



Review

Resilience Interventions Conducted in Western and Eastern Countries—A Systematic Review

Manpreet Blessin^{1,2}, Sophie Lehmann^{1,2}, Angela M. Kunzler¹, Rolf van Dick²  and Klaus Lieb^{1,3,*}

¹ Leibniz Institute for Resilience Research (LIR), 55122 Mainz, Germany; manpreet.blessin@lir-mainz.de (M.B.); sophie.lehmann@lir-mainz.de (S.L.); angela.kunzler@lir-mainz.de (A.M.K.)

² Department of Social Psychology, Goethe University, 60323 Frankfurt, Germany; van.dick@psych.uni-frankfurt.de

³ Department of Psychiatry and Psychotherapy, University Medical Center Mainz, 55131 Mainz, Germany

* Correspondence: klaus.lieb@lir-mainz.de

Abstract: Previous research has demonstrated the efficacy of psychological interventions to foster resilience. However, little is known about whether the cultural context in which resilience interventions are implemented affects their efficacy on mental health. Studies performed in Western ($k = 175$) and Eastern countries ($k = 46$) regarding different aspects of interventions (setting, mode of delivery, target population, underlying theoretical approach, duration, control group design) and their efficacy on resilience, anxiety, depressive symptoms, quality of life, perceived stress, and social support were compared. Interventions in Eastern countries were longer in duration and tended to be more often conducted in group settings with a focus on family caregivers. We found evidence for larger effect sizes of resilience interventions in Eastern countries for improving resilience (standardized mean difference [SMD] = 0.48, 95% confidence interval [CI] 0.28 to 0.67; $p < 0.0001$; 43 studies; 6248 participants; $I^2 = 97.4\%$). Intercultural differences should receive more attention in resilience intervention research. Future studies could directly compare interventions in different cultural contexts to explain possible underlying causes for differences in their efficacy on mental health outcomes.

Keywords: resilience; intervention; cultural psychology; mental health; anxiety; depression; quality of life; perceived stress; social support



Citation: Blessin, M.; Lehmann, S.; Kunzler, A.M.; van Dick, R.; Lieb, K. Resilience Interventions Conducted in Western and Eastern Countries—A Systematic Review. *Int. J. Environ. Res. Public Health* **2022**, *19*, 6913. <https://doi.org/10.3390/ijerph19116913>

Academic Editor: Paul B. Tchounwou

Received: 11 April 2022

Accepted: 3 June 2022

Published: 5 June 2022

Publisher's Note: MDPI stays neutral with regard to jurisdictional claims in published maps and institutional affiliations.



Copyright: © 2022 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

1. Introduction

Resilience describes the maintenance or fast recovery of mental health during or after substantial adversities [1]. The latter might include a cumulation of micro-stressors (e.g., daily hassles such as traffic jams) or major life events (i.e., macro-stressors like the loss of a loved one) [2–5]. Resilience is a lifelong, ongoing process that does not necessarily lead to a person encountering fewer stressors in their life, but can lead to more effective coping with stressors and more adaptive responses [3]. The most recent approach in social and health science conceptualizes resilience as a positive outcome, i.e., maintaining or quick regaining mental health during or after adversities. In this concept, adaptation processes that finally lead to resilience outcomes are called resilience processes. Those resilience processes are facilitated by resilience factors. Resilience factors may be psychosocial factors (e.g., active coping, self-efficacy, optimism, social support and hope), but also (epi)genetic, neurobiological, immunological, or other biological factors [6], which are associated with each other and may interact with each other.

Psychology has aimed at fostering resilience with different interventions, that are as diverse as the stressful situations that people face [4,7–10]. Resilience interventions have to take place before an anticipated stressor, during or after stressors, as resilience can only be seen in relation to a stressor [11,12]. In previous intervention research, resilience-training programs usually focused on strengthening one or several resilience factors to foster the outcome of resilience, using different approaches such as mindfulness-based therapy,

problem-solving training, or elements of positive psychology [11,13]. Studies to evaluate resilience interventions often do not focus on resilience as an outcome but instead measure related outcomes such as quality of life or measures of stress and negative affect (e.g., anxiety, depression, perceived stress) [11]. Previous research on resilience interventions already demonstrated the efficacy on such mental health outcomes in different populations. Potential moderators for the efficacy of resilience-training programs have been investigated, showing that different aspects of interventions (e.g., group versus individual sessions, duration of the intervention, or format of delivery) may affect their efficacy [13,14].

One important gap in previous resilience intervention research that the present review intends to address is the lack of a cultural perspective [15,16].

Purpose of This Review

Henrich et al. [17] already described that psychological research is often explored in a Western, educated, industrial, rich, and developed context (the so-called WEIRD problem). Given that large parts of the global population are not WEIRD, the focus on WEIRD contexts is likely to cause bias [17–19]. As Ungar mentioned in his work, resilience research is not only conducted exclusively for Western populations but also does not consider resilience definitions from other cultures or even what is considered healthy functioning in different cultures [16]. For example, mental health can not only appear as a mental construct, but also as a physical construct when it comes to somatization of mental health problems [20–22], which may differ across cultures [23–25]. Regarding the WEIRD problem, resilience research should also consider that different cultural contexts can lead to different stressors and may even require different resilience factors that need to be acknowledged and fostered in other, better fitting, ways. Therefore, this review aimed to address this research gap and to draw attention to the WEIRD problem by contrasting resilience interventions for adult populations in Western and Eastern countries.

This review does not aim to qualitatively describe resilience intervention differences in studies from Western versus Eastern countries but gives a first, broad overview on how resilience interventions are implemented in different countries which can help to explore this research gap further. With this knowledge, future resilience interventions may address the cultural aspect of different stressors, resilience definitions, and various ways of describing mental health symptoms in a more specific way.

2. Materials and Methods

In this review we compared different aspects of resilience interventions between training programs conducted in Western versus Eastern countries, specifically study settings, mode of delivery, target populations, underlying theoretical approaches, durations of training, and the study design by regarding the control group designs that were used. We also contrasted their efficacy for a range of mental health outcomes. More specifically, the effects of resilience-training programs conducted in Western and Eastern countries on the outcomes of resilience, anxiety, depressive symptoms, quality of life, perceived stress, and social support were examined in this review. We assessed both resilience and resilience-related outcomes, as resilience is no unified construct in the current and past research field, and we did not want to exclude studies just because they had a different wording for a similar construct in different countries and time periods.

This review was conducted based on a dataset which has been identified and analyzed for a systematic Cochrane review on psychological interventions to foster resilience in adults. The Cochrane review has been planned and performed to systematically identify resilience-training programs in various populations. The overall dataset consists of 221 randomized controlled trials (RCT), including cluster-RCTs, published between January 1990 and June 2019, which had been identified by searches performed in October 2016 and June 2019. To date, the evidence identified for resilience-training programs in healthcare workers (44 RCTs) [12] and healthcare students (30 RCTs) [13] has been published in two Cochrane publications.

Considering grey literature and ongoing studies (e.g., from trial registrations), the dataset of 221 RCTs, which was used for this review, was retrieved from the following 17 electronic sources, using a search filter for RCTs and limited to the period from 1990 onwards: Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE Ovid, Embase Ovid, PsycINFO Ovid, CINAHL EBSCOhost (Cumulative Index to Nursing and Allied Health Literature), PSYINDEX EBSCOhost, Web of Science Core Collection, International Bibliography of the Social Sciences ProQuest (IBSS), Applied Social Sciences Index & Abstracts ProQuest (ASSIA), ProQuest Dissertations & Theses (PQDT), Cochrane Database of Systematic Reviews (CDSR), Database of Abstracts of Reviews of Effects (DARE; only in October 2016), Epistemonikos, ERIC EBSCOhost, and the trial registers World Health Organization International Clinical Trials Registry Platform (WHO ICTRP), ClinicalTrials.gov and ISTRCN registry.

The search strategy for the two searches in MEDLINE as an example is presented in the Supplementary Materials, Tables S1 and S2.

2.1. Inclusion Criteria

The studies included in the present review had to fulfill the following criteria: Participants were required to be adults aged 18 years or older who were exposed to a stressor in the past, were currently facing a stressor, or were anticipated to be exposed to substantial adversities in the future. We included psychological resilience interventions, that is, interventions focusing on fostering resilience or related concepts (e.g., hardiness or posttraumatic growth) [12,26]. Outcomes for this review included resilience and different outcomes of mental health: anxiety, depressive symptoms, quality of life, and perceived stress as well as perceived social support.

The search was not restricted to any publication language. Studies published in Chinese or Iranian were translated in full length by native or experienced foreign speakers of these languages.

2.2. Study Selection

The results of the study selection process based on the systematic Cochrane review are shown in Figure 1 using a PRISMA flow diagram. After deduplication, 21,237 references were screened by title and abstract by two reviewers working independently. Subsequently, 2163 full-text articles were assessed for eligibility in duplicate by the same reviewers. Finally, 221 articles met the eligibility criteria and were included in this review. Data of included RCTs were extracted by Kunzler and colleagues [26], using an electronic data extraction sheet based on the Cochrane guidelines [27] and by two reviewers working independently. Any disagreements in study selection or data extraction were resolved by discussion or by consulting a third reviewer.

2.3. Data Analysis

The included studies were synthesized in a narrative and tabular form. All studies were clustered into Western or Eastern countries depending on the country in which they were conducted. This review includes a qualitative synthesis by summarizing the characteristics of the included studies (i.e., setting, mode of delivery, target population, theoretical approach, duration, control group design). In addition, we performed pairwise meta-analyses for all mental health outcomes considered in this review.

Data were analyzed using Microsoft Excel [28], RevMan Web [29] and R [30] with the following packages: *readxl* [31], *xlsx* [32], *dplyr* [33], *meta* [34], *lsr* [35], and *metafor* [36].

To compare resilience interventions in Western versus Eastern groups with respect to intervention characteristics such as setting, mode of delivery, target population, underlying theoretical approach, duration and control group design, Chi-Square (χ^2) and Cramer's *V* were calculated via the *lsr* package in R [30,35].

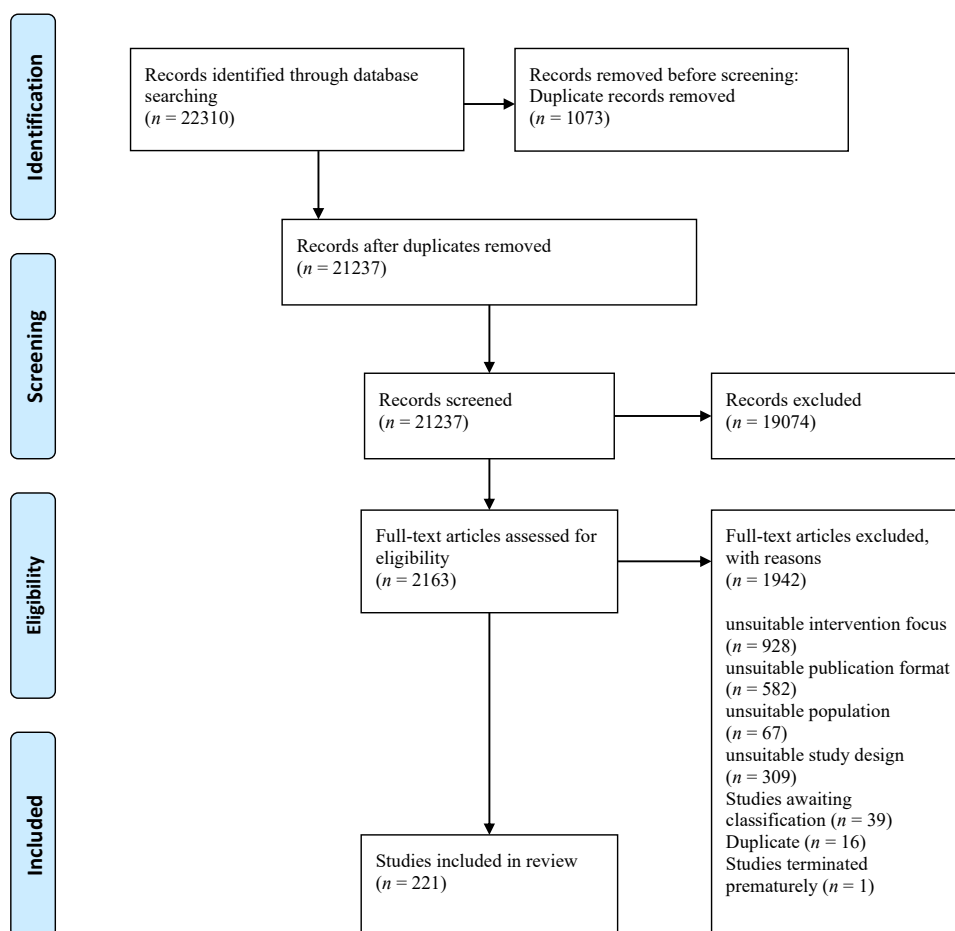


Figure 1. PRISMA flow diagram.

Pairwise meta-analyses (i.e., comparing resilience interventions and control groups), specifically subgroup analyses, were performed to identify pooled intervention effects of resilience interventions in Western versus Eastern countries and to compare their efficacy on various mental health outcomes. We calculated both the pooled effect size across all available studies (i.e., Western and Eastern countries) for a specific outcome and performed a subgroup test contrasting the studies from both cultural contexts. We applied random-effects modeling to pool the effect sizes using the R package *metafor* [36] to account for between-study heterogeneity regarding outcome measures, as recommended in most clinical psychology and health sciences [37]. Standardized mean differences (SMDs) and their 95% confidence intervals (CI) were calculated using the generic inverse-variance approach from the *meta* and *package* in R [30,34,36]. All calculated SMDs refer to the respective outcome, a higher SMD indicates higher efficacy of the respective intervention on the mentioned outcome. The test statistics and CIs were adjusted with the Hartung-Knapp-Sidik-Jonkman method [38]. I^2 was calculated to identify and measure heterogeneity between studies with the *meta* package in R. The Cochrane Handbook for Systematic Reviews of Interventions was used for the interpretation of I^2 : low (0–40%), moderate (30–60%), substantial (50–90%), and considerable heterogeneity (75–100%) [27,30,34]. Forest plots were generated using the *meta* package in R [30,34].

2.4. Risk of Bias

The quality assessment was performed with the Cochrane Risk-of-Bias Assessment Tool for Randomized Control Trials. The risk of bias graph and summary table was generated with RevMan Web [29].

We assessed random sequence generation (selection bias), allocation concealment (selection bias), blinding of participants and personnel (performance bias), blinding of outcome assessors (detection bias), incomplete outcome data (attrition bias), and selective outcome reporting (reporting bias). The included studies were rated for each assessment with a high, unclear, or low risk of bias.

3. Results

3.1. Characteristics of Included Studies

The 221 studies reviewed were conducted in 28 countries, including 174 studies from 18 Western countries (USA, Australia, Canada, The Netherlands, Germany, the United Kingdom, Spain, Israel, Denmark, Italy, Poland, Portugal, Sweden, Belgium, Cyprus, Finland, Hungary, New Zealand) and 47 studies from ten Eastern countries (Iran, China, India, Thailand, Dominican Republic, Sierra Leone, Singapore, South Korea, Sri Lanka, Taiwan); see Table 1.

