



Australian Government
Australian Institute of
Family Studies



Building resilience in children and young people

Good practice in community-based group counselling

Jasmine B. MacDonald, Will Dobud and Stewart Muir

Policy and practice paper | February 2025





The Australian Institute of Family Studies acknowledges the Traditional Owners of Country throughout Australia and recognises their continuing connection to lands and waters. We pay our respects to Aboriginal and Torres Strait Islander cultures, and to Elders past and present.

© Commonwealth of Australia 2025

With the exception of AIFS branding, the Commonwealth Coat of Arms, content provided by third parties, and any material protected by a trademark, all textual material presented in this publication is provided under a Creative Commons Attribution 4.0 International licence ([CC BY 4.0](https://creativecommons.org/licenses/by/4.0/)). You may copy, distribute and build upon this work for commercial and non-commercial purposes; however, you must attribute the Commonwealth of Australia as the copyright holder of the work. Content that is copyrighted by a third party is subject to the licensing arrangements of the original owner.



The Australian Institute of Family Studies is committed to the creation and dissemination of research-based information on family functioning and wellbeing. Views expressed in its publications are those of individual authors and may not reflect those of the Australian Institute of Family Studies or the Australian Government.

Australian Institute of Family Studies
Level 4, 40 City Road, Southbank VIC 3006 Australia
Ph: (03) 9214 7888 Web: aifs.gov.au

Cover image: © gettyimages/Highwaystarz-Photography

ISBN (online): 978-1-76016-349-5
ISBN (PDF): 978-1-76016-350-1

Edited by Katharine Day
Typeset by Rachel Evans

2408_Building resilience in children and young people

Contents

Acknowledgements	2
Overview	3
Key messages	3
Resilience	3
What works?	3
What does good practice look like?	4
Introduction	5
Structure of this paper	5
Intended audience for this paper	6
What is resilience?	6
Methods of enhancing and measuring resilience	7
Nature of the evidence	8
What works in community-based group interventions to enhance resilience?	9
Psychoeducation interventions	10
Relaxation and mindfulness interventions	11
Counselling with art interventions	12
What does good practice look like in counselling?	13
Common elements of effective community-based interventions	14
Common factors across counselling models that improve client outcomes	14
Further reading and related resources	18
References	20
Appendix: Review method and studies sampled	22

Acknowledgements

Dr Jasmine B. MacDonald and Dr Stewart Muir work in Child and Family Evidence and Evaluation team at the Australian Institute of Family Studies (AIFS). Dr Will Dobud is a Lecturer in Social Work at Charles Sturt University. Dr Jasmine B. MacDonald conducted the literature review and developed the content of this paper in consultation with Dr Stewart Muir from AIFS and Paul Hardcastle, Anita Kaleb, Chante Kuhn and Quinny Nguyen from the Department of Social Services. Gillian Lord (AIFS) provided support accessing full-text research articles in the literature search and screening phase of this review. This resource was written by Dr Jasmine B. MacDonald with key contributions by Dr Will Dobud and Dr Stewart Muir.

Overview

This resource describes what good practice looks like in community-based group counselling for building resilience in children and young people aged 7–20 years. It provides insights on prevention and mental health promotion interventions effective in increasing resilience in children and young people. This resource will be useful for community mental health practitioners, program coordinators and program managers working in child and family community-based services.

This resource aims to provide the reader a better understanding of:

- what resilience is
- methods of enhancing and measuring resilience
- factors that promote resilience in children and young people
- the effectiveness of community-based group counselling interventions to enhance resilience and resilience-related outcomes in children and young people (also referred to as clients in this paper).¹

To provide a holistic picture of good counselling practice, we also describe some broader factors that can influence the effectiveness of counselling interventions:

- common elements of interventions aimed at enhancing resilience or wellbeing
- common factors across different types of counselling interventions
- strategies for building a strong therapeutic alliance with clients and improving engagement in counselling interventions.

To develop this resource, we reviewed 19 Australian and international studies about community-based group interventions to enhance resilience. The interventions were mostly set in a school context and tended to be facilitated by teachers, yoga instructors or trained program facilitators. The evidence quality is mixed but there is some strong evidence for the effectiveness of some psychoeducation interventions.

Key messages

Resilience

- Resilience is not an inherent quality of an individual but rather a dynamic interaction whereby individuals draw on their own personal resources (e.g. planning and decision-making skills) as well as available external resources (e.g. positive social support networks) to respond adaptively to life experiences over time.
- Levels of individual and community resilience can increase with the addition of protective resources and decrease with repeated exposure to adverse environmental factors.
- For these reasons, counselling interventions for enhancing resilience aim to do one or more of the following:
 - strengthen the clients' personal resources (e.g. planning and decision-making skills)
 - strengthen the clients' access to and quality of external resources (e.g. positive social support networks)
 - reduce exposure to, or the impact of, risk factors (e.g. poverty, natural disasters, maltreatment).
- Research has identified a large number and wide range of personal, family, community and cultural resources associated with increased resilience in children and young people.

What works?

- Three types of community-based group counselling interventions can effectively improve resilience and/or resilience-related outcomes for children and young people. These are:
 - psychoeducation interventions
 - relaxation and mindfulness interventions

¹ The focus of this resource is specifically on children and young people. In this resource we use the word 'client' to refer to children and young people accessing services to reduce repetition. Please keep in mind that in some practice contexts the use of the word 'client' is most suitable to adult service users.

- counselling with art interventions.
- **Strongest finding:** psychoeducation interventions enhance resilience in children and young people by improving how they see themselves.
 - This finding is consistent across many studies despite the wide variety of personal resources that interventions focused on, the many different delivery modes, and differing quality across studies.
 - It is also notable that these interventions are widely accepted, unlikely to cause harm and are not resource intensive.
- Meditation and mindfulness interventions and interventions with art are effective when paired with psychoeducation.
- It is not clear what the unique contribution of art, meditation and mindfulness is – these may be activities that increase engagement with the intervention.
- Meditation and mindfulness interventions that do not incorporate aspects of psychoeducation are not effective in improving resilience or wellbeing outcomes.
- It may be harmful for children and young people to engage in meditation and mindfulness if this is not accompanied by psychoeducation. This might be because clients may become more aware of negative internal states but have not learnt the skills and knowledge to manage them.

What does good practice look like?

- Client engagement can be enhanced by:
 - running an intervention or program for a longer period and with more than one session a week
 - increasing opportunities for clients to interact with counsellors and peers
 - providing digital resources and other activities (such as physical activities) alongside the counselling content to increase the likelihood of engagement with counselling content.
- Factors contributing to positive client outcomes can be grouped into 3 categories: (1) counsellor skills (e.g. confidence), (2) client factors (e.g. motivation) and (3) relationship factors (e.g. therapeutic alliance).
- Counsellors and program coordinators can enhance the effectiveness of counselling interventions by focusing on the counsellor's ability to build strong collaborative relationships with clients (commonly referred to as the 'therapeutic alliance') from a wide range of backgrounds and experiences.
 - This relationship can be more important than whether the counsellor has clinical experience or what 'type' of counselling they do (e.g. psychoeducation, meditation and mindfulness or art therapy).
 - Strong therapeutic alliances are characterised by a shared sense of trust and empathy between the client and counsellor and higher levels of agreement about the goals, purpose and methods of the counselling intervention.
- Counsellors should focus on the client's perception of the therapeutic relationship. Doing so is likely to improve positive outcomes for clients and reduce dropout rates.
- Given that the relationship between counsellor and client can be more important than the counsellor's professional experience and that psychoeducation interventions have been demonstrated to be effective in enhancing child resilience, there is strong justification for delivering universal non-clinical counselling programs in community settings.
 - A community-based workforce may help to reduce long waitlists for counselling services by increasing access to a wider range of engaging therapeutic services, such as those using art, music, and nature-based therapies.

Introduction

Community-based group counselling is an important primary prevention method for improving resilience in children and young people. The aim is to provide early support, skills and knowledge to children and young people in the general population to reduce the likelihood or severity of mental health related concerns and/or diagnoses in the future. The delivery of universal resilience-focused group counselling in community settings such as schools is a cost-effective alternative to more resource-intensive one-to-one mental health support in clinical settings (which often have waiting lists).

In Australia, child and family services provide a variety of community-based group counselling interventions. In child and family services and in child-facing services more broadly (e.g. the education system), community-based counselling interventions are often facilitated by practitioners who are not necessarily psychologists or health practitioners (e.g. counsellors, youth workers, social workers and school teachers). These interventions vary based on the context of service delivery such as the counselling modality, organisational context and target population.

Given the prevalence of community-based counselling interventions across Australia, and their potential significance within the broader mental health system, it is important that both providers of community-based counselling interventions and the agencies funding this work have sound evidence of the benefits of this type of intervention and what good counselling looks like. In addition, consultations with the AIFS audience have indicated there is interest in what good practice looks like in child and youth mental health and wellbeing. This policy and practice paper brings together these interests because there is some evidence that certain kinds of universal community-based group counselling interventions can have benefits for enhancing child and youth resilience – a concept that has been linked to increased wellbeing and good mental health (as discussed in the section [What is resilience?](#)).

