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The Resilience Program – Resume September 2015.

Resilience means being able to handle the challenges of life, small challenges as well as big. It is axiomatic that resilience develops in social contexts between people as well as within each of our minds.

The Resilience Program is a flexible web based low-cost brief psychoeducation intervention program designed to support the development of resilience in vulnerable children, adolescents and families, as well as large scale mental health promotion for instance in schools, educational institutions and the workplace.

The program is based on evidence from the cognitive sciences, research on mentalization and the findings from neuroscience as well as established experiences from parent training programs and social learning research in line with the NICE guidelines. Evidence from these domains is transformed into small knowledge and inspiration modules expressed in easy to understand everyday language which include good stories and short games.

The program is practical,

- informing participants about resilience,
- containing reliable information about thoughts, feelings and the brain,
- providing inspiration about common challenges and problem solving.

The Resilience Program is a modular program which is typically introduced to target groups in short lectures and courses.

Recent studies indicates that it is important that programs and intervention procedures are organized as freestanding modules that form a menu of options which can be applied for specific situations by professionals. One prominent examples of this kind of program are the MATCH program from Harvard (Weisz et al 2012¹). In the Harvard study, it has been documented that the modular approach is vastly superior in terms of effectiveness compared to traditional Evidence Based Protocols. A modular approach is probably equally relevant for preventive mental health psycho-education programs.

Extensive pilot studies (Lundgaard Bak 2012²) in 2008-2011 (involving about 4000 teachers and preschool teachers and 3000 parents) indicate wide applicability and usefulness.

3 year follow up of an uncontrolled intervention project in 2011 among disadvantaged young people in clubs indicates promising long term results in reducing frequency of high risk conflicts, staff sick leave and program fidelity³.

¹ Weisz JR, Chorpita BF, Palinkas LA, Schoenwald SK, Miranda J, Bearman SK, Daleiden EL, Ugueto AM, Ho A, Martin J, Gray J, Alleyne A, Langer DA, Southam-Gerow MA, Gibbons RD: Testing Standard and Modular Designs for Psychotherapy Treating Depression, Anxiety, and Conduct Problems in Youth. *A Randomized Effectiveness Trial*. Arch Gen Psychiatry 2012; 69(3):274-82.

² Lundgaard Bak, P: Mentalizing communities for children, in Midgley N, Vrouva I (eds.): Mentalization based interventions with children and families, Routledge 2012.

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It is reasonable to assume that resilience is valuable for human beings in almost any context. For that reason the program is being tested in trials across a range of different settings in 2013-2018:

- A cluster randomized controlled trial with 9.000 Danish children and young people in foster care and residential care.
- A randomized controlled trial with 8.000 young people with ADHD.
- A matched controlled whole school approach study with 50 Danish schools.
- A matched controlled youth education study for vulnerable Danish students.

These four trials are designed to follow the 'Recommendation on Criteria for Establishing Strong Evidence of Effectiveness' from The National Academies report: *Preventing Mental, Emotional, and Behavioural Disorders among Young People: Progress and Possibilities* (O'Connell 2009) and the recommendations by the Coalition for Evidence Based Policy (2012): *How Low-Cost Randomized Controlled Trials Are Possible in Many Areas of Social Policy*. Research protocols for the four controlled trials are found on the program website: <http://myresilience.org> (on the sub-site "about us") together with an extended review of the scientific background of the program.

The intervention period for all four randomized clinical trials is finished by March 2015 and then there will be two years data follow up.

A number of independent researchers and organizations have taken up the program for testing and implementation:

- Detailed psychological process studies concerned with the mechanisms mediating the effects of the Resilience Program in children in schools and in residential care setting have started at the University of Copenhagen (language psychology) and the Catholic University in Milan (Theory of Mind research) in autumn 2014.
- A study implementing the Resilience Program in a primary and secondary school only with students with autism spectrum diseases is run in the school year 2014-2015. Results will be analysed in autumn 2015 and published.
- A prison based pilot study in Denmark has started in spring 2015.
- Workplace projects in two multinational companies based in Demark was implemented in 2014 and the program has been introduces to representatives for a number of other Danish multinational companies.
- Whole community implementation of the Resilience Program is processed in a number of municipalities in Denmark in 2015. This includes both citizen related and staff related activities.
- After a pilot study in Greenland in 2013, national implementation in all municipalities and residential institutions has been started in October 2014. Extensive quantitative and qualitative evaluation is planned for the following 3 years (PhD grant).

³ Bak PL, Midgley N, Zhu JL, Wistoft K and Obel C (2015) The Resilience Program: preliminary evaluation of a mentalization-based education program. *Front. Psychol.* 6:753. doi: 10.3389/fpsyg.2015.00753

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- A cluster randomized school trial in London UK is under planning in cooperation with Anne Freud Centre (professor Peter Fonagy), The Tavistock Centre, The Charlie Waller Memorial Trust and two Trust related School groups.
- The program has been an integrated part of bullying prevention in schools in Athens since 2012.

Trainer's courses are developed and started in Denmark, Greenland and UK in 2014-2015. A system for quality assurance of the program including supervision and fidelity monitoring is developed in 2015.