



ORIGINAL ARTICLE

## **Building resilience in teachers and students: A qualitative study**

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This study aimed to explore teachers' perceptions of and experiences with training in and implementation of the School Resilience Program (SRP). The results are grounded on a multistage focus group discussion. A thematic analysis approach was employed to identify and report patterns and themes. Three themes were identified: (1) the teachers' experience of enhanced confidence and skills in addressing students' emotional challenges after learning SRP; (2) the teachers found that learning SRP techniques expanded their professional development and personal advantages; and (3) the teachers' discovered that training together as colleagues builds a unified language and strategy through collaborative training. Training in and implementation of SRP appeared to provide teachers with tools and interventions, as well as increased self-efficacy. According to the participants, training in the SRP protocol appeared to give them a greater sense of coherence. SRP is compatible with and applicable to Scandinavian school systems. Future studies should explore how teachers, and especially students, experience the SRP protocol, examine the circumstances under which the programme is most appropriate, and investigate its effectiveness.

*Keywords:* qualitative research, resilience, teachers, self-regulation, tools



Today more than ever, students face severe challenges that call for approaches to address their social-emotional well-being and competence in schools (Statistics Norway, 2023; 2024). Moreover, the growing number of children and adolescents exposed to traumatic events (Felitti et al., 2019; Rogowska & Pavlova, 2023) and the increasing evidence of the relationship between biological, social and environmental influences on the development of mental, emotional and behavioural problems have profound implications for the design of interventions to promote healthy development, frequently delivered in school settings as a universal preventive intervention (Aune & Stiles, 2009a). Researchers have documented evidence of strategies that effectively target risk and protective factors, which can be implemented universally in educational settings and influence multiple outcomes (Bierman et al., 2017; Chafouleas et al., 2016; McClelland et al., 2017). Examples are programmes that teach children and adolescents social and emotional skills, including mindful awareness practices (National Academies of Sciences, Engineering, and Medicine, 2019).

The School Resilience Program (SRP, Wolmer et al. 2011) has been introduced and implemented in several secondary schools in Norway. The present study explores teachers' perceptions and experiences of training in and implementation of SRP. Experiences of negative life events (NLEs) and potentially traumatic events (PTEs) affect many children and adolescents across all continents (Aune & Stiles, 2009b; Benjet et al., 2016; Codeanu et al., 2014; Felitti et al., 2019; Rogowska & Pavlova, 2023; Wolmer et al., 2016). NLEs are unpleasant, stressful and uncontrollable experiences that cause negative changes and crucial difficulties in people's lives (Gungor et al., 2021). In contrast, PTEs involve exposure to an event that poses a threat, either actual or perceived, to the life or physical safety of the individual, their loved ones, or those around them (Skandsen et al., 2023). NLEs and PTEs are the leading causes of adult morbidity and mortality, and influence life opportunities (Merrick et al., 2018). In a study conducted with undergraduate students in the United States, Frazier et al. (2009) reported that 85% of the sample experienced at least one negative life event. Furthermore, Merrick et al. (2018) assessed adverse childhood experiences (ACEs) in a large adult sample (N = 214157) and found that 25% of the participants reported three or more ACEs. Notably, the accumulation of NLEs is a powerful predictor of mental health problems in general (Baglivio et al., 2014; Juul et al., 2021; Masten, 2014; Rutter, 2000).



