Family Focus

ncfr
catalyzing research,
theory and practice

Issue FF88

Recovering From COVID-19

Additional references for articles are available online.

In the next issue of Family Focus: Dismantling Structural Inequality and Racism

Promoting Resilience in Families and Communities Post-COVID: Lessons Learned From History and Science

Terry Webster, Ph.D., Dean, School of Human Development, Pacific Oaks College, terrywebster@pacificoaks. edu; and Carlene Fider, Ph.D., Core Faculty, School of Human Development, Pacific Oaks College

In Brief

- **Theoretical and contextual understanding of resilience can guide our approach to its promotion.**
- **Developing and promoting resilience is critical for adaptation of individuals and ecological systems.**
- **In an ongoing pandemic, flexibility is key in the definition and expression of resilience.**

Terry Webster   **Carlene Fider**

The COVID-19 pandemic has presented challenges to children, families, communities, and societies. In March 2020, abrupt shifts related to stay-at-home orders resulted in the closing of schools and businesses, and the separation of extended families. Acute stressors including loss of employment and confinement working from home, all while educating children from home, were evidenced in early increases in anxiety and family stress (Prime et al., 2020). Conceptions of a virus lasting for weeks turned into months, and it may be years before some semblance of "normal" emerges. As such, a shift from short-term coping strategies is needed for families and communities to survive and thrive in the face of an unparalleled public health crisis (Stark et al., 2020). This commentary focuses on resilience viewed from a systemic lens and how such understanding can inform the work of family practitioners.

Resilience

When systematic study of human resilience began 50 years ago, attention focused primarily on young people in the search to understand risk factors contributing to developmental pathology (Masten & Obradović, 2008). Assumptions were made about the roles of traumatic experiences and chronic adversity. In investigating at-risk children, a surprising phenomenon emerged. While some children experienced severe pathology and impaired function, others experienced successes in many domains of life. This variability led to the investigation of both risk and protective factors relative to adversity. Decades of research have revealed that resilience is not a rare character trait but an adaptive quality of human experience,

often referred to as "ordinary magic" (Masten, 2001; Dvorsky et al., 2020).

Resilience as the Interplay of Risk and Protective Factors Over Time

Resilience is defined as a cognitive and behavioral effort to bounce back after a period of disruption (Vanderbilt-Adriance & Shaw, 2008). Resilience exists on a spectrum, which suggests that it is possible for someone to be resilient in one environment and not as resilient in another (Walsh, 2002). This has been seen in past events such as 9/11 and Hurricane Katrina.

Risk factors decrease a person's ability to be resilient (Ellis et al., 2017). They also increase the likelihood of negative outcomes occurring and can be specific to the person, their family, or their community. Risk factors mean that the individual has fewer resources to draw from when faced with a crisis. Vulnerable individuals may experience poverty, lack access to safe public spaces, or have a less optimistic outlook on life (Ellis et al., 2017). It also means they are typically exposed to greater and more chronic stress in the first place. Protective factors, however, provide a buffer for the risk factors. Examples include familial support, stability as it relates to housing, and a positive view on life.

Bronfenbrenner's Ecological Systems Theory

Bronfenbrenner's (1979) ecological systems theory provides a basis for examining resilience in the current pandemic context. This theory provides an explanation related to the connection between social environments and human development, which includes how one responds to changes that may require significant adjustment (Stokols et al., 2013). Hence, if the environment changes, there is the likelihood that the person will also change. Former research has indicated that relationships in the microsystem have a significant impact on the development of resilience as those relationships act as a protective factor. Similarly, the relationships that exist in the mesosystem can support the development and sustainability of resilience. Individual, organizational, and community resilience are understood on the basis of the relationships that exist at and between each of the levels that Bronfenbrenner notes.

Family Resilience

Walsh (2002) presents a conceptual framework through which family resilience is viewed from a strengths-based perspective and from which family resources can be identified to moderate the impact of stressors and to build potential for individual and relational growth that is transformational and transcendent. Set within a larger bio-psychosocial theoretical orientation (Bronfenbrenner, 1979), this approach views family adjustment from multisystemic and developmental viewpoints, recognizing that adaptational processes occur over time, varying across individual, dyadic, and family units. Disruptions in adaptive family function can be triggered by discrete events, such as traumatic loss, during stressful transitions such as divorce, or long-term sociocultural factors such as discrimination.

Walsh (2002) identified three processes in family resilience. First, family belief systems provide opportunities to find meaning in adverse situations, contributing to a collective "can-do" spirit. Second, family organizational patterns contribute to resilience when all members are acknowledged for their needs and differences while also providing mutual support and commitment. Third, family resilience is fostered through communication processes including consistent messaging, mutual empathy, and collaborative problem solving.

In considering COVID-19, an extension of Walsh's (2002) framework has been offered by Prime et al. (2020). In this framework, family functioning and child well-being are influenced by social disruption (job loss, financial insecurity, social distancing) and strain on caregiver well-being. These may have a direct impact on child well-being and can also have an impact on family function through parent–child, marital, and sibling relationships. Preexisting risk factors may be intensified by stressors such as school closures and strain on marital relationships, resulting in negative cascading influences on child and family function. These potentially harmful effects can be attenuated through close relationships and positive family belief systems.

Resilience During Past Disasters

Masten and Obradović (2008) discussed of the importance of resilience for disaster preparedness and recovery. The embeddedness of dynamic systems brings important consequences to an understanding of disaster scenarios. Human attachment lies at the core of resilience. Parents and other caregivers of young children can serve to regulate arousal and moderate stress in threatening situations. Older children and adolescents turn to friends for support. Adults rely on friends, partners, and kin networks. Schools are essential in the development of human capital, in terms of knowledge, self-regulation, and social skills. Schools are an indication of the health of the community, often providing services for vulnerable families, such as meals and after-school care.

At the macrosystemic level, communication and mass media are vital sources of information, with impacts on how individuals and families respond to threats of disaster (Masten & Obradović, 2008). The timeliness and trustworthiness of sources play key roles in decision making and affect regulation. Inconsistency or confusion in communication from news agencies and local or national leaders may reflect the regulatory capabilities of those within each respective system.

Applying What We Know to the Context of COVID-19

Family Scientists have contributed to decades of inquiry in defining resilience, identifying factors that threaten or enhance adaptive adjustment to stressors for individuals, families, and communities. During COVID-19, the loss of normalcy has, for many, placed life on hold and has shattered assumptions of the world as we once knew it (Walsh, 2020). While the pandemic has presented widespread and often unclear challenges, much of what is known about resilience can be applied in this context.

According to Masten and Motti-Stefanidi (2020), COVID-19 is a multisystem disaster with enormous cascading impact. Family closeness remains central to the well-being of children and extended kin. Separation due to social distancing has disrupted connections. Grief from the loss of family members and close friends is compounded by restrictions

Overview and Introduction
Recovering From COVID-19

Ted G. Futris, Ph.D., CFLE, Professor and Extension Specialist, Family Focus Editor, Department of Human Development and Family Science, University of Georgia, reporteditor@ncfr.org

Ted G. Futris

As I write this introduction (May 6, 2021), there have been over 32 million reported cases and 573,312 deaths due to COVID-19 in the United States alone. Since January, the 7-day average for new cases (i.e., 246.3K on Jan. 8) and new COVID-19 deaths (i.e., 3,296 on Jan.15) has sharply declined to 43,882 and 649, respectively, and over 252 million doses of the COVID-19 vaccine have been administered (USA Facts, 2021). Families continue to suffer as they grieve the loss of their loved ones and strive to recover from the emotional, mental, social, and economic impact of not just this pandemic, but how we as a nation (and world) responded. As we confront the challenges associated with re-opening schools, re-building the economy, and meeting the health and safety needs of individuals, families, and communities, the long-term repercussions of the global COVID-19 pandemic remain uncertain. This issue of Family Focus aims to shed light on how Family Science theory and research can help inform efforts to support families, schools, and communities during this recovery process.

This issue opens with Terry Webster and Carlene Fider providing a systemic perspective to understanding the complex, and still uncertain, impact of the pandemic on the resiliency of families and communities. In addition to reminding us that research has shown families as capable of overcoming significant challenges, they also reinforce that scholars and practitioners will need to expand their view of resilience due to the unique and lingering effects of this global pandemic. Next, Tami James Moore encourages Family Science professionals to take an active role in informing policies that aim to support families who are truly in need. Specifically, she highlights how the failure of governmental relief programs to clearly define family may have resulted in the inequitable and inefficient distribution of economic stimulus payments that were intended to provide relief for struggling families. As we move forward, Moore recommends a multi-disciplinary approach, that includes Family Science, in advancing policy initiatives grounded in a more contemporary and data-informed understanding of the diversity of families and their needs.

The next set of articles delve further into the unique challenges that families are facing and provide practitioners recommendations on how to support them. Hannah C. Williamson, Yunzhi Zheng, and Lisa A. Neff caution practitioners to prepare for the delayed consequences of the COVID-19 pandemic on the relationship experiences of couples. Although couples may have been more inclined during the past year to attribute their relationship problems to the stressful circumstances resulting from the COVID-19 pandemic, they may become less inclined to embrace similar adaptive attributions during the stressful recovery period. The authors offer practitioners recommendations from various models of couple therapy that could help couples. The next two articles underscore the disproportionate toll that this pandemic has had on mothers. Jennifer Mortensen focuses on mothers with youth children, in general, and Zoe E. Taylor and Keisha Bailey address the specific challenges of single-mother families. The authors of both articles bring to light the economic loss, mental costs, and parenting challenges suffered by mothers, and the essentialness of providing mothers and their children with appropriate support post-pandemic.

