

# Information Statement for the Research Project: The effect of the COVID-19 PANDEMIC ON THE RESILIENCE AND WELLBEING OF ADULTS

You have been invited to participate in research project identified above. Lyn Worsley, Director of the Resilience Centre, is conducting the study to evaluate the changes in wellbeing as the result of the COVID-19 pandemic.

#### Why is the Research being done?

The study examines changes in personal and social competence, connectedness, wellbeing and mental health during the period of social isolation.

#### What would you be asked to do?

This study involves completing three questionnaires each 4 weeks while the COVID-19 pandemic isolation restrictions are in place. The questionnaires will be administered online and psychologists from the Resilience Centre will analyse the data. The time taken will be 20-30 minutes of questionnaires and you will be given your individual results on completion.

The questionnaires consist of a Resilience Doughnut tool (RD), a Depression, Anxiety and Stress Scale (DASS) and a Resilience Scale for Adults (RSA). The resilience scale has statements such as "I have self discipline" "my life has meaning" with a 7-point scale and the DASS has statements such as "I find it hard to wind down" and "I feel I have nothing to look forward to" with a 4-point scale. The Resilience doughnut tool consists of your response to positive statements about family, friends, work and personal strengths.

#### What choice do you have?

Being in the research study is completely voluntary and you are not under any obligation to complete the questionnaires. You can withdraw any time prior to submitting the completed questionnaires however once questionnaires have been submitted anonymously, responses can be withdrawn by contacting the psychologist administering the test.

#### How will your privacy be protected?

All aspects of the study, including results, will be strictly confidential and only researchers will have access to information. Names will be deleted, and codes will be used to identify participants for statistical analysis.

#### How will the information collected be used?

A report of the study may be submitted for publication, but individual participants will not be identified in any publication. Non-identifiable data may also be shared with other parties to encourage scientific scrutiny, and to contribute to further research and public knowledge, or as required by law. Data will be retained for at least 5 years and held at the Resilience Centre.

# What are the risks and benefits of participating in the research study?

The research study, highlights the benefits of understanding each individual's process of building resilience during isolation. Individual results will be available immediately on completion, with simple explanations as to how to build resilience. It is hoped the study will evaluate how

participants have adapted their social connections for their emotional and mental wellbeing. Talking about your participation in the study is encouraged, particularly as it builds awareness of the importance of connecting with others.

It is unlikely that you will experience any distress by participating in the research. However, some questions will ask you about things that you may find difficult. If you are upset at any stage whilst completing the questionnaires you do not have to continue and are free to finish the questionnaire at your own pace over the two weeks prior to the commencement of the program.

# What do you need to do to participate?

Please read this Information Statement and be sure you understand its contents before you consent to participate. If there is anything you do not understand, or you have questions, contact the researcher.

#### **Further information**

If you would like further information please contact, Ms Lyn Worsley on the following contact details:

Ms Lyn Worsley: lyn@theresiliencecentre.com.au or (02) 9869 0377

# **Research - PARTICIPANT CONSENT FORM** I, [PRINT NAME] give consent to my participation in the research project, TITLE: The effect of the COVID-19 PANDEMIC ON THE RESILIENCE AND WELLBEING OF ADULTS In giving my consent I acknowledge that: 1. The procedures required for the project and the time involved have been explained to me, and any questions I have about the project have been answered to my satisfaction. 2. I have read the Participant Information Statement and have been given the opportunity to discuss the information and my involvement in the project with the researcher/s. 3. I understand that I can withdraw from the study at any time, without affecting my relationship with the organisation or the researchers now or in the future. 4. I understand that, as a participant, my involvement is strictly confidential, and no information will be used in any way that reveals my identity. 5. I understand that being in this study is completely voluntary – I am not under any obligation to consent. 6. I understand that my de-identified data may be shared or used in future studies. Signed: ..... **Participant Name:**

Signed:

Date:

# Interpreting Results for the Resilience Report Adult measures

In examining results on the Resilience Report, we thought it may be helpful to first explain its rationale, structure and interpretation.

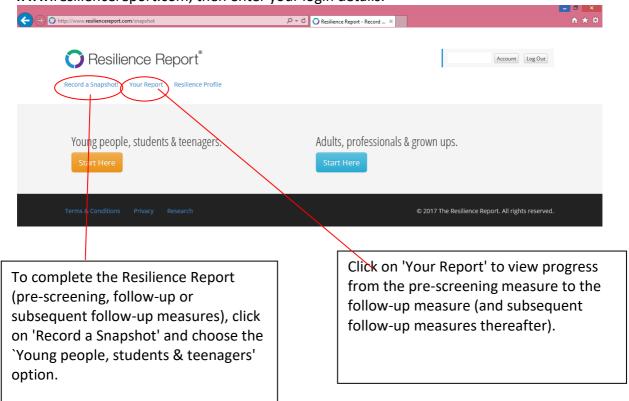
**DEFINITION OF RESILIENCE:** An individual's or group's process of continual development of personal competence while negotiating available resources in the face of adversity (Worsley, 2010).