Table 1. Overview of the countries the studies were conducted in.

| Country | Western/Eastern | k = 221 (100%) |
|--------------------------|-----------------|----------------|
| USA [39–140] | Western | 102 (46.2%) |
| Iran [141–160] | Eastern | 20 (9.0%) |
| Australia [161–179] | Western | 19 (8.6%) |
| China [180–194] | Eastern | 15 (6.8%) |
| Canada [195–203] | Western | 9 (4.1%) |
| Netherlands [204–212] | Western | 9 (4.1%) |
| Germany [213–218] | Western | 6 (2.7%) |
| United Kingdom [219–224] | Western | 6 (2.7%) |
| Spain [225–229] | Western | 5 (2.3%) |
| Israel [230–232] | Western | 3 (1.4%) |
| South Korea [233–235] | Eastern | 3 (1.4%) |
| Denmark [236,237] | Western | 2 (0.9%) |
| India [238,239] | Eastern | 2 (0.9%) |
| Italy [240,241] | Western | 2 (0.9%) |
| Poland [242,243] | Western | 2 (0.9%) |
| Portugal [244,245] | Western | 2 (0.9%) |
| Sweden [246,247] | Western | 2 (0.9%) |
| Thailand [246,247] | Eastern | 2 (0.9%) |
| Belgium [248] | Western | 1 (0.5%) |
| Cyprus [249] | Western | 1 (0.5%) |
| Dominican Republic [250] | Eastern | 1 (0.5%) |
| Finland [251] | Western | 1 (0.5%) |
| Hungary [252] | Western | 1 (0.5%) |
| New Zealand [253] | Western | 1 (0.5%) |
| Sierra Leone [254] | Eastern | 1 (0.5%) |
| Singapore [255] | Eastern | 1 (0.5%) |
| Sri Lanka [256] | Eastern | 1 (0.5%) |
| Taiwan [257] | Eastern | 1 (0.5%) |

Across all included studies, the intervention settings varied between group setting, individual setting, and a combination of both. The interventions were delivered using different formats: face to face, online, telephone, laboratory, smartphone, bibliotherapy, audio, and a combination of different formats.

The population groups targeted by the interventions were heterogenous and clustered into the following categories: employees in organizations of different branches, patients (physical health conditions), students—various fields, military/police, general population (e.g., volunteers), family caregivers, patients (mental health conditions), employees—teachers.

The included studies used different theoretical approaches, including mindfulness-based therapy [204], cognitive behavioral therapy (CBT) [161], attention & interpretation therapy (AIT) [127], stress inoculation training [258], problem-solving training [51], ac-

ceptance and commitment therapy (ACT) [259], positive psychology approaches [260], cognitive bias modification [50], and multimodal resilience trainings based on several theoretical approaches.

Training length of interventions could be clustered into high intensity (i.e., more than 12 h or 12 sessions), moderate intensity (i.e., 5 to 12 h or 3 to 12 sessions), and low intensity (i.e., less than 5 h total or 3 sessions).

The included RCTs used the following control group designs: waitlist control, attention control, treatment as usual (TAU), active control, no intervention, and a combination of different control group designs (Table 2).

Table 2. Summary of the intervention characteristics and control group designs of the included studies.

| Setting | k = 221 (100%) |
|---|----------------|
| Group | 125 (56.5%) |
| Western [39,40,43,47,49,53–62,67,71–73,76,79,80,82–84,90–92,94,98–103,106,109,111,113,115–117,119,122–124,128,130,132,133,135–138,140,162,166,168,170–173,175,177,178,196–199,201,203,207,210,211,213–215,221,224,226,229–231,245,249,251,261,262] | 88 (39.8%) |
| Eastern [141,142,144–147,149–158,160,181–188,190,191,193,194,234,235,246,250,254,256,257] | 37 (16.7%) |
| Individual | 44 (19.9%) |
| Western [42,44–46,48,51,52,64,69,70,77,89,93,97,107,114,118,120,121,125,126,161,163,167,195,206,212,216,218,220,222,225,232,236,240–244,248,253] | 41 (18.6%) |
| Eastern [233,238,249] | 3 (1.4%) |
| Combination | 43 (19.5%) |
| Western [41,63,66,68,74,75,78,81,85–88,95,96,104,105,108,110,112,127,129,131,134,139,164,165,174,179,200,202,204,208,209,217,219,223,227,228,237,252] | 40 (18.1%) |
| Eastern [180,192,239] | 3 (1.4%) |
| Unspecified | 9 (4.1%) |
| Western [50,65,169,176,205] | 5 (2.3%) |
| Eastern [143,148,159,257] | 4 (1.8%) |
| Mode of Delivery | k = 221 (100%) |
| Face to face | 146 (66.1%) |
| Western [39,40,43,47–49,53–60,62,64,66,67,71–74,76,79,81–85,90,92,94,95,98–104,106,109,111,113–119,122,123,126,128,130–133,135–140,162,164–166,168,170,171,175,178,196–199,201,202,204,205,207,208,210–215,217,219–221,223,224,226,229–231,240,244,245,249,251–253,261,262] | 108 (48.9%) |
| Eastern [141,142,144–158,160,180–183,185,186,188–191,193,194,234,239,246,250,254–257] | 38 (17.2%) |
| Combination | 45 (20.4%) |
| Western [41,42,45,46,61,63,68,75,77,78,80,86–88,91,93,96,105,108,110,120,121,124,125,127,167,173,174,176,177,195,200,209,222,227,228,236,237] | 38 (17.2%) |
| Eastern [184,187,192,233,235,238,249] | 7 (3.2%) |
| Online | 15 (6.8%) |
| Western [51,69,89,97,129,134,161,172,179,203,216,218,225,242,243] | 15 (6.8%) |
| Telephone | 5 (2.3%) |
| Western [52,70,107,112,232] | 5 (2.3%) |
| Laboratory | 3 (1.4%) |
| Western [44,50,250] | 3 (1.4%) |
| Unspecified | 3 (1.4%) |
| Western [169] | 1 (0.5%) |
| Eastern [143,159] | 2 (0.9%) |
| Smartphone | 2 (0.9%) |
| Western [163,241] | 2 (0.9%) |
| Bibliotherapy | 1 (0.5%) |
| Western [206] | 1 (0.5%) |
| Audio | 1 (0.5%) |
| Western [65] | 1 (0.5%) |

Table 2. Cont.

| Population | <i>k</i> = 221 (100%) |
|---|-----------------------|
| Employees in organizations of different branches | 51 (23.1%) |
| Western [41,53,55,61,62,70,72,78,80,85,91,92,97,101,103,107,108,110,117,126,127,132,135,137,138,161,164,166,168–171,175,202,208,209,213–216,222,224,227,230,237,241–243,251] | 49 (22.2%) |
| Eastern [182,189] | 2 (0.9%) |
| Patients (physical health conditions) | 44 (19.9%) |
| Western | |
| [42,45–48,54,68,74,93,96,104,113,116,118,125,133,134,136,140,167,172,195–197,203,210,221,226,240,244,245,252,253] | 33 (14.9%) |
| Eastern [155,181,183,184,187,188,192,233–235,257] | 11 (5%) |
| Students | 32 (14.5%) |
| Western [43,44,49–51,60,65–67,73,76,84,89,98,99,109,111,115,120,124,128,129,131,198,200,201,207,219] | 28 (12.7%) |
| Eastern [141,157,160,238] | 4 (1.8%) |
| Military/police | 26 (11.8%) |
| Western | |
| [39,40,52,57–59,63,64,71,82,83,90,106,119,121,122,139,162,173,174,249,261,262] | 23 (10.4%) |
| Eastern [180,190,248] | 3 (1.4%) |
| General population (e.g., volunteers) | 25 (11.3%) |
| Western [69,112,114,123,176,178,205,206,212,223,225,228,232,236,250] | 15 (6.8%) |
| Eastern [145,149,186,193,194,239,250,254–256] | 10 (4.5%) |
| Family caregivers | 21 (9.5%) |
| Western [56,75,79,94,163,179,229] | 7 (3.2%) |
| Eastern [142,144,146–148,150–154,156,158,191,247] | 14 (6.3%) |
| Patients (mental health conditions) | 12 (5.4%) |
| Western [81,88,100,102,185,204,211,217,218,220] | 9 (4.1%) |
| Eastern [143,159] | 3 (1.4%) |
| Employees—teachers | 10 (4.5%) |
| Western [77,86,87,95,105,130,165,177,199,231] | 10 (4.5%) |
| Theoretical Approach of the Intervention | <i>k</i> = 221 (100%) |
| Multimodal resilience training (several theoretical approaches); several resilience factors trained without naming certain theoretical approaches | 131 (59.3%) |
| Western [39,40,43–47,49,51–55,57–60,64,66,70–76,78–80,85,88–90,95,97–103,106–108,110–113,116–118,123,128–132,134–137,162,164–166,168–171,173–175,197,200–202,205,207,208,210,212–215,217,220,222–224,226,229–231,236,240,245,248,249,251–253] | 101 (45.7%) |
| Eastern | |
| [141,146,148,151–153,155–159,180–184,188–191,193,194,239,246,250,254–257] | 30 (13.6%) |
| Mindfulness-based therapy | 30 (13.6%) |
| Western [41,56,62,63,65,67–69,81,86,87,91,92,105,114,115,133,139,140,196,199,203,204,209,216,219,228,237] | 28 (12.7%) |
| Eastern [192,238] | 2 (0.9%) |
| CBT | 23 (10.4%) |
| Western | |
| [93,94,120,121,124,161,163,172,176,177,179,198,211,218,221,225,242–244] | 19 (8.6%) |
| Eastern [142,147,154,249] | 4 (1.8%) |
| Unspecified | 15 (6.8%) |
| Western [48,109,122,138,195,227,247] | 7 (3.2%) |
| Eastern [143–145,149,150,186,233,235] | 8 (3.6%) |
| AIT | 6 (2.7%) |
| Western [61,96,125–127] | 5 (2.3%) |
| Eastern [187] | 1 (0.5%) |
| Stress inoculation training | 6 (2.7%) |
| Western [82,83,178,232,241,246] | 6 (2.7%) |
| Problem-solving training | 3 (1.4%) |
| Western [84,119] | 2 (0.9%) |
| Eastern [160] | 1 (0.5%) |

Table 2. Cont.

| Theoretical Approach of the Intervention | k = 221 (100%) |
|--|--------------------|
| ACT | 3 (1.4%) |
| Western [77,104,167] | 3 (1.4%) |
| Positive Psychology | 3 (1.4%) |
| Western [42,206] | 2 (0.9%) |
| Eastern [185] | 1 (0.5%) |
| Cognitive bias modification | 1 (0.5%) |
| Western [50] | 1 (0.5%) |
| Duration | k = 221 (%) |
| High intensity | 86 (38.9%) |
| Western [39,54,62,63,67,68,73,74,77,81,87,90,95,100,102,103,105,108,111,116,117,124,130,133,135–137,139,140,166,168,169,173,174,177,196,198,201–204,208–210,213–215,219,223,224,228–231,236,244,251,252,261,262] | 60 (27.1%) |
| Eastern [141,144,145,147,148,151,155,157,158,160,180,183–186,188,190,192,194,234,246,247,254–257] | 26 (11.8%) |
| Moderate intensity | 80 (36.2%) |
| Western [41–43,45,46,52,55–58,60,64,66,70,72,75,78,79,88,91–94,96,101,104,106,107,109,110,112,114,115,118,119,123,128,132,134,138,161,163–165,167,170,172,179,197,199,200,206,211,216,218,225,226,237,240,242,245] | 61 (27.6%) |
| Eastern [142,143,146,149,150,152–154,156,159,181,182,187,189,191,193,233,239,250] | 19 (8.6%) |
| Low intensity | 47 (21.3%) |
| Western [40,44,47–51,53,59,61,65,69,71,76,80,82–85,89,97–99,113,120,121,125–127,129,131,171,175,178,195,207,212,217,220–222,232,241,248,249,253] | 46 (20.8%) |
| Eastern [238] | 1 (0.5%) |
| Unspecified | 8 (3.6%) |
| Western [86,122,162,176,205,227,243] | 7 (3.2%) |
| Eastern [235] | 1 (0.5%) |
| Control Group Design | k = 221 (%) |
| Waitlist Control | 52 (23.5%) |
| Western [41,42,49,51,53,62,66,68,73,76,78,85–87,90–93,95,96,105–107,109,114–116,126–128,138,161,164,172,179,195,199,204,218,226–230,237] | 46 (20.8%) |
| Eastern [148,154,157,182,235,252] | 6 (2.7%) |
| No Intervention | 52 (23.5%) |
| Western [55,59,60,63,67,69,70,79,80,84,94,101,108,110,117,124,130–132,135,137,166,168,171,198,200,202,213–215,225,244] | 32 (14.5%) |
| Eastern [141–147,149–153,155,159,160,180,181,186,190,191] | 20 (9%) |
| TAU | 43 (19.5%) |
| Western [39,47,52,54,58,64,72,75,88,100,112,113,123,139,167,173–175,177,197,201,205,206,210,219,223,236,240,245,249,253,261,262] | 33 (14.9%) |
| Eastern [187,189,192,233,234,238,239,256,257,259] | 10 (4.5%) |
| Attention Control | 34 (15.4%) |
| Western [40,44,48,50,56,65,81,89,97–99,102–104,118,122,129,134,136,140,176,178,203,207,211,216,217,222,231,232,241,243,248] | 33 (14.9%) |
| Eastern [193] | 1 (0.5%) |
| Active Control | 29 (13.1%) |
| Western [43,45,46,57,61,74,82,83,111,120,121,125,133,162,163,170,196,208,209,212,220,224,253] | 23 (19.4%) |
| Eastern [183,184,188,194,248,258] | 6 (2.7%) |
| unspecified | 9 (4.1%) |
| Western [71,77,169,221,242,254] | 6 (2.7%) |
| Eastern [156,158,185] | 3 (1.4%) |
| Combination | 2 (0.9%) |
| Western [119] | 1 (0.5%) |
| Eastern [247] | 1 (0.5%) |

Furthermore, the Supplementary Materials, Table S3 provide an overview of all scales that were used to measure the outcomes of resilience, anxiety, depressive symptoms, quality of life, perceived stress, and social support.

Of all 221 included studies, 43 studies measured resilience as an outcome. In these studies, resilience was defined as a state or process most of the times ($n = 41$, assessed for example with CD-RISC or BRS), whereas only two studies defined resilience as a trait (assessed with the Cognitive Hardiness Scale by Nowack 1989 [263]). In these studies, the intervention mostly took place during a stressor ($n = 39$), and partly before an anticipated stressor ($n = 1$), after a stressor ($n = 2$), or unspecified ($n = 2$). Some stressors were normative ($n = 13$, e.g., workplace related stress, age-associated loss of resources or academic stress), and some were non-normative ($n = 30$, e.g., sudden severe illnesses, nature disasters or homelessness). The sample size of these 43 studies ranged from $n = 22$ to $n = 918$ with a mean sample size of $n = 110.63$ (Table S4). The intervention programs were all RCTs, including $n = 11$ pilot studies.

3.2. Risk of Bias

Regarding risk of bias of the 221 included studies, the main limitations ($\geq 20\%$ high risk) were found in the following domains: blinding of participants and personnel for subjective (self-reported) outcomes (performance bias, 203 studies), incomplete outcome data (attrition bias, 125 studies), and selective outcome reporting (reporting bias, 70 studies), see Figure 2 and the Supplementary Materials, Figure S1.

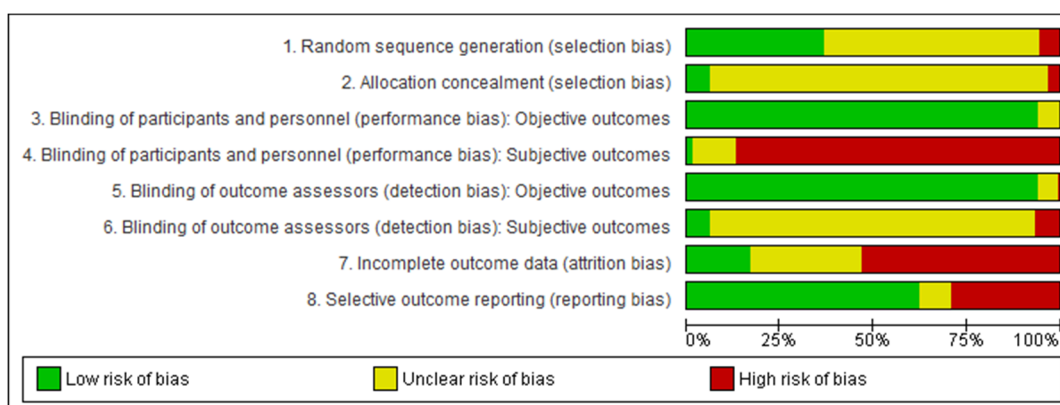


Figure 2. Risk of Bias Graph.