This policy and practice paper was developed by the Australian Institute of Family Studies' Child Family Community Australia (CFCA) information exchange. The CFCA project provides evidence-based and evidence-informed resources for professionals working to protect children, support families, and strengthen communities across Australian jurisdictions. CFCA policy and practice papers offer an objective exploration of how research applies to policy and practice and are written by or in collaboration with expert researchers and service providers. The focus of this paper was refined in consultation with the Department of Social Services.

More information about the literature review method and the studies included in the review this paper is based on is provided in the [Appendix](#).

Structure of this paper

This paper has 4 sections:

- [What is resilience?](#) provides a definition of resilience, describes ways that counselling interventions typically aim to enhance resilience, summarises the various factors associated with resilience in children and young people, and explains approaches to measuring changes in resilience.
- [Nature of the evidence](#) summarises the characteristics of the studies included in the rapid review that this policy and practice paper is based on. It also summarises key reflections on the quality of research conducted to date.
- [What works in community-based group interventions to enhance resilience?](#) provides a summary of three types of interventions (psychoeducation, relaxation and mindfulness, and counselling with art) and their relative effectiveness of enhancing resilience in children and young people.
- [What does good practice look like in counselling?](#) provides a summary of common elements across effective interventions. This section then provides a discussion of the counsellor–client relationship and explains how relationship factors have a greater influence on client outcomes than the type of intervention (psychoeducation, relaxation and mindfulness, and counselling with art).

Intended audience for this paper

This paper provides a summary of what works and good practice in community-based group counselling. While the topic and insights are broadly relevant to people working with children and families, this resource is not an introductory resource – it is longer and more technical than some other CFCA resources. The overall structure and detail of this resource is most accessible and applicable for service managers and funding bodies.

The literature on interventions for enhancing resilience in children and young people is diverse and inconsistent and difficult to simplify for a range of reasons. The research team has synthesised and grouped a wide range of interventions to provide useful insights. Additionally, the concept of ‘resilience’ is somewhat fuzzy and some explanation of research methods of operationalising it, and the related concept of ‘wellbeing’, is necessary to understand what interventions are aiming to do and whether they have been effective or not. This paper explains that psychoeducation interventions are effective but that each individual intervention contains different elements of psychoeducation. Research has not yet looked at the effectiveness of specific elements within psychoeducation interventions.

Given that we do not know why psychoeducation interventions are effective, the final section of this paper draws on broader literature to unpack some of the counselling relationship factors that influence client outcomes. Research consistently shows that these relationship factors are more influential than counselling intervention type (e.g. psychoeducation) and are also independent of several counsellor specific demographic and professional factors, such as level of qualifications and experience. The description in this section is detailed and most accessible to people who have counselling experience or run counselling programs. A shorter and more accessible short article of key takeaways from this section is available: [Counselling effectiveness and the therapeutic alliance](#).

What is resilience?

Key messages

- Resilience is not an inherent quality of the individual but rather a dynamic interaction whereby individuals draw on their personal resources (e.g. planning and decision-making skills) as well as available external resources (e.g. positive social support networks) to respond adaptively to life experiences over time.
- Levels of individual and community resilience can increase with the addition of protective resources and decrease with repeated exposure to adverse environmental factors.
- For these reasons, counselling interventions for enhancing resilience aim to do one or more of the following:
 - strengthen the clients’ personal resources (e.g. planning and decision-making skills)
 - strengthen access to and quality of external resources (e.g. positive social support networks)
 - reduce exposure to, or the impact of, risk factors (e.g. poverty, natural disasters, maltreatment).
- Research has identified a large number and wide range of personal, family, community and cultural resources associated with increased resilience in children and young people.

There are many definitions of resilience and they generally focus on an individual’s ability to respond to adversity. Resilience is not an inherent quality of the individual but rather a dynamic interaction whereby individuals draw on their own personal resources (e.g. planning and decision-making skills) as well as available external resources (e.g. positive social support networks) to respond adaptively to life experiences over time (Gartland et al., 2019; Jongen et al., 2019). This understanding of resilience ‘purposely decenters individuals to avoid blaming them for not flourishing when there are few opportunities to access resources’ (Ungar, 2013, p 256). These personal and external resources contribute to maintaining or regaining positive mental health (Wendel et al., 2023) and wellbeing.

Resilience is generally considered to have 2 components (Bischops et al., 2023; Evans-Whipp & Gasser, 2018; Gartland et al., 2019; Wendel et al., 2023):

1. the individual is exposed to changes, challenges or adversities.²
2. an individual is 'resilient' when they are not overwhelmed by the adverse experience (i.e. they experience less psychological distress and continue to function in key domains of their life) or they are able to bounce back relatively quickly when they do become overwhelmed.

Methods of enhancing and measuring resilience

Resilience is not a static individual or community quality. It is a process rather than a specific outcome. Levels of individual and community resilience can increase with the addition of protective resources and decrease with repeated exposure to adverse environmental factors. For these reasons, counselling interventions for enhancing resilience aim to do one or more of the following:

- strengthen clients' personal resources (e.g. planning and decision-making skills)
- strengthen clients' access to and quality of external resources (e.g. positive social support networks)
- reduce exposure to, or the impact of, risk factors (e.g. poverty, natural disasters, maltreatment).

There is a wide range of personal, family, community and cultural resources associated with increased resilience in children and young people (Bischops et al., 2023; Evans-Whipp & Gasser, 2018; Gartland et al., 2019; Jongen et al., 2019). Factors are presented in the resilience-promoting or protective form in Table 1 for consistency and clarity of information. These factors can also be framed as personal and external risk factors for decreased resilience when in the negative (e.g. low cognitive skills, low self-efficacy, experiences of neglect, social isolation, low level of parental education, homelessness and experiences of discrimination (Bischops et al., 2023).

Table 1: Personal, family, community and cultural resources associated with resilience

Personal categories	Personal resources
Cognitive	Cognitive skills, intelligence, creativity, planning and decision-making skills, problem-solving skills, educational abilities, school commitment, curiosity, hope, humour, adaptability, autonomy, optimism, motivation
Emotional	Emotion regulation skills, empathy, stress tolerance, coping skills, emotional intelligence
Identity	Sense of purpose, life has meaning, self-efficacy, realistic self-appraisal, positive self-image, self-esteem, self-worth, confidence, self-concept, ego resilience, ego control
Physical	Positive perinatal experience, health
Social	Social competence and skills, trust, verbal communication skills, ability to receive help, agreeableness, reflectiveness, self-awareness, social engagement, empathy
Other personal qualities	Robust temperament, having talents, routine, inner sense of control, daily living skills
Family categories	Family resources
Family context	Hope, positive role models, emotional security, optimism, cohesion, trust, sense of belonging, collaborative problem solving, routine, supportive, secure housing, strong relationships with extended family and kinship networks, religious/faith affiliation and participation, socio-economic security and advantages, feeling loved
Carer qualities	Physically and mentally healthy, employed, aged 18+ years at time of giving birth, engaged, support for education, planned to have a family, marital harmony, no substance abuse, authoritative parenting style, parental supervision, warmth, parenting skills, positive values, educated
Relationship with carers	Clear boundaries, stability, child has secure attachment, parental monitoring, consistently close relationship with one or more parents
Siblings	Fewer number of siblings, healthy siblings

² Resilience research has tended to focus on major adversities or trauma exposure; however, there is now more focus than ever before on normative developmental experiences or demands that require some form of coping or adaptive response from children and young people (e.g. transition phases like starting or leaving school).

Community categories	Community resources
Resources	High socio-economic status, quality education, extracurricular opportunities, physical activity, opportunities for belonging, meaningful involvement and leadership in the community, religious involvement
School	Authoritative teacher and school style, positive school climate, safe, orderly
Social	Positive social support networks, positive adult relationships, friendships and romantic attachments with prosocial, well-regulated, trustworthy and supportive peers, sense of social responsibility, community stability, wellbeing and cohesion, friendship quality and quantity, having friends to communicate about problems with
Cultural categories	Cultural resources
Identity	Strong and positive ethnic/cultural identity, participation in traditional practices, identification with traditional beliefs and values
Social	Racial/ethnic socialisation, connection with members of one's cultural or social group

In practice, group counselling interventions may focus on more than one of the factors included in Table 1 but are not able to tailor to every factor. For practical reasons, a single counselling intervention would usually focus on a small number of manageable resources and/or risk factors relevant to the specific intervention and client preferences. Counsellors may consider working with a client's existing personal resources, such as established coping skills or motivation, rather than adopting a deficit focus.

