal Information Sheet

A personal information sheet was provided to obtain information regarding the age, gender, and qualifications of the participants.

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Informed consent sheet

An informed consent sheet was presented to the participants, providing sufficient information related to the purpose of the study, nature of participants, rights of participants, time duration, and number of sessions.

Kessler's Psychological Distress Scale (K-10)

It's a brief psychological scale to evaluate an individual's level of psychological distress (Kessler et al, 2003). It consists of ten items measured on a 5-point Likert scale, where 1= none of the time and 5= all of the time. High scores indicate high distress, and low scores indicate low distress. Psychometric properties of the scale administered in the university students' population are in satisfactory ranges (Gupta et al, 2023; Perelli et al.,2024)

Brief Resilience Scale (BRS-6)

To measure participants' ability to cope up from stressful situation Brief Resilience Scale was administered, developed by Smith (2008). It consists of six items rated on a five-point Likert scale ranging from 1(Strongly disagree) to 5(Strongly agree). Items 1, 3, and 5 are positively worded, whereas items 2 and six are negatively worded. Scores obtained on all items are added and then divided by 6 to obtain a total score for resilience. BRS has well-established psychometric properties (Julian et al., 2022; Saha et al.,2025)

Resilience, Anticipate, Organize, Adapt(Video)

It is an animated video published on a YouTube channel, thisischristianaid (2015). It features the resilience concept subtly, focused on various components of resilience and its collective influence on the individual and the community.

Brief Resilience Intervention

The study implemented a brief, structured resilience intervention delivered across two sessions over two weeks; each session lasted approximately 45 minutes and was conducted in a group format. The intervention was activity-based and integrative in nature, utilizing principles from cognitive-behavioral approaches, relaxation-based techniques, and social support frameworks to strengthen resilience and reduce psychological distress.

The first session focused on introducing the concept of resilience and promoting experimental learning. Participants were introduced to the concept of resilience as a developmental and adaptive capacity rather than a fixed trait. Session was supported through visual material in the form of PowerPoint slides, Resilience–related video(thisischristanaid,2015), and guided discussion, followed by structured activities to increase self-awareness of stress responses. Cognitive techniques were introduced to help participants identify and reframe their negative automatic thoughts related to personal and academic pressures. Moreover, muscle relaxation exercises were practiced to promote physical relaxation and stress reduction. Activities promoting personal strength, coping strategies, and support systems were also included to help participants conceptualize resilience in a holistic manner. At the completion of the session, participants were provided home-takeaway tasks to practice at home till next session.

The second session aimed at the application and integration of resilience skills introduced in the first session. The session was started with a rapid review of the previous session. Participants were engaged in group-based exercises consisting of common student stress scenarios to practice positive cognitive framing. Relaxation techniques were practiced again at the beginning of the session to reinforce daily practice. In addition, SMART goal-setting approaches were introduced and practiced to help participants translate resilience skills into realistic, actionable behaviors. Participants were engaged in role-play and problem-

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solving activities to encourage the use of adaptive coping and help-seeking behavior in real – life situations. The session was concluded on reflection task and a home assignment.

Design

A single group repeated-measures design was adopted for the purpose to compare pre-intervention and post-intervention scores of the participants.

Procedure

Followed by ethical approval and informed consent, participants were recruited through a convenience sampling technique from Karakoram International University, Gilgit. Data collection and resilience intervention took place over two weeks. Initially, a baseline(pre-intervention) assessment was carried out in the first session before introducing any intervention activities. Participants completed the study questionnaires, such as the Brief Resilience Scale(BRS-6) and Kessler's Psychological Distress Scale (K-10), in a supervised setting and were instructed to provide genuine responses, as there are no right or wrong answers. After baseline data collection, session 1 of the resilience intervention was delivered. One week later, session 2 was conducted with participants who continued in the study. Participants were informed to return after one week to complete the follow-up assessment. Participants completed the same set of questionnaires, one-week post session 2, to assess changes following the intervention. Only data from the participants who completed both intervention assessments were included in the final assessment.

Ethical Considerations

Ethical protocol was followed throughout the conduct of the study. Prior information was obtained from the relevant departmental authority. Participants were explicitly informed about their volunteer participation, and informed consent was obtained before the data collection. Participants were informed about the purpose of the study, no of sessions, and their role. They were informed about the right to anonymity, the right to withdraw, the right to privacy, and confidentiality. The study involved minimal risk, and no deception was used. Participants were ensured that data will be utilized only for research purposes.