Hannah Mechler then provides an overview of mindfulness as a practice that can help promote resilience and foster mental health for both parents and children. She offers several examples of how mindfulness practices can be integrated into individual routines, family activities, and within professional and school settings. Next, Christine Hargrove, Avery Campbell, Andrea Trejo, and Jerry Gale illustrate how the established practice of narrative therapy can be applied to help individuals process the trauma and challenges experienced during the COVID-19 pandemic. They describe their process of applying narrative therapy practices in a small-group, educational setting and offer recommendations for how other educators and practitioners can employ these practices. Last, Bradford B. Wiles closes the issue by describing the potential for Cooperative Extension to support public policy and education initiatives that promote vaccination efforts. The outreach arm of each state's public land-grant university, Extension, has a long-standing history in promoting health through community-based education, and thus is well positioned to work collaboratively with local and state governments to serve as a trusted and accessible resource for individuals, families, and communities during this COVID-19 recovery process.

In closing, this issue's authors reinforce the potential resiliency of families during adversity and offer theoretically- and empirically-informed approaches to facilitate this resiliency as they continue to struggle with and recover from this pandemic. As Family Scientists, we each possess expertise and assets that can advance local,

Defining Family in Policy: Impact of Stimulus Checks on U.S. Families

Tami James Moore, Ph.D., CFLE, Professor of Family Science, Department of Counseling, School Psychology & Family Science, University of Nebraska at Kearney; mooretj@unk.edu

In Brief

- **Governmental relief programs related to the COVID-19 pandemic for individuals and families will be more effective if the definition of family is based in contemporary data-driven definitions of families.**
- **To identify and serve families who are truly in need, targeted criteria for distribution of relief would be more equitable and efficient.**
- **Policy based on faulty understanding of family composition and functioning perpetuates socioeconomic divisions in our communities.**

Stimulus payments and other economic incentive programs created to blunt the initial impact of the COVID-19 pandemic in the United States relied heavily on traditional definitions of a family. When the government determined that stimulus checks were necessary to support the economy, the question of who should receive that money was somewhat arbitrary, and the money generally was heralded as relief for struggling families. The rush to create these programs prevented a lengthy analysis of contemporary families, and although the decision to base eligibility on income tax data instead of engaging Family Science professionals and tapping the plethora of data available on U.S. households sufficed but was not equitable or efficient.

The Intent of COVID-19 Relief Payments

The primary intent of the stimulus payments was to mitigate the negative impact of the shutdown on the national economy (Baker et al., 2020). The impact of the pandemic on families' financial situations was a secondary consideration. Recipients of relief checks were taxpayers with valid Social Security numbers. There was additional money for children of those recipients who qualified as dependents under tax definitions. The word *family* is not actually part of the bill's explanation of qualifications (Coronavirus Aid, Relief and Economic Security [CARES] Act of 2020); however, *families* was in the title of Division B of the bill. The word *family* may have been one of the most common terms used by politicians sponsoring and promoting both that bill and the subsequent payment programs. It is reasonable to say that the public believed the money was intended to help individuals and families in need.

Actual Impact on Economy

Taherian (2020) reported that the first round of $1,200 checks had very little impact on the economy. Spending on food, bills, and rent had no impact on demand for durable goods, so manufacturing and retail saw little benefit. Baker et al. (2020) found that recipients who had established savings accounts spent less on things that would stimulate the economy, increasing savings and paying down debt. Recipients without savings spent their checks quickly and mostly on food and rent. The second round of $600 checks had a greater impact, especially in retail sales—electronics and furniture (Bieber, 2021). Impact of the third round of payments is yet to be determined, but the overall goal of protecting the economy was addressed.

Actual Impact on Families

As already noted, families with little to no liquidity did benefit from the first checks in terms of being able to meet their basic needs of food and housing (Taherian, 2020). Eligibility for these payments, however, created a disparity related to multiple family characteristics. For example, the eligibility cutoff for the first round of checks was based on income tax data. Individuals who reported earning less than $75,000 in adjusted gross income in the previous year would get $1,200; this was less for those who made more money and phased out for those who made more than $80,000 (CARES Act, 2020). Approximately 80% of households had incomes of $150,000 and below (Statista Research Department, 2021). Although that percentage was used to justify the cutoff, the qualifying criteria to receive a check was reported as maximum income of an individual and a two-adult household, suggesting that these two household configurations were representative of the U.S. population. Several variables that could have been considered were not, such as location, single heads of households, citizens living in congregate care, and socioeconomic status.

The impact of geographic location created a distinct disparity in spending power (Moore & Asay, 2021). According to the Cost-of-Living Index by the Council for Community and Economic Development (2020), median rent for a two-bedroom apartment in San Francisco is $4,128. A comparable apartment in Omaha costs $1,061 and in Miami, $2,134. That first payment of $1,200 could cover an entire month's rent for one family but just half for another.

An underlying assumption that families have two adults per household was also a faulty justification for payment criteria. Two parents with one child could receive $2,900 ($1,200 per parent and $500 per child) (CARES

Tami James Moore

Act, 2020). A single parent with one child would receive just $1,700, although living expenses aside from housing are likely to be very similar in both family configurations. In 2017, less than half of U.S. households were married couples and just 19% were married couples with children (Vanorman & Jacobsen, 2020). Single residents and single parents with children ultimately received significantly lower payments than married parents, yet they faced many of the same living expenses as their married or cohabitating counterparts.

Another misconception is that older people either live in congregate centers or live with spouses. Nearly half of householders over age 65 are single—divorced, widowed, or never married and living on their own (Vanorman & Jacobsen, 2020). These individuals received $1,200 yet were maintaining a household with all related expenses.

The U.S. Bureau of Labor Statistics (2021) identified socioeconomic differences among families in a survey. Families of color were more likely to use the stimulus money for expenses, as they were hit harder by job loss.

national, and international recovery efforts. Our research can identify the diverse needs of families during this challenging time in history, as well as the unique processes and resources needed to adapt to the adversity and trauma they have experienced. We however should not stop there. As Family Scientists, we bare a responsibility to actively inform and advance policies and practices that will support families in moving forward. Like the individuals and families we aim to serve, we and our own families are also recovering. My hope is that at least one of the articles in this issue offers you support and direction, both professionally and personally. ✳

Reference

USA Facts. (2021, May 6). *COVID-19 impact and recovery.* https://usafacts.org/covid-recovery-hub/

Sharon McCutcheon on Unsplash

As reported by Baker et al. (2020), those who had savings available before the pandemic (mostly White, middle class) had more in savings as the crisis subsided. Those who needed the stimulus money to pay living expenses (e.g., families of color, families living below the poverty line) moved forward without gains in savings, facing higher rates of unemployment for an extended period.

Implications for Future Policy and Programming

To understand the effectiveness and equity of programs like the 2020 stimulus payments, the program goals must be clear and defensible. If the goal is merely to stimulate the economy, money should be distributed as far and wide as possible. If the goal is to provide assistance to individuals and families who are struggling to meet basic needs, targeted criteria must be implemented at a deeper level than just that of income tax status, such as participation in public and private assistance programming at local, state, and federal levels. Data needed for that targeting is available and accessible from multidisciplinary fields, Family Science included. The hurdle is gathering, analyzing, and reporting data from multiple sources, and Family Science professionals are best suited to that task.

When the COVID-19 crisis eventually comes to a close, the impact of stimulus payments on families and children will be more fully understood. But what is known now is that,

going forward, it is essential that policy creation be completed by those most qualified to define family and to predict impact on families. Policy and programming intended to improve the life situations of families and children should be crafted with Family Science professionals at the table. ✳

Selected References

Baker, S. R., Farrokhnia, R. A., Meyer, S., Pagel, M., & Yannelis, C. (2020). *How does household spending respond to an epidemic? Consumption during the 2020 COVID-19 pandemic.* National Bureau of Economic Research. https://ideas.repec.org/p/nbr/nberwo/26949.html

Bieber, C. (2021, March). The last stimulus check had a major economic impact. *The Ascent.* www.fool.com/the-ascent/personal-finance/articles/the-last-stimulus-check-had-a-major-economic-impact/

Coronavirus Aid, Relief and Economic Security (CARES) Act, Pub. L. No. 116-136, 116th U.S. Congress (2020). www.congress.gov/bill/116th-congress/house-bill/748/text?overview=closed

Moore, T. J., & Asay, S. (2021). F*amily resource management* (4th ed.). Sage.

Taherian, S. (2020, May 15). New stimulus needed: $1,200 check had little impact on economy. *Forbes.* www.forbes.com/sites/suzytaherian/2020/05/15/new-stimulus-needed-1200-check-had-little-impact-on-economy/?sh=78e5f1e3ce17

Blame the Pandemic: Stress Spillover in the Recovery From the COVID-19 Pandemic

Hannah C. Williamson, Ph.D., Assistant Professor, hwilliamson@utexas.edu; Yunzhi Zheng, M.S., doctoral student; and Lisa A. Neff, Ph.D., Associate Professor, Department of Human Development and Family Sciences, University of Texas at Austin

In Brief

- **Stressful experiences outside of a relationship can "spillover" and have a negative impact on the relationship.**
- **People had an increased ability to recognize stress spillover in the months after the pandemic.**
- **This effect may recede over time; practitioners should reinforce the importance of recognizing stress spillover in one's partner.**

Stress that people experience outside of their relationship (e.g., work stress, finances) has been consistently linked with poor relationship functioning and lower relationship satisfaction, a phenomenon called *stress spillover* (Randall & Bodenmann, 2009). However, research on collective traumas indicates that these types of major acute stressors do not necessarily have a negative impact on relationships (e.g., Cohan et al., 2009). In fact, many traumas, including the COVID-19 pandemic, have been found to have positive effects on relationships in the immediate aftermath of the event (Williamson, 2020). Unfortunately, these positive effects seem to wear off over time, leaving couples vulnerable to stress spillover once again. As we continue to emerge from the COVID-19 pandemic, Family Science professionals are tasked with helping families successfully navigate the protracted recovery. To do so, practitioners can use evidence-based techniques to help couples capitalize on their experiences in the early days of the pandemic and continue to protect themselves from stress spillover.

