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A Scoping Review of Universal School-Based Resilience Programs for Adolescents

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Resilience, broadly defined as effective adaptation to stress, adversity, or change, is an important capacity to foster in adolescence. To date, there has been little review of the literature on universal school-based resilience programs for teens. The current scoping review had three aims. The first aim was to report on the scope of literature on universal school-based resilience programs for adolescents. The second aim was to code and summarize the features and outcomes of these programs (stand-alone programs and whole-school programs). The third was to identify key themes emanating from nonempirical articles (i.e., theoretical articles, review articles, published guidelines, and reports) about what makes an effective school-based resilience program for adolescents. A total of 34 articles met the criteria for the review (47% empirical and 53% nonempirical). The collated data present a summary of who (e.g., sample demographics), how (e.g., research designs, the duration and number of posttest evaluations), and what has been studied (e.g., the types of programs and the types of outcomes). Randomized control trial evaluations (53%) and quasi-experimental designs (47%) were the common designs. The studies displayed large variation when it came to program delivery aspects such as number of lessons, length of the lessons, duration of the program, type of teaching, and program facilitators. Six themes were identified for creating effective universal school-based resilience programs: dual focus (ill-being and well-being), ethos and embedding, nurturing environment, adopting a systems approach, building teacher resilience, and fostering real-time resilience through implicit and explicit teaching. Suggestions for future research are provided.


Impact and Implications


Given the capacity for schools to deliver large-scale, universal mental health interventions, school-based resilience programs could be a part of the solution to adolescents' mental health problems. The current review synthesized the research findings from universal school-based resilience programs for adolescents implemented from 2010 to 2020. It stands out that schools could benefit from the components of both types of resilience programs to reduce student ill-being and to boost student well-being.


Keywords: schools, resilience, universal programs, stand-alone programs, whole-school programs


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School-based resilience programs have been implemented in multiple schools around the world for more than a decade now (Masten et al., 2008; Ungar et al., 2014). Such interventions help teens develop the skills and resources they need to face adversity. Looking at the poor state of youth mental health (McGorry et al., 2022; Moghaddam et al., 2016), school-based resilience programs could have a wide-scale positive impact and could help teens overcome stress and anxiety-related problems (Stallard & Buck, 2013). Drawing upon heterogeneous sources, the present scoping review reports on the scope and nature of the literature on universal school-based resilience programs for adolescents.

Mental Illness in the Teen Years and the Need for Resilience Education in Schools

According to the World Health Organization, mental illness represents 16% of the global ill-health burden of adolescents and children (10–19 years), with depression being one of the major causes of illness and disability among teens aged 15–19 years and suicide being the third leading cause of death in this age group (World Health Organization, 2017, 2022). The advent of the COVID-19 global pandemic has further exacerbated youth mental illness (Bell et al., 2023; Guo et al., 2020; Khan et al., 2022; Newlove-Delgado et al., 2023; Wolf & Schmitz, 2023; Xiang et al., 2020). High rates of youth distress mean that helping teens to foster their resilience skills is vital.

Resilience can be defined as “the processes by which individuals achieve positive developmental outcomes despite exposure to known threats to adaptation” (Yates et al., 2015, p. 773). It is a preventative resource that reduces the risk of mental illness and a conducive resource that promotes adaptive functioning (Ungar, 2008; Yates et al., 2015). Resilience is shaped both by the individuals themselves and the environment they are in (Métais et al., 2022).

Schools can build both the individual and environmental factors that foster resilience in three key ways (Dray, Bowman, Campbell, Freund, Hodder, et al., 2017; Masten et al., 2008; McHale, 2015; Ungar et al., 2014). First, schools can teach pupils the individual skills (e.g., cognitive reframing) that assist them to navigate adversity. Second, schools can create the conditions that foster resilience (e.g., a school culture that provides safety, creates a sense of belonging, celebrates failure). Third, schools provide ongoing situations that call for a student to adapt to threats (e.g., examination pressure, academic deadlines, interpersonal challenges) and cope positively with transitions (e.g., moving into new year levels, going on school camps, transitions to online learning).

Fenwick-Smith et al. (2018) described school resilience programs as curriculums, courses, and initiatives designed to equip students with “coping skills and protective behavior that can help them react positively to change and obstacles in life” (p. 1). School resilience programs draw upon therapeutic approaches in psychology such as cognitive and behavioral techniques (CBTs)¹ and contain content from a range of school mental health movements including social-emotional learning (SEL)² and positive education.³ These combined approaches are used to help students develop capacities and skills such as self-awareness, stress management, thought reframing, strengths-use, help-seeking, and emotional processing that increase their ability to respond adaptively to adversity.

School-based resilience programs can be classified into two different categories: stand-alone modules and whole-school programs. Stand-alone programs offer “preset” explicit lessons taught in classrooms during which pupils sequence through the lessons and follow the program for a set time (Bonniwell, 2011; Dray, Bowman, Campbell, Freund, Hodder, et al., 2017; Stavrou & Kourkoutas, 2017; e.g., a couple of lessons per week over the course of one or more terms). Whole-school resilience programs are wider in scope than stand-alone interventions. These programs involve school-wide curricula (Pickworth, 2016; Ungar et al., 2014; Worsley, 2014) where all aspects of the school (i.e., inside and outside the classroom) can be used to build resilience and mental well-being. The whole-school approach tends to reflect the modern and complex conceptualizations of resilience embracing the internal traits *and* the external factors that influence a

student’s ability to bounce back (Bronfenbrenner & Morris, 2006; Masten, 2007, 2014; Stavrou & Kourkoutas, 2017; Wright et al., 2013).

The current scoping review article will focus on universal school-based resilience programs as opposed to targeted programs that focus on adolescents considered at high risk of mental illness (Challen et al., 2014). Universal programs, or universal settings, relate to programs delivered to large numbers of students in mainstream contexts, addressing nonclinical symptoms like standard internalizing and externalizing problems (Dray, Bowman, Campbell, Freund, Hodder, et al., 2017; Stallard & Buck, 2013). The choice to focus on universal programs was made because these programs reach larger numbers of students and because there are only a limited number of reviews on universal programs in contrast to the reviews with more targeted contexts such as with at-risk adolescents (e.g., see Hanewald, 2011; Hart et al., 2014; Leve et al., 2012; Lubans et al., 2012; Van Rensburg et al., 2015; Waechter & Wekerle, 2015; Zakszeski et al., 2017).

What Do We Know About School-Based Resilience Programs?

To date, there have been four reviews conducted on universal resilience programs. All four programs have focused on the effectiveness of school-based resilience programs. Stewart and Wang’s (2012) qualitative review focused on six whole-school intervention studies published between 2007 and 2009 and concluded that “programs to enhance resilience among school staff and students were considered to be effective” (p. 216). Basu et al.’s (2020) narrative review focused on whole-school programs in low- and middle-income countries (groups of children and adolescents) and concluded that resilience programs work best when they use trained counselors and practitioners (i.e., psychology/psychiatry professionals), involve families, and are adapted to local cultures and contexts for long-term collaboration. Fenwick-Smith et al. (2018) conducted a systematic review of seven resilience-enhancing, universal, school-based mental health promotion programs implemented in primary schools from 2008 to 2017. They concluded that resilience and coping skills interventions have the potential to help students deal with daily stressors. Finally, Dray, Bowman, Campbell, Freund, Wolfenden, et al. (2017) performed a systematic quantitative review of universal school-based resilience programs across 49 studies (age range 5–18) from 2005 to 2015 and found significant, small-to-moderate effect sizes, showing that these programs lead to short-term reductions in symptoms of depression and anxiety for children and adolescents. Their

¹ CBTs are based upon Ellis’s (1957) ABC model (Activating event; Beliefs; Consequences). Such interventions teach students that their way of thinking (thoughts), their emotional reaction (feelings), and their way to react (behavior) are linked and interdependent. School-based resilience programs now tend to expand their principles *as per* the theoretical broadening specific to the “third wave of CBTs” (Hayes & Hofmann, 2017). Rather than only reducing symptoms of ill-being, the third wave (2000s) focuses on emotion acceptance, reframing, mindfulness, and empowerment (Hayes, 2004; Hayes & Hofmann, 2017; Segal et al., 2004). More generally, in addition to a reduction of symptoms, the new wave of CBTs also emphasizes the building of healthy behavioral skills.