3.3. Differences in the Implementation of Interventions between Western and Eastern Populations

A statistically significant difference between interventions that were conducted in Western versus Eastern countries was found when looking at the target population ($\chi^2(7) = 46.36$, $p < 0.001$), with a moderate Cramer's V of 0.46) [264]. While both Western and Eastern studies examined patients with physical health conditions, studies from Western countries focused on employees, whereas those from Eastern countries investigated family caregivers and the general population.

Concerning the duration of the interventions, we identified a statistically significant difference between Western and Eastern countries ($\chi^2(3) = 15.07$, $p = 0.002$; low Cramer's V of 0.26). The distribution of durations between Western and Eastern interventions shows that there are hardly any low-intensity interventions conducted in Eastern countries.

There was a statistically significant difference between intervention settings used in Western and Eastern countries ($\chi^2(3) = 18.8$, $p < 0.001$, moderate Cramer's V of 0.29) [264], showing that almost exclusively group interventions were conducted in Eastern countries.

There also was a statistically significant difference with regards to the study design aspect between the comparators used in Western and Eastern countries ($\chi^2(6) = 20.81$,

$p = 0.002$, moderate Cramer’s V 0.31), showing a tendency of Eastern countries to use no intervention control groups more often than studies from Western countries do.

No statistically significant difference regarding the theoretical approach of interventions was found between Western and Eastern countries ($\chi^2(9) = 16.75$, $p = 0.05$; with a moderate Cramer’s V of 0.28). There was also no statistically significant difference between Western and Eastern countries with respect to the mode of delivery of the interventions ($\chi^2(8) = 13.84$, $p = 0.086$, moderate Cramer’s V of 0.25).

3.4. Differences between Western and Eastern Countries in Effect Sizes on Mental Health Outcomes

3.4.1. Resilience

In total, 43 included studies measured resilience, 33 studies from Western and ten from Eastern countries, which could be included in the subgroup analysis. The pooled effect estimate showed evidence for an overall moderate positive effect (i.e., across all 43 studies from Western and Eastern countries) of interventions on resilience ($SMD = 0.48$, 95% CI 0.28 to 0.67; $p < 0.0001$; 4797 participants; $I^2 = 97.4\%$), Figure 3.

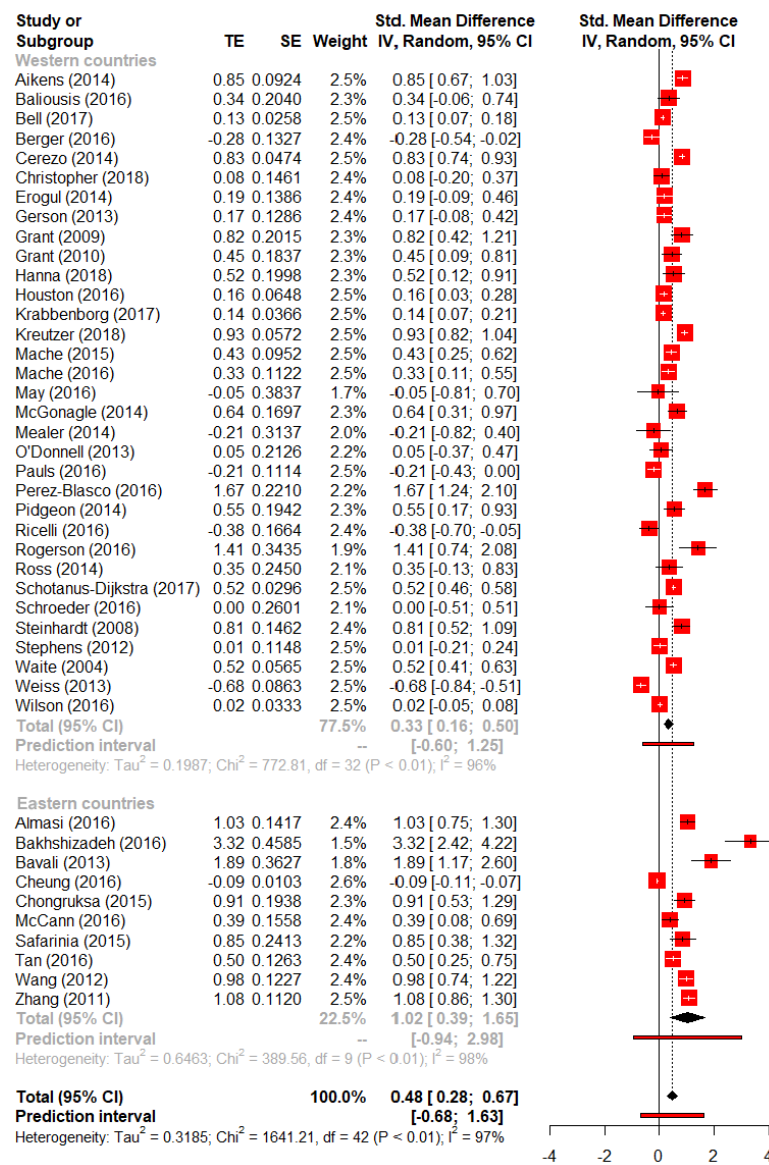


Figure 3. Forest plot for resilience.

As shown in Figure 3 and Table 3, resilience interventions showed larger effect sizes on resilience in Eastern compared to Western countries, with the test for subgroup differences providing evidence for a significant difference ($Q(1) = 5.61, p = 0.018$).

Table 3. Summary of pooled effect sizes.

| Outcome | SMD | 95% CI | k (Studies) | N (Participants) | I ² |
|-----------------------------|-------|----------------|-------------|------------------|----------------|
| Resilience Western | 0.33 | 0.16 to 0.50 | 33 | 3346 | 95.9% |
| Resilience Eastern | 1.02 | 0.39 to 1.65 | 10 | 1451 | 97.7% |
| Anxiety Western | −0.32 | −0.55 to −0.08 | 24 | 2157 | 94.5% |
| Anxiety Eastern | −0.67 | −0.76 to −0.58 | 5 | 279 | 0% |
| Depressive symptoms Western | −0.44 | −0.62 to −0.26 | 14 | 1576 | 91.1% |
| Depressive symptoms Eastern | −0.55 | −2.96 to 1.86 | 2 | 130 | 66.4% |
| Quality of life Western | 0.28 | −0.13 to 0.44 | 33 | 4610 | 98.3% |
| Quality of life Eastern | 0.37 | −0.03 to 0.76 | 5 | 1135 | 85.1% |
| Perceived stress Western | −0.41 | −0.61 to −0.20 | 35 | 2789 | 91.4% |
| Perceived stress Eastern | −0.71 | −3.74 to 2.32 | 2 | 129 | 85.0% |
| Social support Western | −0.12 | −2.56 to 2.32 | 2 | 275 | 89.4% |
| Social support Eastern | 0.21 | −2.67 to 3.09 | 2 | 1314 | 99.7% |

3.4.2. Anxiety

The meta-analysis for the outcome of anxiety included 29 studies. The pooled effect estimate provided evidence for an overall small effect of interventions on anxiety ($SMD = -0.37, 95\% CI -0.57$ to $-0.18; p = 0.0005; 2436$ participants; $I^2 = 93.8\%$), forest plot in the Supplementary Materials, Figure S2. The test for subgroup differences between 24 studies from Western countries and five studies from Eastern countries could not be conducted due to the small number of studies per subgroup (Table 3) [265].

3.4.3. Depressive Symptoms

In the meta-analysis for depressive symptoms, 16 studies were included. The pooled effect estimate showed evidence for an overall moderate effect in favor of resilience-training programs on depressive symptoms ($SMD = -0.46, 95\% CI -0.62$ to $-0.29; p < 0.0001; 1706$ participants; $I^2 = 90.0\%$), forest plot in the Supplementary Materials, Figure S3. Based on the small total number of 16 studies assessing depressive symptoms, 14 studies conducted in Western and only two studies in Eastern countries, the number of studies per subgroup was too small to conduct any subgroup analysis (Table 3) [265].

3.4.4. Quality of Life

Thirty-eight studies could be included in the meta-analysis for quality of life. The pooled effect estimate showed evidence for an overall small effect in favor of resilience interventions on quality of life ($SMD = 0.29, 95\% CI 0.15$ to $0.43; p < 0.0001; 5745$ participants; $I^2 = 98.1\%$), forest plot in the Supplementary Materials, Figure S4. The test for subgroup differences, with 33 studies assigned to Western countries and five studies to Eastern countries could not be conducted due to the small number of studies per subgroup (Table 3) [265].

3.4.5. Perceived Stress

In the meta-analysis regarding the outcome of perceived stress, we could include 37 studies. The pooled effect estimate provided evidence for an overall moderate effect in favor of resilience interventions on perceived stress ($SMD = -0.42, 95\% CI -0.62$ to $-0.22; p < 0.0001; 2918$ participants; $I^2 = 92.0\%$), forest plot in the Supplementary Materials, Figure S5. No subgroup analyses could be performed between the 35 studies from Western countries and the two studies from Eastern countries due to the small number of studies per subgroup (Table 3) [265].

3.4.6. Social Support

Overall, four studies could be included in the meta-analysis for social support. There was no evidence for any overall effect of resilience interventions on social support ($SMD = 0.05$, 95% $CI -0.44$ to 0.54 ; $p = 0.7644$; 1589 participants; $I^2 = 99.2\%$), forest plot in the Supplementary Materials, Figure S6. Due to the small number of studies measuring social support, two studies in Western countries and two studies in Eastern countries, no subgroup analysis could be conducted (Table 3) [265].

4. Discussion

4.1. Principal Findings

This review aimed to explore potential differences in the efficacy of resilience interventions between Western and Eastern countries. Based on descriptive characteristics of the 221 included studies, resilience interventions in Western countries were mostly conducted for patients with physical health conditions and for employees. In Eastern countries, the most common target populations of resilience interventions included patients with physical health conditions, family caregivers, and the general population. While Western countries showed a broad range of different training durations, that is, from low to high intensity, Eastern countries tended to conduct almost only moderate- and high-intensity resilience interventions. Another difference could be found regarding the setting of resilience interventions: both, Western and Eastern countries showed a tendency to prefer group setting designs. However, considering the relation of the number of studies, this preference is even more pronounced in Eastern countries. This could be explained by one of Hofstede's dimensions that describes how Western countries tend to be more individualistic and Eastern countries to be more collectivistic [266].

Additionally, the results showed significant differences between the control groups used in studies from Western and Eastern countries, demonstrating that intervention researchers in Eastern countries tended to use no intervention control groups more often, which needs to be considered with caution as the results could be distorted by this.

No differences were found concerning the theoretical approach of interventions. This highlights the WEIRD bias in resilience research and shows that Eastern countries also tend to implement interventions that are based on Western theoretical approaches of interventions. No significant differences were found in the mode of delivery used since both Western and Eastern countries tend to use face to face formats or a combination of different modes.

In addition to the above-mentioned descriptive differences in the implementation of resilience interventions and their evaluation, we identified evidence for larger effect sizes in favor of Eastern countries for the outcome resilience. No significant differences regarding the efficacy of resilience-training programs were found for other mental health outcomes or social support.

That this review does not demonstrate highly variable outcomes of resilience interventions in terms of whether they take place in Western or Eastern countries may indicate a cultural sensitivity for most interventions. They seem to fit in their cultural context, which could be a hopeful sign for planning future interventions more often especially in Eastern countries.

4.2. Comparison to the Literature

In recent years, the high number of systematic reviews and meta-analyses on the topics of resilience and resilience interventions demonstrated the high interest in this research field and identified aspects that are still open to be researched and discussed further [11–13,26,267–269]. Addressing in more detail whether resilience should be understood as a process or an outcome [268,270], for example, is of high importance, and this conceptualization also differed in the RCTs that were included in this review.

Another topic that seems to arise with this aspect is differences in the concept of resilience and therefore also resilience interventions in different countries and cultures

giving the reader an overview of aspects that should be acknowledged or further researched in the future. As far as we know, none of the thus far conducted systematic reviews and meta-analyses in the resilience research field focused on differences between interventions that were conducted in different countries or cultures, although resilience across different cultures has already been discussed as an important aspect to be addressed [16,271].

4.3. Limitations

This review is subject to different limitations. As indicated by the risk of bias assessment, several of the included studies were at high risk of bias in various domains, which may distort the reported effects. Another limitation is the large between-study heterogeneity of the included studies with respect to, for example, the quality of the studies, the assessment scales for outcome measurement or the comparators used. This heterogeneity between studies could in part have resulted in the considerable statistical heterogeneity and variation of treatment effects between studies, as shown by large values of I^2 . Another point to consider is the difference in the number of studies conducted in Western and Eastern countries, which is reflected in the subgroup analysis for the outcome resilience. Moreover, due to the small number of subgroups in each outcome, we could not test for statistical differences in outcomes regarding study designs in Western or Eastern countries.

For this review, we only focused on post-intervention assessments since no sufficient data were available to conduct further analyses for follow-up time points. Furthermore, not all pre-planned analyses could be conducted, due to a lack of studies for specific subgroup analyses.

As suggested by Copas et al. [272], the reviewed studies include primary as well as secondary outcomes. We did not take into account in our analysis if the outcomes were originally assessed as primary or as secondary outcomes. Future research might compare if the efficacy of resilience and other outcomes differ when assessed as primary or as secondary outcomes in reviewed studies.

Resilience interventions that were conducted in Eastern countries were considerably influenced by Western research as the theoretical approaches showed, which could also have biased the results of this review. Although we are aware of this circumstance, we could not handle the data in a more culturally sensitive way due to the original focus of the studies, which did not intend to provide a cultural overview. Therefore, we had to work with the country label of each study and could not describe this aspect of the target populations further.

In the face of the COVID-19 pandemic and its related stressors (e.g., measures of containment), it can be anticipated that interventions to foster mental health and to prevent mental illness—including resilience interventions—will be needed even more in different population groups, with various training programs already currently being conducted and evaluated [273,274]. For this paper, these studies were not considered since most studies for that specific stressor are still ongoing. Nevertheless, future research on cultural differences should also consider interventions that were conducted in the aftermath of the disease outbreak (i.e., after 2020) with an updated literature search.

Furthermore, measurements of somatization should be included in future research to assess resilience in a more culturally sensitive way, especially in countries where mental health and mental health treatment are stigmatized. We emphasize the relevance for future research to address the WEIRD problem in resilience interventions.

4.4. Implications

This review revealed several research gaps that need to be addressed before resilience interventions can be satisfactorily compared across cultural contexts. This would require, for example, that individuals participating in a resilience intervention be interviewed by researchers regarding various cultural aspects that they might—or might not—hold in [269]. It is not sufficient to infer the cultural values of the subjects from the country in which

the resilience intervention took place, or from the cultural values of the researcher who conducted the resilience intervention.

There are two different aspects that need to be considered and hold different values in themselves (1) the efficacy of resilience interventions in different countries and (2) differences in resilience interventions in different countries. To explicitly show differences in the efficacy of resilience interventions in different countries it would be recommended to conduct a resilience intervention in different countries that delivers the same contents, has the same study settings and similar target populations to reduce heterogeneity between the resilience interventions. Results that show different efficacies of the same intervention could then help to highlight cultural differences and hint to study settings or even resilience factors that may be more efficient or relevant in some cultures than in others. At least as valuable, if not more so, would be to look at different resilience interventions not of Western origin conducted in different countries. A more qualitative approach could help to gather non-westernized intervention approaches or even resilience factors that might not have been considered by Western research. This could not only help to construct resilience interventions that could be more suitable for different populations but could also strengthen Western resilience interventions by incorporating new aspects that were not previously considered.

4.5. Conclusions

Different countries hold a great deal of potential in that other could learn from them and that could also help to understand psychological concepts as a whole. Our world is becoming more intercultural each day and as part of the sphere of Western countries and the accompanying WEIRD bias, we should rethink the way we consider different countries in psychological research. With respect to migration and refugee crises, it should be particularly important to develop resilience interventions that are tailored to the specific populations they are ultimately intended to reach. Culturally sensitive approaches could help to conduct resilience interventions that are more effective for specific populations and/or could help to extend our knowledge about effective resilience interventions.