### Negative life events and resilience in adolescents



Although a large number of youth experience NLEs (Aune & Stiles, 2009b; Felitti 2019; Rogowska & Pavlova, 2023) and short-term distress, most of them gradually return to their previous level of functioning and resume normal development (APA, 2008). Resilience, or the capacity of a dynamic system to withstand and recover from significant disturbances and continue to function or develop in a healthy or normative way (Masten, 2014; Rutter, 2013), is, according to Luthar et al.(2006), fundamentally based on relationships, and in that regard, Masten (2014) showed that three out of 10 key resilience factors are consistently related to interpersonal support. Furthermore, Rutter's (2013) literature review identified supportive social connections as the fundamental feature of resilience. The social buffering hypothesis (Cohen & Wills, 1985) suggests that social support reduces strain and buffers against the adverse impacts of stress and negative life events, thereby contributing to well-being. In contrast, Curtis and Cicchetti (2003) define resilience as a process of psychological self-organization. This process occurs through the interaction between a developing individual and their surrounding ecological environment. In other words, resilience involves how a person adapts and grows in response to the challenges and resources present in their environment. This reflects a growing emphasis on the contribution of personal strengths and adaptive coping to health and well-being, complementing the vast research on illness and psychopathology (Hamiel et al., 2013). A study related to the bombing in Oklahoma City (Benight, 2000) identified self-efficacy as a unique predictor of resilience following PTEs, independent of social support. Self-efficacy is the belief that one is capable of influencing, organising and executing the course of the actions needed to manage prospective events in one's life (Bandura, 1995). Aune et al. (2021), assessing a representative sample of 8,216 adolescents aged 13–19 years, demonstrated how both social support and social self-efficacy are strongly associated with social anxiety symptoms among youth who have experienced NLEs. More specifically, when adolescents experience more frequent NLEs, social support functions as a significant buffer or protective mechanism against social anxiety symptoms. Moreover, social self-efficacy emerged as a strong overall protective factor against social anxiety and was also found to have an additive protective effect on social anxiety symptoms. Thus, the cumulative picture that emerged from the finding of Aune et al.'s (2021) study demonstrates that, although social support is important, improving social self-efficacy among adolescents with social anxiety has a significantly stronger effect. More importantly, the additive effect of both social support and social self-efficacy

indicates that these two protective internal and distal factors are bilateral dependent. After conducting a systematic review of resilience scales, Pangallo et al. (2015) identified six main internal resources: adaptability, self-efficacy, active coping, positive emotions, mastery and hardiness. These ego-resilient (Block & Kremen, 1996) resources involve dynamic aspects of actively initiated processes of adaptation, which indicate how individuals deal with risk through various coping mechanisms, mental operations, and physiological regulation. Cognitive emotion regulation and flexibility, such as reappraisal and attention control, are crucial because they can change how an event is perceived and interpreted (Masten & Narayan, 2012). By the time adolescents graduate from secondary school, they should be independent, socially and emotionally skilled, and ready to navigate adulthood as responsible adults (Opplæringsloven, 1998 §1–1). There is a consensus today that schools play a vital role in fostering self-management skills, often described as social and emotional learning (SEL), which equip students with adequate coping strategies (Oberle & Schonert-Reichl, 2017).



### **School intervention programmes**

Low-intensity cognitive-behaviour therapies (LI-CBTs) such as the School Resilience Program (SRP) described below (Wolmer et al., 2011) are developed to increase access to evidence-based psychological interventions in order to enhance mental health and well-being on a community-wide basis (Bennett-Levy et al., 2010). Teachers are strong advocates of promoting social and emotional competencies in students (Oberle & Schonert-Reichl, 2017). Using a nationally representative survey, Bridgeland et al. (2013) showed that most teachers believe that social and emotional skills are teachable and that students from both poor and wealthy families benefit from such intervention, including in terms of academic performance, attendance and readiness for further education and entering working life. For most children, teachers are undoubtedly the primary mediators operating within the community (Wolmer et al., 2011) because they provide young people and their families with opportunities that otherwise may not be available (Aune & Stiles, 2009a).