² Social-emotional learning (SEL) is about helping students “understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions” (Collaborative for Academic, Social, and Emotional Learning, 2019).

³ Positive Education teaches positive psychology skills such as strengths use and strategies to promote emotions like gratitude, compassion and hope in schools (Waters & Loton, 2019, 2021).

quantitative review revealed that results varied by age group and type of program.

The findings from the four review articles above point to the effectiveness of universal school-based resilience programs. However, there are still considerable gaps in knowledge about the features and outcomes of these programs when considering that (a) none of these reviews focused exclusively on teenagers, and yet, it is teens who have the highest mental illness rates and thus, arguably, have the most need for being taught resilience skills; (b) with the exception of Dray, Bowman, Campbell, Freund, Wolfenden, et al. (2017), the review articles used small sample sizes (e.g., $n = 7$ programs, Fenwick-Smith et al., 2018; $n = 6$ studies, Stewart & Wang, 2012); (c) only one of the existing reviews encompassed both types of universal programs (i.e., stand-alone and whole-school programs; Basu et al., 2020) and because that review article focused only on low-income student populations, the results cannot be generalized to wider samples; and (d) finally, the four existing review articles focused exclusively on data-based studies (either quantitative or qualitative) and, thus, did not consider what we can learn from theoretical and policy articles on the topic of school-based resilience programs.

Study Scope and Aims

This review article will address the gaps outlined above by searching widely for different article types on the topic of universal school resilience programs for adolescents including empirical, theory, guidelines, policy, and review articles. Increasing the range of article types will be done to glean a wider array of insights than the above reviews that focused only on empirical articles (qualitative and quantitative). Additionally, both stand-alone and whole-school programs will be included in order to present a more comprehensive scope of the types of programs being used in schools (of the four review articles above, three focused on stand-alone programs only). The decade from 2010 to 2020 will be reviewed to explore more recent evidence than the prior four review articles. The sample of focus for this review will be teenaged students in universal programs (i.e., not those at risk, not low income, etc.) given the high risk of mental illness in this age group.

According to Gough et al. (2012), review articles can be classified as aggregative or configurative. Aggregative reviews are common in psychology and education (e.g., meta-analyses, Cochrane review) and are typically conducted to determine the impact of a construct or the effectiveness of an intervention. Configurative reviews, on the other hand, have the objective to explore how knowledge about a topic is generated and reported, rather than on predicting the effectiveness of the said topic. The broader goal of configurative reviews allows for the use of heterogeneous sources of literature and data, which is one of the gaps we seek to overcome in the current literature.

Scoping reviews are a specific type of configurative review that aim to explore the size, scope, and features of a topic (Arksey & O'Malley, 2005; Colquhoun et al., 2014; Grant & Booth, 2009; Levac et al., 2010; Tricco et al., 2018). The topic of this scoping review is universal school-based resilience programs.

The current scoping review has three intertwined aims. The first aim is to explore and report on the scope and nature of the *literature* on universal resilience programs for adolescents. The second aim is to code and summarize the features and outcomes of resilience *programs* (stand-alone programs and whole-school programs). The

third aim is to identify the key themes emanating from *nonempirical articles* (theoretical articles, review articles, published guidelines, and reports) about what makes an effective school-based resilience program for adolescents.

Method

Review Design

We used the scoping methods described by Arksey and O'Malley (2005) and Peters et al. (2015). More specifically, the following five review steps were conducted: identifying the research question, identifying relevant studies, study selection, charting the data, and collating/summarizing/reporting the results.

Search Methods

In order to explore the recent literature on school-based resilience programs,⁴ a search was conducted over a 10-year period (2010–2020) with three electronic databases: PubMed, ERIC, and APA PsycInfo. Google Scholar was also searched for the same time period. As in Supplemental Figure S1, all the records went through the stages of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses–Scoping Reviews extension: identification, screening, eligibility, and inclusion (Tricco et al., 2018). A table demonstrating where the components of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses–Scoping Reviews extension checklist are in the article is also available as a Supplemental Material (see Supplemental Table 1).

The first inclusion criterion was that articles were peer-reviewed publications (not dissertations or other unpublished studies) to ensure the quality of the article. Following this, articles were included if they were related to schools (i.e., theoretical content about school programs or school educational approaches and studies taking place in secondary school settings from any sector—public or private), in universal settings (see definition outlined in the introduction section of this article), and about resilience education programs for adolescents. On the other hand, studies were excluded if the sample did not include adolescents, if the focus was on other educational institutions (e.g., kindergartens, universities), if the programs were targeted for at-risk groups, and if they were universal resilience interventions that targeted very specific behavioral outcomes (e.g., drug/alcohol/tobacco use, targeting chronic pain). Key search words and terms are in Table 1.

Search Outcome

A total of 1,299 records were found after the initial search. First, 107 duplicates were removed. From there, the screening process involved reading the title and abstract which led to the exclusion of 838 records because they were not studies or articles relating to resilience in the context of school-based programs. A further 246 were also excluded because they were not universal programs.

⁴ While contemporary resilience programs (i.e., programs that focus on how resilience can reduce ill-being and promote well-being) sit within the field of positive education on account of their promotion focus, this article was not intended to cover other types of positive education programs, and instead, the focus was specifically on resilience programs.

Table 1
Key Search Words and Terms

Search word		
Main word	Additional specification	Field
Resilience school based	None	Allintitle
Resiliency school based	None	Allintitle
Resilience program	WITH (school OR adolescents OR children OR students)	Allintitle
Resiliency program	WITH (school OR adolescents OR children OR students)	Allintitle
Resilience education	WITH (school OR adolescents OR children OR students)	Allintitle
Resiliency education	WITH (school OR adolescents OR children OR students)	Allintitle
Resilience teaching	None	Allintitle
Resiliency teaching	None	Allintitle
Building resilience school	None	Allintitle
Building resiliency school	None	Allintitle
School resilience intervention	None	Allintitle
School resiliency intervention	None	Allintitle

Note. Allintitle is the field we used within each of the search operators for our keywords. It means that the operators filtered the results and displayed only those that included our keywords in the whole title of the articles.

At the eligibility stage, 10 articles could not be included because the full-text PDFs could not be retrieved (i.e., not found on the internet, then not accessible via the university web-library access, then no positive answer to the requests directly sent to the authors), leaving a total of 98 articles.

The full texts of the remaining 98 articles to assess for eligibility were then read by Authors 1 and 2. An Excel spreadsheet was created for the first two researchers to categorize these articles on school level (e.g., secondary school vs. other [K–12 school, preschool, college]), age range (e.g., teenagers vs. other age groups), and topic (e.g., resilience vs. another aspect of well-being). Authors 1 and 2 read the articles separately and populated their Excel spreadsheets based on their coding of these four elements.

At the halfway mark, the two researchers paused to share their Excel sheet and discuss discrepancies in their decision. This was done via email to keep a written record of decisions along the way. When discrepancies were present, both authors provided their reasoning for inclusion or exclusion via email. In most cases, the discrepancy occurred because one of the authors misread or overlooked a criterion in the article.

