

Interviews and Focus Groups

The Bridge to Resilience

September 26, 2021

Conducted by Chelsea Gould and Rebecca Mortensen

Topic Discussed: Peer Relations, Anxiety, Anger, COVID-19, and More

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Executive Summary

Four interviews and two focus groups were conducted as part of The Bridge to Resilience project. These interviews and focus groups explored the relationships, conflict, and anxiety thoughts of individuals through COVID-19. The interviews consisted of individuals from the community who work closely with the target population for the project. The focus groups consisted of children who are a part of the target population. The Interviews were held virtually over Zoom while the focus groups were conducted in-person at Results Central in Dekalb County. The purpose of these interviews and focus groups was to determine the mental health needs of children ages 11 and 12. The following pages report on the Results of these interviews and focus groups.

Methodology

Purpose

The interviews and focus groups were conducted to gain insight on the mental health needs of children going into the 6th grade in the Fall of 2021. The information learned will be used to guide The Bridge to Resilience program that will be used to teach kids how to deal with the difficulties brought on by COVID-19.

Procedures

Interview questions were created by the researchers to understand the needs in the community based around mental health resilience. Interview participants were invited by the researchers to join a Zoom meeting. Focus group participants were invited by the Owner and CEO of Results Central. Adult participants signed consent forms. For child participants, consent forms and HIPAA forms were signed by parents and assent forms were signed by the children. Two versions of the interview and focus group questions were created. The version type used for the interviews and each focus group will be stated below. The participants for interviews and focus groups were asked these questions to gain their insight into the issue.

Discussion Results

Interviews

All four interviews were conducted over Zoom using version B of the questions. These participants consisted of individuals working with the project's target population in the community. The questions asked in the interview include:

1. What do you feel the biggest challenge has been for kids being out of school for the past year?

All interviewees had topics in mind that were challenging for kids being out of school for so long. Dr. May stated that there has been a lack of “intimate conversations and interactions that human beings need in order to become socialized”. Because these interactions have not occurred, children’s behavior has not been “normalized by friends”. Dr. May expanded on this in stating that kids have not had the chance to get social cues and feedback from peers creating a block in their mental and emotional development. In talking with Mrs. Bernita, the same conversation of social development and communication skills arose. Mrs. Bernita expressed that children are missing time to learn from each other in terms of sharing cultures and behaviors, including coping behaviors. Though Dr. May and Mrs. Bernita had a lot of similar things to say on this question, Mrs. Bernita did bring up a topic that was untouched by Dr. May. Mrs. Bernita briefly touched on the need for one-on-one help academically and the challenges that kids have faced with online schooling in this regard. On another topic of challenges that kids are facing from being out of school, Mrs. Kiesha talked heavily about the difficulties in getting acclimated to a school structure/schedule once again. She has had first hand experience with this at camps, finding that the kids are more “sleepy” from being “up all night”. These kids are now used to being in a house with “video games, telephones, everything electronic”. This is the exact reason why Mr. Maurice commits himself to getting kids involved in other activities throughout the pandemic. Mr. Maurice stated that the biggest challenge over the past year has been finding things for the kids to do, and having the kids find things to do that keep them occupied but out of the house so they aren’t just on the computer all day.

2. What do you think the biggest challenge will be for kids going back to school?

Going back to school is going to be an adjustment for all parties involved. Multiple interviewees discussed with me the challenges for kids that will come from being back around

peers. Dr. May talked about the uncomfortable feelings some may have around others as they don't know how to act, especially if they have gone through puberty during this timeframe. Some kids may feel embarrassed if they went through difficult times in their families with food insecurity and income insecurity. Mr. Maurice brought up the point that kids have not had to deal with conflicts with peers in person for a long time. It is now more challenging to be able to handle negative comments from peers. For example those who put on weight during the pandemic may be made fun of. Kids may not know how to act appropriately around others since they haven't had to be social or in a setting other than family in a long time, states Mrs. Kiesha. On a completely different note, Mrs. Kiesha and Mrs. Bernita both talked about the struggles with adapting back to structure and a set schedule. Mrs. Bernita explained that being at home for the past year has been unstructured with possibly having a TV on in the background while "in class". Mrs. Kiesha digs deeper into this topic in talking about having to be on a set schedule. She stated that it will be challenging for these kids "having to actually get up and get dressed, having to focus and zone in on curriculum" that is being taught starting at 8 or 9 am.