Data Analysis

Data was analyzed using SPSS 27 software. Descriptive statistics were employed using frequency, mean, and standard deviation, whereas the Independent Sample t-test of inferential statistics was used to compare pre-intervention and post-intervention psychological distress and resilience scores.

Results

Table 1: ***Frequencies and percentages of the demographic information of the participants***

***N*=28**	***f***	**%**
Gender		
Male	14	50.0
Female	14	50.0
Qualification level		
Under graduation	28	100

Note: *f*= frequency of the participants, %= percentage

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Table 1 illustrates the total number of participants, their gender, and their qualifications. There were twenty-eight participants (14 male students and 14 female students). These participants were conveniently selected from the undergraduate programs of Karakorum international university enrolled.

Table 2: ***Descriptive statistics: mean and standard deviation of the age of research participants.***

N=28	*M*	*SD*
Age	20.83	1.29
Male	20.86	1.36
Female	20.79	1.53

Note: *M*=mean age, *SD*= standard deviation of mean age

Table 2 explains the mean age of the total participants and their standard deviations (*M*=20.83, *SD*=1.29). along with mean ages for male (*M*=20.86, *SD*=1.36) and female (*M*=20.79, *SD*=1.53) participants.

Table 3: ***Summary of the Paired Sample t-tests for Comparison between Pre-Intervention and Post--Intervention Psychological Distress levels.***

	Pre-Intervention		*Post-Intervention*		$t_{(27)}$	*p*	*Hedge's g*
N=28	***M***	***SD***	***M***	***SD***			
Psychological Distress	*17.5*	*7.3*	*11.8*	*2.1*	*3.96*	*.000*	*7.6*

Note: p <0.05, Hedges' *g* calculated as small-sample corrected effect size

Table 3 illustrates a summary of a paired sample t-test to examine whether resilience intervention has a significant effect on participants' psychological distress score. Findings revealed that participants' psychological distress scores reduced significantly from pre-intervention (*M* =17.5, *SD* = 7.3) to post-intervention (*M* = 11.8, *SD* =2.1), *t* (27) =3.96, *p* =.000, Hedges' *g* = 7.6.

Table 4: ***Summary of the Paired Sample t-tests for Comparison between Pre-Intervention and Post-Intervention Resilience levels.***

	Pre-Intervention		**Post-Intervention**		$t_{(27)}$	***p***	**Hedge's *g***
N=28	***M***	***SD***	***M***	**SD**			
Resilience	1.5	.35	2.1	.5	-6.7	.000	.46

Note: p <0.05, Hedges' *g* calculated as small-sample corrected effect size

Table 4 represents a summary of a paired sample t-test to examine whether the resilience intervention has a significant effect on participants' resilience scores. Findings revealed that participants' scores improved significantly from pre-intervention (*M* = 1.5, *SD* = .35) to post-intervention (*M* = 2.1, *SD* =.5), *t* (27) =-6.7, *p* = .000, Hedges'*g* = .46.

Discussion

The purpose of the present research was to obtain preliminary evidence related to the effectiveness of the brief resilience intervention to reduce psychological distress and to further investigate whether this intervention significantly improves resilience among university students. For this purpose, two hypotheses were tested: (a) the brief resilience intervention will significantly reduce psychological distress among university students, and (b) the brief resilience intervention will significantly enhance resilience among university students. Findings of this preliminary experimental study corroborated the hypotheses and suggest that

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brief resilience interventions are effective in reducing psychological distress and enhancing resilience among university students.

The first hypothesis, which states that the brief resilience intervention will significantly reduce psychological distress, was supported by the findings. These findings support prevailing empirical literature that explains the significant impact of resilience interventions in alleviating psychological distress and improving the mental wellbeing of students (Tuck et al., 2022; Abulfaraj et al., 2024; Wadi et al., 2024; Ejaz et al., 2024). Consistent with cognitive appraisal theory's tenets, our findings suggest that psychological distress decreases when individuals feel mentally clearer, emotionally calmer, and better equipped to cope with difficult life circumstances. Comparable findings have been reported where CBT-Based intervention was administered, findings indicate that CBT-based reframing reduces negative appraisal and psychological distress through challenging automatic negative thoughts and switching them with positive ones, and encourages taking realistic actions, which provides a sense of control in one's life (Stallman et al., 2016; Stallman et al., 2019; Kaplan et al., 2023) Similarly, findings from relaxation-based interventions suggest that it helps individuals to remain present-focused and strengthen awareness of physiological arousal, which improves quality of and life mental health (Malighetti et al., 2022; Eichner, 2022). Likewise, studies on stress-management programs reflect that participants learn to focus on relaxation and awareness, hence are able to reduce physiological arousal, helplessness, and improve emotional regulation (Hintz et al., 2015; PEHLİVAN SARIBUDAK, 2024). These interventions are effective in reducing psychological distress because individuals gain clarity, emotional regulation, and perceived control. Outcomes of the current research also contribute to the existing literature by utilizing a brief integrated approach to strengthen an individual's cognitive, emotional, and behavioral functioning and enhance university students 'adaptive capacity to encounter stressful situations with more positivity, control, and regulation.