After implementing a school-based and teacher-delivered trauma-focused intervention following a major earthquake in Turkey in 1999, Wolmer et al. (2003) demonstrated both an immediate and a long-term significant decrease in the severity of post-traumatic symptoms and better adaptive functioning for the intervention group compared with a non-treated control group (Wolmer et al., 2005). The same clinical and ecological principles were used to develop the School Resilience

Program (SRP), a universal teacher-based intervention for children in the Middle East which, rather than addressing trauma symptoms directly, focused instead on resilience building. Assessing a large sample of children (N = 2135), cases of children above the cut-off score for PTSD were 50% lower among those in the intervention group compared with a waiting-list control group (Wolmer et al., 2011). The results demonstrated that the SRP, a teacher-mediated protocol-based preventive intervention focusing on resilience enhancement to manage stress before a traumatic experience, is an effective way to develop coping skills in schoolchildren. Moreover, these coping skills helped children manage and adapt to daily challenges and improved participants' coping strategies when required to face more severe stressors. Barrett and Berger (2021) interviewed six teachers, who reported uncertainty about presenting classroom lessons in a sensitive manner and how best to support refugee students when external factors created ongoing challenges. The teachers reported behaviours of trauma-exposed refugee students ranging from internalisation, withdrawal, self-harm and selective mutism to challenging authority, disruption in the classroom, destruction of school property, and disengagement from learning (Barrett & Berger, 2021).

Focusing on enhancing resilience and strengthening coping resources led the school authorities in Vestfold County, Norway, to implement SRP in some of its secondary schools. There are several reasons why it is important to enhance resilience in youth specifically.

First, in Scandinavia generally and Norway specifically, 25–30% of students do not complete upper secondary school in the standard allotted time (Huitfeldt et al., 2018; Statistics Norway, 2024), due largely to mental health issues (Siem, 2016). A study has shown that students who drop out of school do so between 16 and 17 years of age, i.e. in their first year of upper secondary school (Huitfeldt et al., 2018). Second, conservative estimates suggest that 15–25% of older children and adolescents experience impairment due to symptoms of mental health disorders (Aune, 2017; O'Leary-Barrett et al., 2013). For most youth, their suffering is related to life stress during a key transition period in their lives, from adolescence to young adulthood, thus jeopardising entry into the labour force and admission to higher education (Kessler et al., 2005). A repetitive nine-wave longitudinal study following 929 families and conducted over 19 years (Mathiesen et al., 2007) demonstrated that most children who develop mental health problems come from families where there are generally few risk factors. Moreover, it is normal for families to experience stress and symptoms of mental disorders from time to time, making it difficult to predict which children will have problems



later in life. This highlights the need for comprehensive interventions throughout the entire youth period and advocates for a universal intervention approach.



Third, in 2014 and 2015, Norway generally, and Vestfold County specifically, experienced a substantial influx of young refugees and asylum seekers as a result of severe conflicts in the Middle East. Norway received thousands of unaccompanied minor asylum seekers (UMAS) for many years, with a peak of 5,400 UMAS, mainly from Afghanistan, Eritrea and Syria, in 2015 (Gravdahl & Wilskow, 2016). Fazel et al. (2012) and Daud et al. (2008) have shown that large numbers of young refugees fleeing to Europe have experienced trauma either in their country of origin, during displacement from their country or in the resettlement process in their new country. Following Russia's full-scale invasion of Ukraine, over 72,000 Ukrainian refugees sought asylum in Norway from 2022 to the end of 2024 (Statistics Norway, 2025). In 2023, 647 unaccompanied minor refugees (UMRs) were resettled in the country. As at 1 December 2024, 715 UMR refugees had arrived in Norway that year (IMDI, 2024). These statistics highlight the ongoing conflicts and their impact on refugee movements, as well as the urgent need for targeted interventions for this significant group of adolescents. Additionally, the COVID-19 pandemic has led to an increase in mental health issues among young people in the Western world (Dalay & Robinson, 2022; Lerner et al., 2021). According to the figures from the Norwegian Labour and Welfare Administration (nav.no) for the fourth quarter of 2024, Norway is consolidating its position as the world leader in sickness absence, particularly among young people with mental illness. This situation underscores the necessity for universal and selective evidence interventions to address the needs of many adolescents.