3. How do kids become resilient?

Children are resilient beings but sometimes they need to grow this resilience and strength to continue through the challenges in life. Dr. May believes that these kids have already become resilient but not necessarily in a way that will be beneficial to their education. She asserts that they have grown a tolerance to not having certain things but this may lead to some barriers to creating connections in person if others did not have to go through the same hardships. Mrs. Kiesha assumes a similar perspective in saying that she thinks it will take time for kids to be more resilient but that she thinks "that by second semester, January, they will be back acclimated". How will they be back acclimated and grow this resilience? Mr. Maurice and Mrs.

Bernita both reveal that the key to this is through communication with teachers, parents, peers, and other community members. Kids learn to handle situations through this communication, stated Mr. Maurice. He went on to share a story about a 10 year old girl who was talking about getting a job because she was worried about her family's finances. Communication on what her role is and what her needs are can help in these types of situations. Mrs. Bernita emphasized the importance of parental support for children's mental stability. Having this support will make it easier for children to be able to adapt to relationships in person with friends and teachers. Support and communication is important in all aspects of life which is why Mr. Maurice teaches on a philosophy that the best way for kids to learn is to let kids make mistakes and help them figure out how they can fix their mistakes and what they can do next time.

4. What is the biggest contributing factor to resilience in kids?

Being young and open minded were the factors that Mrs. Kiesha brought up contributing to kids' resilience. She stated that, for the most part, all the kids at camp follow the mask requirement so that they can be around friends because “they want to have something to do”. Home support was brought up by Dr. May and Mr. Maurice for this question. Dr. May stated that the biggest contributing factor to resilience in kids is whether or not there were two parents at home for emotional and academic support during the pandemic. On top of having support at home, Mr. Maurice stated that the biggest contributing factor to resilience in kids was them being able to express themselves and be heard. Expressing one’s self is a part of the communication aspect that was brought up by Mrs. Bernita. Mrs. Bernita listed important questions that pertained to the need for communication in building resilience including:

‘How do I talk to my teachers to help them understand what I'm feeling?’, ‘How do I talk to my friend to help them understand what I’m going through’.... ‘How do I really talk

about my true feelings?’, ‘What I feel, what I’m going through, what I have gone through’, and ‘How do I put all that into words so that someone understands or do I act out on it?’ (Mrs. Bernita, 2021)

5. How does being in school relate to a child’s resilience?
 - a. If it increases it, how?
 - b. If it does not contribute, why not?

Every interviewee focused on a different aspect of how being in school relates to a child’s resilience. Dr. May focused on how being in school fosters communication and social cues for modeling appropriate behavior. This can happen more easily as school offers a safe space and a sense of security. Dr. May gave her own experience with going back to Church and feeling that sense of security and safety. In having this safe place it opens up opportunities to deal with what has happened in the past year and grow and move forward in life. Dr. May also expressed the positive factor of physical outlets in schools, such as sports teams and physical education classes, for dealing with conflict, frustration, and anxieties.

Coping can come in many forms, from physical activity to escape mechanisms. Mr. Maurice focused his discussion on school being a window of time for kids to get away from their real situations. This setting gives kids the time to have fun and not worry so much. It can be extremely helpful “being away and just breathing”, states Mr. Maurice.

Another key to having schools open is that the children will have more people to be accountable to, expresses Mrs. Kiesha. She speaks about how at home some kids have not had parents around and so they have not had to be accountable during the pandemic. This accountability goes along with the support a child gets from individual’s at the school. Mrs. Bernita added that school gives the opportunity for friends, teachers, counselors, and

administration to support the child. She went on to talk about how a school counselor can help a child think out some emotions of negative behaviors instead of them acting on these negative behaviors. Furthermore, it can be helpful to have individuals with “different perspectives who are willing to work with you right where you are” (Mrs. Bernita).