Counselling interventions can be demonstrated to be effective through one or both of the following ways:

1. Clients have a greater quantity or quality of personal or external resources at the end of the intervention compared to before they started. An alternative demonstration of effectiveness is when clients who received the counselling intervention have a higher quantity or quality of personal and external resources than people in a comparison group who did not receive the counselling intervention.
2. Clients have greater general resilience or wellbeing (i.e. lower levels of psychological distress or improved positive emotional states) at the end of the intervention compared to before they started. An alternative demonstration of effectiveness is when clients who received the counselling intervention have greater general resilience or wellbeing than people in a comparison group that did not take receive the counselling intervention.

These two ways of showing the effectiveness of counselling interventions that aim to improve resilience – i.e. having more resources or having improved resilience or wellbeing – often overlap. This is because the tools that are used to measure general wellbeing and the tools used to measure resilience often include similar questions about psychological distress and external resources such as social support (Blodgett et al., 2022; Moss et al., 2023).

Nature of the evidence

Key messages

- Effective interventions aimed to improve client knowledge and skills across a wide range of personal resource types (social, coping, emotional and stress management domains).
- The interventions focused on a wide variety of personal resources, there were many different delivery modes, and there was also differing quality across studies.
 - Despite these differences, on the strength of the evidence we can be confident that psychoeducation interventions improve resilience and wellbeing outcomes for children and young people.

To develop this resource, we reviewed 19 Australian and international studies about community-based group interventions to enhance resilience. The studies were conducted in Australia, India, Ireland, South Africa, Palestine, the United Kingdom (some England only) and the United States. The interventions were mostly set in a school context and tended to be facilitated by teachers, yoga instructors or trained program facilitators. The evidence

quality is mixed but there is some strong evidence for the effectiveness of some psychoeducation interventions. The client age range across the intervention studies was 7–20 years.

Most of the interventions in the studies we reviewed provided non-clinical group counselling to strengthen children and young peoples' personal resources (i.e. to increase their knowledge and skills). Children and young people with strong personal resources can expect less psychological distress during challenging times and bounce back more quickly from distress than someone with fewer or weaker individual resources.

As described in the previous section, interventions can also target 'external resources', either in addition to or instead of personal resources. In the studies we reviewed, group counselling interventions in school and community settings did not typically focus on strengthening external resources. However, they did often focus on building healthy relationships and social skills, which goes some way to strengthening social support networks.

One of the benefits of group counselling is it helps participants develop these social skills through group reflection and activities; this can lead to peer support between clients. However, although improved peer support may be a side effect of group counselling interventions, it was not directly evaluated in the reviewed studies.

The evidence for the effectiveness of counselling interventions comes from a variety of study types. Some studies randomly assigned clients to different intervention and/or control groups and compared outcomes across groups of clients. Other studies made comparisons of client scores before and after taking part in a counselling intervention. Both types of studies are well placed to tell us about the effectiveness of counselling interventions.

From the findings of this review, we can be confident that psychoeducation interventions improve resilience and wellbeing outcomes for children and young people. Meditation and mindfulness interventions and interventions with art are effective when paired with psychoeducation. It is not clear what the unique contribution of art, meditation and mindfulness is – these may be activities that increase engagement with the intervention.

What works in community-based group interventions to enhance resilience?

Key messages

- Three types of community-based group counselling interventions can effectively improve resilience and/or resilience-related outcomes for children and young people:
 - psychoeducation interventions
 - relaxation and mindfulness interventions
 - counselling with art interventions.
- **Strongest finding:** psychoeducation interventions enhance resilience in children and young people by improving how they see themselves.
 - This finding is consistent across many studies despite the wide variety of personal resources that interventions focused on, the many different delivery modes, and differing quality across studies.
 - These interventions are also widely accepted, unlikely to cause harm and are not resource intensive.
- Meditation and mindfulness interventions and interventions with art are effective when paired with psychoeducation.
- It is not clear what the unique contribution of art, meditation and mindfulness is – these may be activities that increase engagement with the intervention.
- Meditation and mindfulness interventions that do not incorporate aspects of psychoeducation are not effective in improving resilience or wellbeing outcomes.

- It may be harmful for children and young people to engage in meditation and mindfulness if this is not accompanied by psychoeducation. This might be because clients may become more aware of negative internal states but have not learnt the skills and knowledge to manage them.

There are a range of intervention types that aim to help improve resilience or resilience-related outcomes in children and young people. Because of this range, and the large number of individual interventions, it is challenging to make blanket statements about whether they work as a whole or to identify what works. To help identify and compare the evidence across this broad category of interventions (i.e. community-based group counselling interventions for resilience), we have broken it down into 3 categories (based partly on which types of interventions have evidence for effectiveness):

1. psychoeducation interventions
2. relaxation and mindfulness interventions
3. counselling with art interventions.

Psychoeducation broadly refers to interventions focused on improving an individual's skills and knowledge relating to mental health and wellbeing. These interventions typically provide information about the way people are impacted by stress and the mental and physical processes involved in positive, compared to negative, mental health. They then provide practice exercises for building skills or boosting personal resources that promote good mental health and wellbeing.

The second and third category of interventions also include aspects of psychoeducation but with additional features.

Relaxation and mindfulness interventions expand on psychoeducation by placing greater emphasis on mindfulness skills, meditation, physical and emotional awareness, as well as breathing and relaxation techniques. These interventions also typically include physical activities, such as yoga, to bring the client into the present moment.

Counselling with art interventions as described here use a psychoeducation base combined with creative activities such as painting or drumming.

The following subsections describe the personal and external resources targeted in each of the 3 intervention types and the resilience and wellbeing related outcomes that were achieved.

Psychoeducation interventions

The psychoeducation interventions we reviewed for this resource tended to focus on building knowledge and skills in a wide range of personal resources and knowledge relating to strengthening external social resources. We have grouped the resources focused on in psychoeducation interventions into 7 categories (Table 2) (Anthony & McLean, 2015; Breslin et al., 2019; Clarke et al., 2014; de Villiers & van den Berg, 2012; Dobia et al., 2013; Khawaja & Ramirez, 2019; Leventhal et al., 2015; Shaheen & Oppenheim, 2016; Srikala & Kishore, 2010). The psychoeducation interventions tended to include some component of stress management and were underpinned by principles of cognitive behaviour therapy and/or social cognitive therapy.

Table 2: Personal and external resources focused on in psychoeducation interventions

Resources categories	Resources
Cognitive	Goal setting, decision making, problem solving, success skills, critical thinking, creative thinking, change, motivation, values, character strengths, optimism
Coping	Coping strategies
Culture	Cultural identity, cross-cultural communication, challenging stereotypes
Emotion	Grief, loss, stress management, self-monitoring, physical awareness, mind-body connection, fear, anger, self-awareness, courage
Identity	Sense of self, sense of identity, self-esteem, life stories
Physical	Physical activity, nutrition
Social	Connectedness, pro-social orientation, relationships, conflict resolution, communication, responding to bullying, assertiveness, tolerance of diversity, support systems, empathy, forgiveness and apologising

Intervention effectiveness

Psychoeducation group counselling interventions can effectively enhance children and young people's resilience. They do so by significantly improving a client's:

- confidence (Khawaja & Ramirez, 2019)
- coping skills (Khawaja & Ramirez, 2019; Srikala & Kishore, 2010)
- interpersonal strength (de Villiers & van den Berg, 2012)
- optimism (Anthony & McLean, 2015)
- self-appraisal/self-worth (de Villiers & van den Berg, 2012; Khawaja & Ramirez, 2019)
- self-efficacy/self-esteem (Anthony & McLean, 2015; Khawaja & Ramirez, 2019; Leventhal et al., 2015; Srikala & Kishore, 2010).

Psychoeducation interventions can also significantly improve a client's:

- emotional resilience (including reduced emotional reactivity) (de Villiers & van den Berg, 2012; Leventhal et al., 2015)
- general adjustment (Srikala & Kishore, 2010)
- psychological wellbeing (Leventhal et al., 2015).

From the findings, we can be confident that psychoeducation interventions can work to improve resilience and wellbeing outcomes for children and young people. However, each psychoeducation intervention included a different combination of personal resources and knowledge. Research has focused on showing overall effectiveness of psychoeducation interventions. We currently do not have evidence to say which parts of these psychoeducation interventions work.

The most consistent finding is that psychoeducation interventions enhance resilience in children and young people by improving how they see themselves (including self-appraisal, self-worth, self-efficacy and self-esteem). This finding is consistent across many studies despite the wide variety of personal resources that interventions focused on, the many different delivery modes, and differing quality across studies. It is also notable that these interventions are widely accepted, unlikely to cause harm and are not resource intensive.

Relaxation and mindfulness interventions

The relaxation and mindfulness interventions we reviewed focused on building knowledge and skills across 6 categories of personal resources and knowledge relating to facilitating strong external social resources (Table 3) (Frank et al., 2017; Haden et al., 2014; Halliwell et al., 2018; Kuyken et al., 2013; McKenzie et al., 2021; Mendelson et al., 2010; Tymofiyeva et al., 2022). These interventions were almost always paired with yoga practice. In some interventions there were overlaps with the stress management, cognitive, social and emotional resources of the psychoeducation interventions.

