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Final Manuscript

Fostering Resilience in Children of United States Navy SEALs Using a Social Media
Platform

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Author Note

This pilot project would not have been possible without the support and guidance of Dr. Martha Fuller, PhD as well as the participation and enthusiasm from the USN SEAL community.

Problem Description

Within Naval Special Warfare is a select group called United States Navy (USN) Sea, Air, and Land (SEAL) operators. A portion of the USN SEAL ethos states, “I persevere and thrive on adversity...If knocked down, I will get back up every time. I am never out of the fight” (Gleeson, 2018, para. 5). This multi-faceted ability to recover and thrive after stressful events is called resilience (Martinez & Opalinski, 2019). Being resilient is deeply woven into the fabric of what it means to be a USN SEAL. Through bootcamp and training, these individuals are challenged to “counter adversity with resilience” multiple times a day (Gleeson, 2018, para 5).

The child of a USN SEAL is surrounded by a community that values mental toughness but also endures unequivocal stress by having a parent frequently away from home in high-risk situations. This career demands that a father or mother (at this writing there are no women SEALs) is gone upwards of 240 days per year prior to a deployment doing high risk trainings and is deployed for a minimum of 6 months every 18 months. Children of US Navy SEALs are consistently separated from their parent. Parental separation and living in high-stress homes can have a negative impact on health outcomes, school performance, and self-esteem of a child (Rossiter, 2022). Identifying military families that are under stress and providing appropriate supports can contribute to the resilience and well-being of a child (Rossiter, 2022).

Available Knowledge

Children of parent(s) in the military have higher rates of mental health problems compared to children whose parents are not in the military (Huebner, et al., 2019). These children endure significant stressors including deployments, work trips where a parent is doing high risk activities, the disruption of a parent coming home when routines have been created, or witnessing the stress of the military job on marriage and family dynamics.

Resilience is the ability to overcome hardship or stressful life events and get back to baseline (Harvard University Center for the Developing Child, 2023). Resilience is a protective factor like a coat of armor, against mental health problems, adversity, stress, and trauma (Masten & Barnes, 2018). When children have a higher number of protective factors, they can continue to thrive even in the face of adversity (Masten et al, 2021; Brown, 2019; Harvard University Center on the Developing Child, 2023).

Developing resilience can prevent distress from turning into mental health problems (Martinez & Opalinski, 2019). Resilience helps kids understand the uncomfortable emotions that come with adversity like anxiety, sadness, disappointment, fear, and frustration. They learn that those feelings do not last forever (Brown, 2019). Resilient kids are more likely to deal with problems in healthy ways and are less likely to get defensive, aggressive, or engage in self-harm (Masten & Barnes, 2018). They are more likely to achieve their goals and have better social relationships, better academic achievement, and positive coping skills (Mesman et al., 2021). Resilient kids are less likely to have mental health issues, struggle with obesity, or participate in violence (Harvard University Center for the Developing Child, 2023). Resilience describes a child's positive attributes in the face of challenging situations rather than focusing on the things they are lacking; it is a strengths-based approach. Fostering resilience in a child is important not only for their mental health but also for their physical well-being.

The four most influential factors in building resilience in a child are a stable, committed relationship with an adult, self-efficacy, stress management skills, and sources of faith, hope, and cultural traditions (Harvard Center for the Developing Child, 2023).

Harvard University Center for the Developing Child uses the image of a fulcrum as a helpful analogy about the importance of resilience. Resilience gives less leverage to negative

factors in favor of a positive outcome. A child is born with some level of innate resilience referred to as the fulcrum; we are able to shift that fulcrum by cultivating skills with the help of supportive adults in a child's life. These skills can help positive outcomes outweigh negative outcomes.

Currently, social media and web-based programs are widely used for education on many topics (Marleau et al., 2019). Though there is a gap in research of using social media for health interventions on health outcomes, social media allows for mobilization of resources for communities of individuals with a common interest (Chen & Wang, 2021). Social media can be used to raise awareness and promote engagement of a topic to a wide group of people (Chen & Wang, 2021). Social media educational platforms for parents can be time efficient and can improve learning of topic (Marleau et al., 2019).