The Effects of Stress on Couples

Coping with stressful circumstances often takes a toll on couples' relationships (Neff &

Karney, 2017). Managing stress tends to drain individuals' energy and cognitive resources and cause them to feel more anxious, irritable, and/ or burned out, which can hamper positive relationship dynamics between partners (Hobfoll, 1989). When individuals experience greater stress outside the relationship, they are more likely to express criticism, anger, or impatience toward their partner and to feel less satisfied with their relationship, compared to times when they experience less stress (Buck & Neff, 2012; Story & Repetti, 2006).

However, although stress frequently has corrosive effects on relationship well-being, in some cases, stressful circumstances can affirm relational bonds between partners. For example, couples have reported increased relationship satisfaction and positive communication following natural disasters (Fredman et al., 2010; Whisman, 2014), and divorce rates went down in New York and New Jersey following the 9/11 terror attack (Cohan et al., 2009). Initial research indicates that the effects of the COVID-19 pandemic have been similar to these other major acute stressors. For example, a prospective study of more than 650 Americans involved in a serious relationship collected data at three times: in December 2019 prior to the pandemic, in late March 2020 shortly after the pandemic reached the United States, and in late April 2020 when school closures and work from home were reaching the 6-week mark for most Americans. The results

Hannah C. Williamson **Yunzhi Zheng** **Lisa A. Neff**

of this study indicated that over those 4 months, relationship satisfaction did not significantly change (Williamson, 2020). Despite sheltering in place together while confronting the stress and chaos of the early days of the COVID-19 pandemic, this high level of stress did not spill over into negative repercussions for couple relationships.

Adaptive Attributions Help Manage Stress

A second finding from this prospective COVID-19 study (Williamson, 2020) sheds some light on an important underlying process that may explain why adaptive attributions help manage stress. "Attributions" are the way that people explain their partner's behavior to themselves (Fincham & Bradbury, 1992). When confronted by negative behavior from one's partner (e.g., criticizing, not paying attention), the recipient can make an internal or an external attribution for that behavior. An internal attribution means that the behavior was intentional, selfishly motivated, and blameworthy, whereas an external attribution means that the behavior was instead motivated by factors outside the partner. Making external attributions for negative behavior is linked with better relationship outcomes (Karney & Bradbury, 2000), and the results of this COVID-19 study showed that people significantly increased their external

attributions for negative partner behaviors over the course of the pandemic.

An increase in adaptive attributions means that the experience of the COVID-19 pandemic might have made it easier for people to see the stress their partner was experiencing and attribute any negative behaviors to that stress. In other words, on average, people became better at recognizing stress spillover (Williamson, 2020). Other recent research has also found that stressors that are highly salient, affect large numbers of people, and are relatively uncontrollable enable individuals to more easily attribute their problems to the stressful circumstances (Clavél et al., 2017; Diamond & Hicks, 2012). Thus, the improved ability to recognize stress spillover in our partners may be a protective factor that develops in the face of major stressors, rendering relationships more resilient to the harmful effects of the stress that accompanies collective traumas.

However, as time passes, the severity and salience of the major stressor are likely to decrease, which may lead to a decline in the ability to recognize stress spillover. Indeed, moderately severe stressors are the most dangerous for couple relationships because they are severe enough to cause problems but not severe enough to be obvious (Tesser & Beach, 1998). Therefore, the recovery period after the COVID-19 pandemic is a high-risk period for couples: they are still dealing with the stressful aftermath of the pandemic, but they may be unable to see the effects of that stress on their partner. To prevent relationships from deteriorating in the face of stress during the recovery period, practitioners must help couples remember how to recognize stress spillover in their partner, even when it is not as obvious as it was in the early days of the pandemic.

Implications for Practitioners

There are multiple models of couple therapy that practitioners could use to help couples recognize the continued impact of stress from the COVID-19 pandemic on their relationship. For example, narrative couple therapy (Freedman & Combs, 2015) is well suited for this goal because it views

problems as separate from people and uses the technique of externalization to help couples make that distinction. Therapists ask "externalizing questions" about contextual influences on the problem, such as "What feeds the problem?" to help clients consider how the context of their lives affects the problem. Therapists also collaborate with couples to name the problem and construct a coherent narrative of the problem, which helps clients view the problem as separate from the person. This externalization process allows partners to shift their perspective to see the ways in which the problem influences themself, their partner, and their relationship dynamics.

Similarly, a core technique in integrative behavioral couple therapy (Christensen et al., 2020) is unified detachment, which works to give partners a new perspective on the problem by stepping back and having a detached, intellectual discussion about it. The therapist guides the couple in discussing the problem in a way that is descriptive, nonjudgmental, dyadic, and mindful (as opposed to evaluative, blaming, individually oriented, and responsibility seeking). Unified detachment often employs humor, metaphor, and images, and it uses the technique of identifying the problem as an "it"—as with narrative couple therapy, many couples choose to give the problem a name. The conversations that stem from unified detachment allow partners to share their thoughts, perspectives, and observations about the problem and develop a sense of common, unified perspective on the problem.

An explicit focus on the link between stress and relationship behaviors has also been adopted in some relationship education programs. For example, the Promoting Strong African American Families program attends to a different contextual stressor in each session (e.g., work, racism, finances) and teaches couples techniques for handling that stressor together (Barton et al., 2018). This method could easily be adapted to focus specifically on helping couples identify pandemic-related stress. Overall, these preventive and therapeutic intervention strategies can help couples in recognizing stress spillover by identifying external

problems that are the source of maladaptive processes occurring in their relationship. Joining together with their partner and addressing these external problems enables couples to foster greater intimacy rather than allowing the problem to come between them and push them further apart.

Conclusion

In the immediate aftermath of the COVID-19 pandemic, couples on average experienced the unexpected positive benefit of improved ability to recognize stress spillover in their partner. However, as the salience of the pandemic fades over time couples are likely to become more susceptible to stress spillover, which may leave relationships vulnerable during the stressful recovery period. Practitioners can use the techniques outlined here to help couples continue to recognize the external stress brought on by the pandemic and prevent that stress from negatively affecting their relationship. ✳

Selected References

Buck, A. A., & Neff, L. A. (2012). Stress spillover in early marriage: The role of self-regulatory depletion. *Journal of Family Psychology, 26*(5), 698–708. https://doi.org/10.1037/a0029260

Christensen, A., Doss, B. D., & Jacobson, N. S. (2020). *Integrative behavioral couple therapy: A therapist's guide to creating acceptance and change* (2nd ed.). Norton.

Freedman, J., & Combs, G. (2015). Narrative couple therapy. In A. S. Gurman, J. L. Lebow, & D. K. Snyder (Eds.), *Clinical handbook of couple therapy* (5th ed., pp. 271–299). Guilford Press.

Randall, A. K., & Bodenmann, G. (2009). The role of stress on close relationships and marital satisfaction. *Clinical Psychology Review, 29*(2), 105–115. https://doi.org/10.1016/j.cpr.2008.10.004

Williamson, H. C. (2020). Early effects of the COVID-19 pandemic on relationship satisfaction and attributions. *Psychological Science, 31*(12), 1479–1487. https://doi.org/10.1177/0956797620972688

How Will Mothers With Young Children Recover From Pandemic-Related Stress and Burnout?

Jennifer A. Mortensen, Ph.D., CFLE, Assistant Professor, Human Development, Family Science, & Counseling, College of Education & Human Development, University of Nevada, Reno; mortensen@unr.edu

In Brief

- **Mothers are disproportionately taking on child care and homeschooling responsibilities.**
- **Maternal economic stability, mental health, and parenting are being negatively affected by COVID-19.**
- **Maternal well-being needs to be at the forefront of pandemic recovery, particularly for mothers who are already suffering economic and racial inequities.**

"I am not OK." Throughout the COVID-19 pandemic, I have heard some version of this statement from nearly every mother with young children I know. Some are struggling more than others, and some have more privilege and resources to navigate pandemic life—however, mothering in the United States during COVID-19 seems to be filled with intensified levels of stress, frustration, and exhaustion—no matter the circumstances (Brown et al., 2020; Limbers et al., 2020). Why?

Mainly, pandemic-related child care and school closures (while prudent) crippled family life, leaving mothers to assume disproportionate shares of caregiving and homeschooling responsibilities (Alon et al., 2020; Power, 2020). While all parents have been faced with a total restructuring of daily life that includes at-home schooling and limited social interaction, mothers make up the vast majority of stay-at-home parents, and single mothers (23% of all mothers, in comparison to 6% of all fathers) juggle it alone (Hertz et al., 2020; U.S. Census Bureau, 2020). Even in dual-earner families, mothers disproportionately left or scaled back their careers to manage these new responsibilities (Heggeness & Fields, 2020). For many, this is

also intersecting with the disparate effects of COVID-19 in under-resourced communities, low-wage or essential jobs, and communities of color (Centers for Disease Control and Prevention, 2020). I review here three major consequences of the pandemic on mothers' lives, including lessons from prior research that both researchers and family professionals should bear in mind as we move forward to ameliorate the impact of COVID-19 on family life.

Mothers Are Suffering the Worst Economic Effects

Since the pandemic began, about 20% of all working adults have reported child-care issues as a barrier to paid employment—but this represents three times as many mothers than fathers (Heggeness & Fields, 2020). Some mothers have the relative luxury of working remotely with flexible hours—but they still face endless distractions as they balance work and traditional home and care duties under one roof (Hertz et al., 2020; Whiley et al., 2020). Mothers working essential, low-wage jobs in the community are often left with difficult choices about child care or home-learning arrangements—on top of inflexible work policies, no paid leave, and increased risk of COVID-19 exposure. As a group, women account for nearly 60% of all recent pandemic-related job losses (Gould et al., 2020a), but women of color have suffered the worst employment losses. Black and Latina women are less likely to be able to do their jobs remotely, and they are more likely to have the types of jobs that were eliminated during the pandemic recession (Gould et al., 2020b; Gould & Wilson, 2020).