Table 3: Personal and external resources focused on in relaxation and mindfulness interventions

Resource categories	Resources
Cognitive	Managing change, problem solving, goal setting
Emotion	Mental wellness, emotions, stress management
Mindfulness	Mindfulness skills, meditation, physical and emotional awareness, self-regulation
Physical activity	Yoga postures, surfing
Relaxation	Breathing techniques, relaxation techniques
Social	Healthy relationships, asking for help

Intervention effectiveness

Relaxation and mindfulness interventions tended to focus on improving overall resilience and wellbeing outcomes, as opposed to strengthening personal or external resources associated with resilience and wellbeing. Most interventions that we reviewed aimed to use yoga, breathing and mindfulness skills. Only a few of the relaxation and mindfulness interventions included aspects of psychoeducation.

Relaxation and mindfulness interventions that include aspects of psychoeducation effectively enhance resilience and wellbeing by strengthening children and young peoples' personal resources. This further supports the effectiveness of psychoeducation features in group community-based counselling interventions, as described in the previous section. For example, a combination of psychoeducation, yoga practice, breathing techniques and meditation can significantly increase clients' coping skills and emotional regulation (Frank et al., 2017). Additionally, a surfing-focused intervention was found to increase the children and young peoples' levels of resilience, self-esteem and social connectedness (McKenzie et al., 2021).

It is less clear whether interventions without at least some aspects of psychoeducation are effective (i.e. interventions that include only mindfulness, yoga practice and/or relaxation techniques). There is some evidence that they can be effective in increasing emotional regulation (Mendelson et al., 2010) and wellbeing (Kuyken et al., 2013). However, other evidence suggests they are ineffective for improving scores on measures of emotional wellbeing, internalising problems, positive affect, negative affect or self-worth (Haden et al., 2014; Halliwell et al., 2018; Tymofiyeva et al., 2022).

Evidence even suggests that relaxation and mindfulness interventions without aspects of psychoeducation might increase negative affect scores (Haden et al., 2014). This may be because the client becomes more aware of negative internal states without also learning the skills and knowledge to manage them. Clients may experience 'adverse events' such as unpleasant thoughts, emotions and sensations because they are becoming aware of their own internal states (Binda et al., 2022). Although clients may have negative experiences in the short-term, we would expect individual experiences to fluctuate over the course of the intervention. From the existing research, we do not currently know the amount of negative affect experienced by clients or how long this effect might last.

Overall, the evidence suggests that meditation and mindfulness interventions that do not incorporate aspects of psychoeducation are not effective in improving resilience or wellbeing outcomes. The relaxation and mindfulness interventions reviewed tended to focus on similar personal and external resources than the psychoeducation interventions. This consistency across interventions increases the level of confidence we can have in the findings.

Counselling with art interventions

The studies of counselling with art interventions that we reviewed included either visual arts or drumming. In addition to an art component, these interventions focused on building knowledge and skills in 4 other categories of personal resources and knowledge related to facilitating strong external social resources (Table 4) (Efsthathopoulou & Bungay, 2021; Ho et al., 2011; Seekis et al., 2023).

Table 4: Personal and external resources focused on in counselling with art interventions

Resource categories	Resources
Art	Visual arts, drum circle, painting
Emotion	Stress management, self-compassion, self-soothing, kind self-talk
Identity	Self-esteem, sense of self
Mindfulness	Mindfulness skills, meditation
Social	Positive behaviour, positive risk taking, team building, social awareness, leadership, empathy, gratitude, reflection

Intervention effectiveness

Counselling with art interventions can effectively strengthen children and young people's resilience-related personal resources, including:

- peer connectedness (Seekis et al., 2023)
- self-compassion (Seekis et al., 2023).

Additionally, counselling with art interventions can directly improve:

- overall wellbeing (including reduced internalising problems) (Efsthathopoulou & Bungay, 2021; Ho et al., 2011)
- overall resilience (Seekis et al., 2023).

As in the case with the psychoeducation interventions, each counselling with art intervention aimed to enhance a unique combination of personal resources and knowledge. We can't say which personal resources or combination of resources are the ones making the biggest difference in improving resilience and wellbeing outcomes. It may be that the broad focus across different personal resources and knowledge – tapping into different developmental domains – is beneficial for participants. There are far fewer studies that have focused on counselling with art interventions compared to psychoeducation interventions, and the ones that do exist have focused on different outcome measures. More evaluation studies are required to increase our confidence in the effectiveness of these interventions.

Overall, psychoeducation interventions are effective and adding an art component to them does not diminish that effectiveness. However, it is not clear what unique contribution the art component makes above the psychoeducation. It may be that art helps with engaging clients; a method to get clients in the door to then experience the psychoeducation of the intervention.

What does good practice look like in counselling?

Key messages

- Client engagement can be enhanced by:
 - running a program for a longer period and with more than one session a week
 - increasing the opportunities for clients to interact with counsellors and peers
 - providing digital resources and other activities (such as physical activities) alongside the counselling content to increase the likelihood of engagement with counselling content.
- Factors contributing to positive client outcomes can be grouped into 3 categories: counsellor skills (e.g. confidence), client factors (e.g. motivation) and relationship factors (e.g. therapeutic alliance).
- Counsellors and program coordinators can enhance the effectiveness of counselling interventions by focusing on the counsellor's ability to build strong therapeutic alliances with clients across from a wide range of backgrounds and experiences.
 - This can be more important than whether the counsellor has clinical experience or which type of counselling they do (e.g. psychoeducation, meditation and mindfulness or art therapy).
 - Strong therapeutic alliances are characterised by a shared sense of trust and empathy between the client and counsellor and higher levels of agreement about the goals, purpose and methods of the counselling intervention.
- Counsellors should focus on the client's perception of the therapeutic relationship. Doing so is likely to improve positive outcomes for clients and reduce dropout.
- Given that the relationship between counsellor and client can be more important than the counsellor's professional experience and that psychoeducation interventions have been demonstrated to be effective in enhancing child resilience, there is strong justification for delivering universal non-clinical counselling programs in community settings.
 - A community-based workforce may help to reduce long waitlists for counselling services by increasing access to a wider range of engaging therapeutic services, such as those using art, music and nature-based therapies.

In this section, to provide a holistic picture of good counselling practice, we complement the earlier discussion with a description of some broader factors that influence the effectiveness of counselling interventions:

- common elements of interventions aimed at enhancing resilience or wellbeing
- common factors across counselling interventions that have greater influence over client outcomes than the counselling type.

Common elements of effective community-based interventions

Two of the 9 reviewed articles that this paper is based on provided information about the common elements across effective interventions for enhancing resilience and wellbeing. However, the scope for these findings was broader than for the present paper (e.g. focused on a wider age group, specific subpopulations, individual or online counselling, or reducing mental health symptoms). Despite the differences in scope, this information about common elements of effective interventions provides potentially valuable insights when considering what works in community-based counselling for building resilience in children and young people.

The common characteristics of effective interventions are listed below. While it is tempting to view these factors as 'ingredients' for promoting resilience through counselling interventions, practitioners should view these factors and techniques as ways to foster increased engagement in the service. Although these elements were present in effective interventions, it is not clear whether they themselves contributed directly to the interventions' effectiveness:

- Interventions aimed at reducing mental health symptoms were more likely to be effective if they were conducted over a longer period, such as 7-12 weeks, compared to a shorter period (Wendel et al., 2023).
- Interventions aimed at reducing mental health symptoms were more likely to be effective if they involved multiple sessions per week, compared to a single session per week (Wendel et al., 2023).
- Interventions aimed at reducing mental health symptoms were more effective when they provided opportunities for personal interaction (face-to-face or virtually) between an intervention facilitator and client and/or across clients (e.g. group work) compared to self- or parent-guided interventions (Wendel et al., 2023).
- Interventions aimed at reducing mental health symptoms were more effective when they included a physical activity component (Wendel et al., 2023).
- Interventions aimed at reducing mental health symptoms were more effective when they incorporated psychological support in education and/or community and family support compared to psychological interventions (Wendel et al., 2023).
- Effective wellbeing interventions often included digital components, which promoted 'anonymity, accessibility, prompt feedback, cost-effectiveness, high treatment fidelity, and applicability to real-life contexts' (Moss et al., 2023, p NA).

Each of the listed elements appears to potentially serve as a method through which to increase client engagement in the intervention.

Common factors across counselling models that improve client outcomes

This review of effective counselling interventions and strategies for promoting resilience has highlighted some of the factors associated with effective counselling interventions, such as physical activity and the introduction of digital components. When considering whether an intervention is effective, or what is needed for an effective intervention, it can be tempting to focus on the characteristics or content of effective interventions, such as the counselling type and/or techniques administered by the counsellor (e.g. psychoeducation, meditation and mindfulness or art therapy). However, other factors common to all counselling interventions, especially the therapeutic relationship, have greater influence over client outcomes than the specific counselling type (Dobud & Harper, 2018; Fife et al., 2014; Hess, 2019). These common factors are independent of the content of the counselling intervention (e.g. psychoeducation, meditation and mindfulness or art therapy) as well as the specific way it is delivered.

