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Ultra-rapid development and deployment of a family resilience program during the COVID-19 pandemic: Lessons learned from Families Tackling Tough Times Together

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1 **RUNNING HEAD:** Development, Deployment, and Lessons Learned from *Families Tackling*
2 *Tough Times Together*

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4 **Ultra-rapid Development and Deployment of a Family Resilience Program During the**
5 **COVID-19 Pandemic; Lessons Learned from *Families Tackling Tough Times Together***

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23 disseminating information related to the FT program.

25 **ABSTRACT**

26 The COVID-19 pandemic brought uncertainty, anxiety, and stress into households;
27 however, it also created an opportunity as many families, sequestered at home, found themselves
28 spending much more time together. To support families and improve their ability to cope,
29 recover, and build resilience amid the pandemic, Purdue University’s College of Health and
30 Human Sciences (HHS) launched *Families Tackling Tough Times Together* (FT), a strength-
31 based multi-week online program informed by scientific evidence about family resilience.
32 Offered through Facebook group, FT targeted parents or caregivers, children, youth, young
33 adults, older adults and helping professionals serving families. FT was designed to appeal to both
34 military and civilian families, in part because both groups were experiencing similar challenges
35 associated with the pandemic. This was not only an opportunity to bring civilian and military
36 families together, but also for civilian families to learn from the experiences of military families
37 in surmounting significant challenges. This paper describes the development and implementation
38 of the FT program, as well as lessons learned. Strategies highlighted in this paper may be helpful
39 to researchers or practitioners who wish to implement a rapid-response intervention aimed at
40 building family resilience.

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47 **INTRODUCTION**

48 As the COVID-19 pandemic spread, many countries declared health emergencies and
49 implemented strategies such as travel restrictions, closures of schools and nonessential
50 businesses, and stay-at-home orders.¹ These rapid changes brought uncertainty, anxiety, and
51 stress into households, as families faced isolation and found themselves teleworking -- or
52 abruptly unemployed -- while caring for children who were home from school or day care.²
53 Additionally, fear of contracting or dying from COVID-19 and risks for loved ones heightened
54 anxiety levels.³ These challenges were compounded by the alarming rate at which information
55 and misinformation about COVID-19 quickly circulated, causing confusion and people feeling
56 overwhelmed.⁴

57 The pandemic presented several challenges for families and those interested in supporting
58 them. It also presented an opportunity for promoting family resilience amid the pandemic, as
59 many families were now sequestered at home, spending much more time together than usual. In
60 response, Purdue University's College of Health and Human Sciences (HHS) rapidly built and
61 launched *Families Tackling Tough Times Together* (FT), a strength-based multi-week online
62 program informed by scientific evidence about family resilience. Resilience goes beyond simply
63 enduring hardship to encompass developing, through suffering and struggle, capacities that allow
64 families, to grow, change, heal, and emerge stronger and better equipped to tackle future
65 problems and uncertainties.^{5,6} This paper describes the development, implementation, and
66 lessons learned through implementing the FT program.

67 The FT program leveraged expertise from 70 faculty, staff and students from all nine
68 HHS units, along with academic and support partners across Purdue and organizations across the
69 country (Table 1). The approach used to build FT reflected the time constraints during the

70 pandemic – because it was important for scientists to respond while lockdown periods were still
71 in effect, the program moved from conception to launch in 23 days. Resilience experts were
72 consulted during the design phase to verify that the program approach would be appropriate and
73 safe for families who were already overburdened by the pandemic. Due to time constraints for
74 obtaining financial resources, in-kind sources were sought. A network of volunteers from
75 multiple areas of expertise was quickly constructed to produce, review, and distribute program
76 materials (Table 1). Partner organizations (Table 1) readily shared developed programs,
77 curriculums, instruments, and expertise. The program emphasized curation of existing content
78 that was evidence-informed, consistent with the theoretical framework, and able to be adapted to
79 fit current circumstances. We aimed to provide a limited set of carefully selected resources to
80 make it easier for families navigate flows of information and misinformation about the pandemic
81 that could be overwhelming. The program incorporated efforts to assess reach and use, but
82 participation in assessment was not a prerequisite for access to materials.