Moving forward, there will be a great need for family and community services that support mothers who are returning to the workforce. Family professionals should also be leading the charge in advocating

for expanded state and federal policies such as subsidized pay when work hours are reduced because of child care or school closures, unemployment benefits when leaving the workforce to provide child care, and expanded paid leave (Power, 2020). Although the pandemic has eroded mothers' current standing in the labor market, the pandemic is presenting the United States with a monumental opportunity to overhaul workplace policies in ways that are more flexible and accommodating for family life, which could benefit mothers in the long run (Alon et al., 2020; Thomas et al., 2020).

The Effects on Maternal Mental Health

Research conducted since the pandemic has found that mothers (including pregnant women) are reporting increased feelings of anxiety, depression, and loneliness (Lebel et al., 2020; Lyttelton et al., 2020; Ruppanner et al., 2021). Latina mothers working essential jobs are reporting elevated stress, depression, and anxiety due to employment cutbacks and fear of contracting COVID-19 at work (Hibel et al., 2021), and Black mothers are also dealing with disproportionate pandemic-related health effects (Gould & Wilson, 2020). Research has also indicated that stressors related to COVID-19 are associated with mothers' heightened parenting stress (Brown et al., 2020) and perceived quality of life—no matter her economic circumstances (Limbers et al., 2020). It is becoming increasingly clear that maternal mental health is suffering under

the weight of work (or unemployment) and caregiving responsibilities.

Maternal mental health must be at the forefront of pandemic recovery, with specific services designed for families of color and mothers in low-wage jobs—all of whom are bearing the brunt of the COVID-19 fallout. If at all possible, family support services should include affordable counseling to combat the effects of depression and anxiety. Group-based telehealth counseling support for mothers may be especially effective (Cameron et al., 2020). As communities continue to reopen, opportunity for social connections should be integrated into child care centers, schools, home-visiting, and Family Life Education programs. In addition, the aforementioned compassionate and family-friendly workplace (e.g., paid leave, flexible hours) and unemployment policies must be at the forefront of the conversation on maternal mental health.

Spillover to the Family System

As is the nature of family systems, maternal pandemic-related stressors will reverberate throughout the family (Whitechurch & Constantine, 1993). Data on the exact mechanisms by which COVID-19-related stress translates to maternal parenting behaviors are yet to be seen, but decades of prior research support an inverse link

between maternal mental health and parenting quality (e.g., Lovejoy et al., 2000; Newland et al., 2013). Heightened stress, depression, anxiety, loneliness, and low quality of life diminish mothers' abilities to engage in sensitive and responsive parenting behaviors (Turney, 2011; Yates et al., 2010). Instead, they may find themselves quicker to jump to punitive measures such as yelling, threatening, or physical punishment, or they may disengage from parenting altogether (Le et al., 2017; Park & Johnston, 2020). Maternal well-being also depends on instrumental support from others, such as help with daily caregiving and schooling tasks (Armstrong et al., 2005). The pandemic caused many to lose access to essential support from grandparents, relatives, and friends (Hertz et al., 2020). In the worst-case scenarios, researchers worry that pandemic-related stress, combined with a lack of support, economic instability, and isolation, may be the "perfect storm" for child maltreatment (Brown et al., 2020; Rodriguez et al., 2020).

Mothers could benefit from expanded access to parenting-support programs and two-generation early intervention programs (e.g., home visiting, Early Head Start). Evidence-based home-visiting programs have already demonstrated efficacy in promoting maternal mental health, increasing father involvement, supporting responsive parenting practices, and reducing child maltreatment (e.g., Avellar & Supplee, 2013; Mortensen & Mastergeorge, 2014; Rodriguez et al., 2010). Researchers can support programming efforts by elucidating the exact ways that emotional and instrumental support aid mothers in this uncharted pandemic context.

Finally, it is important to note that recovery efforts will devote great time and energy in helping young children make up developmental and academic losses sustained during lockdowns, which are substantial (Benner & Mistry, 2020). However, we cannot lose sight of the fact that maternal well-being is often the epicenter of children's successes. Every support program and community partner that wants to support children post-pandemic should take a step back and view maternal economic stability, emotional well-being, and social support

as essential to their mission, including the intersections of race and class, both of which are now intertwined with the pandemic. Without a systems approach, post-pandemic gains for young children will be limited, with those already subjected to racial and economic inequities faring the worst.

Conclusions

The COVID-19 pandemic has underscored the unpaid role that women—particularly mothers—play in holding up our economy, communities, and families (Power, 2020). The long-term ways that the pandemic will alter family life are yet to be seen. For now, the tragic loss of mothers' economic power and the associated caregiving burdens will have real consequences for family functioning. It takes a village, but for mothers, the pandemic has come with isolation. One person disproportionately serving as a full-time parent, teacher, at-home employee, or essential worker, while also dealing with isolation, unemployment, or economic and health inequities, is simply antithetical to the well-being of mothers with young children. The mothers are indeed not OK. ✳

Selected References

Centers for Disease Control and Prevention. (2020). *Health equity considerations and racial and ethnic minority groups.* www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html

Heggeness, M. L., & Fields, J. M. (2020). Working moms bear brunt of home schooling while working during COVID-19. *American Counts: Stories Behind the Numbers.* U.S. Census Bureau. www.census.gov/library/stories/2020/08/parents-juggle-work-and-child-care-during-pandemic.html

Hibel, L. C., Boyer, C. J., Buhler-Wassmann, A. C., & Shaw, B. J. (2021). The psychological and economic toll of the COVID-19 pandemic on Latina mothers in primarily low-income essential worker families. *Traumatology.* Advance online publication. http://dx.doi.org/10.1037/trm0000293

Rodriguez, C. M., Lee, S. J., Ward, K. P., & Pu, D. F. (2020). The perfect storm: Hidden risk of child maltreatment during the COVID-19 pandemic. *Child Maltreatment, 26*(2), 139-151.

Critical Benefits of Familial and Community Support for Transgender Youth

Family Science research published by NCFR members and other leading scholars with expertise on the health and well-being of LGBTQ youth demonstrates the importance of family and community support, coupled with competent medical and psychological care, in the affirmation of transgender children and adolescents.

Read the full research summary at ncfr.org/policy/research-summaries.

Challenges, Recovery, and Resilience in Single-Mother Families During the COVID-19 Pandemic

Zoe E. Taylor, Ph.D., Associate Professor; zetaylor@purdue.edu; and Keisha Bailey, M.S., Department of Human Development and Family Studies, Purdue University

In Brief

- **The pandemic is taking an unprecedented toll on families, with single mothers especially likely to experience declines in well-being.**
- **Social isolation has resulted in loss of vital social-support networks and increased stress and mental health problems for single mothers.**
- **Building resiliency in single mothers is critical for supporting them and their children.**

As a result of the COVID-19 pandemic, millions of families have experienced significant changes to their well-being as a result of isolation and restrictions on social interactions (Cameron et al., 2020). The day-to-day functioning of families and the systems that support them have abruptly changed resulting in a blending of parental work and parenting duties (Walsh, 2020). Families are also experiencing severe financial stressors due to the COVID-19-related loss of employment, reduced pay, and decreased food security (Prime et al., 2020; Tso et al., 2020). These emotional and economic stressors are resulting in increases in parent's mental health problems, substance abuse, and family violence (Brown et al., 2020). This global crisis has stretched families to the breaking point given the simultaneous experience of significant losses in multiple domains, such as financial security, health, normalcy, jobs, and personal relationships and connections (Hertz et al., 2020; Walsh, 2020), in turn overwhelming and stretching thin interconnected systems of support (Masten, 2020).

Pandemic-related stressors and mental health problems are increasing for everyone (American Psychological Association, 2020), but some families are more likely to be affected than others: families with less social and economic capital to mobilize for recovery or to sustain themselves (Masten, 2020; Shonkoff, 2020). These stressors are disproportionately affecting women's health and well-being (Almeida et al., 2020; Power, 2020). These unprecedented demands are likely to be especially intense for single mothers who must single-handedly navigate this crisis as both primary caregiver and wage earner for their household. Single-mother families often experience significant economic and emotional challenges from raising children without a coparent (Taylor & Conger, 2014, 2017). These prior challenges are likely to be exacerbated by the current economic, health, and social challenges, resulting in higher-than-usual stress and mental health problems for single mothers, as well as increased parenting challenges and burnout (Walsh, 2020). Thus, it is crucial that Family Scientists acknowledge the strains that single-mother families are experiencing and promote strategies that can be disseminated to them during this challenging time.

The Pandemic and Mental Health

The pandemic has had widespread impacts on family functioning and well-being, and it has significantly increased the risk for maternal depression (Cameron et al., 2020). In particular, economic stress, parenting burdens, and loss of social networks are likely to be keenly felt by single mothers, with a detrimental impact on their mental health and in turn on their parenting, parent–child relationships, and children's outcomes (Taylor & Conger, 2014).

Economic Stress

Single mothers are disproportionately more likely to live below the poverty line, have less education, and be younger in age than married mothers, and their income

Zoe E. Taylor   Keisha Bailey

and assets are typically the lowest of all household groups (Power, 2020; Taylor & Conger, 2014). These vulnerabilities have made them especially susceptible to job loss during the pandemic. Single mothers experienced a 9% drop in employment during the pandemic (the largest decline among all parent groups), with unpartnered Black and Hispanic mothers decreasing at double the rate of unpartnered White mothers (Barroso & Kochhar, 2020). Job loss, the threat of unemployment, and an uncertain job market is devastating for lower-income (and single-income) families who typically survive paycheck to paycheck. Economic hardship can lead to other significant stressors such as debt, food insecurity, and home eviction. Parents who are overwhelmed by stress report significantly more mental health problems, show less affection and support to their children, and are more harsh, irritable, and inconsistent in their parenting (Masarik & Conger, 2017). Therefore, financial insecurities are expected to have long-term effects on single mothers' mental health and family well-being (Walsh, 2020).