### **School Resilience Program (SRP)**

SRP encompasses a low-intensity cognitive-behavioural intervention methodology, including elements of mindfulness, acceptance and commitment therapy applied using a self-regulation approach. More specifically, this intervention is characterised by teachers helping students deal with destructive thoughts and unpleasant emotions not by refuting them, but rather by containing them. SRP views teachers as educators; professionals dedicated not only to imparting knowledge but also to serving as role models, transmitting values and exhibiting leadership. Therefore, SRP is much more suitable for someone who is not a mental health professional and is more applicable in large groups.



The SRP protocol for adolescents consisted of 10 modules delivered in regular classrooms (for a more comprehensive presentation of the SRP protocol, see Wolmer et al. (2016)). The general topics and learning outcomes of the individual SRP sessions are as follows:

**Session 1. Introduction: Control – the ability to choose:** To discuss and demonstrate the topic of control and the question of when it is appropriate to hold on or let go in various areas of life. To help create the experience of control and give up the constant wish to actually be in a state of control. Acquiring experience of control as a major parameter of resilience.

**Session 2. Physiological balance:** To learn how to regulate the body with breathing techniques, demonstrate the fight or flight response, and show the differences between a frightening and a dangerous situation. Learning physiological regulation as a basis for cognitive and emotional regulation, important factors in resilience that will be learned in the subsequent sessions.

**Session 3. Range of emotions – from feeling bummed out to feeling awesome:** Teaching students how to express their feelings in a more structured and accurate way and to appreciate the value of unpleasant emotions. Identifying and shaming emotions as an important step in emotional regulation.

**Session 4. Managing emotions:** Identifying two main problematic models in response to a flood of strong emotions. Identifying the individual's model is the first step in changing it and responding to obstacles in a new and balanced way.

**Session 5. Balancing obstructive thoughts:** To identify the extreme nature of dysfunctional thoughts and to balance dysfunctional thoughts by using cognitive regulation techniques.

**Session 6. Effective level of stress:** To understand the notion of an individual's effective stress level and to learn how to regulate stress levels. Learning how to adjust the stress level to the situation in order to function optimally.

**Session 7. Expanding attention:** To enhance the student's knowledge of how to relate to obstructive thoughts. To clarify the differences between a) our ability to control the appearance of obstructive thoughts and the consequent inability to get rid of them and b) our decision whether or not to cooperate with these thoughts. The role of attention in self-regulation and resilience is a key area of focus for learning.

**Session 8. Active listening:** To teach the students a form of listening that will facilitate expressing empathy for others, and to provide a strategic space for expressing their personal opinions and viewpoints. Addressing assertiveness as another important aspect of resilience.



**Session 9. Learn to differentiate – you govern your experiences:** To teach the students how to break down different experiences into several components so they are not intensified by thoughts and feelings. To help the students understand the role of emotions and where they are leading them. Learning to control the inner world in a time of difficulty in the outer world.



**Session 10. The power of the moment:** To reinforce the ability to focus on the present moment rather than focus solely on future anxieties or on dealing with the past. Learning how to avoid the effect of past conditions on functioning in the present time. Another important parameter of resilience.

### **Implementation of SRP and cross-cultural considerations**

A psychologist (one of the developers of the SRP protocol) trained 36 selected teachers and school counsellors in three seven-day workshops distributed over one year. More specifically, 21 hours of introduction to the SRP protocol and basic training followed by 28 hours of module-by-module practice using role play, group work, individual and group reflections, and practice of performance skills. In addition, eight 90-minute sessions of supervision were provided to a group of seven selected teachers throughout the training period using Skype. During supervision, the teachers addressed several issues, such as their experiences with the programme and how they delivered it in the classroom. They also addressed issues regarding students' reactions and responses.