83 TABLE 1 ABOUT HERE

84 METHODS

85 **Participants and setting**

86 We focused on families because the pandemic imposed particularly intense demands on
87 them, including providing care for children, carrying out educational and employment activities
88 in close quarters, and often providing assistance for older adult family members. The initiative
89 targeted parents/caregivers, children, youth, young adults, older adults, community service, and
90 helping professionals serving families. The program was designed to appeal both to military and
91 civilian families, as both groups were experiencing similar pandemic associated challenges. We
92 also saw this as an opportunity to bring civilian and military families together and for civilian

93 families to learn from the experiences of military families in overcoming significant challenges.
94 We selected a public Facebook group as the delivery platform because Facebook is used by over
95 69% of U.S. adults,⁷ and offers a variety of appealing technical features including the ability for
96 group administrators to “push” information to group members, for group members to connect
97 directly, and for both administrators and members to communicate publicly or privately with one
98 another.⁸

99 **Development of the FT program**

100 Four strength-based goals were selected for the program:

- 101 1. To increase awareness of the concept of family resilience among adults and children;
- 102 2. To help families develop and grow resilience skills as they face challenges;
- 103 3. To identify and provide activities and resources so families could practice resilience
104 skills;
- 105 4. To build communities of support through the use of online platforms such as Facebook.

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107 Program design was guided by Walsh’s Family Resilience framework, a well-established
108 and widely cited model that is consistent with current evidence, easily modularized for program
109 delivery, relevant for many disciplines, and easily adapted for a diverse array of families.⁹ The
110 framework comprises nine key elements organized into three domains: 1. Shared Belief Systems
111 (making meaning of adversity, positive outlook, transcendence and spirituality); 2.
112 Organizational Processes (flexibility, connectedness, mobilizing social and economic resources);
113 and 3. Communication/Problem-solving Processes (clarity, open emotional sharing, collaborative
114 problem solving).⁹ The program was structured to focus on one key element each week (see
115 Table 2 for sequence of weekly topics).

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TABLE 2 ABOUT HERE

Each week, a “kit” was prepared that included information, activities, and resources tailored for different audience groups, including parents/caregivers, children, youth, young adults, and older adults. The team was attentive to family diversity in terms of structure, socioeconomic status, culture/ethnicity, living in urban vs. rural areas, and the presence of family members with special needs. Additionally, content each week emphasized the importance of strengthening relationships with extended family, friends, and the greater community to prevent or minimize boredom and social isolation that might result from sheltering in place. To accommodate families with limited internet access, program modules were disseminated via PDF documents issued individually and as one consolidated document each week; materials also were made available to helping organizations for easy dissemination.

FIGURE 1 ABOUT HERE

The process of kit creation and dissemination is depicted in Figure 1. In brief, module materials were curated by working groups composed of scientists and clinicians with expertise relative to the content and audience group, as well as expert practitioners such as university extension educators with extensive expertise in preparing materials for lay audiences (Table 1). These working groups were responsible for locating and vetting content for each week. In addition to kit content, working groups created or identified evidence-informed experiential activities to offer families convenient ways to apply and practice new resilience skills through relatable exercises spanning multiple domains such as parenting, education, psychological well-being, nutrition and food preparation, and financial well-being.

Once working groups prepared initial drafts of content for each week, a steering committee reviewed all content and made final selections for each week’s kit. After final

139 selections were made, kit content was forwarded to an implementation team for editing, layout,
140 and posting.

141 **Implementation and assessment of the FT program**

142 Both a Facebook page and Facebook group were established that included introductory
143 information about the initiative. Group rules were posted that included requirements for
144 courteous and supportive communication, and avoidance of politically- or commercially-oriented
145 behavior. Families were invited to join FT Facebook group
146 (<https://www.facebook.com/groups/HHSFamiliesTogether>) through social media accounts,
147 announcements shared with personal and organizational contacts, and media outlets.