Supplementary Materials: The following supporting information can be downloaded at: <https://www.mdpi.com/article/10.3390/ijerph19116913/s1>. Table S1: Search terms and syntax that were used in MEDLINE and adapted to use in other databases [26]. Table S2: Search terms and syntax that were used for a follow-up search in June 2019 in MEDLINE and adapted to use in other databases [12,13]. Table S3: Overview of all studies and the used psychological measures. Table S4: Overview of the included studies in the meta-analysis for the outcome resilience. Figure S1: Risk of Bias summary. Figure S2: Forest plot for anxiety. Figure S3: Forest plot for depressive symptoms. Figure S4: Forest plot for quality of life. Figure S5: Forest plot for perceived stress. Figure S6: Forest plot for social support.

Author Contributions: Conceptualization, M.B., A.M.K. and K.L.; methodology, M.B. and A.M.K.; formal analysis, M.B. and S.L.; investigation, M.B. and A.M.K.; writing—original draft preparation, M.B. and S.L.; writing—review and editing, M.B., A.M.K., R.v.D. and K.L.; visualization, M.B.; supervision, R.v.D. and K.L.; project administration, R.v.D. and K.L.; funding acquisition, R.v.D. and K.L. All authors have read and agreed to the published version of the manuscript.

Funding: This work was funded by the Leibniz Gemeinschaft (Grant Number K83/2017). The grant was awarded to undertake the Leibniz Collaborative Excellence project ‘Resilience Factors in a diachronic and intercultural Perspective’. The project provides a collaboration of the Leibniz Research Institute for Archaeology—Römisch-Germanisches Zentralmuseum, the Leibniz Institute for Resilience Research (LIR) and the Johannes Gutenberg University (all three in Mainz, Germany), the Romano-Germanic Commission (RGK) of the German Archaeological Institute and the Goethe University (both in Frankfurt a. M.) as well as the Technical University (TU) of Darmstadt.

Institutional Review Board Statement: Not applicable.

Informed Consent Statement: Not applicable.

Data Availability Statement: All relevant data generated or analyzed during this review are included in this published article. More detailed extracted data from the included studies are available upon request from the corresponding author.

Conflicts of Interest: The authors declare no conflict of interest.

References

1. Kalisch, R.; Baker, D.G.; Basten, U.; Boks, M.P.; Bonanno, G.A.; Brummelman, E.; Chmitorz, A.; Fernandez, G.; Fiebach, C.J.; Galatzer-Levy, I.; et al. The resilience framework as a strategy to combat stress-related disorders. *Nat. Hum. Behav.* **2017**, *1*, 784–790. [[CrossRef](#)] [[PubMed](#)]
2. Davis, M.C.; Luecken, L.; Lemery-Chalfant, K. Resilience in common life: Introduction to the special issue. *J. Pers.* **2009**, *77*, 1637–1644. [[CrossRef](#)] [[PubMed](#)]
3. Masten, A.S. Ordinary magic: Resilience processes in development. *Am. Psychol.* **2001**, *56*, 227–238. [[CrossRef](#)] [[PubMed](#)]
4. Masten, A.S. Resilience in developing systems: Progress and promise as the fourth wave rises. *Dev. Psychopathol.* **2007**, *19*, 921–930. [[CrossRef](#)] [[PubMed](#)]
5. Bonanno, G.A.; Diminich, E.D. Annual research review: Positive adjustment to adversity—Trajectories of minimal-impact resilience and emergent resilience. *J. Child Psychol. Psychiatr.* **2013**, *54*, 378–401. [[CrossRef](#)]
6. Ioannidis, K.; Askelund, A.D.; Kievit, R.A.; Van Harmelen, A.-L. The complex neurobiology of resilient functioning after childhood maltreatment. *BMC Med.* **2020**, *18*, 32. [[CrossRef](#)]
7. Yates, T.M.; Masten, A.S. Fostering the future: Resilience theory and the practice of positive psychology. In *Positive Psychology in Practice*; Linley, P.A., Joseph, S., Eds.; John Wiley & Sons: Hoboken, NJ, USA, 2004.
8. Rutter, M. Resilience as a dynamic concept. *Dev. Psychopathol.* **2012**, *24*, 335–344. [[CrossRef](#)]
9. Davydov, D.; Stewart, R.; Ritchie, K.; Chaudieu, I. Resilience and mental health. *Clin. Psychol. Rev.* **2010**, *30*, 479–495. [[CrossRef](#)]
10. Ungar, M. A Constructionist discourse on resilience. *Youth Soc.* **2016**, *35*, 341–365. [[CrossRef](#)]
11. Chmitorz, A.; Kunzler, A.; Helmreich, I.; Tuscher, O.; Kalisch, R.; Kubiak, T.; Wessa, M.; Lieb, K. Intervention studies to foster resilience—A systematic review and proposal for a resilience framework in future intervention studies. *Clin. Psychol. Rev.* **2018**, *59*, 78–100. [[CrossRef](#)]
12. Kunzler, A.M.; Helmreich, I.; Chmitorz, A.; König, J.; Binder, H.; Wessa, M.; Lieb, K. Psychological interventions to foster resilience in healthcare professionals. *Cochrane Database Syst. Rev.* **2020**, *7*, CD012527. [[CrossRef](#)] [[PubMed](#)]
13. Kunzler, A.M.; Helmreich, I.; König, J.; Chmitorz, A.; Wessa, M.; Binder, H.; Lieb, K. Psychological interventions to foster resilience in healthcare students. *Cochrane Database Syst. Rev.* **2020**, *7*, CD013684. [[CrossRef](#)] [[PubMed](#)]
14. Robertson, I.T.; Cooper, C.L.; Sarkar, M.; Curran, T. Resilience training in the workplace from 2003 to 2014: A systematic review. *J. Occup. Organ. Psychol.* **2015**, *88*, 533–562. [[CrossRef](#)]
15. Shweder, R.A. Why cultural psychology? *Ethos* **1999**, *27*, 62–73. [[CrossRef](#)]
16. Ungar, M. Resilience across cultures. *Br. J. Soc. Work.* **2006**, *38*, 218–235. [[CrossRef](#)]
17. Henrich, J.; Heine, S.J.; Norenzayan, A. The weirdest people in the world? *Behav. Brain Sci.* **2010**, *33*, 61–83. [[CrossRef](#)]
18. Henrich, J.; Heine, S.J.; Norenzayan, A. Most people are not WEIRD. *Nature* **2010**, *446*, 29. [[CrossRef](#)]
19. Antweiler, C. Zur Universalität von Emotionen. Befunde und Kritik kulturvergleichender Ansätze. In *Emotionen—Perspektiven auf Innen und Außen*; Kienlin, T.L., Koch, L.C., Eds.; Universitätsforschungen zur Prähistorischen Archäologie: Bonn, Germany, 2017; Volume 305, pp. 125–147.
20. Gureje, O.; Simon, G.E.; Ustun, T.B.; Goldberg, D.P. Somatization in cross-cultural perspective: A World Health Organization study in primary care. *Am. J. Psychiatry* **1997**, *154*, 989–995.
21. Gureje, O.; Simon, G.E.; Von Korff, M. A cross-national study of the course of persistent pain in primary care. *Pain* **2001**, *92*, 195–200. [[CrossRef](#)]
22. Palmer, K.T.; Reading, I.; Linaker, C.; Calnan, M.; Coggon, D. Population-based cohort study of incident and persistent arm pain: Role of mental health, self-rated health and health beliefs. *Pain* **2008**, *136*, 30–37. [[CrossRef](#)]
23. Bener, A.; Ghuloum, S.; Al-Mulla, A.A.; Al-Marri, S.; Hashim, M.S.; Elbagi, I.E. Prevalence of somatisation and psychologisation among patients visiting primary health care centres in the State of Qatar. *Libyan J. Med.* **2010**, *5*, 1–8. [[CrossRef](#)] [[PubMed](#)]
24. Cheung, P. Somatisation as a presentation in depression and post-traumatic stress disorder among Cambodian refugees. *Aust. New Zealand J. Psychiatry* **1993**, *27*, 422–428. [[CrossRef](#)] [[PubMed](#)]
25. Sadeghian, F.; Sadeghian, A.; Raei, M.; Kasaeian, A. Musculoskeletal disorders among oil field workers: Influences of health beliefs, mental health and somatisation tendency. *J. Med. Sci.* **2012**, *12*, 114–120. [[CrossRef](#)]
26. Helmreich, I.; Kunzler, A.; Chmitorz, A.; König, J.; Binder, H.; Wessa, M.; Lieb, K. Psychological interventions for resilience enhancement in adults. *Cochrane Database Syst. Rev.* **2017**, *2017*, 1–43. [[CrossRef](#)]
27. Higgins, J.; Thomas, J.; Chandler, J.; Cumpston, M.; Li, T.; Page, M.J.; Welch, V.A. *Handbook for Systematic Reviews of Interventions Version 6.2*; Cochrane: London, UK, 2021.
28. Microsoft Corporation. *Microsoft Excel, 16.0*; Microsoft Corporation: Redmond, WA, USA, 2019.
29. *Review Manager Web (RevMan Web)*; The Cochrane Collaboration: London, UK, 2020.
30. Team, R.C. R: *A Language and Environment for Statistical Computing*; R Foundation for Statistical Computing: Vienna, Austria, 2019.

31. Wickham, H.; Bryan, J. *readxl: Read Excel Files*; R Package 1.3.1; Microsoft Corporation: Redmond, WA, USA, 2019.
32. Dragulescu, A.; Arendt, C. *xlsx: Read, Write, Format Excel 2007 and Excel 97/2000/XP/2003 Files*; Microsoft Corporation: Redmond, WA, USA, 2020; Volume 9.
33. Wickham, H.; François, F.; Henry, L.; Müller, K. *dplyr: A Grammar of Data Manipulation*, R Package Version 1.0.2. 2020. Available online: <https://dplyr.tidyverse.org/> (accessed on 2 June 2022).
34. Balduzzi, S.; Rücker, G.; Schwarzer, G. How to perform a meta-analysis with R: A practical tutorial. *Évid. Based Ment. Health* **2019**, *22*, 153–160. [[CrossRef](#)] [[PubMed](#)]
35. Navarro, D.J. *Learning Statistics with R: A Tutorial for Psychology Students and Other Beginners*; Version 0.5; University of Adelaide: Adelaide, Australia, 2015.
36. Viechtbauer, W. Conducting meta-analyses in R with the metafor package. *J. Stat. Softw.* **2010**, *36*, 1–48. [[CrossRef](#)]
37. Cuijpers, P. *Meta-Analyses in Mental Health Research. A Practical Guide*; Pim Cuijpers Uitgeverij: Amsterdam, The Netherlands, 2016.
38. Int'Hout, J.; Ioannidis, J.P.A.; Borm, G.F. The Hartung-Knapp-Sidik-Jonkman method for random effects meta-analysis is straightforward and considerably outperforms the standard DerSimonian-Laird method. *BMC Med. Res. Methodol.* **2014**, *14*, 1–12. [[CrossRef](#)]
39. Adler, A.B.; Bliese, P.D.; McGurk, D.; Hoge, C.W.; Castro, C.A. Battlemind debriefing and battlemind training as early interventions with soldiers returning from Iraq: Randomization by platoon. *J. Consult. Clin. Psychol.* **2009**, *77*, 928–940. [[CrossRef](#)]
40. Adler, A.B.; Williams, J.; McGurk, D.; Moss, A.; Bliese, P.D. Resilience training with soldiers during basic combat training: Randomisation by platoon. *Appl. Psychol. Health Well Being* **2015**, *7*, 85–107. [[CrossRef](#)]
41. Aikens, K.A.; Astin, J.; Pelletier, K.R.; Levanovich, K.; Baase, C.M.; Park, Y.Y.; Bodnar, C.M. Mindfulness goes to work: Impact of an online workplace intervention. *J. Occup. Environ. Med.* **2014**, *56*, 721–731. [[CrossRef](#)]
42. Alschuler, K.N.; Arewasikporn, A.; Nelson, I.K.; Molton, I.R.; Ehde, D.M. Promoting resilience in individuals aging with multiple sclerosis: Results from a pilot randomized controlled trial. *Rehabil. Psychol.* **2018**, *63*, 338–348. [[CrossRef](#)] [[PubMed](#)]
43. Anshel, M.H.; Gregory, W.; Kaczmarek, M. The effectiveness of a stress training program in coping with criticism in sport: A test of the COPE model. *J. Sport Behav.* **1990**, *14*, 194–217.
44. Arch, J.J.; Brown, K.W.; Dean, D.J.; Landy, L.N.; Brown, K.D.; Laudenslager, M.L. Self-compassion training modulates alpha-amylase, heart rate variability, and subjective responses to social evaluative threat in women. *Psychoneuroendocrinology* **2014**, *42*, 49–58. [[CrossRef](#)] [[PubMed](#)]
45. Ashing, K.; Rosales, M. A telephonic-based trial to reduce depressive symptoms among Latina breast cancer survivors. *Psychooncology* **2014**, *23*, 507–515. [[CrossRef](#)]
46. Ashing, K.T.; Miller, A.M. Assessing the utility of a telephonically delivered psychoeducational intervention to improve health-related quality of life in African American breast cancer survivors: A pilot trial. *Psychooncology* **2016**, *25*, 236–238. [[CrossRef](#)]
47. Baliouis, M.; Rennoldson, M.; Mills, J.; Watson, L.; Dawson, D.; Das Nair, R. Psychological intervention to alleviate distress in haematopoietic stem cell transplantation: A Phase 2 study. In Proceedings of the 42nd Annual Meeting of the European Society for Blood and Marrow Transplantation, EBMT 2016, Valencia, Spain, 3–6 April 2016; pp. 547–548, Bone Marrow Transplantation 2016.
48. Bartley, E.; Robinson, M.; Fillingim, R. Optimizing resilience in orofacial pain and nociception (ORION): Exploring the efficacy of a hope intervention for pain. *J. Pain* **2016**, *17*, S98. [[CrossRef](#)]
49. Bauman, L.V. *The Impact of a Psychological Capital Intervention on College Student Well-Being*; Azusa Pacific University: Azusa, CA, USA, 2015.
50. Beadel, J.R.; Mathews, A.; Teachman, B.A. Cognitive bias modification to enhance resilience to a panic challenge. *Cogn. Ther. Res.* **2016**, *40*, 799–812. [[CrossRef](#)]
51. Bekki, J.; Bernstein, B.; Fabert, N.; Gildar, N.; Way, A. Efficacy of an online resource for teaching interpersonal problem solving skills to women graduate students in engineering. *Adv. Eng. Educ.* **2014**, *4*, n2.
52. Bell, K.R.; Fann, J.R.; Brockway, J.A.; Cole, W.R.; Bush, N.E.; Dikmen, S.; Hart, T.; Lang, A.J.; Grant, G.; Gahm, G.; et al. Telephone problem solving for service members with mild traumatic brain injury: A randomized, clinical trial. *J. Neurotrauma* **2017**, *34*, 313–321. [[CrossRef](#)]
53. Botello, S.A.; Moan, E.R. An Exploratory Comparative Study of a Cognitive Behavioral Intervention, an Art Intervention, and No Treatment on Mood, Stress, and Quality of Life in Adult Women. Ph.D. Thesis, Northern Arizona University, San Francisco, AZ, USA, 2015.
54. Bradshaw, B.G.; Richardson, G.E.; Kumpfer, K.; Carlson, J.; Stanchfield, J.; Overall, J.; Brooks, A.M.; Kulkarni, K. Determining the efficacy of a resiliency training approach in adults with type 2 diabetes. *Diabetes Educ.* **2007**, *33*, 650–659. [[CrossRef](#)]
55. Broome, K.M.; Bennett, J.B. Reducing heavy alcohol consumption in young restaurant workers. *J. Stud. Alcohol Drugs* **2011**, *71*, 117–124. [[CrossRef](#)] [[PubMed](#)]
56. Brown, K.W.; Coogle, C.L.; Wegelin, J. A pilot randomized controlled trial of mindfulness-based stress reduction for caregivers of family members with dementia. *Aging Ment. Health* **2016**, *20*, 1157–1166. [[CrossRef](#)] [[PubMed](#)]
57. Cacioppo, J.T.; Adler, A.B.; Lester, P.B.; McGurk, D.; Thomas, J.L.; Chen, H.Y.; Cacioppo, S. Building social resilience in soldiers: A double dissociative randomized controlled study. *J. Pers. Soc. Psychol.* **2015**, *109*, 90–105. [[CrossRef](#)]