Although the appropriateness and effectiveness of SRP have been repeatedly confirmed (Wolmer et al., 2018) in the Middle East, there is a lack of knowledge and limited information about its appropriateness in other regions and cultural settings. Applying an evidence-based intervention developed in one culture to a different cultural setting and tradition may pose several challenges. For example, the extent to which the intervention is matched with participants' beliefs and values or their familiarity with the methodology on which the intervention is are issues that have been shown to affect programme implementation (Han & Weiss, 2005). Moreover, teachers are more successful in implementing a programme when they are motivated to deliver it with fidelity and confidence and possess adequate skills and knowledge to implement it properly (Durlak & DuPre, 2008). More explicitly, the implementation of social and emotional programmes in general has been associated with teachers' beliefs, such as to what extent teachers experience a certain level of comfort in delivering such programmes, their management practices, their dedication to their students and

their social and emotional life and, last but not least, their self-efficacy beliefs about teaching (Reyes et al., 2012)



Additionally, cultural sensitivity is especially relevant in progressively heterogeneous populations, where immigration and other demographic changes underlie the importance of constructs such as acculturation, discrimination, and migration in an ongoing process of change (Lau, 2006).

Nevertheless, how teachers adapt overall to a programme seems to influence its reliability and how thoroughly it is implemented. More specifically, how teachers anticipate the effectiveness of a new programme and their beliefs concerning acceptability and feasibility appear to influence their motivation and willingness to implement it (Han & Weiss, 2005). Thus, prior to implementing an intervention in a new cultural context, it is important to examine how the implementers adapt overall to a programme.

This study's main objective was to explore teachers' perceptions of and experiences with the training in and implementation of SRP. More specifically, we aimed to explore: (1) how do teachers describe their experiences in acquiring adequate skills to teach and implement the programme? and (2) how do teachers experience and explain the feasibility of SRP in a Scandinavian school setting?

## Method

### Qualitative design

To explore teachers' experiences with training in and implementing SRP in their daily work, a qualitative research design using a hermeneutical phenomenological framework was chosen. This approach acknowledges that the meaning of any phenomenon is complex and multifaceted (Van Manen, 2014).

For this reason, it is essential to examine the phenomenon within its complex context (Clarke & Braun, 2013). Qualitative methods are built upon theories of human experience and interpretation and are therefore well suited to this study (Denzin & Lincoln, 2017). In addition, when implementing a prevention intervention programme developed in another cultural setting, it is important to examine how intervention providers consider the feasibility of such a programme in their cultural setting. Such knowledge will add vital information to research designs aiming to explore the effectiveness of the SRP protocol.

## Participants

A strategic sample of service users was recruited in collaboration with the school authorities in Vestfold County in Norway. The inclusion criteria were teachers and school counsellors working in an upper secondary school who had been trained in SRP and who had implemented it in their daily work. Written information about the study was distributed to all participants, and those willing to participate were invited to contact the researchers of this study or a specific person working for the school authorities. Eight female teachers (ages 30–60 years) agreed to participate. The participants worked in three different schools across various programmes and had a minimum of five years of experience working with adolescents with diverse educational needs. Although gender was not considered a criterion for inclusion or exclusion in the study, only female teachers participated in the interviews.

## Data collection

We adopted a multistage focus group discussion approach to actively engage teachers in the research question. This approach is characterised by exploring a certain theme or phenomenon through several group discussions with the same group, and is described by Hummelvoll (2008) as inquiring into knowledge dialogues emerging from experiential material. The teachers were interviewed twice, first in March 2017 and then in a follow-up discussion held in October 2017 based on a preliminary analysis of the first interview. All recruited teachers participated both times. The first focus group discussion explored teachers' experiences of being educated in SRP, while the second focus group discussion explored how the teachers experienced implementing SRP and their daily experiences with SRP. Both interviews were held at the county school authority's office and lasted for 90 and 95 minutes, respectively. Both authors moderated the two interviews. The group discussions were audiotaped, transcribed verbatim, and then checked for accuracy.

## Ethical approval

The study was conducted in accordance with the guidelines of the Norwegian National Research Ethics Committees (REK; Reference number: 2017/1938).