148 The implementation team also posted additional content aimed at emphasizing or
149 elaborating kit content and encouraging members to engage with the Facebook group. Special
150 engagement activities were posted on set days throughout the week so members would come to
151 expect them. An interview with Froma Walsh, developer of the Family Resilience Framework,
152 was released each Saturday to introduce the weekly theme; kit materials were released on
153 Sundays. On “Wellness Wednesdays,” resources or specific questions about wellness-related
154 topics were released. Additional activities and posts (approximately three per day) included
155 introduction of experts who could answer questions from group members, videos and podcasts,
156 community engagement activities, and excerpts of video-recorded interviews with families who
157 had overcome serious challenges.

158 Several strategies were put in place to evaluate the FT program. In addition to examining
159 content posted by group members, Facebook analytics are being monitored, which provide
160 summaries of behavior, such as joining the group, viewing, and responding to posts. Although
161 attempts were made to have group members’ complete quantitative assessments of resilience,

162 well-being, and COVID-19-related circumstances, this proved unsuccessful due to a variety of
163 technical challenges. For example, it was not possible to send an individual message to each
164 group member to invite them to complete the assessment. Moving forward, qualitative interviews
165 will be conducted with FT program users as well as individuals involved in creating the FT
166 program to understand involvement with, use of, and the impact of FT.

167 To date 1,363 members from 25 countries have joined the Facebook group. Figure 2
168 summarizes metrics associated with the behavior of group members to date. The number of
169 members grew rapidly at the outset, and then at a slower rate in later weeks. On average, 34% of
170 the members were active in any given week, meaning that they viewed or reacted to one or more
171 posts. There were a total of 308 posts, 355 comments, and 2,437 reactions (e.g., “likes,”
172 “shares”) over the 10-week program period. The busiest days of the week in terms of user
173 activity were Mondays, which immediately followed kit releases, and Wednesdays.

174 **FIGURE 2 ABOUT HERE**

175 **STRENGTHS AND LIMITATIONS**

176 Strengths of this effort include rapid dissemination to families, tailoring to specific
177 demands posed by the pandemic (i.e., limited access to computer resources, etc.), grounding in a
178 cohesive theoretical framework, a multidisciplinary approach, and its attention to multiple target
179 audiences within and beyond families. The public Facebook group offered easily accessible
180 technology with low barriers to entry for project builders, ease of “pushing” content to group
181 members that could be read on multiple devices, ease of access for group members all over the
182 world, and the ability for group members to exchange information with one another as well as
183 with group administrators.

207 intended to require families to use content in any particular sequence, or to have content released
208 each week aimed to “build” on prior material. Ongoing research will reveal the degree to which
209 such an approach was perceived as helpful and impactful.

210 **FUTURE DIRECTIONS**

211 The FT initiative will be continue, with the goal of helping families and the professionals
212 who support them to address continuing challenges related to the pandemic. In the near term, the
213 companion website will be completed, and a “light” cycle of themes will be provided via the
214 Facebook group to correspond with summer school holidays in the northern hemisphere.
215 Anticipating that restrictions may resume, we also are making plans for the next academic year.
216 Future refinements will aim to resolve challenges associated with assessment and engagement, as
217 well as more strategically involving helping professionals as intermediaries who can help to use
218 the initiative to support families.