When that was not the case, consensus was reached by considering the reason of each coauthor as to why they had coded an article in a certain way. For example, the Dray, Bowman, Campbell, Freund, Hodder, et al. (2017) study contained 12-year-olds and was initially excluded by Author 2 because it was not an exclusively teenaged sample. However, Author 1 explained that 12-year-olds were, in fact, secondary school students (the study used a sample of 12- to 16-year-olds from Grades 7–12), and the study did focus on adolescents. Author 2 agreed, and the article remained in the data set.

When all the articles had been read, the Excel spreadsheet was used by Author 2 to calculate the percentage of agreement. This was calculated based upon the percentage of overall agreement for inclusion/exclusion (rather than a percentage for each individual criteria). Interrater reliability was 93%. The fact that the inclusion

criteria were reasonably objective (e.g., school level, age range, and the topic of resilience) helped to achieve a high interrater reliability.

Overall, this full-text reading and data extraction step, performed by the first two authors, allowed for a more in-depth analysis and therefore saw an additional exclusion of 64 articles from the sample of 98. This was because some exclusion criteria were only revealed in the studies upon reading the full article and were not apparent in the information provided in the title and abstract. For example, some resilience programs featured in these articles were labeled as universal programs, and yet, deeper inspection revealed that they were, in fact, implemented for at-risk teenagers or were targeting critical issues (e.g., drug/alcohol use, violence). In the end, a total of 34 articles were included in the scoping review.

Coding

For Aim 1—to explore and report on the scope and nature of the literature—articles were coded based on type (empirical, theory, policy, review, guidelines). Further coding was then performed on the empirical articles to code the following: country, sample (age, race/ethnicity), study design, the timing of data collection, duration of the study, and variables assessed. Variables were classified into one of four categories: (1) distress (e.g., anxiety), (2) subjective well-being (e.g., optimism), (3) school-related variables (e.g., school grades, classroom atmosphere), and (4) “other psychological” (included variables that are related to either ends of the mental health continuum depending on how they are used such as explanatory style and quality of life). These four categories were created by the research team to reflect the most common outcomes that have been previously studied in adolescent resilience research.

Aim 2 focused on providing an integrated summary of the features and outcomes of stand-alone programs and whole-school programs. Data were extracted and coded for the following program features: content, duration, implementation details such as number of lessons and length of lessons, context (e.g., classroom, independent learning,

camp), teaching approach (e.g., implicit vs. explicit), and facilitator (e.g., classroom teacher, researcher, psychologist).

To code the variables for Aims 1 and 2, word tables were created (see Results section) that contained each of the coding elements (e.g., country of the study, study design, number of lessons). Researcher 1 coded each article to populate the table, and then Researcher 2 read each article and checked the coding for accuracy. On account of the codes being objective (e.g., duration of study, number of lessons) and not needing any subjective interpretation, the accuracy score was high at 97%. The three percent error rate (i.e., where Researcher 1 had miscoded) was rectified by email conversation where Researcher 2 added notes to the word table showing the correct code.

Using the variables and results data from Aim 1, we then further categorized the four types of variables (distress, well-being, other psychological, and school) and significant/nonsignificant results for each of these two types of school resilience programs.

The third aim was to identify key themes emanating from the nonempirical articles about what makes an effective school-based resilience program for adolescents. For this aim, 18 nonempirical articles (theoretical, review, guidelines, and reports) were included. Two of them fell outside of our peer-reviewed criteria. The first was a report published by the East Sussex County Council, authored by Professor Hart, director of the Centre of Resilience for Social Justice at the University of Brighton (Hart et al., 2018). The second was a report published by the United Kingdom's National Health Service through the Norfolk County Council (McHale, 2015). These two reports were included because they provided reviews of school resilience research and implementation guidelines to schools. As both were published from reputable sources, our goal of including quality articles was still met, despite these articles not being peer reviewed.

A thematic analysis was undertaken using Miles and Huberman's (1994) four-step process of data reduction, data display, identifying themes, and verifying themes. The first two researchers worked together on an iterative process, via email exchange, sifting through the data to jointly identify themes that pertained to effective implementation of universal school-based resilience programs. Following Yadav's (2022) argument, that criteria applied to evaluate the standard of a qualitative method must be compatible with the specific qualitative goal, intercoder reliability was not used as the quality check here. Instead, the interpretative cocreation method fosters richness and rigor through joint dialogue and reflexivity (Yardley, 2000), which is "measured/reflected" in criteria checks such as the credibility, transferability, and confirmability of the themes (Miles & Huberman, 1994; O'Connor & Joffe, 2020).

Results

Scope and Nature of Research on Universal School Resilience Programs for Adolescents

Literature on universal resilience programs for adolescents came from 13 countries. America (11.8%; United States), Asia (17.7%; Iran, Japan, Vietnam), Europe (53.1%; Denmark, Iceland, Italy, Spain, The Netherlands, Poland, Slovenia, United Kingdom), and Oceania (17.6%; Australia) were here represented.

Forty-seven percent of the articles were empirical ($n = 16$), whereas 53% were nonempirical (theoretical, $n = 13$; systematic reviews, $n = 3$; implementation guides for schools, $n = 2$). Twenty of the articles focused on whole-school resilience programs (59% of the total

sample), and 11 focused on stand-alone programs (32% of the total sample).⁵

With regard to the intervention designs used in the empirical studies, 53% used a randomized control trial design ($n = 8$), and 47% used quasi-experimental designs ($n = 7$). A small number of the studies ($n = 3$) conducted only one posttest evaluations, 46% collected two rounds of posttest/follow-up measurement, and 31% conducted multiple follow-up evaluations (ranging from 3 follow-ups to 6 follow-ups). The timing of the initial posttests ranged from 0 (immediate) to 12 months, with a mean timing of 16.1 weeks (± 22.4) after the delivery of program and modes of 0 and 2 weeks. Moreover, posttests/follow-up ranged from 3 months to 36 months after the delivery of the program ($M_{\text{timing}} = 14.3 \text{ months} \pm 9.13$; bimodal: 6 and 12 months). The mode duration of the full research timeline (pretest to initial posttest) was 12 weeks, and the mean was 34.3 weeks (± 49). While comprehensive information was provided in the school resilience studies about the timing of posttest data collection, the timing of the preevaluation (i.e., how long before the program was the data collected) was not reported in 66% of the studies.

The predominant sample used was school students (one study used a control group from an adolescent health center). Four studies involved the participation of parents or family members; however, only one study used parents to score their children on intervention outcomes (see Cutuli et al., 2013), the other studies involved recruiting parents/family members for information about how to design school resilience programs (Morote et al., 2020) or gaining qualitative perception of the well-being-related concepts developed in the program (Broadbent & Boyle, 2013).

In terms of the student samples, the age range in our data set was 11–16,⁶ and the mean age was 13.7 (± 1.38 ; mode = 13). Fifty-two percent of samples were recruited from middle schools ($n = 12$), and 39% used high school students ($n = 9$). Only 15% of the articles provided information about the race or ethnicity of the students and within these students were mostly Caucasian (approximately 74%) with small numbers of African, American, Asian, and European ethnicities.

When it comes to the variables measured, Table 2 provides the list of all variables categorized into the four codes. Thirty-four percent ($n = 22$) measured distress, and examples include anxiety, peer problems, and depression. Thirty-one percent ($n = 20$) measured well-being (e.g., ego resilience, life satisfaction, and happiness), 23% ($n = 15$) measured other psychological variables (e.g., coping style, alcohol consumption, and explanatory style), and 12% ($n = 8$) measured school-related outcomes (e.g., grades, classroom atmosphere, truancy). Across all of the variables measured, 97% used student self-report methods and 3% had a third-party rating (e.g., parent, teacher) of the students' scores on outcome measures. Another pattern we analyzed was whether the outcomes were individually oriented (e.g., mood, depression, externalizing behaviors) or socially

⁵ Three cross-sectional studies (9%) passed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses–Scoping Reviews extension stages (Tricco et al., 2018) and were included in the sample yet were not included in any further analysis because they did not involve an intervention nor provide any theoretical guidelines about what makes an effective program.

