

Building Resilience When It Matters

The Resilience and Prevention Program at Massachusetts General Hospital in collaboration with the Ruderman Family Foundation

For many young adults, college is a time of excitement, independence, and discovery. It can also be a time of profound stress. Academic pressure, social change, exposure to trauma, and the challenges of finding one's place in the world can quietly take a toll on mental health – and often before anyone realizes help is needed. Across college campuses, many students report significant distress, yet too often they go without support or treatment.

This period is also, crucially, a window of opportunity. That idea is at the heart of the Resilience and Prevention Program at Massachusetts General Hospital. Founded in 2012 by psychiatrist and neuroscientist Daphne Holt, MD, PhD, the program focuses on college students who show early signs of mental health risk but have not yet developed a diagnosable condition, and who, in most cases, have never sought help. The goal is to reach them at this stage, before symptoms become entrenched, and to give them tools that can meaningfully change their trajectory.

"So many young people are struggling quietly during one of the most important transitions of their lives. Our goal is to reach them early — before a crisis occurs — by teaching them skills that help them build resilience, confidence, and a sense of control over their mental health."

— Dr. Daphne Holt, Director, Resilience and Prevention Program

Why College Students?

The years between 18 and 25 are, by most measures, a peak period of vulnerability for developing many mental illnesses (Burke et al., 2020; Häfner et al., 1994; Kessler et al., 2005). Research has consistently shown this to be a time of heightened risk, when the brain is still maturing and when the cumulative effects of stress, adversity, and genetics can impact the trajectory of a person's mental health (Paus et al., 2008). College students are affected by these factors while also managing academic demands, new social environments, financial pressures, and often the first extended period away from family.

Despite these challenges, much of students' distress remains unrecognized. Many struggle in ways that are not visible to those around them, and most do not seek help. While stigma remains a barrier, structural factors such as limited access to care, cost, and difficulty recognizing symptoms also contribute to low rates of seeking mental health care. As a result, by the time students present to college counseling or other mental health services, if they do, symptoms may already be well established.

College campuses therefore represent a unique and underutilized opportunity for early intervention. By design they have large numbers of young adults within this high-risk developmental period and provide a setting in which different types of structured supports (including mental health screening, monitoring and treatments when needed) can be feasibly delivered. Yet until recently, few validated programs were specifically designed to capitalize on this unique setting and window for prevention.

A Prevention-Focused Approach

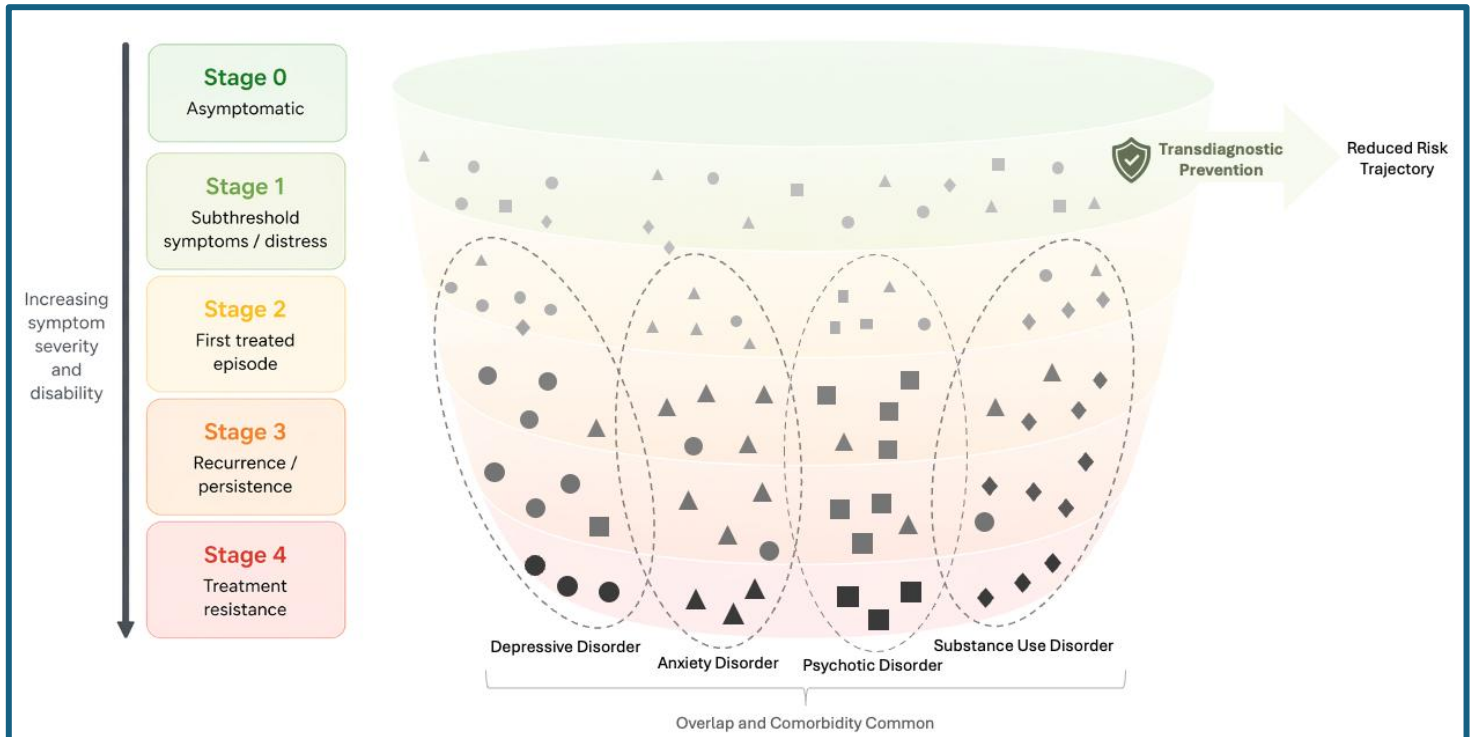
The Resilience and Prevention Program is built on the idea that many of the factors that contribute to mental illness are modifiable, particularly when they are addressed early. This principle is well established in other areas of medicine, where prevention efforts routinely target individuals before illness fully develops. In cardiology, oncology, and diabetes care, there is routine screening for risk, early intervention when needed, and tracking of outcomes over time. In psychiatry, this overall strategy has been slower to take hold. However, the research base for the effectiveness of prevention approaches in psychiatry is now growing.