6. What do you see as your role in fostering resilience in children?

For Dr. May, “connecting the right people with the right resources” and “providing support for programs to go into communities for children” is how she sees her role in fostering resilience in children. Mr. Maurice is a great role model for making mistakes and fixing them, in addition to giving kids a safe space to go and be social, active, and themselves. Mr. Maurice strives to create a place that will “give them that opportunity to shine”. He shared his motto for making this a reality; “Once you come to me, I want you to leave better” (Mr. Maurice).

Mrs. Kiesha and Mrs. Bernita are both in roles that foster resilience through regulations and guidelines. Mrs. Kiesha is someone that children are accountable to for sanitizing their hands and wearing masks. She focuses on her role on “fostering a good attitude towards the schedule”. This helps to give the kids the opportunity to socialize and learn to be in a scheduled/structured environment again. Mrs. Bernita shared her role in protocols and guidelines in more of a dual role. She is working hard putting together protocols and guidelines and working with the health department so that children have an opportunity first to come out of the home. Giving them the opportunity to get involved in activities out of the home and be social. She is also working to create a safe place for the staff as the numbers increase in individuals that are involved in these activities. Her position entails “how do we protect not just the children but now also the parents and the community as a whole” (Mrs. Bernita).

Focus Group 1

Focus group 1 consisted of children in the target population. The group was conducted in person at Results Central using version A of the questions for kids. The questions asked include:

1. What has been the most difficult thing for you in the past year?

Olivia H. started this conversation not understanding the questions. She talked about her challenge of holding her breath for 52 minutes. We then explained the question a bit more. Amia jumped into the discussion to talk about how math has been a challenge during the past year but how it was hard even before the pandemic. She, along with other participants, agreed that navigating the eClass was hard.

2. In the past few months, what things do you do that make you feel excited and/or happy?

Playing with friends was the main thing that made Angel feel excited and happy in the last few months and she was one of the few people that was able to do this through the pandemic. Olivia B. said that music can help her feel happy while Amia talked about playing video games.

3. What happens to you when you feel upset?

- a. If you calm down on your own: How do you calm yourself?

To calm herself, Olivia B., goes to her room to be alone and read or watch anime. Amia and Angel agreed that they would also go to their rooms but it would be to sleep and get away from whatever is going on. For Olivia H., playing video games helps to calm down.

- b. If you need help calming down: Who helps you calm down? What do they do?

Beautiful turns to her dad to help her when she needs some support. Olivia B. and Nina both gain comfort from their dogs but Olivia B. is also comfortable turning to her mom. Olivia H. talked about a mix of escape and support by playing challenging games with friends to calm herself down.

4. How do you think your friends have been dealing with everything in the past year?

Olivia B. shared that the pandemic was hard for one friend of hers because her birthday was not able to be celebrated. Leah spoke up in saying that there is a lot of anxiety for herself and others to not get COVID during this time. Amia talked about getting together with friends sometimes even during the pandemic so things had not changed that much for them.

- a. How do you feel that you compare to your friends' ability to deal with everything?

The participants had a hard time understanding what was asked of this question. Leah said that during the pandemic there was nothing to do which made it hard to deal with everything going on. Other participants agreed that it was more isolating. Beautiful said that they dealt with things by meeting virtually and making Tik Toks. Nina was lucky enough to have her best friend next door to hang out with still. Amia shared that she and her friends talk on discord and sometimes play virtual games together while talking.

5. How do you feel about going back to school in person?

Most of the participants are already back in person. They said that the masks are difficult to keep on all day and it makes it hard to breathe for those with asthma. Beautiful and Nina answered this by explaining that online class was quieter with not as many interruptions. They went on to talk about how in person people can be more annoying. Amia mentioned that there is a lot of cursing in school but this happens in-person and virtually. In person there are suspensions which can be more effective than a suspension from an online class. She told the researchers that at home you can tell the teacher that your "camera doesn't work" to avoid being on video.

- a. Do you have any worries about this? If so, what are they?