⁶ Two studies contained students in late childhood, and they were included in the review because the studies also included adolescents (e.g., Dray, Bowman, Campbell, Freund, Hodder, et al., 2017, had a sample of 12 years old and 15 years old students; Cutuli et al., 2013, had a sample from 11 to 14 years old students).

Table 2*List of the Outcomes Variables Assessed in Research on Universal School Resilience*

Distress-related variable	Well-being-related variable	Other variable	School-related variable
Anxiety****	Optimism	Emotions	School grades
Worries	Life satisfaction	Decision making	Classroom atmosphere
Peer problems	Happiness	Coping strategies	Truancy
Emotional problems	Self-efficacy**	Alcohol consumption	School connectedness
Depression*****	Well-being	Current smoking	Methods to foster resilience at school
Hopelessness**	Resilience*****	Explanatory style	Resources that help foster resilience
Self-reports of internalizing and externalizing problems**	Perception of the well-being-related benefits that emerged from the intervention	Adolescents' and parents' characteristics	Challenges that slow the development of resilience at school
Parents' reports of internalizing and externalizing problems	Self-esteem	Sensory processing sensitivity	Student expectations of empathy from adults in the school
Mood and depression feelings	Perception of goal attainment	General health	
Anger management	Hardiness	Mental health	
	Strengths**	Coping self-efficacy	
Adolescents concerns about mental health	Prioritization of skills for promoting resilience	Health-risk behaviors	
Anger expression	Common values that emerged from the intervention	Students' quality feedback (regarding the intervention)**	
		Teacher quality feedback (regarding the intervention)	

Note. Variables marked with one or more asterisks indicate the number of occurrences (i.e., the number of asterisks corresponds to the number of articles these variables were reported in).

oriented/other-oriented (e.g., peer problems, school connectedness). Only two of the 65 variables were socially oriented (3%).

Finally, results for the empirical studies were marked as significant, nonsignificant, or not applicable (e.g., no statistical measure collected or variable used as a moderator/mediator not as an outcome). Across the full sample of empirical studies, 35.5% ($n = 23$) were significant, and 29% ($n = 19$) were not significant, while 35.5% ($n = 23$) fell in the not applicable category. Further breaking this down into the four categories of variables and removing the not applicable variables, 69% for distress outcomes were significantly lowered following the resilience programs for adolescents, while 31% were not. The percentage of significant results was 56% for well-being (44% nonsignificant) and 43% for other psychological (57% nonsignificant). None of the school variables were significant. In the next section, we will report the percentages of significant and nonsignificant results for the stand-alone and whole-school programs.

Features and Outcomes of Universal Resilience Programs for Adolescents

Stand-Alone Universal Resilience Programs

As in Table 3 here below, there were in total 10 stand-alone empirical articles that could be analyzed. The studies displayed large variation when it came to program the delivery aspects coded for the current review, such as number of lessons, length of the lessons, duration of the program, type of teaching, and program facilitators. For example, programs ranged from one session up to 18 sessions (the majority being classroom lessons) with an average of nine sessions (± 5 sessions). Lessons lasted from 45 min up to 2 days ($M_{\text{lesson length}} = 3$ hr and 4 min; ± 4 hr 57 min; mode = 60 min).

Overall, the total delivery duration of the interventions ranged between 6 hr up to 18 hr, with a mean duration of 12 hr and 32 min (± 4 hr 43 min) and a mode of 16 hr. Additionally, the programs were delivered on average over 8 weeks and 5 days (± 4 weeks and 6 days), ranging from 2 days up to 16 weeks, with a mode of 12 weeks.

In terms of the teaching approach, 73% used only explicit teaching (e.g., direct instruction), and 27% used both explicit and implicit teaching styles. The programs were delivered by a range of different facilitators including researchers and psychologists (32%), schoolteachers (26%), school counselors (11%), graduate students (5%), other types of external facilitators, such as sport coaches, and youth activity leader/facilitator (15%) and peer mentors (11%).

When it comes to the variables measured for the stand-alone programs, 36% of the outcome measures used to evaluate the stand-alone programs focused on *reducing* distress, 25% focused on *increasing* well-being, 31% were "other psychological," and 8% were school-related outcomes. In terms of significance, 42% of the variables were significant (58% nonsignificant). Breaking this down into distress and well-being variables, significant changes were shown for 58% of the distress variables (42% nonsignificant) and for 36% of the well-being-related measures (64% nonsignificant).

Whole-School Universal Resilience Programs

As in Table 4 here below, a synthesis of the delivery aspects of whole-school programs was undertaken to code number of lessons, length of the lessons, duration of the program, type of teaching, and program facilitators. However, given that there were only three empirical articles published on whole-school programs, caution is required when considering the trends in the data.

Table 3
Features of Stand-Alone Programs Extracted From the Review Sample

Study author and year	Name and aim of the program	Country, ethnicity	Content taught	Study design	Duration of the intervention	Facilitator	Sample	Result
Cutuli et al. (2013)	PRP^a Aim To build resilience and promote realistic thinking and adaptive coping (cognitive-behavioral and social problem-solving skills)	United States Ethnicity Caucasian African American Asian Latino Other	Explicit teaching The PRP is a cognitive-behavioral and strengths-based resilience program for adolescents based on the development of cognitive and emotional fitness, strengths, and supportive relationships	Randomized control trial Students from three middle schools were randomly assigned to PRP, control, or the Penn Enhancement Program Assessments were at pretest, posttest, and at follow-up (every 6 months for 3 years)	One lesson per week for 12 weeks Lessons of 1 h 30 min	School teachers, school counselors, graduate students, researchers (Group leaders participated in a 30-hr training workshop)	Middle school students (<i>n</i> = 697) divided between PRP, PEP, and control (376 boys, 321 girls) 6th, 7th, 8th graders (11–14 years old)	Internalizing and externalizing problems Self-reports (NS) Parents reports (S)
Stallard and Buck (2013)	RAP Aim Depression-prevention program promoting interpersonal protective factors for adolescent depression and other mental health problems	United Kingdom Ethnicity not reported	Explicit teaching Six main areas Character strengths, cognition, emotional management, problem-solving skills, identification of support networks, promotion of peace and self-harmony	Randomized control trial A three-arm pilot study comparing the intervention group, the control group, and the usual PSHE school subject group Students were assessed for screening, then at pretest, posttest, and at 6 months and 12 months follow-up	Nine sessions <i>Time per session not reported (yet the 11-session original RAP is based on 50 min lessons)</i>	School teachers and facilitators experienced in working with children and adolescents	Secondary school students (<i>n</i> = 834) (Young people aged 12–16 years)	Mood and depression feelings (S) Semistructured interviews Student quality feedback (<i>n/a</i>) Assessment of group debate sessions Teacher/staff quality feedback (<i>n/a</i>)
Tak et al. (2014)	“Op Volle Kracht” (Dutch equivalent of the PRP) Aim To build resilience and promote realistic thinking and adaptive coping	Netherlands Ethnicity not reported	Explicit teaching The first part of the program covers CBT principles The second part focuses on coping, decision making, and problem solving	Randomized control trial Two-arm parallel cluster trial was performed with baseline, post-, and follow-up assessments at 6 months, 1 year, 18 months, and at 2 years	16 weekly 50-min lessons (Delivered during the “mentor lesson”)	Psychologists/researchers	Intervention group: four schools and 655 adolescents Control group: five schools and 735 adolescents (Grade 8, 13 years old)	Depressive symptoms (NS) Anxiety (NS) Optimism (NS) Life satisfaction (NS) Coping strategies (NS) Hopelessness (NS) Happiness (NS) Self-efficacy (NS) School grades (NS) Classroom atmosphere (NS) Alcohol (NS) Current smoking (NS) Truancy (NS) Internalizing and externalizing problems (S) Perception of goal attainment (S) Semistructured interviews Student quality feedback (<i>n/a</i>)
Eames et al. (2016)	Team of Life program Aim A life approach with the aim of helping young people to tell stories of strength and resilience	United Kingdom Ethnicity not reported	Explicit and implicit activities (yet stand-alone design) Collective narrative practice with sporting metaphors to build upon people’s connections with everyday experiences so that nature, sports, songs, and stories are the starting point for conversations (Team-building activities and reflective exercises)	Quasi-experimental design Two groups receiving different types of interventions Students were assessed at pretest and posttest	Group 1 Two-day workshop delivered at a local sports center (one session = 2 days) Group 2 Four half-day workshops taking place on the school site over a 2-week period (one session = 4 hr)	Peer mentors and sport coaches	26 secondary school students (boys) Year 7 and 8 pupils (77%) Year 9 and 10 students (23%) (12–15 years old)	Student quality feedback (<i>n/a</i>)