A growing body of research demonstrates that psychological interventions can reduce the risk of developing major depression, anxiety, eating disorders, and post-partum depression in at-risk individuals (Hoare et al., 2021; Schwartz et al., 2019; Stice et al., 2021; Sangsawang et al., 2019). Across these areas, prevention effects are strongest when interventions target individuals with early or subclinical symptoms. Together, this work suggests that the period before a disorder fully develops represents a critical and actionable window for intervention.

A Transdiagnostic Strategy

A large and converging body of work indicates that many psychiatric conditions -- including depression, anxiety disorders, bipolar disorder, and psychotic illnesses -- share underlying biological (Anttila et al., 2016, 2018; Caspi & Moffitt, 2018) and environmental (Conway et al., 2018; Vachon et al., 2015) risk factors (Holt et al., 2026). Processes such as heightened stress sensitivity, difficulties with emotion regulation, and patterns of negative self-evaluation are observed across diagnostic categories rather than being specific to any one disorder. Importantly, these processes often precede the onset of diagnosable illnesses and may shape how symptoms unfold over time.

This recognition has led to increased interest in transdiagnostic prevention approaches, which target these shared mechanisms rather than focusing on a single disorder (DeTore et al., 2025; McGorry et al., 2018). By intervening at the level of common risk processes, a single well-designed intervention or sequence of interventions may reduce risk across a range of psychiatric outcomes simultaneously. This approach also avoids the challenges of diagnosis-specific screening in populations where early presentations are often nonspecific. Consistent with this population focus, studies are showing evidence that transdiagnostic approaches are more cost-effective than previous, diagnostic-specific preventive strategies (Knapp et al., 2011; McDaid et al., 2019; McCrone, 2024).