Beautiful stated that she was worried about being in school because she moved schools so she did not know people there. Nina shared her fear of COVID as there have been many COVID cases in her class. Amia backed up Nina's statement in saying that there is a lot of exposure at school and that their parents get emails/notifications regularly about a new student that has tested positive for COVID. Beautiful added that the Delta variant is "scary" and that she is worried about her family members getting sick.

Non-Verbal Things that the Researchers Noticed

Jaiden left the group during question #4 and did not speak up for any questions. The researchers need to make sure that in implementation every participant has a way to be involved in a comfortable way. The researchers also noticed that there were questions that were not answered for what was being asked. Going forward, researchers need to make sure that all information and questions are understandable by the target population.

Topics that Came up in Conversation

Topics that came up in this discussion include: lack of coping skills, anxiety, peer relations, appropriate vs. inappropriate behavior, and COVID-19 Safety.

Focus Group 2

The second focus group conducted consisted of six participants who are all children. Version B of the interview and focus group questions were used. The questions asked in the interview include:

1. In the past few months, what things do you do that make you feel excited and/or happy?

The kids in the group had a range of answers to this question. Rubi stated that playing Roblox, watching and making Tik Toks and eating Mac & Cheese are what make her happy. Amia also liked watching entertainment but she stated that she enjoys shows on netflix and

sleeping. Breana turns to friends for her excitement by setting up Discord channels to talk on. Constance and Amia both stated that they pinch and bite people for fun sometimes. Lastly, Caimen spoke up stating that nothing makes him happy.

2. What happens to you when you feel upset?

This question elicited strong responses of anger and sadness. When she feels upset, Rubi yells and is prone to violence but acknowledges that this does not make her feel better. What makes Rubi feel better is playin with her baby cousin. Caimen feels like he needs to live with the sadness. When he gets upset he gets out his energy by poking holes in things and breaking things. Every other participant agreed with Caimen that they want to break stuff when they feel upset. Breana shared that she cries herself to sleep and sometimes pinches herself to feel another emotion.

a. If you calm down on your own: How do you calm yourself?

When this question was asked there was silence in the room. The kids did not seem to know what they could do to truly calm themselves in a heated moment. Caimen eventually spoke up, after hearing the following question, and stated that he plays Roblox to calm down.

b. If you need help calming down: Who helps you calm down? What do they do?

The participants did not have much to say on this question either. Rubi talked about how playing with her baby cousin helps her to calm down when she is upset and Amia stated that she talks to friends but “friends are not always helpful”.

3. How do you feel about going back to school in person?

Every participant is already back at school in person part time. The overall consensus was that virtual class is much more preferred. Breana said that it feels “bad” going back in person. Rubi brought up the “exciting and disturbing” parts of being in person which include “fights, and

drama but also being around friends”. Breana added that it can be entertaining to watch fights and drama at school. At the end of the session Breana and Ja’Shyia brought up the difficulties with bullying and not having the support from parents or teachers to deal with this.

- a. Do you have any worries about this? If so, what are they?

The main worries about being back in school were based around inappropriate behavior of other kids. Breana voiced that “Everybody’s dirty minded”. We see what this means from the examples by Constance and Ja’Shyia. Constance shared that boys are disruptive in her class by moaning in the back of the class and in people's ears. Ja’Shyia shared that girls are also being inappropriate at school by smacking other kids' butts.

4. What has been the biggest challenge for you during COVID-19?

Three participants shared their loss of a family member during the pandemic (Rubi, Amia, and Ja’Shyia). For Breana, not being able to go out was also very difficult. Caimen had a hard time at home stating, “Being with my mom” was the challenge. Caimen opened up to the group about his mom either running from the cops or being in jail most of the time.

5. What do you think will be the biggest challenge for you if you go back to school in person?

All of the participants are back in school part time but said they liked virtual classes better. Rubi liked being at home so she could eat while in class. Ja’Shyia talked about how they could do whatever they wanted while in class virtually. Being back in class has been difficult. Breana stated that she is worried about getting bad grades. Peer drama was again brought up but Rubi explained that there was still drama during virtual classes before. Everyone agreed with Ja’Shyia in saying that a challenge with going back to school in person was trying not to get COVID-19.