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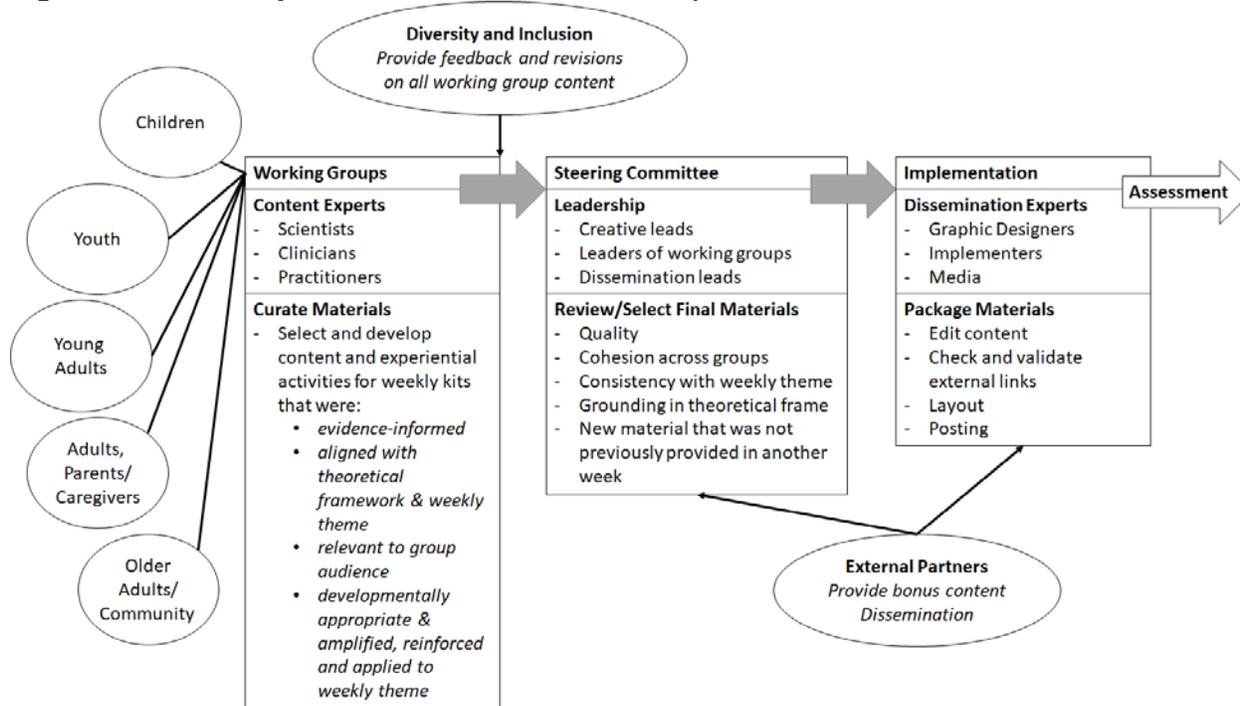
241 Table 1. FT's Internal Working Groups and External Partners