#### THE RESILIENCE REPORT:

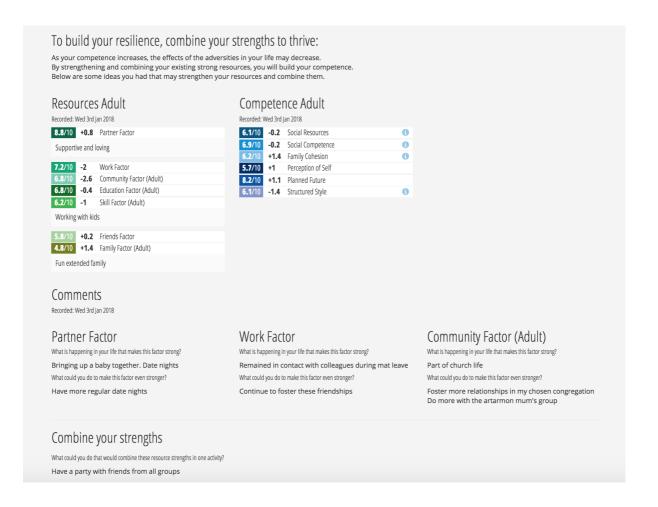
The Resilience Report, which is based on the abovementioned definition, comprises of 3 components:

- 1) Resources. This is conceptualized as the adult's connections to the 7 factors on the Resilience Doughnut model.
- 2) Competence. This comprises of the individual's self-concept (how good they feel about themselves and their capabilities), and their perceived support from surrounding others including their family and social circles.
- 3) Adversity. This scale comprises of Anxiety and Depressive symptoms, and Stress. It is not a definitive diagnosis of Anxiety and stress but gives some indication of the symptoms experienced at the time.

**STRUCTURE OF THE RESILIENCE REPORT:** To log onto your account, go to www.resiliencereport.com, then enter your login details.



# The Resilience Report



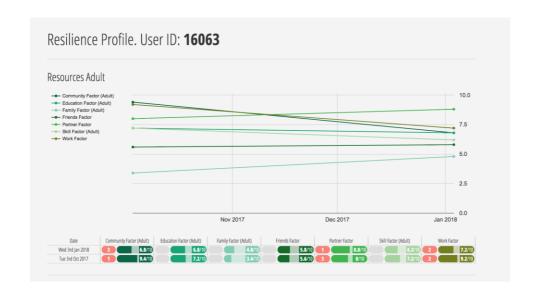
The numbers out of 10 are the individual's latest scores on each subscale of the Resilience Report.

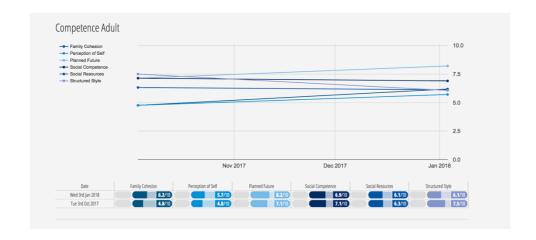
Positive indices indicate a higher score compared to the last time the measure was completed, while negative indices indicate a decline in scores.

Click on the "i" icon for an explanation of the subscale measures. Comments give ideas of changes change

# **The Resilience Profile**

The profile tab gives the results, in a graph form, over time. The bars underneath the graphs indicate the strengths of the factor or subscale. The dates of the snapshot are on the lower left-hand side of the graphs.





# Things to consider when interpreting the resilience report:

- *Environment*. Adults may be going through some challenges or changes at the time/s they completed the Resilience Report.
- Other contextual factors. For example, adults may not be as connected to the Work. Education and Peer factors during lock down, hence a reduction in these may be due to the isolation rather than the strength of the relationship.
- *Resource subscale scores*. It is not necessary for all 7 factors of the Resilience Doughnut model to be strong; rather, people need at least 3 strong factors in the building of resilience.
- A note about the Partner factor. Some peoples have expressed concern over Partner factor scores that are lower than what they had expected. This may not necessarily indicate shortcomings in their relationship; it may reflect the adult has a greater autonomy. Furthermore, some people do not have a partner, in which case they would concentrate on the other 6 factors to find their strongest and most helpful connections. Once again, the interpretation of this score requires consideration of its context.
- If a score remains the same or decreases. While this may indicate a lack of improvement in this domain, it may also be that the adult had already attained a high score prior to the group program, thus they were already at optimal levels to begin with. For example, they may have scored 9.6 in a subscale at pre-screening, which had decreased to 9.2 at follow-up. While the score had gone down, both are very high scores, and the decrease may be attributed to natural fluctuations. If there is a marked decrease in scores, however, problem-solving strategies may be warranted to address this.