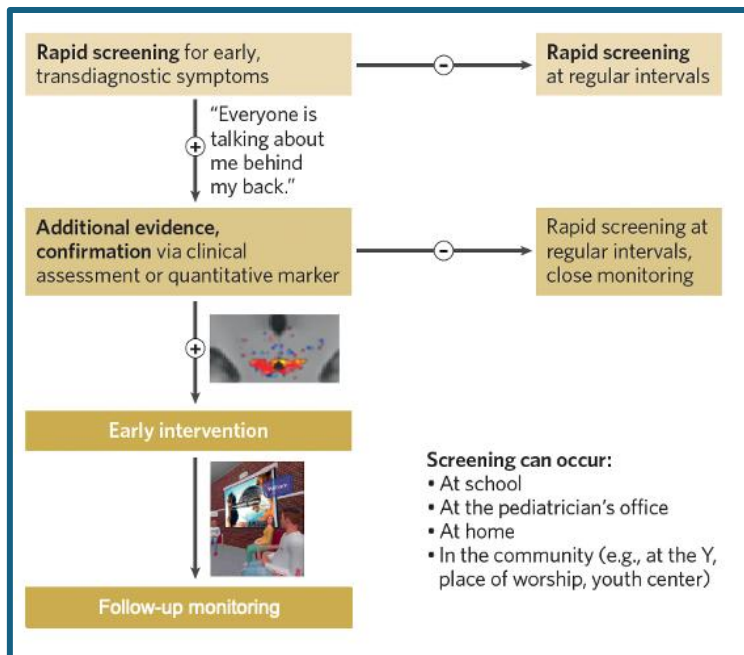
Adapted from McGorry et al., 2018. Symptoms (indicated by different shapes) are initially heterogeneous and non-specific, but increasingly cluster into disorder-related patterns across stages. Early transdiagnostic intervention may reduce progression to more severe stages.

The Resilience and Prevention Program is one of the leading contributors to the evidence base supporting a transdiagnostic approach to preventing mental health conditions. Its work focuses on the earlier stages of risk – young people who are symptomatic enough to benefit from support, but not yet ill enough to come to the attention of clinicians– and offers a brief, evidence-based intervention before those patterns become more impairing or more difficult to change.

Identifying Risk Early: What Campus Screenings Have Revealed

A central component of the program has been campus-based mental health screening. These screenings have provided a detailed and sometimes surprising picture of student mental health that is not always captured in clinical settings.

Across more than 3,500 college students screened in the Boston area, the Resilience and Prevention Program team has consistently found that subclinical mental health symptoms are far more common than one might expect. These screenings used surveys that asked students about whether they were experiencing symptoms of depression, anxiety, emotion dysregulation, loneliness as well as “psychotic experiences” – which include mild paranoia, unusual perceptual experiences, or a vague sense that things are not quite right. Approximately 20% of the screened students reported concerning levels of these psychotic-like symptoms - which are not



A screening and prevention protocol (see Holt et al., 2026 for details)

These findings point to a large and mostly invisible group of students who fall between categories. They are often functioning well enough to remain enrolled in school but are doing so while experiencing symptoms that affect their well-being, their academic performance, and, for some, their long-term mental health and life trajectory. Specifically, some portion of these students will go on to develop worsening symptoms, which in some cases will require emergency or inpatient psychiatric care, and may be followed by prolonged periods of treatment and potential disruptions to their college education. During this critical developmental period, such disruptions can have lasting effects on relationships and employment opportunities. Preventing these downstream consequences is a central goal of the Resilience and Prevention Program and related efforts.

A prevention-focused behavioral intervention for at-risk college students: Resilience Training

One intervention that focuses on this type of transdiagnostic prevention in college students is called Resilience Training (RT). It is a brief, structured, group-based workshop consisting of four weekly sessions, each lasting approximately 90 minutes. Intentionally designed to reduce the stigma and practical barriers that often keep young people from participating in mental health programs, the workshop is held in easily accessible campus spaces like classrooms and conference rooms and is framed as a workshop designed to increase resilience, for anyone, rather than a therapy focused on decreasing psychiatric symptoms.

RT uses a strengths-based framework. Rather than focusing on what is wrong with a student, it focuses on building capacities that support mental health and what is generally referred to as “resilience”. Resilience reflects the human capacity to adapt to stress and adversity. Rather than a fixed trait, it is a dynamic, learnable process shaped by both individual skills (e.g., emotion regulation, flexibility) and context (e.g., social support, resources). It can be understood as a

strongly linked to psychosis but are associated with substantially increased risk for developing a serious mental illness in the future (Poulton et al., 2000; Dominguez et al., 2009; Varghese et al., 2009).

Also, many students reported symptoms of depression and anxiety significant enough to interfere with daily functioning. Yet despite all of this, the vast majority of these students were not receiving any form of mental health care, consistent with the reports of previous national-level college mental health screenings (Eisenberg et al., 2025).

capacity (the traits and skills we already bring), a process (how we respond over time), and an outcome (how we adapt, whether by persisting, coping, or sometimes growing) (Choi et al., 2019). Resilience is not about avoiding distress, acquiescing to harmful circumstances, or immediately “bouncing back”; it involves engaging with challenges, using emotions as information, and moving toward valued action, often through engagement with supportive environments and communities that make adaptation possible.