WORKING GROUPS			
<p>PARENTS, CAREGIVERS Cezanne Elias^{C, 6} Barb Beaulieu^{S, 12} Naomi Bechtold^{S, 12} Caroline Everidge^{S, 12} Karen Atcheson^{C, 17} Carole DeHaven^{S, 5} Carl Behnke^{F, 16} Gail Wright^{S, 12} Dawn Sieber^{S, 16}</p> <p>CHILDREN Elizabeth Schlesinger-Devlin^{A, 1} Jim Elicker^{F, 6} Carolyn McCormick^{F, 6} Shari Mooney^{S, 1} Julie Clisby^{S, 1} Linda Shute^{S, 1} Aekyeong (Alex) Nacke^{S, 1}</p>	<p>YOUTH Yumary Ruiz^{F, 9} Zoe Taylor^{F, 6} Kelly Kean^{C, 17} Marcia Parcell^{S, 12} Kristine Marceau^{F, 6}</p> <p>YOUNG ADULTS Thomas Redick^{F, 8} Heather Servaty-Seib^{A, 4} Amanda Case^{F, 4}</p> <p>OLDER ADULTS & COMMUNITY Libby Richards^{F, 17} Elliot Friedman^{F, 6} Melissa Franks^{F, 6} Lata Krishnan^{C, 10} Nasreen Lalani^{F, 17} Linda Curley^{S, 12} Spring Xu^{G, 4}</p>	<p>PURDUE PARTNERS Tonya Short^{S, 12} Jane Horner^{S, 12}</p> <p>DIVERSITY & INCLUSION Megan Purcell^{C, 6} Jiayun Xu^{F, 17} Kelly L. LeMaire^{C, 8} Bridgette Kelleher^{F, 8} Keisha Bailey^{G, 6} Megan Jaspersen^{S, 12}</p> <p>COMMUNICATION Matt Oates^{S, 14} Denise Buhrmester^{S, 11}</p> <p>ADMINISTRATION REPRESENTATIVES Angie Abbott^{A, 11, 12} Jessica Huber^{A, 10}</p>	<p>IMPLEMENTATION Shelley MacDermid Wadsworth^{F, 6} Rena Sterrett^{S, 13} Kathy Broniarczyk^{S, 13} Andrea Wellnitz^{S, 13} Lara Balian^{S, 2} Allison Sochinski^{S, 13} Kristen Cavallo^{S, 13} Nyantara Nair^{G, 6} Elizabeth Coppola^{G, 6} Carly Evich^{G, 6} Meagan Carrero Alessi^{S, 8} Anthony Harsch^{U, 11}</p> <p>ASSESSMENT Yumary Ruiz^{F, 9} Dave Topp^{S, 13} Dorothy Teegarden^{F, 7} Austin Toombs^{F, 3} Natalia Rodriguez^{F, 9}</p>
<p>Boldface = Member of the steering committee Roles: A = Administrator; F = Faculty; C = Clinical faculty; S = Staff; G = Graduate student; U = Undergraduate student 1 = Ben and Maxine Miller Child Development Laboratory School, Dept. of Human Development and Family Studies; 2 = Center for Families, Dept. of Human Development and Family Studies; 3 = Dept. of Computer Graphics Technology; 4 = Dept. of Educational Studies; 5 = Dept. of Health and Kinesiology; 6 = Dept. of Human Development and Family Studies; 7 = Dept. of Nutrition Science; 8 = Dept. of Psychological Sciences; 9 = Dept. of Public Health; 10 = Dept. of Speech, Language, and Hearing Sciences; 11 = Health and Human Sciences Administration; 12 = Health and Human Sciences Extension; 13 = Military Family Research Institute, Dept. of Human Development and Family Studies; 14 = Purdue University Marketing and Media; 15 = School of Health Sciences; 16 = School of Hospitality and Tourism Management; 17 = School of Nursing</p>			
EXTERNAL PARTNERS			
Steve Cozza	Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences		
Barbara Fiese Ellen Galinsky	Family Resiliency Center, University of Illinois Families and Work Institute		
Abi Gewirtz	Institute for Translational Research in Children's Mental Health, University of Minnesota		
Karen Hinshaw	Clinical and Translational Science Institute, Indiana University School of Medicine		
Meredith Kleykamp	Center for Research on Military Organization, University of Maryland		
Patricia Lester	Nathanson Family Resilience Center, University of California Los Angeles		
Mallory Lucier-Greer & Catie O'Neal	Military REACH, Auburn University		
Daniel Perkins	Clearinghouse for Military Family Readiness, Penn State University		
Nora Spinks	Vanier Institute of the Family, Canada		
Ashish Vazirani & Hannah Pike	National Military Family Association		
Steve Wilson	Military-Civilian Dialogue, University of South Florida		