58. Castro, C.A.; Hoge, C.W.; Milliken, C.W.; McGurk, D.; Adler, A.B.; Cox, A.; Bliese, P.D. *BattleMind Training: Transitioning Home from Combat*; Walter Reed Army Institute of Research: Silver Spring, MD, USA, 2006. Available online: <https://apps.dtic.mil/sti/pdfs/ADA481083.pdf> (accessed on 2 June 2022).
59. Castro, C.A.; Adler, A.B.; McGurk, D.; Bliese, P.D. Mental health training with soldiers four months after returning from Iraq: Randomization by platoon. *J. Trauma Stress* **2012**, *25*, 376–383. [CrossRef] [PubMed]
60. Chandler, G.E.; Roberts, S.J.; Chiodo, L. Resilience intervention for young adults with adverse childhood experiences. *J. Am. Psychiatry Nurses Assoc.* **2015**, *21*, 406–416. [CrossRef] [PubMed]
61. Chesak, S.S.; Bhagra, A.; Schroeder, D.R.; Foy, D.A.; Cutshall, S.M.; Sood, A. Enhancing resilience among new nurses: Feasibility and efficacy of a pilot intervention. *Ochsner J.* **2015**, *15*, 38–44.
62. Schroeder, D.A.; Stephens, E.; Colgan, D.; Hunsinger, M.; Rubin, D.; Christopher, M.S. A brief mindfulness-based intervention for Primary care physicians: A pilot randomized controlled trial. *Am. J. Lifestyle Med.* **2016**, *12*, 83–91. [CrossRef]
63. Christopher, M.S.; Hunsinger, M.; Goerling, L.R.J.; Bowen, S.; Rogers, B.S.; Gross, C.R.; Dapolonia, E.; Pruessner, J.C. Mindfulness-based resilience training to reduce health risk, stress reactivity, and aggression among law enforcement officers: A feasibility and preliminary efficacy trial. *Psych. Res.* **2018**, *264*, 104–115. [CrossRef]
64. Church, D.; Sparks, T.; Clond, M. EFT (Emotional Freedom Techniques) and resiliency in veterans at risk for PTSD: A randomized controlled trial. *Explore* **2016**, *12*, 355–365. [CrossRef]
65. Creswell, J.D.; Pacilio, L.E.; Lindsay, E.K.; Brown, K.W. Brief mindfulness meditation training alters psychological and neuroendocrine responses to social evaluative stress. *Psychoneuroendocrinology* **2014**, *44*, 1–12. [CrossRef]
66. Deckro, G.R.; Ballinger, K.M.; Hoyt, M.; Wilcher, M.; Dusek, J.; Myers, P.; Greenberg, B.; Rosenthal, D.S.; Benson, H. The evaluation of a mind/body intervention to reduce psychological distress and perceived stress in college students. *J. Am. Coll. Health* **2002**, *50*, 281–287. [CrossRef] [PubMed]
67. Erogul, M.; Singer, G.; McIntyre, T.; Stefanov, D.G. Abridged mindfulness intervention to support wellness in first-year medical students. *Teach. Learn. Med.* **2014**, *26*, 350–356. [CrossRef] [PubMed]
68. Esmer, G.; Blum, J.; Rulf, J.; Pier, J. Mindfulness-based stress reduction for failed back surgery syndrome: A randomized controlled trial. *J. Am. Osteopath. Assoc.* **2010**, *110*, 646–652. [PubMed]
69. Falb, M.D. *Effects of Mindfulness Training on Individuals Experiencing Post-Breakup Distress: A Randomized Controlled Trial*; Bowling Green State University: Bowling Green, OH, USA, 2016; p. 77.
70. Ferguson, L.J. *Coaching for Hardiness: A Study of Women Clergy and Stress Resistance*; Adelphi University, The Institute of Advanced Psychological Studies: Garden City, NY, USA, 2004.
71. Foran, H.M.; Adler, A.B.; McGurk, D.; Bliese, P.D. Soldiers' perceptions of resilience training and postdeployment adjustment: Validation of a measure of resilience training content and training process. *Psychol. Serv.* **2012**, *9*, 390–403. [CrossRef]
72. Frye, M.S. *Promoting Caregiver and Child Resilience: The ACHIEVER Adult Resilience Curriculum*; University of Washington: Seattle, WA, USA, 2015; p. 77.
73. Gance-Cleveland, B.; Mays, M.Z. School-based support groups for adolescents with a substance-abusing parent. *J. Am. Psychiatry Nurses Assoc.* **2008**, *14*, 297–309. [CrossRef]
74. Garland, E.L.; Manusov, E.G.; Froeliger, B.; Kelly, A.; Williams, J.M.; Howard, M.O. Mindfulness-oriented recovery enhancement for chronic pain and prescription opioid misuse: Results from an early-stage randomized controlled trial. *J. Consult. Clin. Psychol.* **2014**, *82*, 448–459. [CrossRef]
75. Gaugler, J.E.; Reese, M.; Sauld, J. A Pilot evaluation of psychosocial support for family caregivers of relatives with dementia in long-term care: The residential care transition module. *Res. Gerontol. Nurs.* **2015**, *8*, 161–172. [CrossRef]
76. Gerson, M.W.; Fernandez, N. PATH: A program to build resilience and thriving in undergraduates. *J. Appl. Soc. Psychol.* **2013**, *43*, 2169–2184. [CrossRef]
77. Hallowell, S.R. *Coping Processes as a Functional Diagnostic Dimension? A Randomized Controlled Trial Using Acceptance and Commitment Therapy and Cognitive Therapy*; ProQuest: Ann Arbor, MI, USA, 2011.
78. Hargrove, M.B. *Antecedents and Outcomes Associated with the Individual Stress Response*; University of Texas: Arlington, TX, USA, 2012.
79. Heydarpour, S.; Parvaneh, E.; Saqqezi, A.; Ziapour, A.; Dehghan, F.; Parvaneh, A. Effectiveness of Group Counseling Based on the Reality Therapy on Resilience and Psychological Well-Being of Mothers with an Intellectual Disabled Child. *Int J. Pediatr.* **2018**, *6*, 7851–7860.
80. Hodges, T.D. *An Experimental Study of the Impact of Psychological Capital on Performance, Engagement, and the Contagion Effect*; The University of Nebraska-Lincoln: Lincoln, NE, USA, 2010.
81. Hoge, E.A.; Bui, E.; Marques, L.; Metcalf, C.A.; Morris, L.K.; Robinaugh, D.J.; Worthington, J.J.; Pollack, M.H.; Simon, N.M. Randomized controlled trial of mindfulness meditation for generalized anxiety disorder: Effects on anxiety and stress reactivity. *J. Clin. Psychiatry* **2013**, *74*, 786–792. [CrossRef]
82. Hourani, L.L.; Kizakevich, P.N.; Holiday, D.B.; Hubal, R.; Bryant, S.; Spira, J.; Strange, L.B.; McLean, A.N. Predeployment stress inoculation training for primary prevention of combat-related stress disorders. *J. CyberTherapy Rehabil.* **2011**, *4*, 101–116.
83. Hourani, L.; Tueller, S.; Kizakevich, P.; Lewis, G.; Strange, L.; Weimer, B.; Bryant, S.; Bishop, E.; Hubal, R.; Spira, J. Toward preventing post-traumatic stress disorder: Development and testing of a pilot predeployment stress inoculation training program. *Mil. Med.* **2016**, *181*, 1151–1160. [CrossRef] [PubMed]

84. Houston, J.B.; First, J.; Spialek, M.L.; Sorenson, M.E.; Mills-Sandoval, T.; Lockett, M.; First, N.L.; Nitiema, P.; Allen, S.F.; Pfefferbaum, B. Randomized controlled trial of the Resilience and Coping Intervention (RCI) with undergraduate university students. *J. Am. Coll. Health* **2016**, *65*, 1–9. [[CrossRef](#)] [[PubMed](#)]
85. Jennings, D.A. The Effects of Resiliency Training on Physical Activity Participation, Job Satisfaction, and Protective Factors Among Nonmanagerial Females at the Worksite. Ph.D. Thesis, Department of Exercise and Sport Science, University of Utah, Salt Lake City, UT, USA, 2002.
86. Jennings, P.A.; Snowberg, K.E.; Coccia, M.A.; Greenberg, M.T. Improving classroom learning environments by cultivating awareness and resilience in education (cAre): Results of two pilot studies. *J. Classr. Interact.* **2011**, *46*, 37–48.
87. Jennings, P.A.; Brown, J.L.; Frank, J.L.; Doyle, S.; Oh, Y.; Davis, R.; Rasheed, D.; DeWeese, A.; DeMauro, A.A.; Cham, H.; et al. Impacts of the CARE for Teachers program on teachers' social and emotional competence and classroom interactions. *J. Educ. Psychol.* **2017**, *109*, 1010–1028. [[CrossRef](#)]
88. Kane, J.M.; Robinson, D.G.; Schooler, N.R.; Mueser, K.T.; Penn, D.L.; Rosenheck, R.A.; Addington, J.; Brunette, M.F.; Correll, C.U.; Estroff, S.E.; et al. Comprehensive versus usual community care for first-episode psychosis: 2-Year outcomes from the NIMH RAISE early treatment program. *Am. J. Psychiatr.* **2016**, *173*, 362–372. [[CrossRef](#)] [[PubMed](#)]
89. Kanekar, A.; Sharma, M.; Atri, A. Enhancing social support, hardiness, and acculturation to improve mental health among Asian Indian international students. *Int. Q. Community Health Educ.* **2009**, *30*, 55–68. [[CrossRef](#)]
90. Kent, M.; Davis, M.C.; Stark, S.L.; Stewart, L.A. A resilience-oriented treatment for posttraumatic stress disorder: Results of a preliminary randomized clinical trial. *J. Trauma Stress* **2011**, *24*, 591–595. [[CrossRef](#)]
91. Duchemin, A.M.; Steinberg, B.A.; Marks, D.R.; Vanover, K.; Klatt, M. A small randomized pilot study of a workplace mindfulness-based intervention for surgical intensive care unit personnel: Effects on salivary alpha-amylase levels. *J. Occup. Environ. Med.* **2015**, *57*, 393–399. [[CrossRef](#)]
92. Klatt, M.; Steinberg, B.; Duchemin, A.M. Mindfulness in Motion (MIM): An onsite mindfulness based intervention (MBI) for chronically high stress work environments to increase resiliency and work engagement. *J. Vis. Exp.* **2015**, *57*, e52359. [[CrossRef](#)]
93. Kreutzer, J.S.; Marwitz, J.H.; Sima, A.P.; Mills, A.; Hsu, N.H.; Lukow, H.R., II. Efficacy of the resilience and adjustment intervention after traumatic brain injury: A randomized controlled trial. *Brain Inj.* **2018**, *32*, 963–971. [[CrossRef](#)] [[PubMed](#)]
94. Lancer, K.M. Immune function and psychological distress in familial dementia caregivers: A controlled trial of a cognitive-behavioral intervention. *Diss. Abstr. Int. Sect. B Sci. Eng.* **2007**, *68*, 1931.
95. Lantieri, L.; Kyse, E.N.; Harnett, S.; Malkmus, C.; Reeve, G.M.; Frydenberg, E. *Building Inner Resilience in Teachers and Students*; Information Age Publishing: Charlotte, NC, USA, 2011; pp. 267–292.
96. Loprinzi, C.E.; Prasad, K.; Schroeder, D.R.; Sood, A. Stress management and resilience training (SMART) program to decrease stress and enhance resilience among breast cancer survivors: A pilot randomized clinical trial. *Clin. Breast Cancer* **2011**, *11*, 364–368. [[CrossRef](#)] [[PubMed](#)]
97. Luthans, F.; Avey, J.B.; Patera, J.L. Experimental analysis of a web-based training intervention to develop positive psychological capital. *Acad. Manag. Learn. Educ.* **2008**, *7*, 209–221. [[CrossRef](#)]
98. Luthans, F.; Avey, J.B.; Avolio, B.J.; Peterson, S.J. The development and resulting performance impact of positive psychological capital. *Hum. Resour. Dev. Q.* **2010**, *21*, 41–67. [[CrossRef](#)]
99. Luthans, B.C.; Luthans, K.W.; Avey, J.B. Building the leaders of tomorrow. *J. Leadersh. Organ. Stud.* **2014**, *21*, 191–199. [[CrossRef](#)]
100. Luthar, S.S.; Suchman, N.E. Relational psychotherapy mothers' group: A developmentally informed intervention for at-risk mothers. *Dev. Psychopathol.* **2000**, *12*, 235–253. [[CrossRef](#)]
101. Luthar, S.S.; Curlee, A.; Tye, S.J.; Engelman, J.C.; Stonnington, C.M. Fostering resilience among mothers under stress: "Authentic Connections Groups" for medical professionals. *Women's Health Issues* **2017**, *27*, 382–390. [[CrossRef](#)]
102. Luthar, S.S.; Suchman, N.E.; Altomare, M. Relational psychotherapy mothers' group: A randomized clinical trial for substance abusing mothers. *Dev. Psychopathol.* **2007**, *19*, 243–261. [[CrossRef](#)]
103. Maddi, S.R.; Kahn, S.; Maddi, K.L. The effectiveness of hardiness training. *Consult. Psychol. J. Pract. Res.* **1998**, *50*, 78–86. [[CrossRef](#)]
104. May, A.C.; Cronan, T. Acceptance and Commitment Therapy for Patients with Breast Cancer: A Pilot Study. Ph.D. Thesis, San Diego State University, San Diego, CA, USA, 2016.
105. Jennings, P.A.; Frank, J.L.; Snowberg, K.E.; Coccia, M.A.; Greenberg, M.T. Improving classroom learning environments by Cultivating Awareness and Resilience in Education (CARE): Results of a randomized controlled trial. *Sch. Psychol. Q.* **2013**, *28*, 374–390. [[CrossRef](#)] [[PubMed](#)]
106. McCraty, R.; Atkinson, M. Resilience training program reduces physiological and psychological stress in police officers. *Glob. Adv. Health Med.* **2012**, *1*, 44–66. [[CrossRef](#)] [[PubMed](#)]
107. McGonagle, A.K.; Beatty, J.E.; Joffe, R. Coaching for workers with chronic illness: Evaluating an intervention. *J. Occup. Health Psychol.* **2014**, *19*, 385–398. [[CrossRef](#)] [[PubMed](#)]
108. Mealer, M.; Conrad, D.; Evans, J.; Jooste, K.; Solyntjes, J.; Rothbaum, B.; Moss, M. Feasibility and acceptability of a resilience training program for intensive care unit nurses. *Am. J. Crit. Care* **2014**, *23*, e97–e105. [[CrossRef](#)] [[PubMed](#)]
109. Mejia-Downs, A.M. An Intervention Enhances Resilience in Physical Therapy Students. Ph.D. Thesis, Utah Rocky Mountain University of Health Professions, Provo, UT, USA, 2016.