Approval to conduct the study was also granted by the Norwegian Centre for Research Data (NSD; #53960). Written informed consent was obtained after providing a complete description of the study to the participants. Confidentiality was assured for the participants. The names used in the presentation of the findings are pseudonyms to ensure anonymity.

## Thematic analysis

The interview transcripts were analysed using thematic analysis (TA), a method for identifying and reporting patterns (themes) within data (Braun & Clarke, 2006; Clarke & Braun, 2013).

Both authors conducted the initial data analysis by reading the transcripts to become familiar with the data, and noting initial thoughts, ideas and emerging themes before meeting to discuss their individual initial analyses.

Subsequently, the material was coded using the research question as a guide. The initial ideas and the emerging themes were then interpreted, labelled, categorised and subsequently condensed into coherent texts and merged with the preliminary themes from the first reading. This was done by the second author before both authors met to discuss the next step in the analysis.

In the meeting between the authors, meaningful elements, such as quotes and descriptions of the emerging themes were identified, listed, collated and sorted into seven tentative categories (coping with emotions, tools, communication, personal development, training together, supervision, and shared approach).

The data were examined several times to convert the categories into overarching themes. This examination was first done individually by the authors before they met to discuss and evaluate their examination.

Inter-rater reliability throughout the analysis process was ensured through regular meetings between the authors to discuss and evaluate data, allowing them to remain open to differing interpretations. It also ensured that the findings aligned with the data and that the analysis process was transparent.

Through this process of analysis, we identified three overarching themes relating to teachers' experiences of training in and implementing SRP: (1) The teachers find that, through learning SRP, they enhanced their confidence and skills in addressing students' emotional challenges; (2) The teachers find that learning SRP expanded their professional development and personal advantages gained from SRP techniques; and (3) The teachers' find that training together as colleagues built a unified language and strategy through collaborative training.



## Findings



### Enhanced confidence and skills in addressing students' emotional challenges

The participants described that being trained in the SRP protocol helped them to address and work with students' difficult thoughts and emotions. They explained that they gained increased confidence and self-efficacy when faced with emotional and mental health challenges in the students. This means that they described their enhanced ability and valuable tools from SRP to help many of their students struggling with symptoms of anxiety, depression, and stress. For example, two of the participants mentioned

For example, two of the participants said:

The students felt anxiety about their exams. They used breathing exercises to cope with their stress. The experience of such exercises helped the students cope with the stress related to their tests and ultimately helped them focus more constructively on their daily tasks.

I have developed a toolbox where teachers can find techniques such as using balloons and soap bubbles. This has led to colleagues using them when they experience stressful teaching situations. They expressed that this has been useful in becoming better teachers.

The teachers reported that the techniques were helpful to the students and allowed them to cope with their everyday life in a better way. One of the participants shared a story about the students finding it helpful (i.e., when feeling stressed) to blow into balloons when feeling stressed (a technique used for emotional regulation): 'When they blew up a balloon and visualised their anger in the balloon, that helped students to self-regulate and to calm down, and the teacher could continue with teaching.' Another positive experience described by a different participant was having additional techniques to assist the students. One such technique was an exercise where the students were blindfolded and led each other around the room, aimed at enhancing the students' ability to lead and accept uncertainty, interpersonal trust and empathy. Commenting on this experience, the teacher said: 'This created so many good reflections and conversations among the students. They reflected on

questions such as: «How did you feel leading a ‘blind’ friend?» and «What was it like being led, and what created trust?»»



Importantly, participants also found that using the techniques in the classroom improved the students’ quality of learning. In addition to being interested in teaching their topic, they became more interested in and aware of how the students made sense of their learning ‘so that they actually learn’, as one participant put it. Doing the exercises also helped some of the students to stay more awake in class. One teacher said: ‘It helps them to become more active and more reflective in class, especially when some of them haven’t been sleeping at night because of difficult emotions and thoughts.’ In response to this comment, another participant said:

Students who have experienced traumatic events in their life also find it useful. Sometimes they come to me and tell me that they have experienced so many traumatic things and are concerned about what will happen in school. This training has taught me that having these thoughts and emotions is ok. Doing the exercises calms them down, and we can have a conversation about their experiences.

