

# EFFICACY AND SATISFACTION OF THE RESILIENCE AND WELLBEING PROGRAM: «STAY AT HOME». PSYCHOLOGY IN TIMES OF QUARANTINE AND PANDEMIC

## EFICACIA Y SATISFACCIÓN DEL PROGRAMA RESILIENCIA Y BIENESTAR: QUÉDATE EN CASA. LA PSICOLOGÍA EN TIEMPOS DE CUARENTENA Y PANDEMIA

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### Extended summary

#### Introduction

The pandemic state and quarantine caused by COVID-19 has been real challenging for all countries, institutions, organizations, families and people on the planet.

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The review of the research group by Brooks et al. (2020) in their published article “The psychological impact of quarantine and how to reduce it: rapid review of the evidence” explains the outbreak of the coronavirus disease in December 2019 and the effect of the application of confinement for the general population. They did a review of the psychological impact of quarantine using three databases. Of 3166 scientific articles found, 24 were included in the review. Most of the studies reviewed reported negative psychological effects, including symptoms of post-traumatic stress disorder, confusion, and anger.

Various studies indicate a negative psychological impact of the COVID-19 quarantine and pandemic in China (Liang et al., 2020; Wang et al., 2020), Spain (Valiente et al., 2020) and other countries (Torales, O’Higgins, Castaldelli-Maia, & Ventriglio, 2020) in line with the study by Brooks et al. (2020).

As a consequence, it is likely that many countries will experience a “wave” of mental disorders related to COVID-19 as a result of an increase in risk factors linked to the pandemic such as social isolation, unemployment, economic concerns, stress, violence relationship, work stress, uncertainty, pain and loss.

The Resilience and Wellbeing Program: «Stay at Home» (Sánchez-Hernández y Canales, 2020) was designed with two clear objectives:

1. Prevent emotional problems that the quarantine state and pandemic could produce in the population, according to the latest scientific reviews, and promote the well-being of families.

2. Early detection and referral to associations and organizations that offer free psychological treatment if necessary.

The program is a psychoeducational intervention that is specially designed to deal with the quarantine situation in a wiser and healthier way, as well as the short, medium and long-term effects caused by both the quarantine and the pandemic that will require future adaptations recommended by the health services.

In summary, this article assesses the effectiveness and satisfaction of the Resilience and Wellbeing Program: «Stay at home» whose objectives are the prevention of emotional problems, the promotion of well-being and the early detection and intervention in the face of the effects of quarantine and pandemic caused by COVID-19. Finally, intervention and research topics are proposed to strengthen communities through proactive resilience.

## Method

### Participants

The sample consisted of 80 participants, 68.8% women and 31.2% men, with an average age of 36.04 years ( $SD = 15.1$ ), mainly with a medium socioeconomic level (88.8%) and low in 11.2%. The majority of the sample has university studies (66.3%) and a 24.3% of the sample reports, in the posttest, having received psychological support in the last month simultaneously with the program.

### **Instruments.**

- Evaluation Cover of the Resilience and Wellbeing Program: «Stay home».
- Summary Questionnaire of Skills of the Resilience and Wellbeing Program: «Stay at home» (Sánchez-Hernández y Canales, 2020).
- Resilience Questionnaire (Wagnild and Young's, 1987). Adaptation of Baños y Botella (2017).
- Revised Posttraumatic Stress Disorder Symptom Severity Scale (EGS-R, Echeburúa, Amor, Sarasua, Zubizarreta, Holgado-Tello & Muñoz, 2016).
- Warwick-Edinburgh Mental Well-Being Scale (WEMWBS, Tennant et al., 2007). Spanish adaptation of López et al. (2012).

### **Procedure**

The intervention focused on the interval of quarantine and de-escalation. On June 21, the Government of Spain concluded the last state of alarm, meaning that the de-escalation ended and the whole country entered the 'new normal' after 99 days of national emergency. The 80 participants in the program underwent a pre-test, at the beginning of the intervention, and a post-test after ending it. The program offers free psychological support with three video call sessions per person (20-30 minutes each session) and delivers 7 well-being pills by email together with other interventions (Hansen, Broomfield, & Yap, 2019).