Each session of RT includes didactics about a new resilience-enhancing skill, experiential exercises that allow the students to practice that skill, small group discussions, and assigning brief home practices for the week. The three core skills taught in RT each have a substantial evidence base:

Mindfulness: This is the practice of paying deliberate attention to one's experiences in the present moment, without judgement (Kabat-Zinn, 2003). During RT, mindfulness is used as a tool for learning how to observe thoughts and feelings without being overwhelmed by them, to create more “mental space” between experiences and reactions to those experiences. Research has shown that mindfulness practice is associated with reductions in anxiety, depression, and stress reactivity in people with many different types of mental health conditions (Creswell, 2017; Tang & Leve, 2016).

Self-compassion: This is the capacity to respond to one's own struggles, mistakes, and painful experiences with kindness towards oneself rather than self-criticism. Self-criticism and shame are powerful drivers of depression and anxiety (Kotera et al., 2021; Castilho et al., 2016) that are particularly common responses of college students when they experience academic, relationship or other types of disappointments or failures, or compare themselves unfavorably to others on social media or in classroom, social or family settings. Self-compassion offers an alternative approach to self-criticism which can lead to an immediate decrease in distress and, over time, improve academic and social functioning (Neff & Germer, 2013; Neff & McGehee, 2010; Marsh et al., 2017; Smeets et al., 2014). Participants of RT learn to extend to themselves the same compassion and understanding they might offer to a friend going through something hard.

Mentalization: This is the ability to understand one's own mental states and those of others, to the extent that this is possible given the available information. In RT, students discuss the ways in which people's thoughts, feelings, and intentions shape their behavior. This skill increases flexible thinking and can improve relationships, in part by reducing reactivity, that might lead to relationship ruptures or social withdrawal, in moments of interpersonal miscommunications or conflict (Bateman & Fonagy, 2005). Because it has been well-established that having healthy relationships is highly protective of mental health (Pezirkianidis et al., 2023; Block et al., 2022), teaching young people skills that can protect their relationships and allow them to form new ones is a central goal of RT.

These three skills taught in RT reinforce and build off one another. A student who is more mindful, with greater awareness of their experiences, is better able to observe their own thoughts and feelings without being overwhelmed, which in turn makes self-compassion easier to practice and supports more effective mentalizing. Research shows these skills can be meaningfully strengthened over the four sessions of RT (Burke et al., 2020, DeTore et al, 2023; Holt et al, 2025).

Within the broader landscape of prevention science, RT is what researchers classify as *indicated* prevention: it focuses on individuals who already show early, subclinical signs of risk for mental illnesses, rather than an entire population regardless of risk level. This type of prevention approach has shown the strongest evidence for effectiveness [DeTore et al., 2025; Conley et al., 2017). Because it focuses on students who are already experiencing some symptoms, a higher proportion of participants benefit from it than from universal programs delivered to everyone regardless of need. As an indicated treatment, RT aims to provide concrete skills that can meaningfully reduce the likelihood of more serious difficulties down the road.

The Critical Role of Philanthropic Support: The Ruderman Family Foundation

The expansion of this work has been supported by the Ruderman Family Foundation, whose funding has helped move the program from research toward implementation—supporting staff training, expanding to new campuses, and providing flexibility beyond traditional grant funding. The foundation has focused on providing RT to Jewish Life groups on Boston-area college campuses.

The Foundation has acted as a thought partner as well as a funder, contributing to conversations about sustainability, long-term impact, and how findings are communicated beyond academia. This type of engaged philanthropy has been critical in bridging the gap between demonstrating what works and implementing it at scale.

Together, this collaboration reflects a shared commitment to early intervention—supporting mental health before crisis or diagnosis—and to translating growing evidence into meaningful, real-world impact.

What the Research Has Found

The Resilience and Prevention Program has built its evidence base incrementally, moving from an initial feasibility study to a formal randomized controlled trial, the gold standard for establishing whether an intervention actually works.

The program has demonstrated that RT was both feasible and acceptable to college students, with 91% of participants attending at least three of the four sessions (Burke et al., 2020) and recent work showing that 72% report that the intervention was beneficial or very beneficial. It also showed meaningful reductions in subclinical psychotic symptoms, depression, and anxiety following the program, along with improvements in mindfulness and self-compassion.