A 'contextual' understanding of counselling emphasises that all counselling efforts fall short without the experience of a warm, empathetic relationship between the counsellor and client and counselling techniques which increase client engagement in the counselling process (Wampold & Imel, 2015). On the other hand,

focusing solely on the counselling relationship might miss out on the structure required to engage the client in the process.

This section of the paper covers:

- counsellor, client and relationship factors associated with positive outcomes for counselling clients
- therapeutic alliance between counsellor and client
- client engagement with and confidence in the counselling intervention.

Counsellor, client and relationship factors associated with positive outcomes for counselling clients

The common factors associated with positive outcomes for counselling clients can be grouped into counsellor, client and relationship factors:

- Counsellor factors
 - therapeutic rationale for delivering the service (Dobud & Harper, 2018)
 - the counsellor's confidence that the type of counselling being delivered is effective (Fife et al., 2014)
 - unconditional positive regard for the client (Hess, 2019), i.e. supporting and accepting the client without conditions
 - Congruence, i.e. how much the counsellor's behaviours and other forms of communication match the expectations that they have set with the client about the intervention and the nature of the work they will do together (Frankel et al., 2016; Hess, 2019).³
- Client factors
 - unique life factors (e.g. current level of distress, cultural background) (Dobud & Harper, 2018; Hess, 2019)
 - motivation (Fife et al., 2014)
 - willingness to change (Hess, 2019)
 - placebo, hope and expectancy (e.g. when clients believe that the counselling is likely to help, they are more likely to actively engage in the service and so more likely to experience improved outcomes) (Dobud & Harper, 2018; Fife et al., 2014; Hess, 2019).
- Relationship factors
 - the relationship/alliance between counsellor and client (Dobud & Harper, 2018; Fife et al., 2014; Hess, 2019), where the client's rating of the alliance is more important than the counsellor's (Wampold & Imel, 2015)
 - setting goals together (Hess, 2019).

Therapeutic alliance between counsellor and client

Counsellors commonly spend time in continuing education and/or learning new evidence-informed techniques and counselling models because they want to be as effective as possible. Learning new techniques to promote resilience for clients in community counselling, such as art, music, or nature-based interventions, may increase a counsellor's confidence in facilitating certain activities. However, the evidence suggests that this professional training is not enough. Counsellors may also need to focus on each client's unique context for engaging in the counselling service. Counsellors may use the three factors above to explore how the client experiences the counsellor, the importance of their work together, and their quality of the therapeutic relationship.

Since the late 1970s, researchers have struggled to understand exactly what makes different kinds of counselling interventions effective. For example, we know that art-based interventions are effective in promoting resilience but there is also evidence that replacing art with music or sport- or nature-based counselling may still be equally effective. Knowing the client's attitudes about the therapeutic alliance with the counsellor is a better predictor of positive outcomes than knowing what techniques and activities are done in the specific type of counselling. That is, clients who have better attitudes about the relationship they have with the counsellor have better counselling outcomes.

Clients have a better attitude about the therapeutic alliance with the counsellor when:

³ For example, a counsellor who tells the client that their role as counsellor is to be non-directive but in practice does or says things to influence the decisions of the client is not being 'congruent'.

- there is a shared sense of trust and empathy between the client and counsellor (i.e. 'relational bond')
- there are higher levels of agreement about the goals and purpose of the counselling intervention
- there are higher levels of agreement about how to achieve those goals.

Client outcomes are consistently predicted by the counsellor's ability to build strong therapeutic alliances with clients from a wide range of backgrounds and experiences (Del Re et al., 2021). The counsellor's skill development and ability to form a therapeutic alliance with the client are more predictive of highly effective counselling than the type of counselling provided or the counsellor's professional qualifications, gender, caseload or age (Chow et al., 2015). This relationship in turn improves client engagement and reduces the likelihood of client dropout. For this reason, when counselling seems like it isn't working as expected, counsellors and program providers could encourage discussions between counsellors and clients about the quality of the client's engagement.

Although counsellor demographic factors (e.g. their age, ethnicity, gender, etc) on their own are not predictive of effective counselling, counselling services should still respond and adapt to the cultural factors present in each therapeutic relationship. This is because evidence-based practice is 'the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences' (American Psychiatric Association, Presidential Task Force on Evidence-Based Practice, 2006, p 273).

Strategies for counsellors aiming to strengthen the therapeutic alliance with clients

Counsellors can reflect on the following evidence-informed strategies for building a strong therapeutic alliance with clients (Bohart & Tallman, 2010):

- Although some clients may be stuck in a challenging and difficult position, approach your work with the belief that all clients are resilient and capable of overcoming their difficulties.
- If a client appears uninterested or disengaged from the service, avoid thinking the client is resistant, in denial, unmotivated or not ready – this includes how you write case notes and in discussions with other counsellors and managers. Resistance only exists in the context of a relationship and is not a quality or descriptor of the client. Instead, ask clients what motivates them; for example, 'What are your best hopes for coming here today?'
- Focus on the client's perception of the problem, lived experience, and view of therapeutic alliance and intervention.
- Provide space for clients to come up with their own solutions and avoid leading clients into solutions crafted by the counsellor.
- Remain open to client feedback, whether positive or negative, and use the feedback to tailor the intervention and improve the therapeutic alliance.

This is only a brief set of strategies. We have linked to further reading and related resources below.

Client engagement with and confidence in the counselling intervention

No matter the skills and years of experience of the counsellor, a fractured therapeutic relationship is predictive of ineffective counselling. This section explores the importance of counsellors reflecting with their clients about their perception of the therapeutic relationship.

Dropout rates from counselling interventions provide cause for concern about client engagement. Premature counselling dropout rates for children and young people range from 28% to 75% (de Haan et al., 2013). For both clinical and community-based helping professionals, focusing on enhancing engagement may improve outcomes more than focusing on the mode of therapy.

Strengthening the therapeutic alliance between counsellor and client leads to improved client engagement with the counselling intervention because a higher quality therapeutic alliance means the client has (Wampold & Imel, 2015):

- an increased sense of safety, trust and comfort with the counsellor
- increased motivation to participate in the intervention and willingness to collaborate with the counsellor

- higher levels of satisfaction with the intervention
- ownership and buy-in relating to the goals and purpose of the intervention.

When clients are engaged in the counselling intervention and have higher levels of confidence in it, they (Wampold & Imel, 2015):

- regularly attend sessions
- actively participate in intervention activities
- are less likely to drop out prematurely
- make early progress through the intervention.

The role of success and mastery in engagement

Before participating in counselling, clients are likely to have had experiences that make them feel as though they need some support to solve the problems they are facing and that they cannot independently overcome (i.e. they feel low levels of success and mastery – concepts we describe below). Children and young people accessing counselling may also have had negative relationships with the other adults in their lives. Therefore, positive relationship experiences between client and counsellor can itself be a pathway to success and mastery. In addition to building a strong relationship with clients, counsellors could improve engagement in community-based counselling by working to enhance the client's sense of success and mastery early in the counselling process.

Success and mastery occur when a client has a sense of control over the problems bringing them to counselling or when they feel as though the counsellor or intervention is likely to help. Mastery is not experienced from simply completing an intervention activity; rather, the client needs to reflect on their performance on that activity. The way that counselling interventions are facilitated can provide scaffolding for clients to experience an increased sense of success and mastery, leading to an increased sense of agency to face problems independently (i.e. increased resilience). Being aware of the personal, family, community and cultural resources associated with increased resilience in children and young people is beneficial in this process (Table 1). Counsellors who are aware of these resources are better able to identify when clients are demonstrating behaviours associated with resilience (such as assertiveness or problem-solving skills) and can highlight and discuss this observation with the client.

To reinforce mastery, counsellors could ask questions that attribute a client's accomplishment to their own doing, rather than the specifics of the intervention. The key process here is the counsellor working to understand the client's experiences, demonstrating empathy and providing the opportunity for client reflection and meaning making (Howard et al., 1993; Howard et al., 1996). When working with a group on intervention activities, such as using art or drumming as described earlier in the report, the counsellor could ask how clients experienced their engagement in the activity, as opposed to what the intervention did for them. For example, the counsellor might ask, 'How were you able to do that?' instead of 'What did you think of the activity?'

Counselling interventions that are not tailored to the client's context may leave the client feeling invalidated or hopeless. This is because it is not clear to the client whether the information provided (e.g. the psychoeducation) relates directly to their experiences and will lead to their own improved wellbeing. Focusing on how clients receive the content of the intervention is every bit as important as the information provided. For this reason, counsellors should routinely ask for feedback from clients about how the information can be tailored to their unique context and inquire into the impact of the information.

Each client will experience activities differently and, as such, success and mastery can look different from client to client. For example, Karoff and colleagues (2017) described the experience of a young student with an autism diagnosis attending an adventure-based peer support program in a school. Early on, the student was withdrawn and did not engage in the activities facilitated by the workers. With a focus on engagement, the workers asked if the student could be the timekeeper during the activities. The student became essential to the weekly activities and began to improve their social interactions with peers. The workers understood that how the student experienced working with them and peers during intervention activities was more important than if the student succeeded specifically in the adventure-based activities. The student's engagement improved when the workers focused on how to tailor and facilitate the program appropriately for them.