The statistical analysis performed focused on correlation analysis, linear regression analysis, calculation of Student's t scores for related means and calculation of effect size (Cohen, 1988; Hedges, 1981).

### **Results**

#### *Satisfaction with the program*

The participants reported high satisfaction with the program with a mean of 8.26 (SD = 1.3), on a scale of 0 to 10, and they had followed the program guidelines in a remarkable way, indicating a mean of 7.25 (SD = 1.7) on a scale from 0 to 10. Satisfaction with the program was related to the development of the program's skills ( $r = 0.45$ ;  $p = 0.002$ ) and having followed its advice ( $r = 0.43$ ;  $p = 0.000$ ).

#### *Cautious and healthy behaviors*

Following cautious and healthy behaviors (staying home, wearing masks, social distancing, hand washing, and following sanitary recommendations in general) is related to satisfaction with the program ( $r = .39$ ;  $p = .008$ ) and with development of the program's skills, specifically with following reliable sources of information and avoiding excess of information ( $r = .52$ ;  $p = .000$ ), use of strengths ( $r = .34$ ;  $p = .022$ ), positive relationships and secure attachment ( $r = .35$ ;  $p = .015$ ), hope and gratitude ( $r = .29$ ;  $p = .045$ ), resilient optimism ( $r = .31$ ;  $p = .036$ ), vital sense ( $r = .30$ ;  $p = .044$ ) and keep a resilient diary ( $r = .42$ ;  $p = .003$ ).

*Analysis of improvements from pretest to posttest total sample*

The analysis indicate a statistically significant improvement, from pretest to posttest, in terms of coping the pandemic, mood, symptoms of post-traumatic stress, psychological well-being and resilience (see Table 1).

*Analysis of improvements from pretest to posttest in participants who only received the program*

The improvements also occurred in participants who had not undergone another psychological intervention in the last month. This analysis was carried out in order to dismiss any improvements due to other psychological interventions. The analysis indicates a statistically significant improvement, from pretest to posttest, in ease of coping the pandemic, mood, symptoms of post-traumatic stress, psychological well-being and marginally significant in resilience (see Table 2).

*Regression analysis on change scores*

The purpose of this analysis was to determine to what extent the improvement (change scores from pretest to posttest) in the different variables (coping facility of the pandemic, mood, post-traumatic stress, well-being and resilience) was produced by the development of the program skills. Regression analysis indicates that the development of program skills predicts improvement, from pretest to posttest, in the coping facility of with the pandemic (32%) and psychological well-being (49%) in a statistically significant way (see Table 3).

**Discussion and Conclusions**

Participants who followed the Resilience and Well-Being Program: “Stay at Home” reported high satisfaction with the program. The analysis indicate a statistically significant improvement, from pretest to posttest, in resilience, psychological well-being, symptoms of post-traumatic stress, coping facility of the pandemic and mood. Following cautious and healthy behaviors (staying home, wearing masks, social distancing, hand washing, and following general sanitary recommendations) is related to satisfaction with the program and the development of program skills (following reliable sources of information , use of strengths, positive relationships and secure attachment, hope, gratitude, resilient optimism, sense of life, and keep a resilient diary).

Among the limitations of the study, it should be noted that the design was pre-experimental and only an experimental design can guarantee that the cause of the improvement in the participants is due to the program. Given that the analysis carried out indicate that the program could have benefits in promoting well-being and preventing emotional problems, new studies with an experimental design are suggested. However, the analysis that dismiss improvements due to other psychological interventions and those that indicate that the development of program skills predicts improvements in the coping facility of the pandemic and psychological

well-being point towards the effectiveness of the program.

A bibliographic review was carried out searching for psychological interventions to prevent emotional problems and promote well-being in the face of the effect of quarantine in the COVID-19 crisis, but only articles were found recommending the need to carry out these interventions (Carbone, 2020; Fontanesi et al., 2020).

These measures must be accompanied by the early detection and psychological treatment of those who need it, paying special attention to the most vulnerable groups. Similarly, social measures to mitigate the effects of the crisis should be implemented.