Next, they conducted a randomized controlled trial, in which 107 at-risk college students were randomly assigned to receive RT immediately or to wait four weeks before receiving it (DeTore et al, 2023, 2024). This design, which compares outcomes between two groups over the same period of time, is the standard way of establishing that improvements are due to the intervention rather than to the simple passage of time or other factors.

The results were consistent and meaningful across multiple outcomes. Students who completed RT showed significantly greater reductions in depression, loneliness, anxiety, and psychosis-like experiences compared to those waiting to receive RT (the control group). Improvements in resilience, mindfulness, self-compassion, and positive affect were also significantly greater in the RT group, compared to the control condition.

Importantly, the research also shed light on how RT produces its effects. Greater improvements in mindfulness and self-compassion were directly linked to greater reductions in symptoms, suggesting that learning these particular skills are likely driving some of the observed benefits of RT. These changes are also reflected in the brain. After RT, student's brains showed stronger communication between regions involved in emotion and memory (the hippocampus) and those involved in thinking and self-control (the prefrontal cortex) (Holt et al., 2025). This pattern suggests that people may be getting better at regulating their emotional responses.

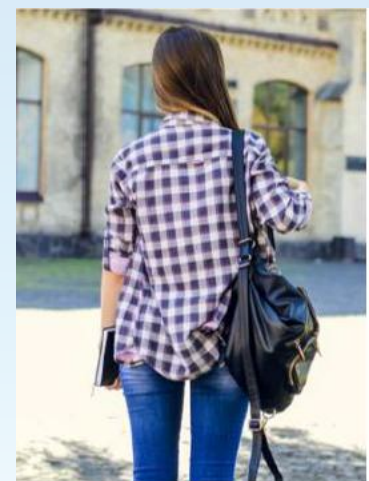
Perhaps the most striking finding involved the durability of the program's effects. At a follow-up assessment one year after completion of RT, the reductions in psychosis-like experiences and

A Student's Experience: "Maya"

By the middle of her first semester, Maya was struggling. A falling-out with her roommate had spiraled into broader social conflict, and she found herself cycling through the same thoughts on repeat: *I said the wrong thing. I always do this. Something is wrong with me.*

She wasn't interested in therapy, but she signed up for a free RT workshop. Through mindfulness practice, she learned to observe her self-critical thoughts from a distance rather than being swept along by them. Self-compassion helped her begin to speak to herself in kinder voice. And as she developed a clearer sense of what both she and her roommate had been feeling, the conflict started to look less like evidence of a personal failing and more like two people struggling through the same hard transition.

She reached out to her roommate. It wasn't a perfect resolution, but it was a start. Two years later, facing the pressures of junior year, with a difficult course load, an uncertain post-graduation path, and moving off campus, she found herself still using these foundational skills.



the distress associated with them were sustained. Other mindfulness-based programs have shown similar patterns, suggesting that skills learned intensively over a short period of time can remain effective.

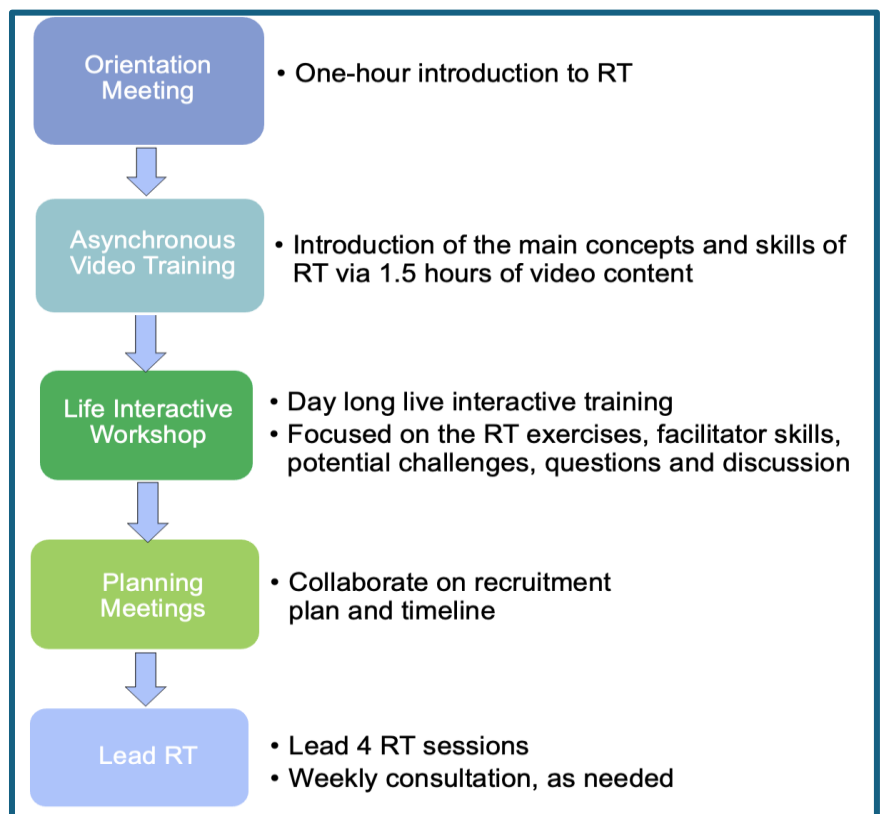
Moreover, additional trials have demonstrated the same benefits of RT when delivered on virtual platforms, including Zoom (Holt et al., 2025a), and multi-user immersive virtual reality (Holt, DeTore, et al., 2025). This suggests that the program can be delivered remotely in ways that may be more accessible and easier to scale than in-person RT workshops, without reducing its effectiveness.