Non-Verbal Things that the Researchers Noticed

There were two main ideas that the researchers noticed during the second focus group. First of all there is a lack of knowledge for healthy coping skills. During the discussion, the participants noted how they cope through escape and anger/violence. In addition, the researchers noticed the short attention spans during discussion as the participants got distracted very quickly. This is helpful information for creating the program to make sure each activity is short and succinct.

Topics that Came up in Conversation

Many topics came up in the discussion that are important to note. These topics include: lack of support from friends and family, anger/aggression, sadness, peer relations, appropriate vs. inappropriate behavior, grief, and COVID-19 Safety.

Conclusions

Main Ideas that Emerged

The main ideas from the key informant interviews included socialization, communication, safety, home support, and structure/scheduling. All interview participants brought up socialization, communication, and safety at some point in the conversation. Home support and structure/scheduling were also brought up by multiple interview participants as topics of importance.

In the focus groups, there were other main ideas that came about. Similar to the key informant interviews, the focus group participants spoke on peer relations/socialization, support from friends and family, and COVID-19 Safety. The focus group participants also added the need for topics to be talked about including: appropriate vs. inappropriate behavior at school, healthy coping skills, anxiety, anger/aggression, and grief.

Responses different among sub-groups

The key informant interviews consisted of all Adult participants while the focus groups consisted of all child participants. These two sub-groups has some different responses with the adults being more concerned with finding support for the kids and the kids having a mix of concerns for themselves but also for their family members. Dr. May brought up the topic of food and income insecurity that may be a challenge in many childrens lives but was not brought up by any of the child participants. The children brought up the difficulties at school with peers but also added in the inappropriate behaviors that go on in school and how to deal with those.

Future focus groups/interviews

Future interviews and focus groups that will gain more information for adapting The Bridge to Resilience content should request to record the focus groups to ensure they are recording accurate and full information. The researchers should adapt the questions for the interviews and focus groups to allow for a better understanding of what is being asked. Researchers may also want to give focus group participants paper to write their thoughts on and collect that at the end for extra information. The findings can be further expanded by including more of a range of questions on what stressors the children have and what healthy coping skills they already know.

Recommendations for the Program

These findings will be used to improve the program by adding a brief talk and then an activity on COVID-19 safety and how infections spread. This information will be helpful in teaching the children knowledge on the virus and how to stay safe. This piece will be added based on the concerns, shared by the children in the focus groups, for contracting COVID-19.

In addition, the researchers will be making sure to explain each activity and discussion in a way that will be easy for all participants to understand and make it comfortable for all to participate. The pilot test of this program will inform further adaptations to the lesson plans for future implementation.

APPENDICES

Interview and Focus Group Questions

Version A

School-based Participants:

1. What do you feel the biggest challenge has been for kids being out of school for the past year?
2. What do you think the biggest challenge will be for kids going back to school?
3. How do kids become resilient?
4. What is the biggest contributing factor to resilience in kids?
5. How does being in school relate to a child's resilience?
 - a. If it increases it, how?
 - b. If it does not contribute, why not?
6. What do you see as your role in fostering resilience in children?

Parents:

1. How do you think your child feels about what is happening with COVID-19? Do you think their understanding of what is happening is having an impact on how they feel?
2. Have you noticed any differences in the way your child responds to/approaches/interacts with you during tough times?
3. When there is stress or conflict with your child at home, what do you do? What does your child do?
4. What connections do you think your child is missing most at this difficult time?
5. On a scale of 1-10, how stressed has COVID-19 made you in the past month?

- a. How have you coped with this stress?
- b. It's okay to say you haven't.

Kids:

1. What has been the most difficult thing for you in the past year?
2. In the past few months, what things do you do that make you feel excited and/or happy?
3. What happens to you when you feel upset?
 - a. If you calm down on your own: How do you calm yourself?
 - b. If you need help calming down: Who helps you calm down? What do they do?
4. How do you think your friends have been dealing with everything in the past year?
 - a. How do you feel that you compare to your friends' ability to deal with everything?
5. How do you feel about going back to school in person?
 - a. Do you have any worries about this? If so, what are they?