### **Professional development and personal advantages gained from SRP techniques**

The participants found that the SRP protocol training affected their personal development. They described how learning SRP not only gave them more confidence as professionals but that they also benefited personally from the techniques they had learned. One of the participants stated:

I almost feel as if I have been in therapy during this training, I have learned so much. There have been so many things I have had to relate to, be more conscious of, and having to learn to express that has been useful for my own life, too.

Another participant described her personal development through the training as follows:

The training developed me; it made me think about who I am as a teacher, and as a person. What are my values, what choices do I make in life, and what is important to me? Reflecting upon these questions has made me a more balanced teacher.

They also emphasised that they used the techniques outside work. For instance, almost all of them used breathing exercises while driving a car, riding a bike or travelling home from work. This helped them to calm down and to become more confident in their role as teachers.



### **A unified language and strategy through collaborative training**

The participant teachers found that training together as colleagues created a shared language for and a joint approach to working with mental health challenges in their students. They agreed and expressed the ‘importance of having such training anchored at the working place had an effect’. The participants said that it was very important to have the opportunity to discuss with their colleagues and appreciated that management supported the application of their knowledge in their daily work. They agreed that training in the SRP protocol can enhance the school curriculum, particularly in life coping skills being implemented in the Norwegian school system, as the SRP techniques address all its goals.

The participants also proposed ideas on how teachers who did not participate in the programme could be involved and learn the techniques. For example, they suggested that the trained teachers could be mentors for the untrained teachers as part of their daily work, and they agreed that such training should be part of teacher education.

## **Discussion**

This study provided some important findings. First, the teachers underwent a process of personal development and growth as a result of completing the training program and applying the techniques provided in the SRP protocol with their students. Second, the teachers found that the SRP approach enhanced their ability to work more consistently with students who have emotional difficulties and with those who find school-related challenges overwhelming. Third, undergoing training and supervision together as colleagues fostered a positive learning environment and a progressive collegial atmosphere, aligning with the principles of a community of practice (Wenger, 1998; Stoffels et al., 2022). This collective engagement encouraged horizontal learning, where knowledge and skills were shared among peers, rather than following a top-down approach. By participating in a community of practice, colleagues collaboratively constructed their understanding and enriched each other’s learning experiences. This peer-to-peer interaction not only enhanced individual competencies but

also strengthened the overall capability of the group, promoting a culture of continuous improvement and shared professional growth.



SRP considers teachers to be mediators who can help students navigate and cope with stressful life events. However, most participants also emphasised their own personal growth and development throughout the training and when implementing SRP in the classroom. In fact, Wolmer et al. (2016) have shown how teachers who were trained and supervised in SRP reported higher self-efficacy and perceived performance after taking responsibility for implementing the SRP protocol. More specifically, empirical data demonstrated a significant improvement in teachers' capacity to hold and contain affective situations in class and to improve teacher–student relations (Wolmer et al., 2016). Encouraging and supporting teachers to deliver resilience-focused interventions appears to have a beneficial influence on teachers themselves. Our findings suggest that SRP training stimulated participants to become more self-reflective, providing them with a sense of increased emotional balance and self-efficacy. Furthermore, the findings indicate that teachers continue to apply learned techniques and interventions outside of work. For example, conducting breathing exercises and other techniques helps them become calmer and better regulated physiologically, cognitively and affectively in all kinds of situations, and thus strengthens their role as teachers and increases their ability to support students in critical situations. Convincing evidence is accumulating that reveals the relationship between teachers' self-efficacy and students' positive outcomes, such as increased self-efficacy, motivation and achievement (Miller et al., 2017; Tschannen-Moran & Hoy, 2007).