Further reading and related resources

[Counselling effectiveness and the therapeutic alliance](#)

This CFCA short article accompanies the current policy and practice paper. It focuses on the quality of the therapeutic alliance between counsellor and client and strategies for counsellors to consider when aiming to strengthen their relationships they have with the people they work with.

[Mental health literacy and interventions for school-aged children](#)

This CFCA short article discusses how practitioners can incorporate mental health literacy interventions into the school environment.

[Adolescents' resilience](#)

This chapter from the Longitudinal Study of Australian Children (LSAC) Annual Statistical Report 2018 explores levels of self-reported resilience at age 16–17 years and examines whether resilience differs according to characteristics of the individual and their family, peer and school environments.

[Adolescent help-seeking](#)

This LSAC chapter describes the past help-seeking behaviours and future help-seeking intentions of adolescents, focusing on who adolescents go to for help. The help-seeking behaviours and intentions of adolescents who are experiencing symptoms of mental health difficulties are compared with those of adolescents with no symptoms of mental health difficulties.

[Building resilience and wellbeing in the early years: Coping strategies for parents and children from CALD backgrounds](#)

This CFCA webinar discusses an approach to productive parenting in early childhood that incorporates principles of positive psychology and productive coping skills for families with young children. This approach is illustrated using a case example of an innovative early years productive parenting program adapted for parents from CALD backgrounds attending a playgroup in Melbourne, Australia. Research findings which indicate that parents benefit from being introduced to culturally sensitive parenting skills and that highlight the efficacy of practical resources to support communication between parents and children are also discussed.

[What promotes social and emotional wellbeing in Aboriginal and Torres Strait Islander children?](#)

This Longitudinal Study of Indigenous Children (LSIC) article aims to identify the early childhood factors associated with later social and emotional wellbeing when the child is ready to start school, and to develop a new indicator that could capture a more holistic view of wellbeing. It draws on LSIC data to look at selected individual and family factors during pregnancy and up to 2 years of age compared to children's prosocial behaviour, mental health, connectedness, and other surrogate proxies for social and emotional wellbeing at school commencement.

[Social-emotional wellbeing from childhood to early adolescence](#)

This LSAC research summary describes the role of parenting, parents' mental health and parents' health behaviours on the social-emotional wellbeing of their children between the ages of 4 and 13 years.

[Defining and delivering effective counselling and psychotherapy](#)

This CFCA policy and practice paper addresses the similarities and differences between the terms counselling and psychotherapy and explores counselling's essentially voluntary nature and examines the practice and research divide between individual, couples and family-focused work.

[Managing uncertainty in professional practice](#)

This practice guide provides an overview of what uncertainty and uncertainty tolerance are and their significance to professional practice. It also outlines the individual, practice and organisational factors that can contribute to uncertainty and describes evidence-based strategies for how practitioners can manage practice uncertainties.

This resource includes a reflective practice activity that may be used in professional supervision (one-on-one or peer group setting) to help practitioners reflect on practice situations that contribute to uncertainty and identify ways to adaptively manage and respond to uncertainty in their practice roles.

Therapeutic alliance

This Psychology Today resource provides further insights about building the therapeutic alliance through authenticity, attentiveness and positivity.

Is resistance dead? Or have the rumors been exaggerated?

This article in the Psychotherapy Networker provides reflections and tips for increasing client engagement and working to build a strong therapeutic alliance.

Common Factors and the Uncommon Heroism of Youth

This article from Psychotherapy in Australia provides insights about the common factors when working with youth, including the importance of making space for the client to have their own voice in counselling.

References

- Andermo, S., Hallgren, M., Nguyen, T. T., Jonsson, S., Petersen, S., Friberg, M. et al. (2020). School-related physical activity interventions and mental health among children: A systematic review and meta-analysis. *Sports Medicine - Open*, 6(1), 25. doi:10.1186/s40798-020-00254-x
- Anthony, H., & McLean, L. A. (2015). Promoting mental health at school: Short-term effectiveness of a popular school-based resiliency programme. *Advances in School Mental Health Promotion*, 8(4), 199-215. doi:10.1080/1754730X.2015.1065188
- Australian Psychological Society. (2022). *One in 3 psychologists are unable to see new clients, but Australians need help more than ever*. www.psychology.org.au/for-members/news-and-updates/news/2022/australians-need-psychological-help-more-than-ever
- Binda, D. D., Greco, C. M., & Morone, N. E. (2022). What are adverse events in mindfulness meditation? *Global Advances in Health and Medicine*, 11, 2164957x221096640. doi:10.1177/2164957x221096640
- Bischops, A. C., Reinauer, C., Pischke, C., Mayatepek, E., & Meißner, T. (2023). Strengthening the resilience of children and adolescents during a pandemic: A scoping review on eligible interventions. *Klinische Pädiatrie*, 235(1), 13-22. doi:10.1055/a-1849-1355
- Blodgett, J. M., Birch, J. M., Musella, M., Harkness, F., & Kaushal, A. (2022). What works to improve wellbeing? A rapid systematic review of 223 interventions evaluated with the Warwick-Edinburgh Mental Well-Being Scales. *International Journal of Environmental Research and Public Health*, 19(23). doi:10.3390/ijerph192315845
- Bohart, A. C., & Tallman, K. (2010). Clients: The neglected common factor in psychotherapy. In *The heart and soul of change: Delivering what works in therapy* (2nd ed., pp 83-111). Washington, DC: American Psychological Association.
- Breslin, G., Shannon, S., Rafferty, R., Fitzpatrick, B., Belton, S., O'Brien, W. et al. (2019). The effect of sport for LIFE: All island in children from low socio-economic status. A clustered randomized controlled trial. *Health and Quality of Life Outcomes*, 17(1), 66. doi:10.1186/s12955-019-1133-x
- Bulimwengu, A. S., & Cartmel, J. (2022). The tween years: A systematic literature review for services for children aged 10-13 years. *Heliyon*, 8(1), e08822. doi:10.1016/j.heliyon.2022.e08822
- Clarke, A. M., Bunting, B., & Barry, M. M. (2014). Evaluating the implementation of a school-based emotional well-being programme: A cluster randomized controlled trial of Zippy's Friends for children in disadvantaged primary schools. *Health Education Research*, 29(5), 786-798. doi:10.1093/her/cyu047
- de Haan, A. M., Boon, A. E., de Jong, J. T. V. M., Hoeve, M., & Vermeiren, R. R. J. M. (2013). A meta-analytic review on treatment dropout in child and adolescent outpatient mental health care. *Clinical Psychology Review*, 33(5), 698-711. doi.org/10.1016/j.cpr.2013.04.005
- de Villiers, M., & van den Berg, H. (2012). The implementation and evaluation of a resiliency programme for children. *South African Journal of Psychology*, 42(1), 93-102. doi:10.1177/008124631204200110
- Del Re, A. C., Flückiger, C., Horvath, A. O., & Wampold, B. E. (2021). Examining therapist effects in the alliance-outcome relationship: A multilevel meta-analysis. *Journal of Consulting and Clinical Psychology*, 89(5), 371-378. doi:10.1037/ccp0000637
- Dobia, B., Bodkin-Andrews, G., Parada, R., O'Rourke, V., Gilbert, S., Daley, A., & Roffey, S. (2013). *Aboriginal Girls Circle: Enhancing connectedness and promoting resilience for Aboriginal girls (Final pilot report)*. Presented at the International Academic Forum North American Conference on Psychology and the Behavioural Sciences and North American Conference on Education, Providence, Rhode Island.
- Dobud, W. W., & Harper, N. J. (2018). Of Dodo birds and common factors: A scoping review of direct comparison trials in adventure therapy. *Complementary Therapies in Clinical Practice*, 31, 16-24. doi:10.1016/j.ctcp.2018.01.005
- Efstathopoulou, L., & Bungay, H. (2021). Mental health and resilience: Arts on Prescription for children and young people in a school setting. *Public Health*, 198, 196-199. doi:10.1016/j.puhe.2021.07.021
- Evans-Whipp, T., & Gasser, C. (2018). Adolescents' resilience. In G. Daraganova & N. Joss (Eds), *Growing Up in Australia: The Longitudinal Study of Australian Children, Annual Statistical Report 2018* (pp 109-120). Melbourne: Australian Institute of Family Studies.
- Fife, S. T., Whiting, J. B., Bradford, K., & Davis, S. (2014). The therapeutic pyramid: A common factors synthesis of techniques, alliance, and way of being. *Journal of Marital and Family Therapy*, 40(1), 20-33. doi:10.1111/jmft.12041
- Frank, J. L., Kohler, K., Peal, A., & Bose, B. (2017). Effectiveness of a school-based yoga program on adolescent mental health and school performance: Findings from a randomized controlled trial. *Mindfulness*, 8(3), 544-553. doi:10.1007/s12671-016-0628-3
- Frankel, M., Johnson, M. M., & Polak, R. (2016). Congruence: The social contract between a client and therapist. *Person-Centered & Experiential Psychotherapies*, 15(2), 156-174. doi:10.1080/14779757.2016.1182061
- Gartland, D., Riggs, E., Muyeen, S., Giallo, R., Afifi, T. O., MacMillan, H. et al. (2019). What factors are associated with resilient outcomes in children exposed to social adversity? A systematic review. *BMJ Open*, 9(4), e024870. doi:10.1136/bmjopen-2018-024870
- Haden, S. C., Daly, L., & Hagins, M. (2014). A randomised controlled trial comparing the impact of yoga and physical education on the emotional and behavioural functioning of middle school children. *Focus on Alternative and Complementary Therapies*, 19(3), 148-155. doi:10.1111/fct.12130
- Halliwell, E., Jarman, H., Tylka, T. L., & Slater, A. (2018). Evaluating the impact of a brief yoga intervention on preadolescents' body image and mood. *Body Image*, 27, 196-201. doi.org/10.1016/j.bodyim.2018.10.003