Concerning the second hypothesis, the data indicate a significant improvement in post-intervention resilience scores compared to pre-intervention resilience scores. These findings suggest that resilience is not a fixed characteristic or a trait; rather, it is developed through skills, insights, and practice, even in brief interventions. Findings of this hypothesis align with prior empirical evidence (Morrison & Pidgeon, 2017; Akeman et al., 2019; Calo et al., 2024; Wadi et al., 2024). Moreover, the skill-based and integrated nature of the present brief resilience intervention is likely to be as effective as other interventions based on a single approach. These findings corroborate the principles of Risk and Resilience Theory (Rutter, 1987), which suggest resilience can be learned by enhancing adaptive abilities through skills or by introducing a conducive environment. Likewise, findings of the present study support that protective resources can be enhanced by engaging in role-playing, group engagement tasks, facing and challenging negative automatic thoughts by CBT methods, SMART goal settings, awareness of one's protective factors and social networks, and relaxation exercises. These skills enhance resilience by obtaining a sense of direction and agency, positive self-concept, self-efficacy, and confidence in using coping skills in difficult situations. Therefore, resilience is enhanced when individuals recognize their strength, learn adaptive skills, and experience small but meaningful mastery (Akeman et al., 2019; Ang et al., 2024). Consequently, the effectiveness of the present intervention may be attributed to its integration of cognitive, emotional, and behavioral components rather than reliance on a single technique.

The results of the present study contain numerous practical and theoretical implications. On a practical level, the results suggest that brief resilience interventions can be implemented in the university setting where there are limitations related to time, funding, and

resources. Such interventions might be integrated into students' support services, orientation programs, or mental health awareness workshops to equip students to manage their stress effectively. For mental health practitioners and educators, the study provides the significance of an integrated technique within a short intervention format. On the theoretical level, the findings support and contribute to the existing resilience framework, which conceptualizes resilience as a developable capability rather than a stable trait. The findings further provide support to the cognitive and stress-related theories, which emphasize the role of appraisal, coping skills, and emotional regulation in mitigating psychological distress.

While the study provides valuable insights, it has several limitations that should be considered when interpreting the findings. First, the present sample consisted of only 28 participants; the relatively small sample size and participation attrition may limit the generalizability of the findings. Second, the study employed a single-group repeated-measure design lacking a control group, which makes it challenging to rule out any alternate descriptions, such as maturation or other factors. Third, the study's dependence on self-report measures for the assessment of resilience and psychological distress may have introduced response bias, such as social desirability or subjective interpretations. Lastly, due to its brief duration, follow-up data were taken a week later post-intervention, which may limit the conclusion about the long-term effects of the intervention.

Based on the limitations of the study, it is suggested that future research should have a larger and more diverse research sample across different universities and academic disciplines. Further, inclusion of a comparison group or a control group will provide more robust findings related to the causal inferences of the impact of brief resilience intervention. It is further recommended that future research should conduct longitudinal follow-up assessments to record improvements in psychological distress and resilience over time. Moreover, future studies could explore the individual contribution of specific intervention components, such as cognitive techniques or relaxation exercises, to identify the most effective component. Finally, in this digital and fast-paced modern era, researchers can employ web-based online resilience interventions for better accessibility and approach to university students.

Conclusion

The present study investigates the effects of brief resilience intervention on psychological distress and resilience among university students. Findings of the study has shown that brief resilience intervention is associated with lower psychological distress and higher resilience from pre-intervention to post-intervention assessment. These results further suggest that even short, skill-focused interventions can help students by enhancing their adaptive capacities and coping styles in personal and academic stressful environments. The integrated approach of the brief resilience intervention appears to have contributed to positive psychological outcomes. Overall, the study underscores the potential value of brief resilience interventions as a practical and accessible approach to enhance the mental well-being of university students.

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