(table continues)

Table 3 (continued)

Study author and year	Name and aim of the program	Country, ethnicity	Content taught	Study design	Duration of the intervention	Facilitator	Sample	Result
Dray, Campbell, Freund, Hodder, et al. (2017)	<i>Name not reported</i> Aim To increase the provision of universal strategies targeting multiple internal and external resilience protective factors	Australia <i>Ethnicity not reported</i>	Explicit and implicit teaching (yet stand-alone design) Two intervention paths Implementation of content targeting resilience within existing classic academic areas Implementation of content targeting resilience within nonacademic school workshops	Randomized control trial 20 intervention and 12 control secondary schools Students were assessed once at baseline (Year 7) and once at follow-up (Year 10)	Each year from Year 8 to Year 10 9 hr during classic key learning areas 9 hr during other school activities <i>Total duration not reported</i>	School teachers who were briefly trained Additional help of a school intervention officer	3,115 students total at baseline (Year 7) Intervention: $n = 1,909$ Control: $n = 1,206$ (Year 7 to Year 10: 12–16 years)	Mental health (NS) Internal and external resilience protection factors (NS)
Brunwasser and Gillham (2018)	PRP^a Aim To build resilience and promote realistic thinking and adaptive coping (based on CBTs)	United States Ethnicity Caucasian African American Asian Latino	Explicit teaching The PRP is a cognitive-behavioral and strengths-based resilience program for adolescents based on the development of cognitive and emotional fitness, strengths, and supportive relationships	Randomized control trial Adolescents from health clinics and from middle schools with various profiles (i.e., not actively depressed and with elevated depressive symptoms) were randomly allocated to PRP, PEP, or control Tests were pre- and postintervention and at 6, 12, 18, and 24 months follow-up	<i>Not reported (yet PRP is usually around 18 hr total, divided into 12 or 18 lessons)</i>	Teachers when in school setting, clinicians when in clinical settings	RCT 1: 271 Adolescents of health clinic RCT 2: 697 Middle schools adolescents RCT 3: 408 Middle school students with depressive symptoms and no symptoms	Depressive symptoms (<i>n/a</i> : measure of depression as a moderator) Explanatory style (<i>n/a</i> : measured as a moderator) Hopelessness (<i>n/a</i> : measured as a moderator) Adolescents and parents' characteristics (<i>n/a</i> : measured as a moderator)
Kozina (2018)	My FRIENDS adolescent program Aim Giving participants the tools to cope with the new challenges and experiences	Slovenia <i>Ethnicity not reported</i>	Explicit teaching Group-based development program using socioemotional learning and CBTs to reduce symptoms of anxiety and depression	Randomized control trial One control group and one experimental group were randomly assigned, with pre-, post-, and follow-up assessments at 6 months	Ten 45-min workshops over 10 weeks and two booster sessions (1 and 2 months after the program) and two parents' meetings (one held one after the second session of the program and the other after the sixth session)	Program delivered by the sole group leader, who is a psychologist and has a research license to use the program	Grade 8 students ($n = 78$; aged 13–14 years) from two schools	Group × Time Effect Generalized anxiety (S) Worries (S) Emotions (S) Decision making (S) Peer problems (S) Emotional problems (S)
Harooni et al. (2020)	<i>Name not reported</i> Aim Anger control and resilience training program, acting as a compensatory intervention against risk factors and increasing the resilience	Iran <i>Ethnicity not reported</i>	Explicit teaching Cognitive strategies such as problem solving, knowledge of cognitive errors, fighting with negative thoughts, logical thinking, and the use of positive self-talk to change attitudes	Quasi-experimental design Using the Morgan table, 60 subjects were selected and randomly assigned into two groups of intervention ($n = 40$) and control ($n = 20$) Students were assessed at pretest, posttest, and at 3 months follow-up	12 weeks, one session per week <i>Time per session not reported</i>	<i>Not reported</i>	Students were 60 girls from a technical and vocational school Mean age of participants was 16.86 ± 0.945 years (aged 15–18 years)	Anger expression (<i>n/a</i>) Resilience (S) Hardiness (S) General health (S)
Kibe et al. (2020)	SPARK program Aim Based on CBTs, resilience, posttraumatic growth,	Japan <i>Ethnicity not reported</i>	Explicit teaching By identifying and challenging their interpretations and reactions, the SPARK	Quasi-experimental design Three cohorts received the intervention (no control group)	A compressed version of six lessons of an hour over a 3-month period	School psychologist	First-grade students from high school, aged 15–16 years ($n = 395$ students; 174 boys, 221 girls)	Self-esteem (NS) Self-efficacy (S) Students' perception of resilience factors (NS)

(table continues)

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Table 3 (continued)

Study author and year	Name and aim of the program	Country, ethnicity	Content taught	Study design	Duration of the intervention	Facilitator	Sample	Result
Tran et al. (2020)	and positive psychology, SPARK fosters protective factors to promote resilience and prevent depression	Vietnam <i>Ethnicity not reported</i>	program teaches students how to analyze and deal with a situation, with interpretations, distortions, and reactions when encountering adversity Explicit teaching Strength-based resilience program using CBTs and interpersonal psychotherapy, where the focus is on identifying and developing strengths	Students were assessed at pretest, posttest, and at 3 months follow-up Randomized control trial (two-arm parallel) Students from 40 Grade 10 classes were randomly selected from eight schools Assessments at baseline, post, and at 6 months follow-up will be conducted	(Original Version 12 1-hr lessons) Six weekly 90-min school-based group sessions (groups of 15-20 students)	Research assistants and class teachers	All students (aged 15-16 years) from four Grade 10 classes (approximately $n = 1,204$) (Study actually presenting the settings and the upcoming implementation of this culturally modified version of the RAP)	Students' depression (NS) Students' sensory Processing sensitivity (<i>n/a</i> ; measured as for its moderation effects) To be measured Depressive symptoms (<i>n/a</i>) Well-being (<i>n/a</i>) Coping self-efficacy (<i>n/a</i>) School connectedness (<i>n/a</i>) Anger management (<i>n/a</i>) Health risk behaviors (<i>n/a</i>)

Note. Italics were used in the table to indicate missing data. Bold texts were used in the table to emphasize some section titles and topics within the body of the cells. PRP = Penn Resiliency Program; PEP = Penn Enhancement Program; NS = nonsignificant effect; S = significant effect; RAP = Resilient Adolescent Program; PSHE = Personal, Social, Health and Economic; *n/a* = either no information found or variable measured as a moderator/mediator, variable not fit for significance assessment; RCT = Randomized Controlled Trial; CBT = cognitive and behavioral techniques.
^a Although some of the participants were a little younger than teenagers (later childhood) in the samples, these studies were kept as the rest of the participants were older (e.g., sample gathering 11-14 years old participants).