There is a validated tool used A validated tool exists to evaluate a child's resilience, the Connor David Resilience Scale. However, this scale is to be taken by the child who must be older than 10 years of age to measure a child's resilience (Connor & Davidson, 2003).

An exhaustive search for a screening tool to measure the efficacy of parental training was performed. The following databases were searched: CINAHL, PubMed, Cochrane, Sage Premier, Academic Search Premier, and Ovid. Keywords searched were parental education, resilience, AND pediatrics, kids, children, youth, AND intervention, screening, efficacy. There is no valid and reliable screening instrument to measure effectiveness of parent education regarding resilience. Marleau, et al. (2019) performed a parental education intervention and evaluated the effectiveness using a pre-test and post-test, which included socio-demographic information. This teaching technique and type of evaluation were used as a guiding model for this project.

Rationale

Children of USN SEALs can build resilience with the help of a supportive adult who can teach them skills to build self-efficacy and stress management. Providing education on social media to parents of these children can be an effective method to create awareness of resilience and evidence-based tools to build resilience.

Evidence-Based Practice Model

The San Diego 8 A's was utilized as a framework for this pilot project. This model is clearly defined. After establishing the catalyst or concern that prompted the evidence-based project (EBP), there are differentiated steps: assessing, asking, acquiring, appraising, applying, and analyzing (Ecoff, Stichler & Davidson, 2020). This model allows for continuous reflection and refinement of an evidence-based intervention in a real-life condition like fostering resilience of the children of USN SEALs.

The circular structure allowed for modifications during the project development as the initial plan to collaborate with a well-established Naval Special Warfare partnership agency was not possible. An alternate method for reaching the desired population via a private group on a social media platform was developed. Collaboration with the Administrator of the private group for the spouses of USN Seals was done to schedule live streaming sessions on the social media platform and to save the recorded video to the group's page to be viewed later.

The San Diego 8 A's recommends analyzing a pre- and post- change to the evidence. This guided development of questionnaire, which was distributed before the intervention and after the intervention to analyze data and project outcomes.

The EBP problem and implementation plan were modified multiple times because the intervention changed, new stakeholders were assessed, and new literature was acquired. The San

Diego 8 A's provides guidance to appraise evidence and to develop the project using high-quality evidence ensuring consistency and applicability to the target population. The model's steps help design a pilot project such as this project with the opportunity to implement and sustain change (Brown & Ecoff, 2011).

Specific Aims

The purpose of this pilot project is to provide parents with education on evidence-based and age-appropriate tools to help foster resilience in children of USN SEALs.

Methods

Context

After literature review and completion of an appropriate tool to measure the effectiveness of the parental teaching on resilience, the DNP student finalized the project question and the implementation plan. The administrator of the private social media page was consulted regarding all aspects of the project.

Intervention Development

The first section of the education was dedicated to defining and describing the importance of resilience for a child's development, using resources from Harvard University Center for the Developing Child, Connecticut Children's, and Children's Hospital of Philadelphia. The crucial role of resilience in these children's lives was presented along with specific examples that children of USN SEALs will experience such as parent's absence for deployment, high-risk trainings, and frequent time away from home. The positive effects of resilience were reviewed. This includes positive coping skills as well as signs of a resilient versus child with low resilience.

The next section was divided into 3 parts, the most significant factors that influence a child's resilience: a positive adult influence/mentor, stress management, and self-efficacy (Harvard University Center for the Developing Child, 2023).

The single most effective factor in a child having resilience is having a stable, committed relationship with an adult – someone they can confide in, feel safe with, and who they trust (Brown, 2019). This type of relationship can be cultivated through connection (Masten & Barnes, 2018; Keder, 2022). The DNP student presented ways to build connection with a child and to create space for a child to feel comfortable expressing themselves. Examples included brushing teeth together, doing a physical activity together, watching a television show together and being engaged, or dancing to a song together (Brunell Eisenberg, 2020; Children's Hospital of Philadelphia, 2020).