Parenting Burdens

Single mothers are experiencing significant parenting burdens from the closure of essential structural supports like schools and child care (Hertz et al., 2020). Single

mothers are struggling on their own to balance work and parenting responsibilities (e.g., homeschooling, worries about older children having to fend for themselves). Walsh (2020) discusses that American culture often fosters expectations for self-reliance and these expectations (e.g., "I should be able to manage it all by myself," "I don't want to burden others") lead to burnout, especially for single parents. Mothers are typically "first responders" to their children (Luthar, 2015), and without a coparent to back them up, many single mothers have no respite from parenting demands and no time to attend to their own emotional needs. These pressures can increase anxiety and depression, as well as substance use, relational conflict, and child problems (Walsh, 2020).

Social Support

Social support refers to one's social bonds, social integration, and primary group relations, and it is indispensable to personal functioning and psychological well-being throughout the life course, especially in regard to depression. Harnessing outside social supports is critical for the well-being of single mothers (Harknett & Hartnett, 2011; Taylor & Conger, 2017), but these supports have been curtailed as a result of both the pandemic and concerns for the health of older relatives who may have provided vital support pre-pandemic. The pandemic has obliterated many of the social and structural support networks (e.g., child care, support from family) that single mothers rely on to get by, with major implications for the

mental health and coping of single mothers and their children (Prime et al., 2020).

Implications for Practitioners

Helping single mothers build resilience and adequately responding to the challenges they face requires mobilizing and coordinating multiple adaptive systems. In particular, three fundamental strategies for promoting positive adaptation of children and their families in disasters are risk mitigation, cultivating assets, and marshaling social as well as human capital (Masten, 2020). Researchers also emphasize the need for cost-effective intervention programs that provide ongoing support for children's primary caregivers (Luthar & Eisenberg, 2017). Following these recommendations, we present some focus areas that could be utilized by practitioners working with single-mother families to implement effective change.

Provide Support and Connection

Social distancing guidelines mean that many families have been physically separated from their social-support networks. Programs that provide support for mothers who are at high risk for stress and burnout (e.g., single mothers) are critically needed. A number of virtual programs have been found to be effective with mothers at high risk for stress and could be utilized with single mothers. Luthar et al.'s (2019) Authentic Connections intervention (a short-term, virtual social-support group focused on crystallizing strong relationships among mothers) improved mental health and lowered stress in participants. The

intervention enhances supportive, nurturing relationships and self-disclosure with others in similar circumstances. Technology-assisted parenting interventions have also been found to improve parenting and child behavior, as well as parental psychological well-being, in families experiencing disadvantage, including single parents (Harris et al., 2020). Technology-assisted interventions that incorporated direct contact (e.g., in-person video conferencing, phone calls) had a greater positive effect on parent well-being than did those without contact. Together, these interventions suggest that online and technology-assisted interventions could be an effective means to assist single mothers during the pandemic. Further, these interventions could be useful post-pandemic, given that single mothers often experience higher barriers to participation in intervention programs.

Foster Gratitude, Optimism, and Sense of Purpose

Strengths of the heart traits such as gratitude, zest, and hope are robustly associated with well-being and mental health (Wood et al., 2010). Researchers have shown the importance of administering interventions that boost happiness and positive emotions in addition to those focused on alleviating suffering (Taylor & Conger, 2017). Cognitive reframing, which challenges irrational and negative thoughts and replaces them with more positive ones, is particularly effective against depression (Lambert et al., 2012). Interventions focused on fostering gratitude have been related to lower levels of depression, adaptive personality characteristics, and positive social relationships and physical health (Wood et al., 2010). In support of this, gratitude has been found to lessen mental health problems over time in single mothers (Taylor et al., 2021). One strategy is to have participants regularly engage in brief activities designed to cultivate a sense of gratefulness (e.g., listing things for which one is grateful, journaling, expressing gratitude to a person one appreciates). The Greater Good Science Center at University of California, Berkeley, offers detailed exercises (e.g., write a gratitude

Kelly Sikkema on Unsplash

Using Mindfulness Techniques to Foster Resilience

Hannah Mechler, Ph.D., CFLE, Early Childhood Education Faculty, Grays Harbor College, hannah.mechler@ghc.edu

In Brief

- **Mindfulness has been found to be associated with individuals' mental health.**
- **Engaging in mindfulness practices may ease adults' stress levels, which may in turn affect parenting and children's socioemotional development.**
- **Practicing mindfulness may promote resilience among children who develop adverse childhood experiences as a result of the COVID-19 pandemic.**

Mindfulness refers to being present and aware during the moments in which individuals intentionally focus on the purpose of activities they are participating in (Shapiro et al., 2018). The acts of individuals using mindfulness practices is quite impactful, as it has been found to be associated with fostering mental health and developing resilience (Ortiz & Sibinga, 2017; Zaccaro et al., 2018). In turn, resilience is a key factor for overcoming stressors or anxiety spurred from significant life events, such as adverse childhood experiences (ACEs) (Barzilay et al., 2020), including the stressful events and experiences associated with the COVID-19 pandemic. Suggestions for using mindfulness practices to combat stressors in general and those associated with COVID-19 are discussed here.

ACEs and COVID-19

Bryant et al. (2020) identified the COVID-19 pandemic as an event that may lead to the development of ACEs, traumatic events that individuals experience during childhood that produce toxic stress in their environments (Bellis et al., 2018). During the COVID-19 pandemic, many children have experienced elevated levels of stress and anxiety stemming from being isolated from friends, uncertainty about the length of the pandemic, the loss of parents' jobs, and/or the death of loved ones (Bryant et al., 2020; Fong & Iarocci, 2020). From an ecological perspective (Bronfenbrenner,

1979), these stressful experiences can directly affect family dynamics, which may have a negative impact on the functioning of the microsystem and children's well-being. For instance, risks of child abuse and neglect have increased during the COVID-19 pandemic (Bryant et al., 2020; Swedo et al., 2020). Specifically, Swedo et al. (2020) reported that "hospitalizations for child abuse and neglect did not decrease in 2020, suggesting that injury severity did not decrease" either (para. 1). Because many children did not attend school in-person during the COVID-19 pandemic (Hoffman & Miller, 2020), they may also experience social isolation and have less access to other resources (e.g., teachers, school counselors) that may have otherwise been available (Bryant et al., 2020).

Without supportive adults who provide strategies to help them overcome hardships, the impacts of ACEs can be quite substantial to children's development. Specifically, exposure to these events of stress, children's brain architecture may be affected, which in turn may impede the functioning of the neuroendocrine system, leading to an atypical response to cortisol (Franke, 2014). Children may then use the fight-or-flight response when reacting to stressors in their environments. Similarly, exposure to toxic stress generally leads to increased activations of certain brain function that may later be associated with the development of depression, post-traumatic stress disorder, and borderline personality disorder (Herzog & Schmahl, 2018). Despite the negative outcomes of ACEs, children can develop resilience when both supportive adults and children themselves use relaxation and mindfulness techniques (Ortiz & Sibinga, 2017).

Mindfulness and Resilience

Engaging in mindfulness practices may be quite beneficial for both children and adults in any life circumstance, and especially when experiencing elevated stressors such as experiences related to the COVID-19

pandemic. Engaging in mindfulness practices directly alters the brain's executive functioning and the regulation of emotions (Ortiz & Sibinga, 2017). Those who practice

Hannah Mechler

mindfulness tend to experience lower levels of stress and are more likely to exhibit a more positive outlook toward life (Sharma & Rush, 2014). When individuals are more aware of their emotions and how to regulate them, they are better able to reflect on and identify the strengths they possess for overcoming life's challenges (Joyce et al., 2018).

In general, adults' acts of practicing mindfulness have been associated with reductions in stress, anxiety, and significant emotional reactions to particular events (Davis & Hayes, 2011). Practicing mindfulness has also been found to reduce parental stress (Burgdorf et al., 2019), which has been found to be directly associated with children's internalization and externalization of behaviors, such as the development of depression or the display of asocial behaviors (Berthelon et al., 2020). In addition to being a combative tool for ACEs, engaging in mindfulness practices has been found to be positively associated with improving attention and impulsivity associated with attention-deficit/hyperactivity disorder (ADHD) while also bolstering children's academic performance, reducing anxiety and aggression, and increasing prosocial behaviors (Greenberg & Harris, 2011; Rodriguez-Ledo et al., 2018).

Using mindfulness practices may be even more important during the COVID-19 pandemic, as higher levels of stress spurred by the pandemic may also increase the probability of adults engaging in harsh

discipline strategies (Burgdorf et al., 2019). Reductions in harsh parenting, often triggered by stress, may greatly improve children's social and emotional developmental outcomes (Wang & Wang, 2019).

Implications

There are several examples of mindfulness practices that can be applied daily, during individuals' routines. For instance, locating quiet times during the day to focus on something in particular, such as one's senses, while thinking about an experience without judgment aligns with mindfulness meditation (Meiklejohn et al., 2012). Similarly, one breathing meditation involves breathing through the nose, holding the breath for a few seconds, and exhaling through the mouth (Zaccaro et al., 2018). Techniques like these can promote the sense of being present and have an impact on the autonomic nervous system by reducing stress, anxiety, and depression. A few examples of strategies for integrating mindfulness practices into family activities as well as professional and school setting are shared below.

Families

Mindfulness strategies may be practiced within families and performed collaboratively during activities that strengthen parents' and children's bonds. Examples include building puzzles, reading and identifying emotions that characters in books experience, and going for nature walks (Greenberg & Harris, 2011). Spending time outdoors has been found to foster mindfulness, promote the ability to regulate emotions, and boost mental health overall (Djernis et al., 2019). Consistent with Kaplan's (1995) attention restoration theory, exposure to nature generates feelings of "being away" and a fascination with the outdoors, which in turn may lead to feelings of restoration and rejuvenation (Pearson & Craig, 2014).

Additional examples that may foster mindfulness and resilience include creating envelope stuffers filled with activities that children and families enjoy doing together. When experiencing stressful events, families may randomly select one activity from the envelope. Participating in the activity may build resilience to overcome hurdles they are currently experiencing (North Dakota Department of Health, n.d.). Another activity includes creating resiliency links: children and their family cut paper strips and write on them what they enjoy doing or what they excel at. They then link together the paper strips into a chain as a visual to promote positivity in their environments while also building resilience (North Dakota Department of Health, n.d.).

