

# Penn Resilience Programme (UK implementation in primary school)

Review: March 2017

**The UK implementation of the Penn Resilience Programme is based on the Penn Resilience Programme (PRP), which was originally developed by a team of psychologists at the University of Pennsylvania.**

The programme is based on Albert Ellis's cognitive behavioural model. The PRP (UK implementation) is a universal programme delivered in the school setting. It is designed to build young people's resilience and promote realistic thinking and adaptive coping. Students are taught skills and coping strategies which are designed to contribute towards a number of resilience competencies, such as emotional intelligence and flexible and accurate thinking. Participants also learn techniques for positive social behaviour, including assertiveness and negotiation. This version of the programme is delivered to primary schoolchildren.

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Evidence  
rating: **2**

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Cost rating: **1**

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## EIF Programme Assessment

Penn Resilience Programme (UK implementation in primary school) has **preliminary evidence** of improving a child outcome, but we cannot be confident that the programme caused the improvement.

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Evidence  
rating: **2**

### What does the evidence rating mean?

**Level 2** indicates that the programme has evidence of improving a child outcome from a study involving at least 20 participants, representing 60% of the sample, using validated instruments.

This programme does not receive a rating of 3 as its best evidence is not from a rigorously conducted RCT or QED evaluation.

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## Cost rating

A rating of 1 indicates that a programme has a low cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of less than £100.

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Cost rating: **1**

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## Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

### Supporting children's mental health and wellbeing

Reduced symptoms of depression (child self-report) - based on **study 1**

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Reduced symptoms of anxiety (child self-report) - based on **study 1**

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## Key programme characteristics

### Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Primary school
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### How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Group
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### Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Primary school
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### How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Universal
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### Where has it been implemented?

United Kingdom

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## UK provision

This programme has been implemented in the UK.

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## UK evaluation

This programme's best evidence includes evaluation conducted in the UK.

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## About the programme

### What happens during delivery?

#### How is it delivered?

- The PRP (UK implementation) is delivered in 18 one-hour sessions to groups of between six and 30 students. It is taught in school and lessons are timetabled as part of the normal school day. It has mainly been delivered by teachers with some other staff, such as teaching assistants or learning mentors, also delivering the programme.

### What happens during the intervention?

- A range of teaching tools and approaches are used, such as scenarios, role play, quizzes, and individual, paired and group activities.
- The programme teaches the following resilient thinking skills: the link between thoughts and feelings, identifying thinking styles, generating alternatives, putting it in perspective, real-time resilience, assertive communication, and negotiation.
- These skills and coping strategies are designed to contribute towards six resilience competencies: emotional intelligence, impulse control, optimistic thinking, flexible and accurate thinking, self-efficacy, and connecting with others.
- The teacher outlines examples so students can see the process of using the skill and practise it, such as by using an example taken from the class 'problem pool' (anonymous, everyday problems submitted by the students).
- The programme also teaches coping strategies: calming and focusing, social skills, overcoming procrastination, problem-solving, and distraction.

## **What are the implementation requirements?**

### **Who can deliver it?**

- The practitioner who delivers this programme is usually a schoolteacher with QCF-6/7. However, other practitioners such as teaching assistants or learning mentors can deliver the programme with a recommended minimum QCF-2.

### **What are the training requirements?**

- Practitioners receive 35 hours of programme training. Booster training of practitioners is not required.

### **How are the practitioners supervised?**

- External supervision of practitioners is not required in relation to the PRP (UK implementation) specifically.
- However, standard internal line management supervision, which would include the opportunity to discuss teaching the PRP (UK implementation), is recommended.

### **What are the systems for maintaining fidelity?**

- Training manual
- Other printed material
- Telephone support as required from a How to Thrive PRP facilitator

### **Is there a licensing requirement?**

Yes, there is a licence required to run this programme.