In terms of delivery duration, one of the articles did not inform specifically on the duration of the whole-school intervention (i.e., nationwide project; Broadbent & Boyle, 2013), yet the project/program was run all year round as it involved a permanent school atmosphere and curriculum restructuring. Regarding the article reporting on results from the Resilience Doughnut program (Worsley, 2014), the three case studies at stake ranged from 4 weeks up to 6 weeks ($M_{duration} = 4.7$ weeks) of explicit teaching (no information on time per lesson and on the number of lessons/workshops) coupled with implicit teaching in the form of camp activities or extracurricular challenging experiences over 3 days and two nights. Results from the cocreation process for the UPRIGHT program (Morote et al., 2020) came from a 2-year implementation model of 18 × 40-min classroom lessons, reinforced with six locally adapted additional sessions and with extracurricular, innovative activities. Overall, 100% of the programs were delivered by trained members of the school community (i.e., teachers, school counselors, and other school staff).

As for the outcome measures, 25% focused on reducing distress, 62.5% focused on increasing positive mental health, and 12.5% focused on “other psychological.” In terms of significant results, all of the measures from these programs were significant.

What Makes an Effective School-Based Resilience Program for Adolescents: Themes From Nonempirical Articles

As mentioned earlier, there were 18 nonempirical articles (i.e., theoretical articles, systematic reviews, policy guidelines, and reports) that discussed what makes universal school resilience programs successful. Thematic analysis identified the following six themes (percentage indicates the number of times the theme was mentioned): dual focus (23%), ethos and embedding (23%), nurturing environment (16%), adopting a systems approach (15%), building teacher resilience (13%), and fostering real-time resilience through implicit and explicit teaching (10%). A Supplemental Figure S2 presents the key themes extracted from the theoretical articles on whole-school resilience programs.

The theme of dual focus posits that universal resilience programs are effective when they equip students with skills that help them to reduce ill-being as well as promote well-being. The authors that spoke of this theme argued that school programs should intend to go beyond mitigating distress and also be used to strengthen students through adversity (not simply help them bounce back).

Ethos and embedding were themes mentioned equally as frequently as dual focus and advocated that resilience programs are most effective when they align with the school ethos and are embedded, through curriculum, at all levels of the school.

Theme 3, nurturing environment, recognized the need to create a wider supportive environment in schools that assists students to practice their resilience skills in varied situations. This theme also suggested that resilience programs are effective when they consider the interplay between the individuals and the environment. Theme 4 centered on taking a systems approach to building resilience by encompassing multiple spheres (e.g., family, parents, associations, local communities, universities). The fifth theme identified the need to build resilience in teachers and staff, not just the students. Scholars spoke of teachers and school staff learning and experiencing resilience for themselves before they taught it and

Table 4
Features of the Whole-School Programs Extracted From the Review Sample

Study author and year	Name and aim of the program	Country, ethnicity	Concept adopted across the school	Study design	Duration of the intervention and delivery specificity	Facilitator	Sample	Result
Broadbent and Boyle (2013)	Values Education and Student Wellbeing Schools Project Aim To initiate young people into society's behavioral norms through values education To promote resilience and student well-being	Australia <i>Ethnicity not reported</i>	Explicit and implicit teaching Values/concepts embedded into the school community Moral development, citizenship education Personal development Social development Cultural development Spiritual development religious education Principles To develop a whole-school focus on student well-being and values education: curriculum implementation and staff development To improve pedagogy To provide structures for embedding values in action into the school community To develop an awareness and practice of values education as a core curriculum	QED Ten schools in the Canberra region receiving government funding to engage in the National Values Education Project Method Interviews were semifocused discussions in each of the schools Approximate time spent in each school: 3 hr Conversations recorded and transcribed	Handbook and material designed to support schools in integrating values in curricular and extracurricular contexts over the whole curriculum and school duration of the students Schools could choose a direction that suited them in terms of concrete implementation <i>Duration and format chosen by the schools not reported</i>	Teams of school staff and university members Stage 1 Workshops and sessions to inform schools and key staff Stage 2 Teams assembled with local universities and school staff to run the intervention	Ten schools in the Canberra region <i>Precise number and age of participants not reported</i> Participants interviewed Principals and deputy principals (4) Teachers (15) Administration staff (2) Parents (10) Students (30) Whole-class groups (two classes)	Common values emerging from the schools where the curriculum was implemented (n/a) Perception of the well-being-related concepts developed (n/a)
Worsley (2014)	The Resilience Doughnut Aim To help the students to identify and activate their strengths to build their resilience Then it is hoped that the students and the whole-school community would be	Australia <i>Ethnicity not reported</i>	Explicit and implicit teaching based on complex understandings of resilience Three sets of factors implicated in the development of resilience in adolescents	QED Pretest, 6 months posttest, and 12 months follow-up	6 weeks of independent learning culminating in a challenging experience linking their three strengths over 3 days and two nights	Case Study 1 Several schoolteachers and school staff previously informed on positive psychology, positive education, and well-being Case Study 2 School counselor, teachers, and other	Catholic girls' school 203 girls from Year 8, aged approximately 13 years old Catholic boys' school 230 boys from Year 8,	Anxiety (S) Resilience (S) Depression (S) Anxiety (S) Resilience (S)

(table continues)

Table 4 (continued)

Study author and year	Name and aim of the program	Country, ethnicity	Concept adopted across the school	Study design	Duration of the intervention and delivery specificity	Facilitator	Sample	Result
Morote et al. (2020)	UPRIGHT Aim To promote mental well-being by enhancing resilience capacities	Spain, Italy, Poland, Denmark, Iceland <i>Ethnicity not reported</i>	Attributes of the adolescents themselves Aspects of their families Characteristics of their wider society and environments The Resilience Doughnut is built upon two circles The inner circle of the Doughnut represents the internal characteristics of an individual, and the outer circle represents the external contexts within which an individual evolves Explicit and implicit activities over a 2-year universal whole-school approach involving all members of the school community This article outlines the creation and results of a resilience program designed through coproduction of teams of researchers, students, families, teachers, and school staff across Spain, Italy, Poland, Denmark, and Iceland Program designed around four main components Coping Efficacy	posttest, and 24 months follow-up QED Pretest and 12 months posttest	(12–13 years) in their regular personal development classes over a 4-week period Resilience Doughnut framework to all students in the personal development classes over 4 weeks Additional camp activities to challenge the students and encourage the application of the principles learned	Two school staff, two accredited trainers Case Study 3 School counselors, teachers, and other school staff Two accredited trainers	aged approximately 13 years old School with a high population of migrant families 325 boys aged 12–15 years old (Years 7–10)	Depression (S) Strengths (S) Resilience (S) Strengths (S)
				Randomized control trial (cluster randomized sampling) Concurrent participatory mixed methods (Study presenting the results of this cocreation process intended to generate a valid regional adaptation strategy for the UPRIGHT program) No pre-/posttests but surveys and participatory sessions throughout the intervention	Eighteen skills are studied in the classroom setup during the first year Extra activities (outdoor, games, etc.) planned during the second year, thanks to the cocreation process One or two skills related to coping, efficacy, and SEL are targeted in every lesson Cognitive behavior modification, conflict resolution, assertiveness and communication, mental health literacy Self-efficacy, growth mindset, emotional resilience, social	Members from seven research institutions from the same five countries plus Norway These teams were in charge of collecting the participants' insights from surveys (quantitative + qualitative) and group sessions (qualitative)	1,011 participants 448 adolescents (11–15 years), 345 family members, and 218 teachers and school staff Five countries involved: Spain, Italy, Poland, Denmark, and Iceland Surveys (<i>n</i> = 794; 32% men, 68% women) Group sessions (<i>n</i> = 217; 33% men, 67% women)	Prioritizing skills (n/a) Self-efficacy, decision making, relationship skills, assertiveness, and conflict resolution Adolescents concerns in mental health (n/a) Bullying, self-harm and suicide, loneliness Fostering resilience Methods (n/a): collaborative work group, creative exercises, class discussions, field trips, art-based activities Challenges (n/a): the family axis (to promote involvement) Resources (n/a): organizational (<i>table continues</i>)