Professional Settings

Kappen et al. (2018) indicated that engaging in mindfulness practices may improve relationship satisfaction among couples. Specifically, integrating mindfulness within emotionally focused couples therapy sessions was found to improve relationship satisfaction and happiness, while positively affecting relaxation and distress experienced by couples (Beckerman & Sarracco, 2011).

Similarly, the Garrison Institute (n.d.) offers contemplative-based resilience training targeted to serve individuals working in health care, social work, humanitarian efforts, first responders, and those who work with individuals who have special needs. The training focuses on bringing about awareness, a balance between the mind and body, as well as a connection between one's self and those with whom they work.

Educational Settings

In terms of educational settings, mindfulness-based wellness education has been implemented in some schools to assist teachers with burnout and high levels of stress they may experience in their roles (Meiklejohn et al., 2012). This mindfulness training has been associated with teachers' development of professional identities, reflections, visions of teaching, social and emotional competence skills, and engagement in teacher education.

Furthermore, when teaching children about mindfulness, it can be helpful to set specific times during the day to engage in social and emotional learning exercises as well as providing handouts or visuals that may foster participation in the mindfulness exercises (Gueldner & Feuerborn, 2016).

Despite the benefits of integrating mindfulness practices, in some educational settings practitioners should be prepared to address concerns about mindfulness. For example, some Christian denominations view mindfulness as in conflict with their institutionalized practices (Nita, 2019). Therefore, inquiring about families' beliefs and comfort with mindfulness techniques is important to consider before integrating mindfulness practices into educational settings.

Conclusion

Engaging in mindfulness practices can help both parents and children overcome the ramifications associated with ACEs triggered by stressors, such as those spurred by the COVID-19 pandemic (Greenberg & Harris, 2011; Joyce et al., 2018; Ortiz & Sibinga, 2017; Pearson & Craig, 2014). Practicing mindfulness individually (e.g., breathing meditation) and through various family activities can help build resilience and foster mental health (Ortiz & Sibinga, 2017). Resilience and mental health may also be nourished by adults, by practicing mindfulness within settings such as couples therapy and within schools. ✳

Selected References

Bryant, D. J., Oo, M., & Damian, A. J. (2020). The rise of adverse childhood experiences during the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy, 12*(S1), 193–194. http://dx.doi.org/10.1037/tra0000711

Burgdorf, V., Szabo, M., & Abbott, M. J. (2019). The effects of mindfulness interventions for parents on parenting stress and youth psychological outcomes: A systematic review and meta-analysis. *Frontiers in Psychology, 10*, Article 1336. https://doi.org/10.3389/fpsyg.2019.01336

Meiklejohn, J., Phillips, C., Freedman, M. L., Griffin, M. L., Biegel, G., Roach, A., Frank, J., Burke, C., Pinger, L., Soloway, G., Isberg, R., Sibinga, E., Grossman, L., & Saltzman, A. (2012). Integrating mindfulness training into K–12 education: Fostering the resilience of teachers and students. *Mindfulness, 3*, 291–307. https://doi.org/10.1007/s12671-012-0094-5

Ortiz, R., & Sibinga, E. M. (2017). The role of mindfulness in reducing the adverse effects of childhood stress and trauma. *Children, 4*(3), Article 16. https://doi.org/10.3390/children4030016

The Use of Narrative Therapy Practices to Address COVID-19 Adversity

Christine Hargrove, M.Div., MSFT, doctoral student, christine.hargrove@uga.edu; Avery Campbell, MSFT, doctoral student; Andrea Trejo, M.A., doctoral student; and Jerry Gale, Ph.D., LMFT, Professor Emeritus, Human Development and Family Science, University of Georgia

In Brief
- Narrative therapy allows individuals and groups to make meaning of their lives through "storying" their experiences.
- Narrative therapy practices could be applied to help individuals process their COVID-19 experiences.
- Narrative therapy practices may prove useful for educators and clinicians in facilitating dialogue in group discussion settings.

The global COVID-19 pandemic has created an experience of trauma and adversity across a variety of demographic groups. Financial, mental, and physical health disparities fueled by systemic racism and other systems of oppression have been exacerbated in the context of COVID-19 (Cullen et al., 2020; Gray et al., 2020; Fortuna et al., 2020). In the wake of the trauma and adversity related to the pandemic, many are left wondering how to create meaning out of their experiences. Narrative therapy (Monk et al., 1997) can be one helpful approach for practitioners and educators to use when supporting individuals, couples, and families in the context of COVID-19. This strengths-based approach can be used to acknowledge the unjust inequities facing historically marginalized families while also highlighting the ways we have demonstrated resilience, resistance, and social change. We summarize how we (three doctoral students and one faculty member in marriage and family therapy) used practices from narrative therapy as a group to address personal and relational distress.

What Is Narrative Therapy?
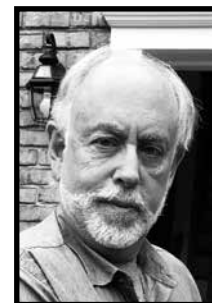Informed by the work of Michel Foucault (Foucault & Rabinow, 1984), narrative therapy posits that people make meaning of their lives through "storying" their experiences. The narrative therapy process includes the identification of dominant narratives—cultural scripts that prescribe what is considered normal or non-normal—that affect current experiences as well as shape future choices (Morgan, 2000). Narrative therapy emphasizes the ability to restory one's subjective, or intrapsychic, experience (Phipps & Vorster, 2009), thereby creating an alternate narrative, in order to be stronger in addressing and assessing one's social contexts. Group processing informed by narrative therapy can include the practice of double listening, or hearing both the story and the unspoken story against which the shared story is contrasted (White, 2003). Guided by careful questioning, this process encourages individuals to give voice to the unspoken aspects of the initial story.

Narrative therapy practices can be used in both individual and relational or group settings and have been shown to be an effective intervention across a range of presenting problems, such as depression in adults (Lopes et al., 2014; Vromans & Schweitzer, 2011) and behavior problems in children (Freeman et al., 1997). Narrative therapy is also well positioned to deal with issues of social justice (Combs & Freedman, 2012), a topic brought to the forefront of public discourse during the COVID-19 pandemic and an important issue for practitioners and educators to attend to when addressing trauma and adversity created by the pandemic.

We propose that utilizing narrative therapy practices can be effective for addressing the trauma created by the COVID-19 pandemic through promoting a shift in a person's positioning from one that is intrapsychic and pathological to one that is strengths-based (Busch, 2007) while also providing intramental resources to access social structures (Vygotsky, 1978). In addition, the process of clearly identifying dominant and alternative narratives may address the emotional upheaval created by confusing public health guidelines that increased medical risk and psychological exhaustion (Rolland, 2020). Utilizing narrative therapy approaches, individuals and groups can illuminate alternative discourses in regard to their experience of the pandemic.

Applying Narrative Therapy Practices in a Group Setting
During the fall 2020 semester, we engaged in an auto-ethnographic writing process regarding the effects of COVID-19 on different challenges in our lives (e.g., relocating across the country, concerns about parents' health, romantic relationships,

retirement). To begin, each individual in our group participated in an iterative process of putting our experiences to words by means of auto-ethnography, a methodological approach in which researchers use their own experiences as data (Ellis & Bochner, 2000). During this initial stage, our goal was to address the complexity of our experiences, including examples of marginalization and injustice, and to identify historical and societal narratives shaping our experiences. After individually writing our experiences, we met as a group to collaboratively identify salient dominant narratives and to support one another in identifying and strengthening alternative narratives. Identifying "sparkling moments" (Monk et al., 1997) that defied the dominant narrative while carefully considering our shared and individual contexts was at the heart of our group process. To facilitate the group process, we utilized group questioning, timelines, and improvisational consolidation.

Group Questioning

To facilitate the process of dominant and alternative narrative identification, we engaged in weekly group questioning sessions over the course of two months. Each session lasted 1–2 hours and the cumulative process covered topics related to the impact of COVID-19 on rituals, relationships, identity, and health. We encouraged one another to situate the identified dominant narratives within our personal backgrounds, social histories, and family traditions (Gehart & Tuttle, 2003) while also questioning societal norms and values (Duba et al., 2010) in the broader context of the pandemic. Table 1 portrays the topics that guided our group questioning process and includes example questions that aided us in identifying dominant and alternative narratives. While group dynamics may differ, we found that allowing time for each person to explore each question helped us to maintain a collaborative, nonjudgmental environment (Poole et al., 2009).

Using Timelines

Using a "map" or written timeline to visualize experiences over time is a traditional narrative therapy practice that is effective for identifying dominant and alternative narratives (White, 2007) and enabled us to

sort our chaotic memories of the pandemic. In this practice, a timeline utilizes an x axis to demarcate the passage of time, and the y axis notes impactful experiences. To provide a COVID-specific structure to this process, we divided our timelines into three phases: initial crisis, recurrent waves of infection, and

vaccine rollout and vaccination (Rolland, 2020). We found that the initial phase was defined by a disruption to daily life routines and family roles, and virtual communication became integral to maintaining ties to society. As we began to adjust to a longer-term projection of pandemic duration in

---

Table 1. Topics and Group Questions

Dominant narrative identification	Alternative narrative identification
Rituals	
How were your rituals affected by the COVID-19 pandemic?	What new rituals did you create as a result of social distancing?
■ Children's daily life and special moments: school, bedtime stories, birthday parties	■ Family walks
	■ Extended family check-ins
■ Religious holidays	
■ Life-cycle rituals: graduations, weddings, births, deaths	Which new rites of passage were created?
■ Societal protests	Which new rites of celebration were created?
	■ Drive-by celebrations
	■ Virtual celebrations
Relationships (e.g., family, friendships)	
How were your relationships affected by the COVID-19 pandemic?	How did your relationships grow and shift as a result of the different circumstances? How did you find reconnection with loved ones as a result of the COVID-19 pandemic?
Identity (e.g., race/ethnicity, culture, gender, occupation, family role, definition of success)	
How has your identity been affected by the COVID-19 pandemic?	What facets of your identity did you return to and/or strengthen as a result of distressful experiences?
Community/Social Ties (e.g., cultural, sociodemographic, regional)	
How has your community or social group been affected by the COVID-19 pandemic?	How did your community or social group take a stand against the adversity created by the COVID-19 pandemic?
	What aspects of your own privilege and/or areas of marginalization did you explore as a result of the COVID-19 pandemic?
Health	
How has your or your family's risk for complications from COVID-19 affected your family?	How have you protected or shown care for your high-risk family and/or friends from COVID-19 exposure?
	In what ways have you found a renewed commitment to mental and emotional health during this COVID-19 pandemic?