- Hess, N. (2019). A neuroscientific perspective on the therapeutic alliance and how talking changes the brain: Supporting a common factors model of psychotherapy. *Psychotherapy and Counselling Journal of Australia*, 7(2). doi.org/10.59158/001c.71106
- Higgen, S., Mueller, J. T., & Mösko, M. (2022). Review: Universal mental health interventions for young students in adverse environments: A systematic review of evaluated interventions. *Child and Adolescent Mental Health*, 27(3), 281–293. doi:10.1111/camh.12493
- Ho, P., Tsao, J. C., Bloch, L., & Zeltzer, L. K. (2011). The impact of group drumming on social-emotional behavior in low-income children. *Evidence-based Complementary and Alternative Medicine*, 2011, 250708. doi:10.1093/ecam/nea072
- Howard, K. I., Lueger, R. J., Maling, M. S., & Martinovich, Z. (1993). A phase model of psychotherapy outcome: Causal mediation of change. *Journal of Consulting and Clinical Psychology*, 61(4), 678–685. doi:10.1037//0022-006x.61.4.678
- Howard, K. I., Moras, K., Brill, P. L., Martinovich, Z., & Lutz, W. (1996). Evaluation of psychotherapy: Efficacy, effectiveness, and patient progress. *The American Psychologist*, 51(10), 1059–1064. doi:10.1037//0003-066x.51.10.1059
- Jongen, C. S., McCalman, J., & Bainbridge, R. G. (2019). A systematic scoping review of the resilience intervention literature for Indigenous adolescents in CANZUS nations. *Front Public Health*, 7, 351. doi:10.3389/fpubh.2019.00351
- Karoff, M., Tucker, A. R., Alvarez, T., & Kovacs, P. (2017). Infusing a peer-to-peer support program with adventure therapy for adolescent students with autism spectrum disorder. *Journal of Experiential Education*, 40(4), 394–408. doi:10.1177/1053825917727551
- Khawaja, N. G., & Ramirez, E. (2019). Building resilience in transcultural adolescents: An evaluation of a group program. *Journal of Child and Family Studies*, 28(11), 2977–2987. doi: dx.doi.org/10.1007/s10826-019-01473-x
- Kuyken, W., Weare, K., Ukoumunne, O. C., Vicary, R., Motton, N., Burnett, R. et al. (2013). Effectiveness of the Mindfulness in Schools Programme: Non-randomised controlled feasibility study. *British Journal of Psychiatry*, 203(2), 126–131. doi:10.1192/bjp.bp.113.126649
- Leventhal, K. S., Gillham, J., DeMaria, L., Andrew, G., Peabody, J., & Leventhal, S. (2015). Building psychosocial assets and wellbeing among adolescent girls: A randomized controlled trial. *Journal of Adolescence (London, England)*, 45(1), 284–295. doi:10.1016/j.adolescence.2015.09.011
- McKenzie, R. J., Chambers, T. P., Nicholson-Perry, K., Pilgrim, J., & Ward, P. B. (2021). 'Feels Good to Get Wet': The unique affordances of surf therapy among Australian youth. *Frontiers in Psychology*, 12, 721238. doi:10.3389/fpsyg.2021.721238
- Mehra, D., Lakiang, T., Kathuria, N., Kumar, M., Mehra, S., & Sharma, S. (2022). Mental health interventions among adolescents in India: A scoping review. *Healthcare (Basel)*, 10(2). doi:10.3390/healthcare10020337
- Mendelson, T., Greenberg, M. T., Dariotis, J. K., Gould, L. F., Rhoades, B. L., & Leaf, P. J. (2010). Feasibility and preliminary outcomes of a school-based mindfulness intervention for urban youth. *Journal of Abnormal Child Psychology*, 38(7), 985–994. doi.org/10.1007/s10802-010-9418-x
- Moss, S. J., Mizen, S. J., Stelfox, M., Mather, R. B., FitzGerald, E. A., Tutelman, P. et al. (2023). Interventions to improve well-being among children and youth aged 6–17 years during the COVID-19 pandemic: A systematic review. *BMC Medicine*, 21(1), 131. doi:10.1186/s12916-023-02828-4
- Seekis, V., Farrell, L., & Zimmer-Gembeck, M. (2023). A classroom-based pilot of a self-compassion intervention to increase wellbeing in early adolescents. *Explore (NY)*, 19(2), 267–270. doi:10.1016/j.explore.2022.06.003
- Shaheen, M. M. A., & Oppenheim, S. (2016). Youth resilience makes a difference in mitigating stress: Teacher mediated school intervention in Bethlehem. *Intervention (Amstelveen, Netherlands)*, 14(3), 305–319. doi:10.1097/WTF.0000000000000134
- Srikala, B., & Kishore, K. K. V. (2010). Empowering adolescents with life skills education in schools – School mental health program: Does it work? *Indian Journal of Psychiatry*, 52(4), 344–349. doi:10.4103/0019-5545.74310
- Tymofiyeva, O., Hu, M. Y., Sipes, B. S., Jakary, A., Glidden, D. V., Jariwala, N. et al. (2022). A feasibility study of a remotely-delivered mindfulness-based training for adolescents during the COVID-19 pandemic. *Frontiers in Psychiatry*, 13, 838694. doi:10.3389/fpsyg.2022.838694
- Ungar, M. (2013). Resilience, trauma, context, and culture. *Trauma, Violence, & Abuse*, 14(3), 255–266. doi.org/10.1177/1524838013487805
- Wampold, B. E., & Imel, Z. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work* (2nd ed). New York: Routledge/Taylor & Francis Group.
- Wendel, F., Bender, S., Breiting, E., Coenen, M., Hummel, J., Immich, G. et al. (2023). Interventions to build resilience and to ameliorate negative psychosocial effects of the COVID-19 pandemic on children and adolescents: A systematic review and meta-analysis. *European Child & Adolescent Psychiatry*. doi:10.1007/s00787-023-02280-y

Appendix: Review method and studies sampled

The evidence synthesis of community-based group interventions to enhance resilience provided in this paper is based on a rapid literature review of 12 international intervention evaluation review articles and primary data studies. These studies were used to write the What works in community-based group interventions to enhance resilience and Common elements of effective community-based interventions sections.

Additional literature identified in the review process was used to supplement the sampled studies in the Methods of enhancing and measuring resilience and Common factors across counselling models that improve client outcomes sections.

Scope and review process

This sample consisted of 9 review studies of international research and 3 primary data studies from Australia. For each of the review studies, only the content specifically relevant to the scope of this report was extracted and synthesised; this increased the practical sample size to 19 (i.e. 16 specific studies were extracted from the 9 review papers). Studies were in scope where:

- the intervention was delivered in a community setting (i.e. not in a clinical psychology or health context)
- it was facilitated by non-clinical practitioners (i.e. youth workers, social workers or teachers; not psychologists or health professionals)
- it was providing services to children and young people aged 6–14 years
- who did not have an existing mental health or physical health diagnosis
- it had been published in the past 5 years, and
- it was written in the English language.

In September 2023, two journal databases were chosen to search for relevant literature within (PubMed and PsycInfo) because they contain research and practice literature related to counselling (psychology, social work and sociology). Additionally, four sources for grey literature relevant to counselling and resilience in children and young people were also searched: Analysis and Policy Observatory (APO) and the websites for AIFS, Emerging Minds and the Longitudinal Study of Australian Children (LSAC).

Characteristics of studies sampled in this review

Table 6 displays the studies sampled in this review and their key characteristics. When specific studies from review papers are described in this paper, the primary study citation is provided, not the review citation.