Part two discussed how stress management relates to resilience and how it influences an individual's ability to move through stressful situations in a productive way. Stress management also gives the child the ability to regulate their emotions independently (Verissimo, 2020). Modeling stress management and providing tools to manage stress is important for parents to do (Brunell Eisenberg, 2020). Stress management skills help self-regulation and improve ability to adapt to change (Brown, 2019). Stress management was broken down into mind distraction, breathing techniques, and the power of positive thinking (Brown, 2019; Brunell Eisenberg, 2020; Verissimo, 2020). Mind distraction is such a simple, powerful strategy for instantly calming down overwhelming emotions, improving moods, and teaching children how to be resilient when faced with problems or situations that are likely to make them feel anxious or angry (Children's Hospital of Philadelphia, 2020; Keder, 2022; Verissimo, 2020). Breathing techniques can help a child regulate the physical body through controlled breathing (Brown, 2019; Keder, 2022). The

power of positive thinking helps kid realize negative feelings are temporary and that they are things to be happy about in life (Verissimo, 2020). Within each of these techniques, 5 to 7 examples were given and instructions were provided in how to practice the techniques with a child.

The final part of the educational intervention discussed self-efficacy. Having a sense of self-efficacy makes an individual feel valued, confident in their abilities to perform, and improves their overall mental health (Mesman et al, 2021). Parents were given education on practices focused on goal setting, learning a new skill, autonomy/power to choose, and appropriate praise. Goal setting helps a child find power in working towards a goal and a sense of accomplishment for trying or achieving a goal (Brunell Eisenber, 2020). Autonomy or the power to choose gives a child some sense of control of their life, which can be as simple as offering a child two choices and asking them to pick one (Masten & Barnes, 2018). Lastly, learning a new skill helps a child be able to problem solve, adapt to a challenge, and give them a feeling of pride for being able to complete a task (Keder, 2022; Children's Hospital of Philadelphia, 2020).

Intervention Implementation Process

The DNP student generated an educational intervention on the importance of fostering resilience in children. Details of the context above. This included evidence-based stress management techniques that parents could easily teach to their children. Techniques were selected based on applicability to multiple age groups and those requiring a short length of time to implement and perform. The goal of such practices is to make them accessible and not time-consuming.

The intervention was resilience education presented via social media platform. The education was delivered to USN SEAL wives with children in a private group on a social media platform. To be a part of this group, an individual must be invited by an existing member and prove that her husband is an active duty USN SEAL with personal identifying information. This group had 509 members as of November 1, 2022.

Five social media live streaming sessions were scheduled at varying times on two separate days. These sessions were advertised one week in advance, 3 days in advance, and one day in advance by posting a flyer on the social media private group page (Appendix G). Prior to the live streaming session, each attendee was asked to take the pre-test via an anonymous survey link that was posted in the comment section. After the live streaming session, the attendees were requested to take a post-test via an anonymous link that was posted in comment section as well.

An important aspect of the San Diego 8 A's is that during the implementation process, the DNP student is to revisit barriers and continually adapt the intervention as necessary. After the 4 live streaming sessions were completed, the DNP student noticed that only 4 individuals attended in total. A barrier of schedule conflicts and participants living in multiple time zones was identified that could be preventing an individual to joining the live streaming at a certain time and date. Therefore, the final live streaming session on Saturday October 22, 2022 was saved permanently as a video to the private page for one week, making the recording available to be viewed at any time. By making the educational video available to be viewed on the individual's schedule, 8 more participated.

Measures

Change in parent knowledge of about resilience and techniques to foster resilience in their children was measured using and pre- and post-intervention questionnaire.

Sociodemographic data was collected to determine the mother's age, education, age of child(ren) and father's years of service as USN SEAL to collect sociodemographic data. Additional questions inquired about a mother's knowledge of resilience regarding her child and community. The Likert Scale was utilized for each question to determine range of knowledge or understanding (Appendix H).

Ethical Considerations

The approval for the project delivery was received from the private social media page administrator on August 23, 2022. Initial IRB approval from the University of San Diego (USD) was received on August 26, 2022.

The initiative was educational in nature, focusing on positive attributes of a child and how to build resilience. No potential harm was identified in this intervention. Surveys were done anonymously.