Note. Ritual questions adapted from Imber-Black (2020). The health question for the dominant narrative adapted from Brock & Laifer (2020).

the second phase, we experienced layers of disappointment about hopes and plans that were left unfulfilled, and we also experienced these alongside grief and bereavement. Finally, the third phase marks the introduction of vaccinations and presents us with opportunities to reshape our identities as individuals and communities. Through the use of timelines, we were able to organize our experiences in a way that allowed us to identify common themes and make renewed meaning of our experiences.

Improvisational Consolidation

A final, essential component of the creation of an alternative narrative is consolidation (Freedman & Combs, 1996). Our group used a traditional narrative therapy approach followed by a technique borrowed from improvisational theater (Gale, 2004). For the former, each of us wrote one paragraph and an outline of the transition from the dominant narrative to the alternative narrative. Noticing that each of us struggled to find internal cohesion, we utilized a real-time improvisational technique of sharing with the group a 2-minute summary of our written work. Immediately after that summary followed a 1-minute summary, then a 20-second summary. As the content became condensed, the power and ownership of our stories became deeper and more potent. This process enabled us to consolidate our experiences into a narrative that felt accurate, clear, and memorable.

Application in Group Settings

Narrative therapy practices may prove useful for educators and clinicians in facilitating dialogue in groups, whether in workshops, classrooms, or other group discussion settings. In these and future challenging times (Imber-Black, 2020), we offer a few recommendations grounded in facilitating narrative therapy practices in group settings (Poole et al., 2009). First, limit groups to 10 or fewer participants to provide each person adequate time and space to share experiences. As with any group discussion, be conscientious about pace of conversation and proportion of individual contribution. Also, this process takes time and participants will benefit from having opportunities to reflect and build on their shared experiences. As such, plan for multiple

sessions and space them at least a week apart. Because each participant's "story" will be shaped by individual lived experiences and context, be familiar with relevant cultural contexts and responsive to the experiences of marginalization that group members may share or experience in the group setting. Finally, these discussions are likely to elicit emotions and concerns that may not be appropriate to address in a group setting. Be prepared for referral to mental health or social services if necessary.

Conclusion

The pandemic has challenged many of our assumptions and forced us to re-create new rituals and new practices for learning, relationships, and transitions across the life span. Utilizing narrative therapy practices, our group identified how dominant narratives shaped our stories related to COVID-19 and the moments that resisted our dominant narratives surrounding COVID-19. In the process of creating our alternative narratives, we reminded ourselves of our strengths and resiliencies. Still, this process is not without limitations and must be used in conjunction with the acknowledgment that resilience alone cannot erase the adversities and inequities that individuals are experiencing throughout the pandemic, as well as the loss. Although this approach is partial, it can help facilitate group conversations addressing the various ways the pandemic has affected

individual lives and the ways in which culture, privilege, historical marginalization, and multiple systems of oppression shape these realities and experiences. Narrative therapy practices can serve as a helpful tool when helping others as they endeavor to address the trauma and adversity experienced due to the COVID-19 pandemic. ✳

Selected References

Imber-Black, E. (2020). Rituals in the time of COVID-19: Imagination, responsiveness, and the human spirit. *Family Process, 59*(3), 912–921. https://doi.org/10.1111/famp.12581

Monk, G. E., Winslade, J. E., Crocket, K. E., & Epston, D. E. (1997). *Narrative therapy in practice: The archaeology of hope.* Jossey-Bass.

Poole, J., Gardner, P., Flower, M. C., & Cooper, C. (2009). Narrative therapy, older adults, and group work? Practice, research, and recommendations. *Social Work with Groups, 32*(4), 288–302. https://doi.org/10.1080/01609510902895086

Rolland, J. S. (2020). COVID-19 pandemic: Applying a multisystemic lens. *Family Process, 59*(3), 922–936. https://doi.org/10.1111/famp.12584

White, M. (2003). Narrative practice and community assignments. *International Journal of Narrative Therapy and Community Work, 2*, 17–56.

The Role of Extension in Community Health and Vaccine Uptake and Coverage

Bradford B. Wiles, Ph.D., Associate Professor and Extension Specialist, Early Childhood Development, Department of Applied Human Sciences, Kansas State Research and Extension, bwiles@ksu.edu

In Brief
- **Extension professionals support public and community health as part of a long legacy of collaboration across multiple systems.**
- **Vaccine uptake and coverage provides an opportunity for Family Scientists to partner with Extension to provide factually accurate information to vaccine-hesitant individuals.**
- **Extension's embeddedness in communities provides opportunities to reach underserved audiences with important health information.**

The Cooperative Extension Service, commonly known as Extension, has a rich history of making a positive difference in the lives of individuals, families, and their communities (Association of Public Land Grant Universities, n.d.). This article focuses on community partnerships and their potential for maximizing public health outreach and vaccination uptake and coverage efforts. The term *vaccine uptake* is the proportion of the eligible population who received a vaccine during a specific time period, whereas the term *vaccine coverage* is the proportion of an eligible population that is vaccinated, regardless of the relative time of vaccination (Crocker-Buque et al., 2017). It might be useful to think of uptake as those early adopters of a new iPhone, and coverage as the number of people who end up having that iPhone over time. Extension is well positioned to facilitate vaccine deployment through access to local networks, in collaboration with public health partners, to maximize both vaccine uptake and coverage.

COVID-19 has presented multiple challenges to our overall health and well-being. The United States is still facing the primary challenge of enhancing public health practices to mitigate disease transmission (Centers for Disease Control and Prevention, 2020). In addition, the secondary challenges of social-emotional, financial, mental, and relational health (Panchal et al., 2020), the effects of those on the broader economy (Bauer et al., 2020), and non-COVID-19 disease management and diagnosis remain significant (World Health Organization, 2020). The next challenge, achieving efficacious levels of vaccine uptake, dosing compliance, and overall coverage has already begun.

Extension's Efforts in Community Health
Extension has been deeply involved in supporting community health long before the current pandemic. For example, Michigan State University's (MSU) innovative Framework for Health Extension (Dwyer et al., 2017) has provided opportunities for Extension to collaborate with the university's medical school to support outreach, engagement, and research participation in the populations they serve. As a result, MSU has added Extension activities to its medical school's research pipelines. It also built partnerships through contacts with 828 individuals representing community organizations and 94 individuals internal to MSU. Further, Gutter et al. (2020) provide evidence for the power of facilitating collaborations between Extension and translational research networks supported by the National Institutes of Health to activate collaborations and to remove systemic barriers perpetuating rural health disparities across and within multiple states. Most important, Gutter et al. (2020) point to establishing shared expectations, disseminating opportunities for Extension's reach in research, and advocating for structural recognition (e.g., in requests for applications and funding allocations) for collaborations. Likewise, in Kansas, Extension has successful projects in collaboration with

Bradford B. Wiles

the flagship university's medical school, the University of Kansas Medical Center, and local community partners addressing health insurance coverage for populations, particularly those that are rural, low-income, and underrepresented. The medical school provided training support for navigating the Medicaid system, Extension provided access to rural population with whom it works and led the effort, and the local community partners provided staff to assist in rural, low-income families' applications for Medicaid. Extension contributes to community health and can serve as a waypoint to guide future efforts in vaccine uptake and coverage.

Implications
According to MacDonald (2015, p. 4163), "Vaccine hesitancy refers to delay in acceptance or refusal of vaccination despite availability of vaccination services. Vaccine hesitancy is complex and context specific, varying across time, place and vaccines. It is influenced by factors such as complacency, convenience and confidence." Extension has an opportunity to meaningfully contribute to the public health challenges of vaccine uptake and coverage via direct education efforts to reduce vaccine hesitancy, through community engagement activities that mobilize local partnerships, and by influencing and translating public policy.

Vaccine Hesitancy and Extension Direct Education

Extension provides direct education, most commonly in the form of professional trainings and workshops, as well as educational support for individuals and families. This work remains critical to the role of Extension in translating and applying research and evidence-based practices for the benefit of individuals and families directly. In just Family and Consumer Sciences Extension at Kansas State University alone, direct education audiences include, but are not limited to, community health workers, child care providers, teachers, Supplemental Nutrition and Assistance Program recipients, older adults, youth, and young children. These are efforts in which the primary audiences are individuals and families. Some examples of direct education activities include 4-H programming, parenting classes, nutrition and food preparation education, and agriculture and horticulture programming.

Vaccine Hesitancy and Extension Community Engagement

Extension professionals also serve in their communities, as part of their professional duties, in community collaboration roles across diverse domains of human development. The leadership and collaborative work that Extension professionals do in these positions provides a means for Extension's research and evidence-based perspectives to influence policies, systems, and environments (PSEs) through collaboration with other entities (Walsh et al., 2018). PSE approaches recognize that direct education benefits are limited by the contextual factors in which those receiving education live, work, and play. Thus, serving with community collaboratives provides avenues for indirect (i.e., PSE) changes to be made so that the benefits of direct education can be fully realized. For example, the positive results of providing training regarding benefits of fresh fruits and vegetables via direct education are limited by systems and environments (Economos & Hammond, 2017). If access to fresh fruits and vegetables remains limited, no amount of training on benefits will overcome PSE barriers. Thus, conceptualizing Extension as having both direct education and PSE-specific roles helps us understand the potential for Extension to assist with transformative individual and community-level changes.