110. Mistretta, E.G.; Davis, M.C.; Temkit, M.; Lorenz, C.; Darby, B.; Stonnington, C.M. Resilience training for work-related stress among health care workers: Results of a randomized clinical trial comparing in-person and smartphone-delivered interventions. *J. Occup. Environ. Med.* **2018**, *60*, 559–568. [[CrossRef](#)] [[PubMed](#)]
111. Montgomery, K.L. Evidence-Based Practice and Practice-Based Evidence: Examining the Impact of Delinquency Prevention in Schools. Ph.D. Thesis, The University of Texas at Austin, Austin, TX, USA, 2013.
112. Nichols, L.O.; Martindale-Adams, J.; Zuber, J.; Graney, M.; Burns, R.; Clark, C. Support for spouses of postdeployment service members. *Mil. Behav. Health* **2015**, *3*, 125–137. [[CrossRef](#)]
113. O'Donnell, P.J. Psychological Effects of a Strength-Based Intervention Among Inpatients in Rehabilitation for Pain and Disability. Ph.D. Thesis, Northcentral University, Scottsdale, AZ, USA, 2013; p. 75.
114. Oken, B.S.; Wakeland, W. A Systems Approach to Stress and Resilience in Humans: Mindfulness Meditation, Aging, and Cognitive Function. Ph.D. Thesis, Portland State University, Portland, OR, USA, 2016. [[CrossRef](#)]
115. Oman, D.; Shapiro, S.L.; Thoresen, C.E.; Plante, T.G.; Flinders, T. Meditation lowers stress and supports forgiveness among college students: A randomized controlled trial. *J. Am. Coll. Health* **2008**, *56*, 569–578. [[CrossRef](#)]
116. Park, J.H. *Look Beyond and Rejoice: A Spiritual Intervention for Patients with Life-Threatening Illness or Chronic Pain*; Loma Linda University: Loma Linda, CA, USA, 2008.
117. Petree, R.D. Exploring and reducing Stress in young restaurant workers: Results of a randomized field trial. *Am. J. Health Promot.* **2012**, *26*, 217–224. [[CrossRef](#)]
118. Pyatak, E.A.; Carandang, K.; Vigen, C.L.P.; Blanchard, J.; Diaz, J.; Concha-Chavez, A.; Sequeira, P.A.; Wood, J.R.; Whittemore, R.; Spruijt-Metz, D. Occupational therapy intervention improves glycemic control and quality of life among young adults with diabetes: The Resilient, empowered, active living with diabetes (REAL Diabetes) randomized controlled trial. *Diabetes Care* **2018**, *41*, 696–704. [[CrossRef](#)]
119. Ricelli, S.E.; Nezu, A.M.; Nezu, C.M. Problem-Solving Therapy to Foster Resilience among Veterans Who Are Homeless or At-Risk for Homelessness: A Pilot Randomized Controlled Trial. Ph.D. Thesis, Drexel University, Philadelphia, PA, USA, 2016.
120. Rose, R.D.; Buckley, J.C., Jr.; Zbozinek, T.D.; Motivala, S.J.; Glenn, D.E.; Cartreine, J.A.; Craske, M.G. A randomized controlled trial of a self-guided, multimedia, stress management and resilience training program. *Behav. Res. Ther.* **2013**, *51*, 106–112. [[CrossRef](#)]
121. Roy, M.J.; Highland, K.; Costanzo, M. GETSmart: Guided education and training via smart phones to promote resilience. *Annu. Rev. Cybertherapy Telemed.* **2016**, *219*, 123–128. [[CrossRef](#)]
122. Sadow, D.; Hopkins, B. Resiliency training and empowerment among homeless, substance-abusing veterans. Increasing a sense of self-efficacy and internal attribution of control as a result of resiliency training. *Res. Commun. Psychol. Psychiatry Behav.* **1993**, *18*, 121–134.
123. Schachman, K.A.; Lee, R.K.; Lederman, R.P. Baby boot camp: Facilitating maternal role adaption among military wives. *Nurs. Res.* **2004**, *53*, 107–115. [[CrossRef](#)] [[PubMed](#)]
124. Seligman, M.E.; Schulman, P.; Tryon, A.M. Group prevention of depression and anxiety symptoms. *Behav. Res. Ther.* **2007**, *45*, 1111–1126. [[CrossRef](#)]
125. Sharma, V.; Saito, Y.; Amit, S. Mind-body medicine and irritable bowel syndrome: A randomized control trial using stress reduction and resiliency training. *J. Altern. Complement. Med.* **2014**, *20*, A94. [[CrossRef](#)]
126. Sood, A.; Prasad, K.; Schroeder, D.; Varkey, P. Stress management and resilience training among Department of Medicine faculty: A pilot randomized clinical trial. *J. Gen. Intern. Med.* **2011**, *26*, 858–861. [[CrossRef](#)]
127. Sood, A.; Sharma, V.; Schroeder, D.R.; Gorman, B. Stress Management and Resiliency Training (SMART) program among Department of Radiology faculty: A pilot randomized clinical trial. *Explore* **2014**, *10*, 358–363. [[CrossRef](#)]
128. Steinhardt, M.; Dolbier, C. Evaluation of a resilience intervention to enhance coping strategies and protective factors and decrease symptomatology. *J. Am. Coll. Health* **2008**, *56*, 445–453. [[CrossRef](#)]
129. Stephens, T.M. Increasing Resilience in Adolescent Nursing Students. Ph.D. Thesis, University of Tennessee, Knoxville, TN, USA, 2012.
130. Stoiber, K.C.; Gettinger, M. Functional assessment and positive support strategies for promoting resilience: Effects on teachers and high-risk children. *Psychol. Sch.* **2011**, *48*, 686–706. [[CrossRef](#)]
131. Taylor, L.M. The Relation Between Resilience, Coaching, Coping Skills Training, and Perceived Stress During a Career-threatening Milestone. Ph.D. Thesis, Georgia State University, Atlanta, GA, USA, 1997.
132. Tierney, M.J.; Lavelle, M. An investigation into modification of personality hardiness in staff nurses. *J. Nurs. Staff. Dev.* **1997**, *13*, 212–217.
133. Victorson, D.; Hankin, V.; Burns, J.; Weiland, R.; Maletich, C.; Sufrin, N.; Schuette, S.; Gutierrez, B.; Brendler, C. Feasibility, acceptability and preliminary psychological benefits of mindfulness meditation training in a sample of men diagnosed with prostate cancer on active surveillance: Results from a randomized controlled pilot trial. *Psychooncology* **2017**, *26*, 1155–1163. [[CrossRef](#)] [[PubMed](#)]
134. Vranceanu, A.M.; Riklin, E.; Merker, V.L.; Macklin, E.A.; Park, E.R.; Plotkin, S.R. Mind-body therapy via videoconferencing in patients with neurofibromatosis. *Am. Acad. Neurol.* **2016**, *87*, 806–814. [[CrossRef](#)] [[PubMed](#)]
135. Waite, P.J. Determining the efficacy of resiliency training in the worksite. *Diss. Abstr. Int. Sect. A Humanit. Soc. Sci.* **2004**, *33*, 62.
136. Weissberg-Benchell, J.; Rausch, J.; Iturralde, E.; Jedraszko, A.; Hood, K. A randomized clinical trial aimed at preventing poor psychosocial and glycemic outcomes in teens with type 1 diabetes (T1D). *Contemp. Clin. Trials* **2016**, *49*, 78–84. [[CrossRef](#)]

137. West, C.P.; Dyrbye, L.N.; Rabatin, J.T.; Call, T.G.; Davidson, J.H.; Multari, A.; Romanski, S.A.; Hellyer, J.M.; Sloan, J.A.; Shanafelt, T.D. Intervention to promote physician well-being, job satisfaction, and professionalism: A randomized clinical trial. *JAMA Intern. Med.* **2014**, *174*, 527–533. [[CrossRef](#)]
138. West, C.P.; Dyrbye, L.N.; Satele, D.; Shanafelt, T.D. A randomized controlled trial evaluating the effect of COMPASS (COLleagues Meeting to Promote and Sustain Satisfaction) small group sessions on physician well-being, meaning, and job satisfaction. *J. Gen. Intern. Med.* **2015**, *30*, 45.
139. Wilson, I. Effectiveness of Stress Inoculation and Stress Management Approaches for Enhancing Resilience in a U.S. Military Combat Population. Ph.D. Thesis, Alliant International University, Alhambra, CA, USA, 2016; p. 76.
140. Zautra, A.J.; Davis, M.C.; Reich, J.W.; Nicassario, P.; Tennen, H.; Finan, P.; Kratz, A.; Parrish, B.; Irwin, M.R. Comparison of cognitive behavioral and mindfulness meditation interventions on adaptation to rheumatoid arthritis for patients with and without history of recurrent depression. *J. Consult. Clin. Psychol.* **2008**, *76*, 408–421. [[CrossRef](#)]
141. Akbari, B. Effectiveness of training psychological resilience on aggression and happiness among students. *J. Holist. Nurs. Midwifery* **2017**, *27*, 1–7. [[CrossRef](#)]
142. Almasi, A.; Hatami, F.; Sharifi, A.; Ahmadijoubary, T.; Kavianezhad, R.; Ebrahimzadeh, F. Effectiveness of stress coping skills training on the resiliency of mothers of handicapped children. *Sci. J. Kurd. Univ. Med. Sci.* **2016**, *21*, 34–42. (In Persian)
143. Bahamin, G.; Taheri, F.; Moghaddas, A.; Sohrabi, F.; Dortaj, F. The effects of hardiness training on suicide ideation, quality of life and plasma levels of lipoprotein (a) in patients with depressive disorder. *Procedia Soc. Behav. Sci.* **2012**, *46*, 4236–4243. [[CrossRef](#)]
144. Bakhshizadeh, S.H.; Afrooz, G.H.A.; Beh-pajoo, A.; Ghobari Bonab, B.; Shokoohi Yekta, M. Effectiveness of resiliency based on islamic spirituality training on mental health & spiritual resiliency among mothers of slow pace (mentally retarded) children. *Armaghane-Danesh* **2016**, *21*, 492–512.
145. Bari, N.S.; Bahrainian, S.A.; Azargoon, H.; Abedi, H.; Aghaee, F. The effectiveness of reality therapy on resiliency of divorced women in Neyshabour city of Iran. *World Sci. J.* **2013**, *1*, 115–123.
146. Bavali, F.; Faramarzi, S.; Manshaie, G.; Khaledian, M. Effectiveness of Group Logo Therapy on resiliency of the mothers with intellectual disability children. *Int. Res. J. Appl. Basic Sci.* **2013**, *6*, 160–164.
147. Hadizad, T.; Sajedi, F.; Movallali, G.; Reza Soltani, P. Effectiveness of resiliency training in improving mother-child relationship in mothers of children with mental retardation. *Iran. Rehabil. J.* **2016**, *14*, 171–178. [[CrossRef](#)]
148. Haidarabadi, Z.G. Effectiveness of reality therapy education to increase happiness and hardiness of mothers who have blind child. *Kuwait Chapter Arab. J. Bus. Manag. Rev.* **2014**, *3*, 293. [[CrossRef](#)]
149. Haydari, L.; Farhadian, M. Effectiveness resiliency training to reduce stress and improve the quality of life of female-headed household. *Res. J. Fish. Hydrobiol.* **2015**, *10*, 105–110.
150. Kaboudi, M.; Abbasi, P.; Heidarisharaf, P.; Dehghan, F.; Ziapour, A. The Effect of resilience training on the condition of style of coping and parental stress in mothers of children with leukemia. *Int. J. Pediatric.* **2018**, *6*, 7299–7310. [[CrossRef](#)]
151. Kaveh, M.; Alizadeh, H.; Delavar, A.; Borjali, A. Development of a resilience fostering program against stress and its impact on quality of life components in parents of children with mild intellectual disability. *J. Ophthalmol. Eye Care* **2011**, *11*, 119–140.
152. Khodabakhshi, A.; Derakhshandeh, M. Effectiveness of hope-oriented group therapy on life meaning and resilience in mothers with physical-motor disabled children. *Iran. J. Pediatric. Nurs.* **2015**, *1*, 3.
153. Moghimi, M.; Karimi, Z.; Esmaeilpour, N.; Zoladl, M. The Effect of resilience education by the teach-back method on the stress of mothers of educable mentally retarded children: A field trial study. *Int. J. Pediatric.* **2017**, *5*, 6347–6358. [[CrossRef](#)]
154. Naemi, A.M. Effectiveness of family-based education on mental health and resiliency of women with addicted husband (Case study: Sabzevar). *Women Dev. Politics* **2015**, *13*, 41–52.
155. Norouzi, H.; Rahimian-Boogar, I.; Talepasand, S. Effectiveness of mindfulness-based cognitive therapy on posttraumatic growth, self-management and functional disability among patients with breast cancer. *Nurs. Pract. Today* **2017**, *4*, 190–202.
156. Rahmati, M.; Khaledi, B.; Salari, N.; Bazrafshan, M.; Haydarian, A. The effects of religious and spiritual interventions on the resilience of family members of patients in the ICU. *Shiraz E-Med. J.* **2017**, *18*, e13007. [[CrossRef](#)]
157. Roghanchi, M.; Mohamad, A.R.; Mey, S.C.; Momeni, K.M.; Golmohamadian, M. The effect of integrating rational emotive behavior therapy and art therapy on self-esteem and resilience. *Arts Psychother.* **2013**, *40*, 179–184. [[CrossRef](#)]
158. Roshan, F.J.; Ahmadi, S.; Eslami, S. The effectiveness of group training based on positive-oriented psychotherapy on the resiliency and public health of the wives with addicte. *Biomed. Pharmacol. J.* **2015**, *8*, 185–191. [[CrossRef](#)]
159. Roustaei, A.; Bakhshipoor, B.; Doostian, Y.; Akbar Goodiny, A.; Koohikar, M.; Massah Choolabi, O. Effectiveness of resilience training on ego-control and hardiness of illicit drug users. *Addict. Health* **2017**, *9*, 24–31.
160. Safarinia, M.; Aghayoosefi, A.; Mehmannaavazan, A.; Dehestani, M. The effectiveness of training problem solving skills on the resiliency of the students residing at the dormitory of the Industrial University of Khaje Nasiredin Toosi. *Res. J. Pharm. Biol. Chem. Sci.* **2015**, *6*, 1497–1504.
161. Abbott, J.; Klein, B.; Hamilton, C.; Rosenthal, A. The impact of online resilience training for sales managers on wellbeing and performance. *E-J. Appl. Psychol.* **2009**, *5*, 89–95. [[CrossRef](#)]
162. Devilly, G.; Varker, T. *The Prevention of Trauma Reactions in Police Officers: Decreasing Reliance on Drugs and Alcohol*; National Drug Law Enforcement Research Fund: Canberra, Australia, 2013.