Table 4 (continued)

Study author and year	Name and aim of the program	Country, ethnicity	Concept adopted across the school	Study design	Duration of the intervention and delivery specificity	Facilitator	Sample	Result
			SEL Mindfulness		resilience, leadership Self-awareness, self-management, social awareness, relational skills, responsible decision making Mindfulness skills targeted during the whole program Observation, description, acting consciously, accepting without judging			characteristics, training and management skills of the research teams Students' expectations (n/a): use of innovative activities and means, expecting efforts of empathy from adults

Note. Italics were used in the table to indicate missing data. Bold texts were used in the table to emphasize some section titles and topics within the body of the cells. QED = quasi-experimental design; n/a = either no information found, or variable measured as a moderator/mediator, variable not fit for significance assessment; S = significant effect; SEL = social-emotional learning; UPRIGHT = Universal Preventive Resilience Intervention Globally implemented in schools to improve and promote mental Health for Teenagers.

modeled it to students. Finally, Theme 6 encouraged schools to frame adverse events inside and outside of the classroom as opportunities to experience resilience. This theme advocated that in-the-moment, or real-time, resilience can be fostered through both implicit and explicit teaching methods.

Sixty-four percent of the nonempirical articles discussed three or more of the themes, suggesting a reasonable amount of alignment and coherence about the factors that create effective universal school resilience programs.

Discussion

The current scoping review aimed to expand knowledge about school-based universal resilience programs for teens. Adolescence was chosen as the life stage because it is a period of complexity that involves increased academic, social, and economic pressures together with changes in identity and independence (Hussain et al., 2008; Steinberg & Morris, 2001). Adolescence is also the age bracket with the highest rates of mental illness across the life span (Andersen & Teicher, 2008; de Girolamo et al., 2012; Klimstra et al., 2010).

Resilience is a process that helps teens adapt to change (Olsson et al., 2003). Furthermore, teenagers with higher levels of resilience have been shown to better withstand the effects of stress and have fewer depressive symptoms (Anyan & Hjemdal, 2016). Learning how resilience is cultivated in schools is an important topic of inquiry. As such, gathering, arranging, and summarizing the literature on this topic provides benefit through a cohesive understanding of what is known and where the gaps still lay as well as highlighting areas for promising research and practice.

The current scoping review followed a configurative approach and drew upon heterogeneous sources to report on the scope and nature of the literature, to examine the features and outcomes of resilience programs, and to discern the common themes stemming from the nonempirical articles about what makes an effective school resilience program.

With regard to the common themes identified in our analysis, the findings will be woven through the discussion where they integrate with findings that relate to the scope of literature and program features. It is worth highlighting here that the six themes identified in the current scoping review are consistent with conceptual models of resilience previously published in counseling and mainstream contexts and with empirical findings in schools, families, and workplaces. For example, Walsh (2002) and Mak et al. (2011) put forward the idea that resilience helps people bounce back (reduce distress) and bounce forward (increase well-being), which aligns with the dual-focus theme. Bonanno and Diminich (2013) have shown that resilience is a process that builds itself around a wide range of factors (which aligns with student resilience being supported by implicit and explicit teaching in schools). Métais et al. (2022) contended that resilience arises within the transactional structure of a whole system (nurturing environment, systems approach). Masten's (2015) body of work repeatedly finds that resilience can be developed at all ages (maps on to the theme of ethos and embedding), and recent research by Waters et al. (2023) found that individual resilience was bolstered by collective resilience (teacher and staff resilience).

The Scope and Nature of the Literature on Universal School-Based Resilience Programs for Adolescents

The current scoping review provides a bird's-eye view about the types of resilience articles being published, the focus of these articles, and the countries where the research is being collected. For example, the most common type of article published on universal school resilience programs for teens was nonempirical, and yet, existing reviews have focused exclusively on empirical studies, resulting in missing insights that can be gleaned from other types of articles.

Thirteen countries were represented across the studies in this review, suggesting a somewhat wide interest in this topic. However, the majority of countries were Western, educated, industrialized, rich, and democratic countries (WEIRD; Henrich et al., 2010) that share the normative societal values of independence, autonomy, and personal agency for teens (Prevoo & Tamis-LeMonda, 2017). This could be why the outcome variables were predominantly individually focused rather than socially oriented. Resilience in collectivistic countries is intertwined with other people and relies more on perspective-taking than in individualistic countries (Özcan & Bulus, 2022). In Islamic cultures (e.g., the study in Iran included in the current scoping review), as in some other communities with strong religious influences, resilience is linked to patience in God's plan, making wise choices, and avoiding immoral actions (Habibolah, 2021).

Non-WEIRD aspects of resilience were absent in the scoping review, which is likely to be a function of the fact that articles were published in English. However, even studies from collectivistic and Islamic countries in the current scoping review used Western programs as their foundation. For example, Tran et al. (2020) stated that they used a Vietnamese-adapted version of the Resourceful Adolescent Program (initially developed in Australia), and Kibe et al. (2020) stated that they adapted the SPARK program (initially developed in the United Kingdom) for Japanese students (note: neither of these articles provided information about how the programs were culturally adapted). In Cutuli et al.'s (2013) study that involved different cultural groups within the United States (e.g., Caucasian, African American, Asian American, Latino, European American), there was no mention of whether the programs had been adjusted for cultural sensitivity. Only one study (Morote et al., 2020) considered cultural differences across five European countries (Spain, Italy, Poland, Denmark, Iceland). Only a handful of the studies provided information about ethnicity. The need for cultural sensitivity and adaptiveness opens an important avenue of underexplored research for the role that culture plays in adolescent resilience.

Trends and Gaps in the Empirical Studies of Universal School-Based Resilience Programs for Adolescents

Zooming in from the big trends identified in the full literature base, the current article also examined the ways in which *empirical research* is conducted on universal school resilience programs for teens. The collated data present a summary of who (e.g., sample demographics), how (e.g., research designs, the duration and number of posttest evaluations), and what has been studied (e.g., the type of outcomes).

With regard to the sample used, although all the studies focused on the life phase of adolescence, the majority recruited samples on the lower end of teen years. Indeed, half of the data set used students from the middle school years. As such, knowledge about the ways in which

universal resilience programs are studied with older adolescents remains limited. Adding to this, the majority of evaluations were conducted using a narrow age range (e.g., Kozina, 2018, studied the 13–14 years old) with only one study including students from 12 to 16 years of age.

Given the demonstrated developmental differences in capacity for emotional regulation and theory of mind between the early, middle, and late teen years (Astington & Jenkins, 1995; Costa et al., 2021), it is important that research considers each stage of adolescence. A theme identified in the nonempirical articles was that resilience programs should be delivered across all year levels at school,⁷ and yet, this theme is not present in the research.

A further trend identified in our analysis was the reliance on single-sample, student-only, self-report data. There was only one exception where data were collected from parents (about internalizing and externalizing outcomes) as well as students.⁸ Other than this, there was only one "other report" data collected about students from teachers. Given these sampling trends, the possibility that self-report bias has influenced the results cannot be ruled out. This is a gap to be addressed by future researchers who can collect data from multiple stakeholders. More intentionally, following the themes identified in the current scoping review for building effective universal programs, such as including all stakeholders and taking a systems approach, can help to expand the sampling methods.