Results

From the live streaming sessions, 4 pre- and 4 post-intervention surveys were completed. The last live streaming session on October 22, 2022, was saved to the private page until October 29, 2022. During this timeframe, 8 more pre and 8 more post-intervention surveys were completed for a total of 12 participants. There was no difference in the pre-post demographic data.

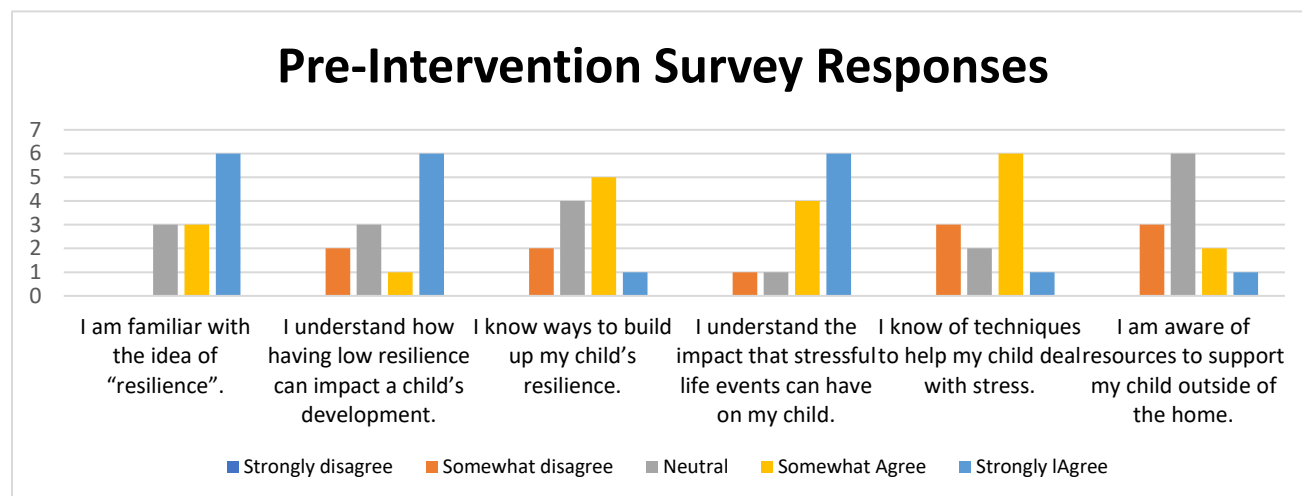
Most participants between 30-49 years of age; 100% of participants had at least a bachelor's degree or higher education; the average age of a child of participants was 3.74 years of age. Most spouses had served between 6 to 10 years as a USN SEAL.

The pre-intervention results of survey questions evaluating understanding of resilience show a wide range of responses with the statements from somewhat disagree to strongly agree,

as seen in Figure 1. Many participants understood the impact of low resilience and stressful life events on children, but most were not aware of stress reduction techniques or resources to help support their children.

Figure 1

Pre-Intervention Survey Responses



After the education, majority of responses for each statement were somewhat agree and strongly agree as can be seen in Figure 2. In the statement post-intervention results for "I am familiar with the idea of 'resilience'," there are two "strongly disagree" results in Figure 2.