163. Fuller-Tyszkiewicz, M.; Richardson, B.; Little, K.; Teague, S.; Hartley-Clark, L.; Capic, T.; Khor, S.; Cummins, R.A.; Craig Olsson, C.; Hutchinson, D. *The StressLess Mobile App Study: Helping Carers Thrive*; School of Psychology, Deakin University: Victoria, Australia, 2017.
164. Grant, A.M.; Curtayne, L.; Burton, G. Executive coaching enhances goal attainment, resilience and workplace well-being: A randomised controlled study. *J. Posit. Psychol.* **2009**, *4*, 396–407. [[CrossRef](#)]
165. Grant, A.M.; Green, L.S.; Rynsaardt, J. Developmental coaching for high school teachers: Executive coaching goes to school. *Consult. Psychol. J. Pract. Res.* **2010**, *62*, 151–168. [[CrossRef](#)]
166. Hanna, A.; Pidgeon, A.M. Leveraging mindfulness to build resilience and professional quality of life in human service professionals. *OBM Integr. Complementary Med.* **2018**, *3*, 1. [[CrossRef](#)]
167. Hawkes, A.L.; Pakenham, K.I.; Chambers, S.K.; Patrao, T.A.; Courneya, K.S. Effects of a multiple health behavior change intervention for colorectal cancer survivors on psychosocial outcomes and quality of life: A randomized controlled trial. *Ann. Behav. Med.* **2014**, *48*, 359–370. [[CrossRef](#)] [[PubMed](#)]
168. Pidgeon, A.M.; Ford, L.; Klaassen, F. Evaluating the effectiveness of enhancing resilience in human service professionals using a retreat-based Mindfulness with Metta Training Program: A randomised control trial. *Psychol. Health Med.* **2013**, *19*, 355–364. [[CrossRef](#)] [[PubMed](#)]
169. Pidgeon, M.A.; O'Brien, B.; Hanna, A.; Klaassen, F. Cultivating a resilient response to stress through mindfulness and cognitive re-appraisal: A Pilot randomised control trial. *GSTF J. Psychol.* **2014**, *1*, 8–13. [[CrossRef](#)]
170. Poulsen, A.A.; Sharpley, C.F.; Baumann, K.C.; Henderson, J.; Poulsen, M.G. Evaluation of the effect of a 1-day interventional workshop on recovery from job stress for radiation therapists and oncology nurses: A randomised trial. *Med. Imaging Radiat. Oncol.* **2015**, *59*, 491–498. [[CrossRef](#)]
171. Rogerson, S.; Meir, R.; Crowley-McHattan, Z.; McEwen, K.; Pastoors, R. A Randomized controlled pilot trial investigating the impact of a workplace resilience program during a time of significant organizational change. *J. Occup. Environ. Med.* **2016**, *58*, 329–334. [[CrossRef](#)]
172. Sansom-Daly, U.; Wakefield, C.; Bryant, R.; Ellis, S.; Doolan, E.; Cohn, R. Adapting evidence-based psychological therapy to the computer screen for adolescent and young adult cancer survivors: Preliminary results from the “recapture life” randomised controlled trial. *Asia-Pac. J. Clin. Oncol.* **2014**, *10*, 36.
173. Shakespeare-Finch, J.E.; Shochet, I.M.; Roos, C.R.; Craig, C.; Armstrong, D.; Young, R.M.; Wurfl, A. Promoting posttraumatic growth in police recruits: Preliminary results of a randomised controlled resilience intervention trial. In Proceedings of the 2014 Australian and New Zealand Disaster and Emergency Management Conference, Gold Coast, Australia, 5–7 May 2014.
174. Shochet, I.M.; Shakespeare-Finch, J.; Craig, C.; Roos, C.; Wurfl, A.; Hoge, R.; McD Young, R.; Brough, P. The DeInd implementation of the promoting resilient officers (PRO) program. *Traumatology* **2011**, *17*, 43–51. [[CrossRef](#)]
175. Skeffington, P.M.; Rees, C.S.; Mazzucchelli, T.G.; Kane, R.T. The primary prevention of PTSD in firefighters: Preliminary results of an RCT with 12-month follow-up. *PLoS ONE* **2016**, *11*, e0155873. [[CrossRef](#)]
176. Turkstra, E.; Gamble, J.; Creedy, D.K.; Fenwick, J.; Barclay, L.; Buist, A.; Ryding, E.L.; Scuffham, P.A. PRIME: Impact of previous mental health problems on health-related quality of life in women with childbirth trauma. *Arch. Women's Ment. Health* **2013**, *16*, 561–564. [[CrossRef](#)]
177. Tyson, O.; Roberts, C.M.; Kane, R. Can implementation of a resilience program for primary school children enhance the mental health of teachers? *Aust. J. Guid. Couns.* **2009**, *19*, 116–130. [[CrossRef](#)]
178. Varker, T.; Devilly, G.J. An analogue trial of inoculation/resilience training for emergency services personnel: Proof of concept. *J. Anxiety Disord* **2012**, *26*, 696–701. [[CrossRef](#)] [[PubMed](#)]
179. Wakefield, C.E.; Sansom-Daly, U.M.; McGill, B.C.; Ellis, S.J.; Doolan, E.L.; Robertson, E.G.; Mathur, S.; Cohn, R.J. Acceptability and feasibility of an e-mental health intervention for parents of childhood cancer survivors: “Cascade”. *Support. Care Cancer* **2016**, *24*, 2685–2694. [[CrossRef](#)] [[PubMed](#)]
180. Bian, Y.; Xiong, H.; Zhang, L.; Tang, T.; Liu, Z.; Xu, R.; Lin, H.; Xu, B. Change in coping strategies following intensive intervention for special-service military personnel as civil emergency responders. *J. Occup. Health* **2011**, *53*, 36–44. [[CrossRef](#)]
181. Chan, C.H.; Chan, C.L.; Ng, E.H.; Ho, P.C.; Chan, T.H.; Lee, G.L.; Hui, W.H. Incorporating spirituality in psychosocial group intervention for women undergoing in vitro fertilization: A prospective randomized controlled study. *Psychol. Psychother.* **2012**, *85*, 356–373. [[CrossRef](#)]
182. Cheung, Y.L. Psychological first aid as a public health disaster response preparedness strategy for responders in critical incidents and disasters. *Diss. Abstr. Int. Sect. B Sci. Eng.* **2016**, *76*, 1–361.
183. Ho, R.T.; Fong, T.C.; Lo, P.H.; Ho, S.M.; Lee, P.W.; Leung, P.P.; Spiegel, D.; Chan, C.L. Randomized controlled trial of supportive-expressive group therapy and body-mind-spirit intervention for Chinese non-metastatic breast cancer patients. *Support. Care Cancer* **2016**, *24*, 4929–4937. [[CrossRef](#)]
184. Hsiao, F.H.; Jow, G.M.; Kuo, W.H.; Chang, K.J.; Liu, Y.F.; Ho, R.T.; Ng, S.M.; Chan, C.L.; Lai, Y.M.; Chen, Y.T. The effects of psychotherapy on psychological well-being and diurnal cortisol patterns in breast cancer survivors. *Psychother. Psychosom.* **2012**, *81*, 173–182. [[CrossRef](#)]
185. Wang, Z.; Wang, H.; Zhai, H. Effects of positive-psychology-based group counseling on college students with mental crisis. *J. Nurs.* **2012**, *19*, 1–4.

186. Wong, M.C.; Sun, J.; Lee, A.; Stewart, D.; Cheng, F.F.; Kan, W.; Ho, M. The impact of a newly designed resilience-enhancing programme on parent- and teacher-perceived resilience environment among Health Promoting Schools in Hong Kong. *J. Epidemiol. Commun. Health* **2009**, *63*, 209–214. [[CrossRef](#)]
187. Ye, Z.J.; Liang, M.Z.; Qiu, H.Z.; Liu, M.L.; Hu, G.Y.; Zhu, Y.F.; Zeng, Z.; Zhao, J.J.; Quan, X.M. Effect of a multidiscipline mentor-based program, Be Resilient to Breast Cancer (BRBC), on female breast cancer survivors in mainland China-A randomized, controlled, theoretically-derived intervention trial. *Breast Cancer Res. Treat.* **2016**, *158*, 509–522. [[CrossRef](#)] [[PubMed](#)]
188. Ye, Z.J.; Qiu, H.Z.; Liang, M.Z.; Liu, M.L.; Li, P.F.; Chen, P.; Sun, Z.; Yu, Y.L.; Wang, S.N.; Zhang, Z.; et al. Effect of a mentor-based, supportive-expressive program, Be Resilient to Breast Cancer, on survival in metastatic breast cancer: A randomised, controlled intervention trial. *Br. J. Cancer* **2017**, *117*, 1486–1494. [[CrossRef](#)] [[PubMed](#)]
189. Yuen, W.W.Y.; Wong, W.C.W.; Tang, C.S.K.; Holroyd, E.; Tiwari, A.F.Y.; Fong, D.Y.T.; Chin, W.Y. Promoting resilience for HIV prevention in female sex workers in Hong Kong: A randomised controlled trial. *Lancet* **2015**, *386*, s140–s6736. [[CrossRef](#)]
190. Zhang, J. *Research on the Characteristics of Psychological Resilience and the Promotion of Psychological Resilience of Military College Students*; Third Military Medical University: Chongqing, China, 2011.
191. Zhang, W.; Yan, T.T.; Du, Y.S.; Liu, X.H. Brief report: Effects of solution-focused brief therapy group-work on promoting post-traumatic growth of mothers who have a child with ASD. *J. Autism Dev. Disord.* **2014**, *44*, 2052–2056. [[CrossRef](#)]
192. Zhang, J.; Zhou, Y.; Feng, Z.; Fan, Y.; Zeng, G.C.; Li, W. Randomized controlled trial of mindfulness-based stress reduction (MBSR) on posttraumatic growth of Chinese breast cancer survivors psychology. *Health Med.* **2017**, *22*, 94–109.
193. Chung, P.; Cheng, K.C.; Li, H.Y.; Jiang, X.; Su, N.; Zhang, C.; Si, G. The effect of resilience training for Hong Kong junior athletes. *Int. J. Sport Exerc. Psychol.* **2013**, *11*, 228–242. [[CrossRef](#)]
194. Yu, X.; Stewart, S.M.; Chui, J.P.; Ho, J.L.; Li, A.C.; Lam, T.H. A pilot randomized controlled trial to decrease adaptation difficulties in chinese new immigrants to Hong Kong. *Behav. Ther.* **2014**, *45*, 137–152. [[CrossRef](#)]
195. Aubin, S.; Rosberger, Z.; Petr, K.; Gerald, B. Reporting on the clinical utility of a coping skills intervention program for AYAC: What have we learned thus far. *Psycho-Oncology* **2011**, *20*, 105–300. [[CrossRef](#)]
196. Carlson, L.E.; Doll, R.; Stephen, J.; Faris, P.; Tamagawa, R.; Drysdale, E.; Specia, M. Randomized controlled trial of Mindfulness-based cancer recovery versus supportive expressive group therapy for distressed survivors of breast cancer. *J. Clin. Oncol.* **2013**, *31*, 3119–3126. [[CrossRef](#)]
197. Kovacs, A.H.; Grace, S.L.; Kentner, A.C.; Nolan, R.P.; Silversides, C.K.; Irvine, M.J. Feasibility and outcomes in a pilot randomized controlled trial of a psychosocial intervention for adults with congenital heart disease. *Can. J. Cardiol.* **2018**, *34*, 766–773. [[CrossRef](#)]
198. Porter, S.; Johnson, A.M. Increasing paramedic students' resiliency to stress: Assessing correlates and the impact of intervention. *Coll. Q.* **2008**, *11*, n3.
199. Roeser, R.W.; Schonert-Reichl, K.A.; Jha, A.; Cullen, M.; Wallace, L.; Wilensky, R.; Oberle, E.; Thomson, K.; Taylor, C.; Harrison, J. Mindfulness training and reductions in teacher stress and burnout: Results from two randomized, waitlist-control field trials. *J. Educ. Psychol.* **2013**, *105*, 787–804. [[CrossRef](#)]
200. Waddell, J.; Bauer, M. Career planning and development for students: Building a career in a professional practice discipline. *Can. J. Career Dev.* **2005**, *4*, 4–13.
201. Waddell, J.; Spalding, K.; Canizares, G.; Navarro, J.; Connell, M.; Jancar, S.; Stinson, J.; Victor, C. Integrating a career planning and development program into the baccalaureate nursing curriculum: Part I. Impact on students' career resilience. *Int. J. Nurs. Educ. Scholarsh.* **2015**, *12*, 162–173. [[CrossRef](#)]
202. Weir, R.; Stewart, L.; Browne, G.; Roberts, J.; Gafni, A.; Easton, S.; Seymour, L. The efficacy and effectiveness of process consultation in improving staff morale and absenteeism. *Med. Care* **1997**, *35*, 334–353. [[CrossRef](#)]
203. Zernicke, K.A.; Campbell, T.S.; Specia, M.; McCabe-Ruff, K.; Flowers, S.; Carlson, L.E. A randomized wait-list controlled trial of feasibility and efficacy of an online mindfulness-based cancer recovery program: The eTherapy for cancer applying mindfulness trial. *Psychosom. Med.* **2014**, *76*, 257–267. [[CrossRef](#)]
204. Geschwind, N.; Peeters, F.; Drukker, M.; Van Os, J.; Wichers, M. Mindfulness training increases momentary positive emotions and reward experience in adults vulnerable to depression: A randomized controlled trial. *J. Consult. Clin. Psychol.* **2011**, *79*, 618–628. [[CrossRef](#)]
205. Krabbenborg, M.A.M.; Boersma, S.N.; van der Veld, W.M.; Van Hulst, B.; Vollebergh, W.A.M.; Wolf, J.R.L.M. A cluster randomized controlled trial testing the effectiveness of houvast. *Res. Soc. Work. Pract.* **2017**, *27*, 639–652. [[CrossRef](#)]
206. Schotanus-Dijkstra, M.; Drossaert, C.H.C.; Pieterse, M.E.; Boon, B.; Walburg, J.A.; Bohlmeijer, E.T. An early intervention to promote well-being and flourishing and reduce anxiety and depression: A randomized controlled trial. *Internet Interv.* **2017**, *9*, 15–24. [[CrossRef](#)]
207. Smeets, E.; Neff, K.; Alberts, H.; Peters, M. Meeting suffering with kindness: Effects of a brief self-compassion intervention for female college students. *J. Clin. Psychol.* **2014**, *70*, 794–807. [[CrossRef](#)]
208. Strijk, J.E.; Proper, K.I.; Van Mechelen, W.; Van Der Beek, A.J. Effectiveness of a worksite lifestyle intervention on vitality, work engagement, productivity, and sick leave: Results of a randomized controlled trial. *Scand. J. Work Environ. Health* **2013**, *39*, 66–75. [[CrossRef](#)] [[PubMed](#)]
209. Van Berkel, J.; Boot, C.R.; Proper, K.I.; Bongers, P.M.; Van Der Beek, A.J. Effectiveness of a worksite mindfulness-related multi-component health promotion intervention on work engagement and mental health: Results of a randomized controlled trial. *PLoS ONE* **2014**, *9*, e84118. [[CrossRef](#)] [[PubMed](#)]