There were a range of study designs used to evaluate universal resilience programs with an overall pattern of rigor. Randomized control design constituted just over half of the empirical articles conducted. All studies collected posttest data and a third collected multiple posttest follow-ups. With regard to the longer term effects, less than half of the studies remeasured outcomes 1-year time after the program. Further longitudinal evaluations are needed to be confident about the sustained benefits of universal school programs.

While there was a lot of information reported in the studies about posttest follow-up, only 44% of the articles reported on the time lapse between the collection of pretest data and the start of the program. This is an evident flaw in the way universal school-based resilience programs are reported. Without knowing the time period between when data are first collected and when the programs actually start, conclusions about the results must be tempered (a third factor occurring before the program could influence the results).

When it comes to the categories of outcomes assessed, distress variables were the highest category followed closely by assessments of well-being. The results show that a considerable number of researchers are not adopting the idea that resilience is *both* a preventative resource (reducing distress) *and* a conducive resource that promotes adaptive functioning (Ungar, 2008; Yates et al., 2015). We are hopeful that the theme of "dual focus" identified in the current scoping review for effective universal resilience programs will be taken on board by future researchers.

Features and Outcomes of Universal School-Based Resilience Programs for Teens

To inform researchers and practitioners of the current trends in how programs are delivered, data were collated about common

⁷ Equal top theme with dual focus.

⁸ Morote et al. (2020) included parents' and teachers' opinions about what school resilience programs should include but did not collect data about the student resilience or mental health outcomes from the parents or teachers.

features and outcomes. Empirical evaluations of stand-alone programs outnumbered whole-school programs by a ratio of 10:3. The small number of empirical evaluations of whole-school programs is noteworthy in and of itself when considering that it was a topic that featured in 59% of the complete database (when nonempirical articles were included).

The small number of empirical articles on whole-school programs also makes a comparison between the two program types somewhat embryonic as we cannot be sure the whole-school programs are representative of others that have not been empirically published. Having said this, the trends suggest several key differences between stand-alone and whole-school programs including much longer durations, a wider use of implicit teaching, and more focus on increasing well-being (than reducing distress) in the whole-school programs.

The sample size for stand-alone programs is still reasonably small but allows for greater confidence in pointing toward trends. For example, stand-alone programs had defined time periods for the programs (mode duration = 12 weeks), a discrete number of lessons (average = nine lessons), and dedicated lesson time (commonly 60 min). The lessons were typically administered in class time, and there was a reasonably equal number of internal school facilitators (e.g., teachers, school counselors) to external facilitators (e.g., psychologist, graduate students) who delivered the stand-alone programs.

One clear area for future resilience interventions is the potential to include greater student voice in both types of programs. This can be done in the design and delivery phase. Across all 13 programs, there was only one that built student ideas into the design of the program (Morote et al., 2020) and one that incorporated peer delivery (Eames et al., 2016). The question remains as to whether peer delivery creates a different learning experience and stronger (or weaker) post program results. This is an interesting question for future research.

Another future direction, both for program development and research, is the incorporation of the six themes for effective implementation. For stand-alone programs, there was evidence of “dual focus.” Additionally, approximately a third of the programs combined explicit and implicit teaching. However, none of the stand-alone programs published between 2010 and 2020 adopted a systems approach. There was no mention of the programs considering the interplay between the individual and the environment (nurturing environment, ethos and embedding) and the programs focused only on certain year levels. Furthermore, although teachers were trained as facilitators, the programs were student-focused and did not aim to foster teacher resilience.

In contrast to stand-alone programs, the whole-school resilience programs showed strong evidence for five of the six themes (teacher resilience being the one exception). However, as stated earlier, the small sample size means generalizations cannot yet be made. The whole-school approach, shown in the empirical studies and advocated in the nonempirical articles, recognizes that building sustained resilience is highly reliant on interactions between internal and external features. These interactions are situation-specific and setting-specific (i.e., they take place in a system where multiple spheres shape them) and are key elements in teens’ development, which is a multiple year transition period during which the state of the teens is never really stable as they continuously experience internal and external conflicts (Dolto et al., 1989; Klimstra et al., 2010; Novgorodtseva, 2006).

It must be said that this scoping review does not intend to set the two types of programs against each other. Instead, the programs can

be used to complement and support each other. Given the significant results found from stand-alone programs and the benefits of these programs (i.e., ready-made lessons that do not require changes timetabling; fewer time, financial, and human investments than whole-school programs), it might be that schools could begin with a stand-alone program and use this as a starting point to foster foundational knowledge, language, and skills about resilience. Once the program is embedded, schools can bring resilience into the ethos of the school and adopt systems approaches that embed (explicitly and implicitly) the factors that foster resilience across all levels and areas of the school, for students and staff. The complimentary use of both programs in schools is another area for future research.

That said, it is clear that existing programs need replication evidence. There were only two programs that had more than one published study in an adolescent sample (Penn Resiliency Program and Resourceful Adolescent Program), there was a small sample size for whole-school programs, limited evidence about cultural sensitivity, and a lack of long-term follow-up. Drawing upon the six effectiveness themes, we can suggest to school psychologists, school leaders, and practitioners that they evaluate the degree to which these six elements are of value in their own school context/needs of their students and are present in the resilience program they are considering.

Limitations

The findings of this article must be considered within its limitations. As already stated, the focus on English language publications means that conclusions should not be drawn about universal school-based resilience programs in non-WEIRD countries, and this remains an important area for future research.

Given that we chose to focus on peer-reviewed published articles, some findings of this scoping review may be influenced from publication bias. For example, it could be that unpublished studies have a higher percentage of insignificant or negative results (Jooper et al., 2012), which would change the findings reported in the current article. It is worth noting that two of the nonempirical studies included in this article were not peer-review publications yet were included because they were published articles from reputable sources. However, as these two reports were descriptive and used in the thematic analysis for Aim 3, the issue of “hiding” insignificant results is not relevant here. It might also be that unpublished studies have different designs, samples, and programs features than the published studies included in this scoping review, which may somewhat change the landscape of school-based resilience programs that has been mapped out in this article.

A further limitation of the present review was the insufficient number of empirical studies in the whole-school category. This is not a limitation we had control over, and as stated above, we hope that this article motivates more future research into these types of programs, especially as the thematic analysis points strongly toward implementation factors that lend themselves more toward a whole-school approach. While not a limitation of the current review article per se, the present focus of our review article on universal programs means that we chose not to shed light on the types, design features, and outcomes of resilience programs that are targeted toward at-risk students. Prior reviews on at-risk groups tend to be aggregative and have focused on the effectiveness of resilience programs; however, it may be timely for a coping review to be done that adopts a

configural approach to inform stakeholders about how the research is being conducted (and not only the findings of the research).

More generally speaking, scoping reviews have their own limitations. Due to the broad nature of review questions and study scope that scoping reviews allow for, the findings, in turn, may not offer circumscribed and unequivocal conclusions (Hanneke et al., 2017). Yet, we believe that the synthesis we performed here was quite comprehensive and allowed for helpful insights to be drawn. Finally, we cannot be sure that the themes extracted in regard to Aim 3 of our review depict entirely all the aspects about what makes an effective school-based resilience program for adolescents. Further research and proper field experiments are required to add to our suggestions.

Conclusion

The potential for schools to foster resilience in large numbers of adolescents makes research into the types, design features, and results of resilience programs worthy of ongoing attention. The current article points researchers to future areas of study and outlines six core themes, based on a thematic evaluation of theory articles, to consider when implementing resilience programs. As the world is currently subject to the mental illness fallout from the COVID-19 pandemic, schools will benefit from taking an informed approach to building student resilience.

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