The participants found that many of their students struggled emotionally, often due to various kinds of trauma-related experiences. This impression correlates with knowledge that potentially traumatic events (PTEs) affect many children and adolescents across all continents (Benjet et al., 2016), are the leading causes of adult morbidity and mortality, and have effects on life opportunities (Merrick et al., 2018). The growing knowledge that large numbers of children and adolescents experience possible traumatic situations demonstrates the importance of equipping youth with techniques that help them become more resilient in confronting and processing daily hazards and challenges. The teachers found the various techniques and interventions available through the SRP training and protocol to be useful to students in a Scandinavian school setting. They found the techniques and interventions to be universal, practical, engaging and joyful. Furthermore, the teachers reported that the techniques helped students become better self-regulators and, consequently, better able to cope with stress and challenges more effectively. Our findings indicate that the techniques



and the practical lessons employed in SRP strengthened the students' active coping abilities and self-efficacy. The teachers explained that conducting SRP training and supervision together as colleagues facilitated the development of a common language for and a shared approach to dealing with students' challenging experiences. An opportunity to discuss and openly share experiences in a common language was noted as significant. Borge et al. (2013) reported similar findings after examining experiences of interdisciplinary collaboration among staff members implementing cognitive milieu therapy, describing how staff emphasised the importance of learning with others. Training days were found to be motivating and useful in the staff members' efforts to learn cognitive milieu therapy. Experiences from the present study and from Borge et al.'s (2013) study suggest the importance of building an emphatic and supportive learning climate. The therapeutic alliance has been shown to be a robust predictor of therapeutic outcomes (Anderson et al, 2016; Berge et al, 2018). Correspondingly, the alliance between teachers/schools and families is a strong predictor of students' motivation, behaviour and academic achievement (Aune, 2017; Bond et al., 2007). Some participants in our study reported increased interest in and awareness of how students learned after they had implemented SRP. This notion indicates a deeper involvement and interest in what was expressed by one of the participants: «the whole person, and not just for «the student»». Supporting and training pupils in techniques and skills that reduce distress and discomfort will certainly strengthen their working alliance.

The main finding of this study highlights the positive experiences that teachers have had with SRP training and its application in upper secondary schools. Participants noted that SRP encompasses the goals and characteristics necessary for introducing 'life-coping' as a subject in all Norwegian schools. Additionally, the study underscores the importance of using evidence-based interventions in both mental health and educational contexts, as emphasized by Shernoff and Kratochwill (2007). In such a context, transferring an intervention that has been successful in university-based efficacy trials to a real-world setting is often challenging. Moreover, transferring a programme that has proved effective in one cultural setting to another may also be challenging. Han & Weiss (2005) and Durlak & DuPre (2008) have shown that participants' beliefs and values and participants' familiarity with the methodology on which the intervention is based are factors that affect programme implementation. More specifically, teachers' beliefs regarding the acceptability, compatibility and anticipated effectiveness of a programme appear to influence their own motivation and willingness to implement a new programme. Although developed and implemented with success in the Middle

East, the appropriateness and compatibility of SRP in the Scandinavian school setting require further validation. Nevertheless, the preliminary implications from this study indicate that SRP appears to be compatible, feasible and exciting.



### **Methodological limitations**

This study has some limitations that should be considered. Participants in this study had difficulty distinguishing between what is practiced and what is believed to be ideal. An alternative approach would be to conduct a fieldwork study to explore what practitioners do in their everyday work using the techniques they learned. The sample size in the present study was small (eight) and the participants were all female. Although the number of participants was small, their input was similar to that of other teachers and counsellors during the regular supervisory meetings. However, it cannot be ruled out that participants who completed the training but who did not sign up for the focus group discussions may have had other experiences.

### **Practical implications**

The general findings in this study indicate that the training and supervision in SRP received by the teachers were functional. SRP seems to create a suitable environment for learning and equips teachers with interventions that strengthen their self-efficacy and their capacity to support their students.

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