210. Van Der Spek, N.; Vos, J.; Van Uden-Kraan, C.F.; Breitbart, W.; Cuijpers, P.; Holtmaat, K.; Witte, B.I.; Tollenaar, R.; Verdonck-de Leeuw, I.M. Efficacy of meaning-centered group psychotherapy for cancer survivors: A randomized controlled trial. *Psychol Med.* **2017**, *47*, 1990–2001. [CrossRef] [PubMed]
211. Van Zelst, C.J. *Inside Out: On Stereotype Awareness, Childhood Trauma and Stigma in Psychosis*; University of Maastricht: Maastricht, The Netherlands, 2010.
212. Weiss, L.A.; Westerhof, G.J.; Bohlmeijer, E.T. Nudging socially isolated people towards well-being with the ‘Happiness Route’: Design of a randomized controlled trial for the evaluation of a happiness-based intervention. *Health Qual. Life Outcomes* **2013**, *11*, 1–11. [CrossRef]
213. Bernburg, M.; Baresi, L.; Groneberg, D.; Mache, S. Does psychosocial competency training for junior physicians working in pediatric medicine improve individual skills and perceived job stress. *Eur. J. Pediatr.* **2016**, *175*, 1905–1912. [CrossRef]
214. Mache, S.; Danzer, G.; Klapp, B.; Groneberg, D.A. Evaluation of a multicomponent psychosocial skill training program for junior physicians in their first year at work: A pilot study. *Fam. Med.* **2015**, *47*, 693–698. [PubMed]
215. Mache, S.; Bernburg, M.; Baresi, L.; Groneberg, D.A. Evaluation of self-care skills training and solution-focused counselling for health professionals in psychiatric medicine: A pilot study. *Int. J. Psychiatry Clin. Pract.* **2016**, *20*, 239–244. [CrossRef]
216. Pauls, N.; Schlett, C.; Soucek, R.; Ziegler, M.; Frank, N. Enhancing resilience through training of personal resources: Evaluation of a web-based mindfulness intervention. *Gio Gruppe Interaktion Organisation Zeitschrift Fuer Angewandte Organisationspsychologie (GIO)* **2016**, *47*, 105–117. [CrossRef]
217. Pietrowsky, R.; Mikutta, J. Effects of positive psychology interventions in depressive patients—A randomized control study. *Psychology* **2012**, *3*, 1067–1073. [CrossRef]
218. Wagner, B.; Knaevelsrud, C.; Maercker, A. Post-traumatic growth and optimism as outcomes of an internet-based intervention for complicated grief. *Cogn. Behav. Ther.* **2007**, *36*, 156–161. [CrossRef]
219. Galante, J.; Dufour, G.; Vainre, M.; Wagner, A.P.; Stochl, J.; Benton, A.; Lathia, N.I.; Howarth, E.; Jones, P.B. A mindfulness-based intervention to increase resilience to stress in university students (the Mindful Student Study): A pragmatic randomised controlled trial. *Lancet Public Health* **2018**, *3*, e72–e81. [CrossRef]
220. Johnson, J.; Gooding, P.A.; Wood, A.M.; Fair, K.L.; Tarrier, N. A Therapeutic Tool for Boosting Mood: The Broad-Minded Affective Coping Procedure (BMAC). *Cogn. Ther. Res.* **2013**, *37*, 61–70. [CrossRef]
221. Rigby, S.A.; Thornton, E.W.; Young, C.A. A randomized group intervention trial to enhance mood and self-efficacy in people with multiple sclerosis. *Br. J. Health Psychol.* **2008**, *13*, 619–631. [CrossRef] [PubMed]
222. Ross, S.C. *Positive Mental Training: Efficacy, Experience and Underlying Mechanisms of a Health Promotion Intervention for Resilience and Wellbeing in the Workplace*; The University of Edinburgh: Edinburgh, UK, 2014.
223. Sprange, K.; Mountain, G.A.; Brazier, J.; Cook, S.P.; Craig, C.; Hind, D.; Walters, S.J.; Windle, G.; Woods, R.; Keetharuth, A.D.; et al. Lifestyle Matters for maintenance of health and wellbeing in people aged 65 years and over: Study protocol for a randomised controlled trial. *Trials* **2013**, *14*, 302. [CrossRef] [PubMed]
224. Wild, J. An evaluation of Mind’s resilience intervention for emergency workers. *Final Report*. Available online: <https://www.mind.org.uk/media-a/4866/strand-3.pdf>.
225. Botella, C.; Mira, A.; Moragrega, I.; Garcia-Palacios, A.; Breton-Lopez, J.; Castilla, D.; Riera Lopez Del Amo, A.; Soler, C.; Molinari, G.; Quero, S.; et al. An Internet-based program for depression using activity and physiological sensors: Efficacy, expectations, satisfaction, and ease of use. *Neuropsychiatr. Dis. Treat.* **2016**, *12*, 393–406. [CrossRef] [PubMed]
226. Cerezo, V.M.; Ortiz-Tallo, M.; Cardenal, V.; De La Torre-Luque, A. Positive psychology group intervention for breast cancer patients: A randomised trial. *Psychol. Rep.* **2014**, *115*, 44–64. [CrossRef] [PubMed]
227. González, S.G.; Rodríguez, C.F.; Rodríguez, J.P.; Amigo, I. Secondary prevention of depression in primary care. *Psicothema* **2006**, *18*, 471–477.
228. Perez-Blasco, J.; Sales, A.; Meléndez, J.C.; Mayordomo, T. The effects of mindfulness and self-compassion on improving the capacity to adapt to stress situations in elderly people living in the community. *Clin. Gerontol.* **2016**, *39*, 90–103. [CrossRef]
229. Sanchez-Teruel, D.; Robles-Bello, M.A. Responding to a program of resilience applied parents of children with Down Syndrome. *Universitas Psychologica* **2015**, *14*, 645–657.
230. Berger, R.; Gelkopf, M. An intervention for reducing secondary traumatization and improving professional self-efficacy in well baby clinic nurses following war and terror: A random control group trial. *Int. J. Nurs. Stud.* **2011**, *48*, 601–610. [CrossRef]
231. Berger, R.; Abu-Raiya, H.; Benatov, J. Reducing primary and secondary traumatic stress symptoms among educators by training them to deliver a resiliency program (ERASE-Stress) following the Christchurch earthquake in New Zealand. *Am. J. Orthopsychiatry* **2016**, *86*, 236–251. [CrossRef] [PubMed]
232. Farchi, M.; Gidron, Y. The effects of “psychological inoculation” versus ventilation on the mental resilience of Israeli citizens under continuous war stress. *J. Nerv. Ment. Dis.* **2010**, *198*, 382–384. [CrossRef] [PubMed]
233. Yun, Y.H.; Kim, Y.A.; Lee, M.K.; Sim, J.A.; Nam, B.H.; Kim, S.; Lee, E.S.; Noh, D.Y.; Lim, J.Y.; Kim, S.; et al. A randomized controlled trial of physical activity, dietary habit, and distress management with the Leadership and Coaching for Health (LEACH) program for disease-free cancer survivors. *BMC Cancer* **2017**, *17*, 298. [CrossRef] [PubMed]
234. Yu, E.S.; Kim, B.S.; Lee, J.H.; Kim, J.H. A randomized controlled trial of stress management program for breast cancer patients under treatment. *Asia-Pac. J. Clin. Oncol.* **2012**, *8*, 299–300.

235. Yun, Y.H.; Lee, M.K.; Bae, Y.; Shon, E.J.; Shin, B.R.; Ko, H.; Lee, E.S.; Noh, D.Y.; Lim, J.Y.; Kim, S.; et al. Efficacy of a training program for long-term disease-free cancer survivors as health partners: A randomized controlled trial in Korea. *Asian Pac. J. Cancer Prev.* **2013**, *14*, 7229–7235. [[CrossRef](#)]
236. Jensen, C.G.; Lansner, J.; Petersen, A.; Vangkilde, S.A.; Ringkobing, S.P.; Frokjaer, V.G.; Adamsen, D.; Knudsen, G.M.; Denninger, J.W.; Hasselbalch, S.G. Open and calm—A randomized controlled trial evaluating a public stress reduction program in Denmark. *BMC Public Health* **2015**, *15*, 1245. [[CrossRef](#)]
237. Klatt, M.; Norre, C.; Reader, B.; Yodice, L.; White, S. Mindfulness in motion: A mindfulness-based intervention to reduce stress and enhance quality of sleep in Scandinavian employees. *Mindfulness* **2016**, *8*, 481–488. [[CrossRef](#)]
238. Pawar, A.; Panda, J.; Bobdey, S. Effectiveness of mindfulness based mental fitness training: An impact evaluation study. *Int. J. Res. Med. Sci.* **2016**, *4*, 3433–3439. [[CrossRef](#)]
239. Safren, S.A.; Thomas, B.E.; Mayer, K.H.; Biello, K.B.; Mani, J.; Rajagandhi, V.; Periyasamy, M.; Swaminathan, S.; Mimiaga, M.J. A pilot RCT of an intervention to reduce HIV sexual risk and increase self-acceptance among MSM in Chennai, India. *AIDS Behav.* **2014**, *18*, 1904–1912. [[CrossRef](#)]
240. Caruso, R.; Sabato, S.; Massarenti, S.; Nanni, M.G.; Grassi, L. The experience of cancer in advanced phases of illness: Italian CALM project. In Proceedings of the IPOS 16th World Congress of Psycho-Oncology and Psychosocial, Lisbon, Portugal, 20–24 October 2014; pp. 26–27, Psycho-Oncology 2014.
241. Villani, D.; Grassi, A.; Cognetta, C.; Toniolo, D.; Ciproso, P.; Riva, G. Self-help stress management training through mobile phones: An experience with oncology nurses. *Psychol. Serv.* **2013**, *10*, 315–322. [[CrossRef](#)]
242. Cieslak, R.; Benight, C.C.; Rogala, A.; Smoktunowicz, E.; Kowalska, M.; Zukowska, K.; Yeager, C.; Luszczynska, A. Effects of Internet-based self-efficacy intervention on secondary traumatic stress and secondary posttraumatic growth among health and human services professionals exposed to indirect trauma. *Front. Psychol.* **2016**, *7*, 1009. [[CrossRef](#)] [[PubMed](#)]
243. Rogala, A.; Smoktunowicz, E.; Zukowska, K.; Kowalska, M.; Cieslak, R. The helpers' stress: Effectiveness of a web-based intervention for professionals working with trauma survivors in reducing job burnout and improving work engagement. *Med. Pr.* **2016**, *67*, 223–228. [[CrossRef](#)] [[PubMed](#)]
244. Patrão, I.; Deep, C.N.; Leal, I. Cancer related fatigue and a cognitive behavioral intervention in quality of life in subjects undergoing radiotherapy—Alongitudinal and randomised trial. In *PSYCHO-ONCOLOGY*; Wiley-Blackwell: Hoboken, NJ, USA, 2014; pp. 170–171.
245. Ramos, C.; Leal, I.; Tedeschi, R.G. Protocol for the psychotherapeutic group intervention for facilitating posttraumatic growth in nonmetastatic breast cancer patients. *BMC Womens Health* **2016**, *16*, 22. [[CrossRef](#)] [[PubMed](#)]
246. Arnetz, B.B.; Nevedal, D.C.; Lumley, M.A.; Backman, L.; Lublin, A. Trauma resilience training for police: Psychophysiological and performance effects. *J. Police Crim. Psychol.* **2009**, *24*, 1–9. [[CrossRef](#)]
247. Arnetz, B.B.; Arble, E.; Backman, L.; Lynch, A.; Lublin, A. Assessment of a prevention program for work-related stress among urban police officers. *Int. Arch. Occup. Environ. Health* **2013**, *86*, 79–88. [[CrossRef](#)]
248. Chongruksa, D.; Prinyapol, P.; Sawatsri, S.; Pansomboon, C. Integrated group counselling to enhance mental health and resilience of Thai army rangers. *Asia Pac. J. Couns. Psychother.* **2015**, *6*, 41–57. [[CrossRef](#)]
249. McCann, T.V.; Songprakun, W.; Stephenson, J. Efficacy of a self-help manual in increasing resilience in carers of adults with depression in Thailand. *Int. J. Ment. Health Nurs.* **2016**, *25*, 62–70. [[CrossRef](#)]
250. Geschwind, N.; Meulders, M.; Peters, M.L.; Vlaeyen, J.W.; Meulders, A. Can experimentally induced positive affect attenuate generalization of fear of movement-related pain? *J. Pain* **2015**, *16*, 258–269. [[CrossRef](#)]
251. Mulligan, K.; Fear, N.T.; Jones, N.; Alvarez, H.; Hull, L.; Naumann, U.; Wessely, S.; Greenberg, N. Postdeployment Battlemind training for the U.K. armed forces: A cluster randomized controlled trial. *J. Consult. Clin. Psychol.* **2012**, *80*, 331–341. [[CrossRef](#)]
252. Melendez, J.C.; Fortuna, F.B.; Sales, A.; Mayordomo, T. The effects of instrumental reminiscence on resilience and coping in elderly. *Arch. Gerontol. Geriatr.* **2015**, *60*, 294–298. [[CrossRef](#)]
253. Vuori, J.; Toppinen-Tanner, S.; Mutanen, P. Effects of resource-building group intervention on career management and mental health in work organizations: Randomized controlled field trial. *J. Appl. Psychol.* **2012**, *97*, 273–286. [[CrossRef](#)] [[PubMed](#)]
254. Kovacs, Z.; Rigo, A.; Kokonyei, G.; Szabo, E.D.K.; Sebestyen, A.; Balogh, B.; Prezenszki, Z.; Nagy, M. Complex psycho-social intervention program complementing conventional antitumor therapy—Promising results. *Magyar Onkologia* **2012**, *56*, 247–257. [[PubMed](#)]
255. O'Brien, I. Supported Self-Management: A Novel Cancer Survivorship Care Pathway. A Phase I/II Intervention Study With Cancer Survivors in New Zealand. Ph.D. Thesis, University of Otago, Dunedin, New Zealand, 2016.
256. Betancourt, T.S.; McBain, R.; Newnham, E.A.; Akinsulure-Smith, A.M.; Brennan, R.T.; Weisz, J.R.; Hansen, N.B. A behavioral intervention for war-affected youth in Sierra Leone: A randomized controlled trial. *J. Am. Acad. Child. Adolesc. Psychiatry* **2014**, *53*, 1288–1297. [[CrossRef](#)] [[PubMed](#)]
257. Tan, K.K.; Chan, S.W.; Wang, W.; Vehvilainen-Julkunen, K. A salutogenic program to enhance sense of coherence and quality of life for older people in the community: A feasibility randomized controlled trial and process evaluation. *Patient Educ. Couns.* **2016**, *99*, 108–116. [[CrossRef](#)] [[PubMed](#)]
258. Gekkopf, M.; Ryan, P.; Cotton, S.J.; Berger, R. The impact of “training the trainers” course for helping tsunami-survivor children on Sri Lankan disaster volunteer workers. *Int. J. Stress Manag.* **2008**, *15*, 117–135. [[CrossRef](#)]

259. Liu, C.J.; Hsiung, P.C.; Chang, K.J.; Liu, Y.F.; Wang, K.C.; Hsiao, F.H.; Ng, S.M.; Chan, C.L. A study on the efficacy of body-mind-spirit group therapy for patients with breast cancer. *J. Clin. Nurs.* **2008**, *17*, 2539–2549. [CrossRef]
260. Meichenbaum, D. Stress inoculation training: A preventative and treatment approach. In *Principles and Practice of Stress Management*; Lehrer, P.M., Woolfolk, R.L., Sime, W.S., Eds.; Guilford Press: New York, NY, USA, 2007; Volume 3, pp. 497–518.
261. Hayes, S.C.; Luoma, J.B.; Bond, F.W.; Masuda, A.; Lillis, J. Acceptance and commitment therapy: Model, processes and outcomes. *Behav. Res. Ther.* **2006**, *44*, 1–25. [CrossRef]
262. Luthar, S.S.; Lyman, E.L.; Crossman, E.J. Resilience and Positive Psychology. In *Handbook of Developmental Psychopathology*; Springer: Berlin/Heidelberg, Germany, 2014; pp. 125–140.
263. Nowack, K.M. Coping style, cognitive hardiness, and health status. *J. Behav. Med.* **1989**, *12*, 145–158. [CrossRef]
264. Cohen, J. Statistical power analysis for the behavioral sciences. *Curr. Dir. Psychol. Sci.* **1988**, *1*, 98–101. [CrossRef]
265. Deeks, J.J.; Higgins, J.P.T.; Altman, D.G. Analysing data and undertaking meta-analyses. In *Cochrane Handbook for Systematic Reviews of Interventions version 6.3*; Higgins, J.P.T., Thomas, J., Chandler, J., Cumpston, M., Li, T., Page, M.J., Welch, V.A., Eds.; Cochrane: London, UK, 2022.
266. Hofstede, G. Dimensionalizing Cultures: The Hofstede Model in Context. In *Online Readings in Psychology and Culture*; Centre for Applied Cross-cultural Research, The Berkeley Electronic Press: Wellington, New Zealand, 2011. Available online: <http://scholarworks.gvsu.edu/orpc/vol2/iss1/8> (accessed on 2 June 2022).
267. Joyce, S.; Shand, F.; Tighe, J.; Laurent, S.J.; Bryant, R.A.; Harvey, S.B. Road to resilience: A systematic review and meta-analysis of resilience training programmes and interventions. *BMJ Open* **2018**, *8*, e017858. [CrossRef]
268. Liu, J.J.W.; Ein, N.; Gervasio, J.; Battaion, M.; Fung, K. The pursuit of resilience: A meta-analysis and systematic review of resilience-promoting interventions. *J. Happiness Stud.* **2021**, *23*, 1771–1791. [CrossRef]
269. Raghavan, S.; Sandanapitchai, P. The relationship between cultural variables and resilience to psychological trauma: A systematic review of the literature. *Traumatology* **2020**, 1–15. [CrossRef]
270. Kalisch, R.; Muller, M.B.; Tuscher, O. A conceptual framework for the neurobiological study of resilience. *Behav. Brain Sci.* **2015**, *38*, e92. [CrossRef] [PubMed]
271. Ungar, M.; Liebenberg, L. Assessing resilience across cultures using mixed methods: Construction of the child and youth resilience measure. *J. Mix. Methods Res.* **2011**, *5*, 126–149. [CrossRef]
272. Copas, J.B.; Jackson, D.; White, I.R.; Riley, R.D. The role of secondary outcomes in multivariate meta-analysis. *J. R. Stat. Soc. Ser. C* **2018**, *67*, 1177–1205. [CrossRef]
273. Kunzler, A.M.; Stoffers-Winterling, J.; Stoll, M.; Mancini, A.L.; Lehmann, S.; Blessin, M.; Gilan, D.; Helmreich, I.; Hufert, F.; Lieb, K. Mental health and psychosocial support strategies in highly contagious emerging disease outbreaks of substantial public concern: A systematic scoping review. *PLoS ONE* **2021**, *16*, e0244748. [CrossRef]
274. Heath, C.; Sommerfield, A.; Von Ungern-Sternberg, B.S. Resilience strategies to manage psychological distress among healthcare workers during the COVID-19 pandemic: A narrative review. *Anaesthesia* **2020**, *75*, 1364–1371. [CrossRef]