Vaccine uptake and coverage provides challenges and opportunities for Family Science scholars and practitioners to focus on PSE shaping our lives. Extension and our local community partners have opportunities to expand beyond the system of land-grant universities. Partnering with medical schools, existing vaccine outreach organizations, community colleges, and local or regional hospitals provides opportunities to expand the reach of Extension's work in public health.

Public Policy and Extension's Role

Extension professionals work closely with local and state governments to assist them in providing trusted information to their constituents and provides an easily accessible point of contact at the local level to correct misinformation when it occurs. Many think of policy as state or federal policy, but policies resulting from the pandemic affect each of us, and they might not be the result of state nor federal action (Walsh et al., 2018). For example, work from home, local mask ordinances, school attendance, and remote learning policies are often driven by local decision making in systems that can and should be guided by family, medical, epidemiological, and immunological sciences. Extension can serve as a bridge from family to medical sciences to individuals by honoring individual and family needs while understanding the importance of science. Leveraging Extension's orientation as a translator of science into practice for the public's benefit could serve to help alleviate vaccine hesitancy.

To be completely transparent, policy work presents real and difficult challenges as well. Vaccine hesitancy can be found in holders of positions of authority within critical systems. For example, in Coffey County, Kansas, the public health administrator has refused to provide vaccinations in a rural health clinic

Call for Papers

The Science of Families: Nurturing Hope, Happiness, & Health

Family Relations: Interdisciplinary Journal of Applied Family Science, one of NCFR's scholarly journals, seeks manuscripts to expand upon the theme of the 2021 NCFR Annual Conference, *The Science of Families: Nurturing Hope, Happiness, & Health.*

The current crises of public health, COVID-19 pandemic, gender and sexual minorities inequality, racial injustice, and economic instability require the collective expertise of Family Scientists, mental health professionals, program specialists, public health experts, advocates, policymakers, and educators.

Thus, an interdisciplinary approach is required to surmount the many challenges posed to families today. Scholars across all disciplines are invited to highlight innovative, culturally variant, and strengths-based approaches that promote hope, happiness, and health in families.

Submissions are due by Jan. 15, 2022. Read the full call at ncfr.org/FR-call-hope.

because of the warning in the vaccine documentation stating that "the extent of the risks and benefits of the vaccine are unknown" (Bauer, 2021, para. 5). Extension professionals know that this warning exists to ensure that the individual assumes any risk that is beyond the scope of ability to protect from it, not that a vaccine is harmful or does not work. If any of us waited until we knew the extent of the risks and benefits of any vaccine, the benefits would be tremendously reduced at great risk to those without it.

The difficulty of effecting positive PSE change in the arena of vaccines grows when systems and their personnel stand in stark contrast to science and abdicate their roles and responsibilities. These very real challenges make the work of Extension in community and public health that much more crucial.

Conclusion
Extension has a key role to play in vaccine uptake and coverage and is positioned to leverage the historical and ongoing efforts in community education and PSE change in public and community health. Honoring successes in building collaborations (e.g., Dwyer et al., 2017; Gutter et al., 2020) and the ongoing work with Extension professionals can help individuals, families, and communities in recovering from COVID-19. Furthermore, reaching those vaccine-hesitant individuals via trusted Extension professionals, who live and work in their same communities, provides an opportunity to make a positive difference in the health and lives of all individuals and families. ✳

Selected References
Crocker-Buque, T., Edelstein, M., & Mounier-Jack, S. (2017). Interventions to reduce inequalities in vaccine uptake in children and adolescents aged 19 years: A systematic review. *Journal of Epidemiology and Community Health, 71*(1), 87–97. https://doi.org/10.1136/jech-2016-207572

Dwyer, J. W., Contreras, D., Eschbach, C. L., Tiret, H., Newkirk, C., Carter, E., & Cronk, L. (2017). Cooperative Extension as a framework for health extension: The Michigan State University model. *Academic Medicine, 92*(10), 1416–1420. https://doi.org/10.1097/ACM.0000000000001640

MacDonald, N. E. (2015). Vaccine hesitancy: Definition, scope and determinants. *Vaccine, 33*(34), 4161–4164. https://doi.org/10.1016/j.vaccine.2015.04.036

Walsh, M., John, D., Peritore, N., Morris, A., Bird, C., Ceraso, M., Eichberger, S., Novotny, R., Stephenson, L., Stluka, S., & Riportella, R. (2018). Health in all policies: Working across sectors in Cooperative Extension to promote health for all. *Journal of Human Sciences and Extension, 6*(2), 37-56. www.jhseonline.com/article/view/718

on communal rituals. In this context, resilience for children and families can result by making sense of the incomprehensible, and family beliefs can ensure a hopeful outlook for whatever the "new normal" will present (Walsh, 2020).

Unlike prior human and natural disasters, COVID-19 has resulted in the prolonged closure of schools, places of worship, and cultural and recreational centers. This has restricted youth in play and social engagement. Technologically mediated classrooms and social media provide alternatives, although the field is inequitable for children without sufficient access to those alternatives or who live in overcrowded housing. This accentuates racial/ethnic and socioeconomic disparities that already existed (Masten & Motti-Stefanidi, 2020). Alternatively, acknowledging intrinsic curiosity is important in promoting resilience during COVID-19 (Dvorsky et al., 2020). Youth and families who can discover unknown passions or are able to exert agency in the face of the unknown will experience a greater sense of control and meaning.

Implications and Conclusion
Research on resilience suggests that the ability to regain former levels of functioning is possible when confronted with significant challenges (Masten, 2001; Vanderbilt-Adriance & Shaw, 2008). In the case of a global pandemic, it may be necessary to think of resilience as being flexible, since the future is still unknown. There are many systemic factors to consider, such as the impact of the pandemic on relationships at and within each system. In the face of significant loss, resilience may look different and take longer as a result of potential lingering health and economic effects of the virus.

Our understanding can assist children with developing new skills to help them be resilient or strengthen existing skills that can be transferred to the current experience. In addition, supportive sources can be identified and made readily available for children who may be distressed or anxious. Finally, lines of communication can be maintained so that children know there is someone willing to listen without judgement.

Families continue to need support in facing the challenges that will come in a post-pandemic world order. Family Science will play a significant role in addressing individual, family, and community function in new and creative ways. When scholars and practitioners expand the scope of inquiry to theoretical models that reflect the deep and complex nature of human experience, the better we can serve the rich and diverse populations in our care. ✳

Selected References
Masten, A. S., & Obradović, J. (2008). Disaster preparation and recovery: Lessons from research on resilience in human development. *Ecology and Society, 13*(1), Article 9. https://doi.org/10.5751/ES-02282-130109

Walsh, F. (2002). A family resilience framework: Innovative practice applications. *Family Relations, 5*(2), 130–138.

Walsh, F. (2020). Loss and resilience in the time of COVID-19: Meaning making, hope, and transcendence. *Family Process, 59*(3), 898–911. https://doi.org/10.1111/famp.12588

Spring 2022 Issue: A New "Normal"

Proposal Deadline: September 1, 2021

Adults, children, and families experience normative and non-normative events that result in changes from what they are accustomed to, or what's "normal." Research and theory have helped us understand how families adjust and are impacted by several of these life changing events, such as the transition to parenthood, divorce, remarriage, empty nesting, and the death of a loved one. The global effects of the COVID-19 pandemic has many people worldwide longing for a return to normal. Is a return to normal possible, or even desirable? What would a new normal look like? How is a new normal different based on someone's ability, gender, sexual orientation, ethnicity, race, national origin, or immigration status? More importantly, what do families need to thrive in the new normal? Growth requires change, however change is not always comfortable, easy, or even optional. The aim of the Spring 2022 issue of Family Focus is to offer some insight on how Family Science can advance research, practice, and policy that supports families in embracing and thriving in a new normal. What lessons have we learned from past and emerging research that can help guide future research in studying how today's families adjust to change? How can best practices from community outreach, intervention programs, and clinical services be applied to support families during normative and/or non-normative transitions? Are there policies that impede and/or support families in successfully growing and thriving following micro- and macro-level events?

Prospective authors should submit their proposal online at www.ncfr.org/form/family-focus-author-proposal by September 1, 2021. All authors will be notified by September 8, 2021, and articles are due October 15, 2021. Contact the editor at reporteditor@ncfr.org with questions.

letter, count your blessings, take a mindful walk) to help establish a gratitude practice, and such exercises could be encouraged with single mothers (Allen, 2018).

Conclusions

The need to provide effective interventions that alleviate the potential long-term consequences of the pandemic on single mothers is critical. Although COVID-19 is having impacts on all families, it is not the great leveler—instead, the pandemic is exacerbating existing socioeconomic and racial/ethnic inequalities. Single mothers in particular are facing extraordinary levels of stress, uncertainty, and cumulative risks.

Focusing on improving the well-being of single mothers is expected to contribute positively to their parenting behaviors and their relationships with their children, and thus has important implications at the individual and family levels. ✳

Selected References

Luthar, S. S., & Eisenberg, N. (2017). Resilient adaptation among at-risk children: Harnessing science toward maximizing salutary environments. *Child Development, 88*(2), 337–349. https://doi.org/10.1111/cdev.12737

Masten, A. S. (2020). Resilience of children in disasters: A multisystem perspective.

International Journal of Psychology, 56(1), 1-11. https://doi.org/10.1002/ijop.12737

Prime, H., Wade, M., & Browne, D. T. (2020). Risk and resilience in family well-being during the COVID-19 pandemic. *American Psychologist, 75*(5), 631–643. https://doi.org/10.1037/amp0000660

Taylor, Z. E., & Conger, R. D. (2017). Promoting strengths and resilience in single-mother families. *Child Development, 88*(2), 350–358. https://doi.org/10.1111/cdev.12741

Walsh, F. (2020). Loss and resilience in the time of COVID-19: Meaning making, hope, and transcendence. *Family Process, 59*(3), 898-911. https://doi.org/10.1111/famp.12588