Figure 2

Post-Intervention Survey Responses

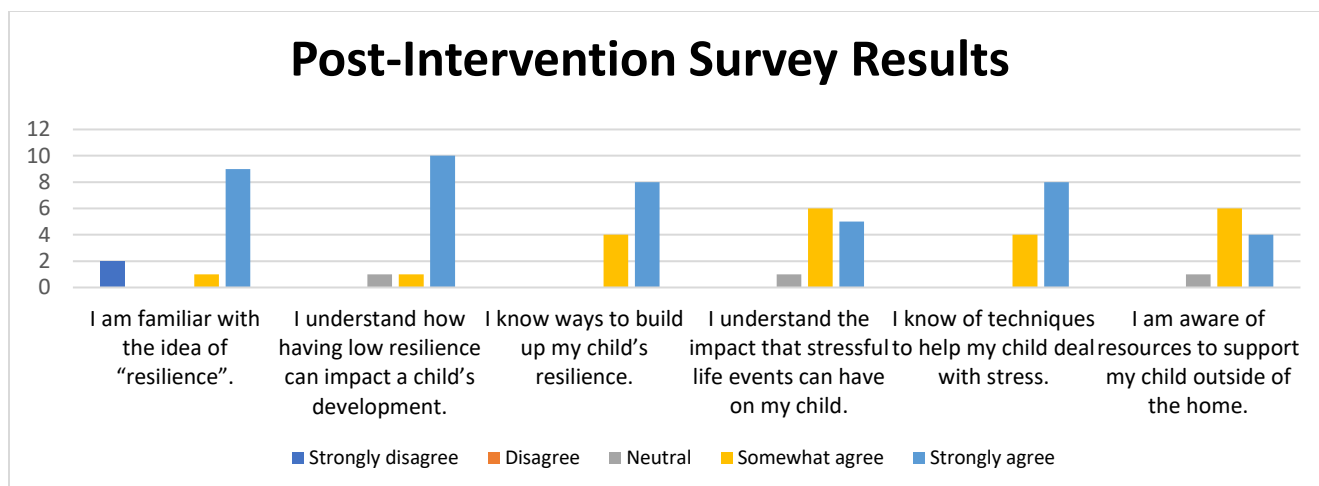
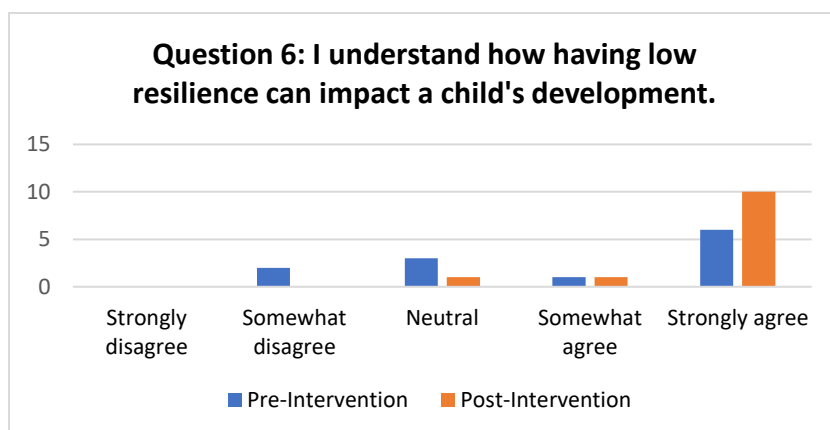


Figure 3 compares the pre-intervention results to the post-intervention results for understanding how low resilience can impact a child's development. Prior to the intervention, agreement with the statement ranged from somewhat disagree to strongly agree. After the intervention, agreement ranged from neutral to strongly agree, with 10 out of 12 respondents answering strongly agree.

Figure 3

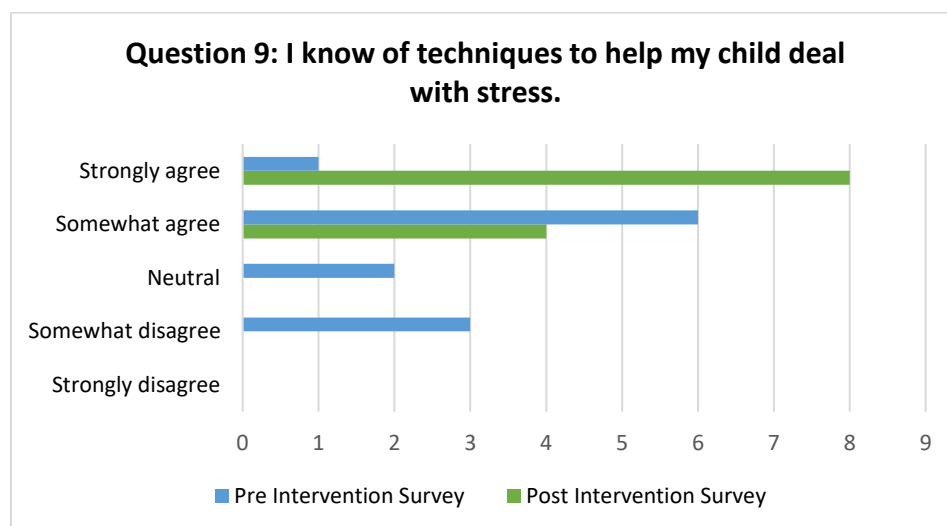
Survey Question 6 Results



A similar increased agreement is shown in the knowledge of techniques to help their child deal with stress (see Figure 4).