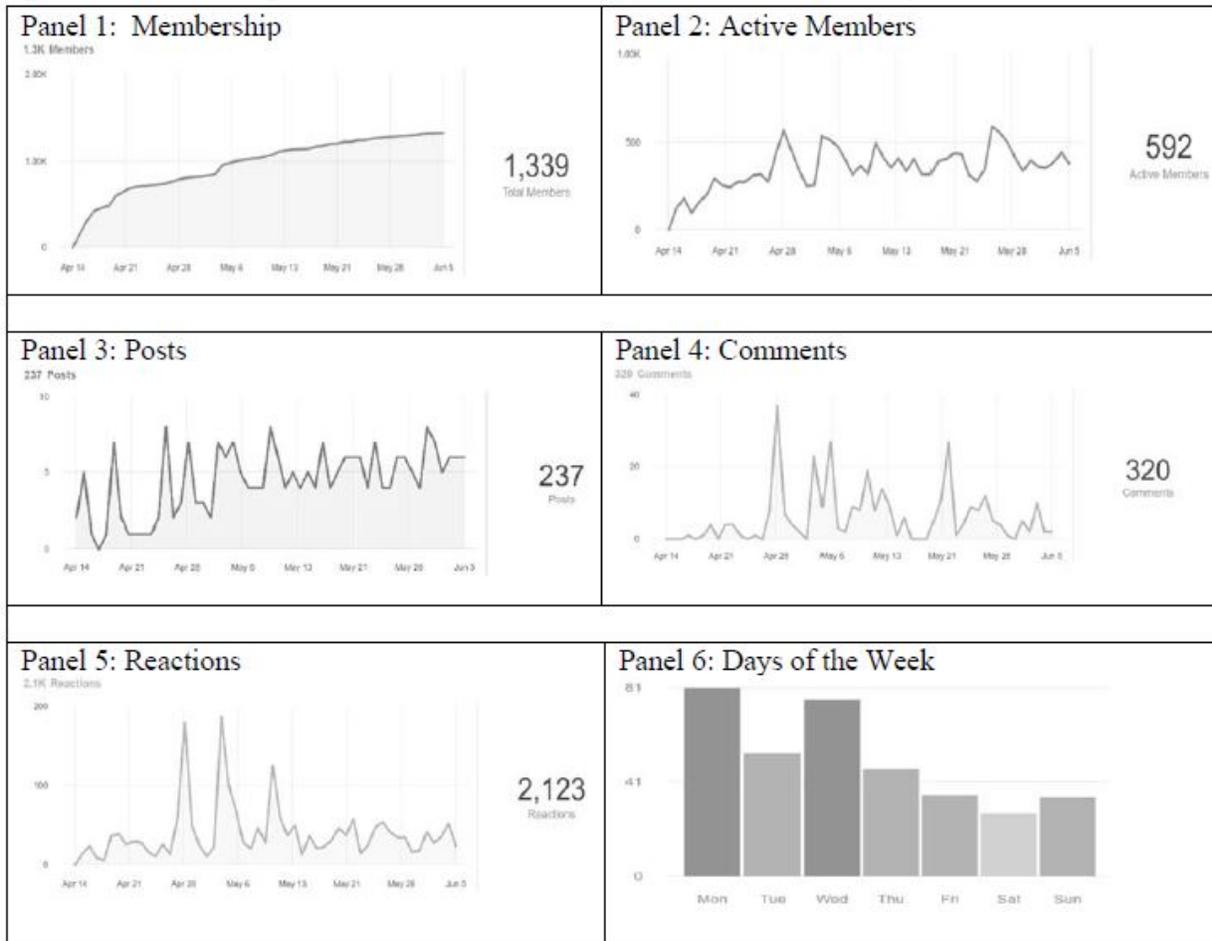
242 Table 2. The FT's weekly structure guided by theoretical domain

Week	Label for Theme	Theoretical Domain
1	Believing, Sharing, Acting	Shared Beliefs: Communication; Organizational Patterns
2	Our family can do this!	Shared Beliefs: Sharing a positive outlook
3	Our family is creative!	Communication/Problem solving: Collaborative problem-solving
4	We care about each other!	Organizational Patterns: Connectedness
5	Our family will get through this!	Shared Beliefs: Making meaning of adversity
6	We share our feelings constructively!	Communication/Problem solving: Open emotional expression
7	Our family is adaptable!	Organizational Patterns: Flexibility to change
8	We can get stronger!	Shared Beliefs: Transcendance and spirituality
9	We tell each other the truth!	Communication/Problem solving: Clear consistent messages
10	We take action!	Organizational Patterns: Mobilizing social and economic resources

244 Figure 1. FT's weekly kit creation and dissemination process



246 Figure 2. The FT Program Metrics: Behavior on the FT Facebook Group:



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