## How does it work? (Theory of Change)

### How does it work?

- Teaching resilience skills can prevent and reduce mental health issues such as anxiety and depression, as well as improve behaviour, wellbeing and performance.
- The PRP (UK implementation) aims to improve children's psychological wellbeing and self-efficacy by promoting flexible and accurate thinking, optimism wedded to reality and impulse control.
- In the short term, there is an improvement in pupils' depression and anxiety symptoms, school attendance rates and academic attainment levels.
- By reducing the incidence of depression and anxiety symptoms, children and young people are more likely to avoid associated mental health issues such as poor attainment, behaviour and drug misuse, and more likely to make the most of the opportunities available to them in and beyond school.

### Intended outcomes

Supporting children's mental health and wellbeing  
Enhancing school achievement & employment

### Contact details

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<http://www.howtothrive.org/young-people/>

<https://ppc.sas.upenn.edu/services/penn-resilience-training>

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## About the evidence

The most rigorous evidence for PRP (UK implementation) comes from a QED conducted in the UK. This study identified statistically significant positive impact on a number of child outcomes.

The conclusions that can be drawn from this study are limited by methodological issues pertaining to a lack of clarity in terms of differential attrition and the large magnitude of difference between groups on key outcome measures at baseline, which statistical control is considered unlikely to compensate for.

This programme is underpinned by one level 2 study, and so the programme receives a level 2 rating overall.

*Note: The rating is based on one study of the UK implementation of the Penn Resilience Programme (PRP) in primary schools. Other versions of the PRP model, including the UK implementation of the PRP in secondary schools and international implementations of the PRP, have been evaluated in other studies. These versions are treated as separate programmes by EIF due to different features, such as target age group and programme duration. We would advise commissioners to consult the relevant studies for further information. Please refer to the full reference list for details.*

### Study 1

**Citation:** Challen (2012) | **Design:** QED

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**Country:** United Kingdom | **Study rating:** 2

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**Sample:** Approximately 175 pupils from four schools, age 9–10 at the start of the intervention

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**Timing:** Post-intervention

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**Child outcomes:**

Reduced symptoms of depression (child self-report)

Reduced symptoms of anxiety (child self-report)

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**Other outcomes:**

None measured

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Challen, A. (2012). *Short report on the impact of the 2011 Primary UK Penn Resilience Programme in Hertfordshire schools*. Centre for Economic



Performance, London School of Economics.

**Study design and sample**

This study is a QED. Of the final four schools for which data are available, two schools chose to teach the programme and the two other schools were recruited to act as controls. In addition, a within-school control classroom was used.

This study was conducted in the UK, with a sample of approximately 175 pupils, who were aged 9-10 at the start of the programme.

**Measures**

Symptoms of depression were measured using The Mood and Feelings Questionnaire (child self-report). Symptoms of anxiety were measured using The Screen for Child Anxiety Related Disorders (child self-report). Behaviour was measured using The Strengths and Difficulties Questionnaire (teacher report).

**Findings**

This study identified statistically significant positive impact on the following child outcomes: reduced symptoms of depression and reduced symptoms of anxiety.

## Other studies

The following studies were identified for this programme but did not count towards the programme's overall evidence rating. A programme receives the same rating as its most robust study or studies.

Penn Resilience Programme: UK implementation in Secondary Schools:

Challen, A. (2009). UK resilience programme evaluation: Interim report.

Challen, A., Machin, S. J., & Gillham, J. E. (2014). The UK Resilience Programme: A school-based universal nonrandomized pragmatic controlled trial. *Journal of Consulting and Clinical Psychology*, 82(1), 75–89.

Challen, A., Noden, P., West, A., & Machin, S. (2010). UK resilience programme evaluation: Second interim report. Department for Education.

Challen, A., Noden, P., West, A., & Machin, S. (2011). UK resilience programme evaluation: Final report. Department for Education.