The sample sizes in the reviewed studies ranged from 9 to 2,508. The studies were conducted in Australia, India, Ireland, South Africa, Palestine, the United Kingdom (some England only) and the United States. The interventions evaluated were mostly set in a school context and tended to be facilitated by teachers, yoga instructors or trained program facilitators. The client age range across the intervention studies was 7–20 years. Some studies indicated the school grade of clients. In these situations, we looked up the average age of students in those grades for that region and listed this information. Interventions varied in length, ranging from 2 to 23 weeks.

All review articles except for one provided an assessment of the study quality or risk of bias. Overall, the studies reviewed and described in this report are characterised by wide variability in study quality. Universal group counselling studies conducted in school or other community settings are expected to have lower quality or higher risk of bias than individual treatment studies conducted in clinical or controlled research settings (Higgen et al., 2022). This is therefore a key limitation associated with the research question.

Table 6: Characteristics of the studies included in the review

Review study	Relevant primary data	Study design	Sample size	Country	Setting	Facilitator	Sample description	Participant age range	Sessions (duration)	Type of intervention (Features)	Resilience-related findings	Quality assessment
Jongen et al. (2019)	Dobia et al. (2013)	Pre-/post-intervention evaluation	41	Australia	School	Community elders and teachers	Aboriginal girls attending secondary schools	Not stated	Not stated	Psychoeducation (sense of self, social and emotional skills, connection, pro-social orientation, goal setting, decision making, problem solving)	Increased confidence, self-esteem, social skills and leadership scores, but not statistically significant	Weak study quality
Andermo et al. (2020)	Breslin et al. (2019)	RCT	362	Ireland	School	Student volunteers	Children from low SES schools	8-9	12 (12 weeks)	Psychoeducation (physical activity, nutrition, goal setting, problem solving, self-monitoring)	No significant differences in psychological wellbeing between intervention and control group	Weak study quality
Andermo et al. (2020)	Haden et al. (2014)	RCT	30	USA	School	Yoga instructor	Public school students	10-11	36 (12 weeks)	Relaxation and mindfulness (yoga, breathing, relaxation)	Post-intervention, the intervention group had significantly higher negative affect scores than the control group No significant differences in positive affect, self-worth or internalising problems between intervention and control group	Moderate study quality
Andermo et al. (2020)	Halliwell et al. (2018)	RCT	344	England	School	Yoga instructor	Primary school students	9-11	4 (4 weeks)	Relaxation and mindfulness (yoga, breathing, relaxation)	No significant differences in positive affect or negative affect between intervention and control group	Moderate study quality
Blodgett et al. (2022)	Kuyken et al. (2013)	Non-randomised controlled feasibility study	522	United Kingdom	School	Teacher	Young people from secondary schools	12-16	9 (9 weeks)	Relaxation and mindfulness (Mindfulness skills)	Post-intervention, the intervention group had significantly higher wellbeing scores than the control group	Moderate level of confidence

Review study	Relevant primary data	Study design	Sample size	Country	Setting	Facilitator	Sample description	Participant age range	Sessions (duration)	Type of intervention (Features)	Resilience-related findings	Quality assessment
Blodgett et al. (2022)	Efstathopoulou and Bungay (2021)	Pre-/post-intervention evaluation	65	England	School	Counsellor and an artist	Adolescents from schools in low SES areas	13-16	10 (10 weeks)	Counselling with art (Topic-based arts activities, discussions, reflections)	Significant increase in wellbeing	High level of confidence
Bulimwengu and Cartmel (2022)	Anthony and McLean (2015)	Pre-/post-intervention evaluation	39	Australia	School	Teacher and a researcher	Children in Grades 3 and 4 from medium-sized suburban primary schools	8-10	9 (9 weeks)	Psychoeducation (values, coping, courage, optimism, emotions, relationships, countering bullying, success skills)	Significant increases in self-efficacy and optimism No change in help-seeking attitudes	Serious risk of bias
Higgen et al. (2022)	Clarke et al. (2014)	Pre-/post-intervention evaluation	766	Ireland	School	Teacher	Schools designated as disadvantaged	7-8	6 (Not stated)	Psychoeducation (feelings, communication, relationships, conflict resolutions, change and loss, coping)	Increased emotional literacy scores for participants in the intervention group, but not statistically significant	Critical risk of bias
Higgen et al. (2022)	de Villiers and van den Berg (2012)	Pre-/post-intervention evaluation	161	South Africa	School	Not stated	Children exposed to numerous family, economic risks and adverse life events	11-12	15 (15 days)	Psychoeducation (sense of identity, self-esteem, emotions, communication, conflict management, assertiveness, tolerance of diversity, problem solving, goal setting, motivation)	Significant increases in self-appraisal and interpersonal strength scores Significant decrease in emotional reactivity scores.	Critical risk of bias
Higgen et al. (2022)	Shaheen and Oppenheim (2016)	Pre-/post-intervention evaluation	125	Palestine	School	Teacher	Children exposed to numerous family, economic risks and adverse life events	10-14	13 (unclear)	Psychoeducation (coping, physical awareness, stress management, emotions, mind and body connection, anger, fear, grief and loss, turning trauma into an opportunity, self-esteem, support systems)	No change in ego-resilience	Critical risk of bias
Higgen et al. (2022)	Mendelson et al. (2010)	RCT	97	USA	School	Yoga instructor	Disadvantaged youth	8-11	48 (12 weeks)	Relaxation and mindfulness (yoga, mindfulness, breathing techniques)	Significant decrease in emotional arousal scores	Serious risk of bias

Review study	Relevant primary data	Study design	Sample size	Country	Setting	Facilitator	Sample description	Participant age range	Sessions (duration)	Type of intervention (Features)	Resilience-related findings	Quality assessment
Andermo et al. (2020); Higgen et al. (2022)	Frank et al. (2017)	RCT	159	USA	School	Yoga instructor	Diverse middle school in a high-poverty urban area	11-14	Unclear	Relaxation and mindfulness (yoga postures, breathing techniques, centring meditation, stress management, physical and emotional awareness, self-regulation, healthy relationships)	Post-intervention, the intervention group had significant increases in coping and emotional regulation scores. No significant differences between intervention and control group for positive affect or negative affect	Serious risk of bias
Higgen et al. (2022)	Ho et al. (2011)	Pre-test-post-test non-equivalent control group	101	USA	School	School counsellor	Low-income fifth graders	10-12	12 (12 weeks)	Counselling with art (drum circle with counselling: positive behaviour, team building, positive risk taking, self-esteem, social awareness, leadership, sense of self, empathy, gratitude)	Post-intervention, the intervention group had significantly lower internalising problems scores than the control group.	Moderate risk of bias
Mehra et al. (2022)	Srikala and Kishore (2010)	Pre-test-post-test non-equivalent control group	1,028	India	School	Teachers	School children from rural areas	14-16	10 (unclear)	Psychoeducation (critical and creative thinking, decision making, problem solving, communication, relationships, coping, stress management, self-awareness, empathy)	Post-intervention, the intervention group had significantly higher self-esteem, coping and general adjustment scores than the control group.	NA
Mehra et al. (2022)	Leventhal et al. (2015)	RCT	2,508	India	School	Female community members	Rural adolescent girls attending Government schools	13-14	23 (23 weeks)	Psychoeducation (communication, character strengths, life stories and goals, emotions, stress management, fear, problem-solving, forgiveness and apologising)	Increased emotional resilience, self-efficacy and psychological wellbeing	NA

Review study	Relevant primary data	Study design	Sample size	Country	Setting	Facilitator	Sample description	Participant age range	Sessions (duration)	Type of intervention (Features)	Resilience-related findings	Quality assessment
Wendel et al. (2023)	Tymofiyeva et al. (2022)	RCT	21	USA	Community	Two Training for Awareness, Resilience, and Action (TARA) facilitators	Healthy adolescents	14-18	12 (12 weeks)	Relation and mindfulness (mindfulness, yoga)	Increased emotional wellbeing scores for the intervention group, but not statistically significant	High risk of bias
NA	Khawaja and Ramirez (2019)	Pre-/post-intervention evaluation	229	Australia	School and community	Trained program facilitators	Transcultural children and young people	12-20	10 (multiple modes)	Psychoeducation (cultural identity, self-esteem, cross-cultural communication, emotions and stress management, challenging stereotypes, conflict, coping strategies, relationships, goal setting)	Significant increases in coping skills, self-worth, confidence and self-efficacy	NA
NA	McKenzie et al. (2021)	Pre-/post-intervention evaluation	9	Australia	Beach	Counsellor surf instructor	Australian adolescents	14-17	8 (8 weeks)	Relaxation and mindfulness (Surfing paired with counselling: mental wellness, emotions, managing change, mindfulness, problem solving, asking for help, relationships, goal setting)	Increased resilience, self-esteem and social connectedness scores (descriptive analysis only)	NA
NA	Seekis et al. (2023)	Pre-/post-intervention evaluation	18	Australia	School	Program facilitator	Students from a culturally diverse secondary school	12-14	4 (4 weeks)	Counselling with art (painting, mindfulness, empathy, stress management, self-compassion and self-soothing, kind self-talk, meditation)	Significant increases in peer connectedness, resilience and self-compassion	NA