Figure 4

Survey Question 9 Results



Discussion

Summary

As evidenced by the pre-intervention results compared to post-intervention results, there was an overall marked improvement in understanding of the importance of resilience, effects on a child's development, and knowledge of skills or techniques to build resilience.

Cost-Benefit

When looking at the cost-benefit of this intervention, the costs of implementation are few, including the time of the educator and the time to keep the education up to date with most current research. The benefits of using a social media platform are accessibility to a wide range of people in multiple geographic locations. By having a video saved to this private page for 1 week, individuals could access the information on their own time schedule from anywhere

The cost to stakeholders was their own personal time to answer two 10-question surveys and to listen to the resilience education. Using a social media platform made it possible for the intervention to be at no cost to participants.

Participants responded with an increased agreement with each statement, meaning that they had learned more techniques to help their child deal with stress through the education.

The information supplied can be utilized by parents to individualize skill building and stress management strategies for their own child in order to foster resilience at home. This intervention could be used to educate parents in other areas of the military that these kids suffer from mental health problems more so than those not in the military. The resilience education could even be distributed at higher stress times of year for children like before a deployment, the holidays, or a new school year.

Through the education, parents can aid their children in dealing with stressors more effectively, which can ultimately lower costs of mental health care, obesity, and substance use services.

Limitations

The limitations of this pilot project include a small sample size of 12 respondents as well as the narrow timeframe for individuals to participate in the intervention. Additionally, since the post-intervention survey was conducted directly after the education, there was no follow-up to determine retention of the material taught or if the skills and techniques were being employed at home. The follow-up effectiveness of the intervention was not part of this project's measures but could serve as a beneficial assessment for future projects. There was no measure of child resilience utilized. Another limitation was the lack of a verified screening tool for the efficacy of

parental education, which prompted the DNP student to create a survey designed for this project.

There was one item for which responses were confusing, with two noting that they strongly disagree with the familiarity with the idea of 'resilience'. There is no way to follow-up with an anonymous survey to determine if this was truly lack of understanding or if this was an error.

Currently, there are approximately 2450 active duty USN SEALs (Navy Recruiting Command, 2023). As of October 22, 2022, 512 women who identify as mothers of children of USN SEALs are members of the private social media page utilized for this intervention. USN SEALs are located to the East Coast and West Coast of the United States though other duty stations exist worldwide. Though not all USN SEALs have children, this private page could provide access to only 20.8% of USN SEAL families.

Live streaming sessions on social media require a participant to logon and be active to the private page at a designated time and be engaged for the duration of the session. A video that is saved to a social media platform can only be deleted by the creator and can be accessed by anyone with privileges to the private page. Therefore, being able to provide an impactful educational resource that can be accessed from anywhere and at any time is advantageous to reach the maximum participation in this group.

The education and surveys were delivered in only English so individuals who do not understand English or cannot read English with fluency would not be able to participate in this project.

Conclusions

In conclusion, children of USN SEALs live in a uniquely high-stress environment. By understanding the concept and theories of resilience, the parent of a child of USN SEAL is better able to support them in managing life stressors and in fostering emotional development. The impact of resilience education delivered via social media in this community could lead to other remote resilience education opportunities to other groups that are not able to attend in one geographic location.

Resilience education can improve the mental health of kids at risk for low resilience. Resilience education can be extended to benefit children whose parents are part of other areas of the military. This parent education delivered via social media platform can foster a child's ability to overcome life stressors, cope with challenges, and foster skills to manage adversity. These skills can be employed to improve their overall health outcomes, decrease risk-taking behaviors, and help them thrive.

Other Information

Funding

No external funding was provided or used for the completion of this pilot project.

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