Taken together, these findings indicate that RT is one of a small number of transdiagnostically-focused preventive interventions for college students with consistent evidence of effectiveness.

Turning Research into Real-World Change: The Leading Resilience Training (LRT) Project

Recognizing that no single hospital-based research program can meet campus mental health needs at a realistic scale, Dr. Holt and her team have spent recent years developing the infrastructure to expand the reach of RT. Thus, the current phase of the program focuses on implementation: training the staff of colleges and universities to provide RT within their own institutions in the Leading Resilience Training (LRT) project.

This approach reflects a deliberate choice about how to create lasting impact. Rather than requiring students to connect with a hospital-based program, or deploying a team of clinicians or researchers to each campus, the goal is to build capacity at the campus level, so that the counselors, advisors, and professionals who students already know and trust can deliver the program themselves.



LRT: Training and implementation process

The work involves several components. The team has developed detailed training materials, including a comprehensive facilitator manual, a video training library, and a screening protocol that campus staff can use to identify students who might benefit. They have provided live trainings to staff at multiple institutions, along with ongoing supervision as staff deliver RT for the first time. They are also collecting data from trainees, using that data to iteratively refine and improve the training program.

Among the institutions participating in the LRT program are schools that enroll significant numbers of first-generation college students and students from communities that are traditionally underserved by mental health systems. These are populations for whom early, campus-based support may be especially consequential, and for whom the barriers to seeking help through traditional clinical channels are often highest. Staff at participating institutions have reported that RT is practical and directly applicable to their work with students. Many of the trainees are staff who work with specific populations of college students, such as first year students, first generation college students, students with disabilities, members of specific interest groups, ethnicities or cultural/religious affiliations, such as students promoting mental health and wellness, Jewish students and students of color.

The longer-term goal is to make this training program widely available to undergraduate institutions across the United States, so that the tools developed through a decade of research can reach the students who need them, wherever they are.

What the Facilitators are Saying

“Participating as a Group Facilitator was truly an amazing experience that I could not recommend enough to others who are interested in leading student groups in the future. The materials provided from the MGH Team, along with their regular check-in meetings, allowed our team to be fully prepared for all of the sessions with our student group. I truly believe that all of our students benefitted from these sessions, as the material not only supported their growth but also reinforced my own progression in my mental health journey. I am most grateful for the bonds created with the students and my co-facilitators.”

“I am continually seeking opportunities to connect with students beyond my traditional role at the College. Facilitating the RT sessions provided a valuable opportunity to do so. Through this experience, I was able to engage with students outside of an academic context while also gaining practical strategies and tools that I could apply in my personal life. I would highly recommend this training to anyone interested in building meaningful, non-academic connections with students.”

About the Resilience and Prevention Program

The Resilience and Prevention Program (RAPP) was founded in 2012 by Dr. Daphne Holt within the Department of Psychiatry at Massachusetts General Hospital and Harvard Medical School. The program's research has been supported by the National Institute of Mental Health, the Massachusetts Department of Mental Health, the Sidney R. Baer Jr. Foundation, the Ruderman Family Foundation, and other philanthropic partners.

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