Reviews on the Penn Resilience model:

Bastounis, A., Callaghan, P., Banerjee, A., & Michail, M. (2016). The effectiveness of the Penn Resiliency Programme (PRP) and its adapted versions in reducing depression and anxiety and improving explanatory style: A systematic review and meta-analysis. *Journal of Adolescence*, 52, 37–48.

Brunwasser, S. M., Gillham, J. E., & Kim, E. S. (2009). A meta-analytic review of the Penn Resiliency Program's effect on depressive symptoms. *Journal of Consulting and Clinical Psychology*, 77(6), 1042–1054.

References of studies identified in the review, but not informing the EIF evidence assessment:

Chaplin, T. M., Gillham, J. E., Reivich, K., Elkon, A. G., Samuels, B., Freres, D. R., ... Seligman, M. E. (2006). Depression prevention for early adolescent girls: A pilot study of all girls versus co-ed groups. *The Journal of Early Adolescence*, 26(1), 110–126.

Gillham, J. E., Hamilton, J., Freres, D. R., Patton, K., & Gallop, R. (2006). Preventing depression among early adolescents in the primary care setting: A randomized controlled study of the Penn Resiliency Program. *Journal of Abnormal Child Psychology*, 34(2), 195–211.

Gillham, J. E., Reivich, K. J., Freres, D. R., Chaplin, T. M., Shatté, A. J., Samuels, B., ... Gallop, R. (2007). School-based prevention of depressive symptoms: A randomized controlled study of the effectiveness and specificity of the Penn Resiliency Program. *Journal of Consulting and Clinical Psychology*, 75(1), 9–19.

Gillham, J. E., Reivich, K. J., Freres, D. R., Lascher, M., Litzinger, S., Shatté, A., & Seligman, M. E. (2006). School-based prevention of depression and anxiety symptoms in early adolescence: A pilot of a parent intervention component. *School Psychology Quarterly*, 21(3), 323–348.

Kindt, K., Kleinjan, M., Janssens, J. M., & Scholte, R. H. (2014). Evaluation of a school-based depression prevention program among adolescents from low-income areas: A randomized controlled effectiveness trial. *International Journal of Environmental Research and Public Health*, 11(5), 5273–5293.

Quayle, D., Dziurawiec, S., Roberts, C., Kane, R., & Ebsworthy, G. (2001). The effect of an optimism and lifeskills program on depressive symptoms in preadolescence. *Behaviour Change*, 18(4), 194–203.

Roberts, C. M., Kane, R., Bishop, B., Cross, D., Fenton, J., & Hart, B. (2010). The prevention of anxiety and depression in children from disadvantaged schools. *Behaviour Research and Therapy*, 48(1), 68–73.

Rooney, R., Hassan, S., Kane, R., Roberts, C. M., & Nesa, M. (2013). Reducing depression in 9–10 year old children in low SES schools: A longitudinal universal randomized controlled trial. *Behaviour Research and Therapy*, 51(12), 845–854.

Rooney, R., Roberts, C., Kane, R., Pike, L., Winsor, A., White, J., & Brown, A. (2006). The prevention of depression in 8- to 9-year-old children: A pilot study. *Australian Journal of Guidance and Counselling*, 16(1), 76–90.

Tak, Y. R., Lichtwarck-Aschoff, A., Gillham, J. E., Zundert, R. M., & Engels, R. C. (2016). Universal school-based depression prevention “Op Volle Kracht”: A longitudinal cluster randomized controlled trial. *Journal of Abnormal Child Psychology*, 44(5), 949–961.

University of Hertfordshire. (2013). The United Kingdom Resilience Programme. The experience of schools in Buckinghamshire: A qualitative research project. School of Education, University of Hertfordshire.

Yu, D. L., & Seligman, M. E. (2002). Preventing depressive symptoms in Chinese children. *Prevention & Treatment*, 5(1), 9a.

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## Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

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[EIF evidence standards](#)

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## EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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