Families:

1. What's the first word you think of when you hear "COVID-19"?
2. How has COVID-19 impacted your family?
3. What does the word resiliency mean to you?
4. What topics would you like to see in our sessions?

Version B

School-based Participants:

1. What do you feel the biggest challenge has been for kids being out of school for the past year?
2. What do you think the biggest challenge will be for kids going back to school?
3. How do kids become resilient?
4. What is the biggest contributing factor to resilience in kids?
5. How does being in school relate to a child's resilience?
 - a. If it increases it, how?
 - b. If it does not contribute, why not?
6. What do you see as your role in fostering resilience in children?

Parents:

1. How has your child been doing school for the past year? (at home, at a daycare, with family members, etc)
2. What are your worries with having had your child at home for the past year?
 - c. What (if anything) have you noticed that has improved over the past year?
3. If you have the option, will you enroll your child in face-to-face classes?
 - a. What are your worries with having your child go back to school in person?
 - b. What are your hopes regarding this transition?
 - c. If not, why not?
4. What connections do you think your child is missing most at this difficult time?
5. On a scale of 1-10, how stressed has COVID-19 made you in the past month?

- a. How have you coped with this stress?
- b. It's okay to say you haven't.

Kids:

1. In the past few months, what things do you do that make you feel excited and/or happy?
2. What happens to you when you feel upset?
 - a. If you calm down on your own: How do you calm yourself?
 - b. If you need help calming down: Who helps you calm down? What do they do?
3. How do you feel about going back to school in person?
 - a. Do you have any worries about this? If so, what are they?
4. What has been the biggest challenge for you during COVID-19?
5. What do you think will be the biggest challenge for you if you go back to school in person?

Families:

1. What's the first word you think of when you hear "COVID-19"?
2. How has COVID-19 impacted your family?
3. What does the word resiliency mean to you?
4. What topics would you like to see in our sessions?

Budget

Item	Amount	Date Needed
<i>Gift Cards for Interview and Focus Group Participants</i>		
25 \$10 Gift Cards = \$250 https://giftcards.kroger.com/our-store-cards/kroger-enterprise-egift	\$250.00	September 4, 2021
Total Expenses	\$250.00	

MERCER
UNIVERSITY

*Institutional Review Board
For Research Involving Human Subjects*

Monday, June 14, 2021

Ms. Chelsea Gould
3001 Mercer University Drive
Other
Atlanta, GA 30341

RE: The Bridge to Resilience (H2106121)

Dear Ms. Gould:

On behalf of Mercer University's Institutional Review Board for Human Subjects Research, your application submitted on 14-Jun-2021 for the above referenced protocol was reviewed in accordance with the 2018 Federal Regulations [21 CFR 56.110\(b\)](#) and [45 CFR 46.110\(b\)](#) (for expedited review) and was approved under category(ies) _6, _7 per 63 FR 60364.

Your application was approved for one year of study on 14-Jun-2021. The protocol expires on 13-Jun-2022. If the study continues beyond one year, it must be re-evaluated by the IRB Committee.

Item(s) Approved:

New application for student study to implement sessions that address mental health needs of the target population by building adaptation and coping skills for resiliency.

NOTE: You MUST report to the committee when the protocol is initiated. Report to the Committee immediately any changes in the protocol or consent form and ALL accidents, injuries, and serious or unexpected adverse events that occur to your subjects as a result of this study.

We at the IRB and the Office of Research Compliance are dedicated to providing the best service to our research community. As one of our investigators, we value your feedback and ask that you please take a moment to complete our [Satisfaction Survey](#) and help us to improve the quality of our service.

It has been a pleasure working with you and we wish you much success with your project! If you need any further assistance, please feel free to contact our office.

Respectfully,



Ava Chambliss-Richardson, Ph.D., CIP, CIM.
Director of Research Compliance
Member
Institutional Review Board

"Mercer University has adopted and agrees to conduct its clinical research studies in accordance with the International Conference on Harmonization's (ICH) Guidelines for Good Clinical Practice."

Mercer University IRB & Office of Research Compliance
Phone: 478-301-4101 | Email: ORC_Mercer@Mercer.Edu | Fax: 478-301-2329
1501 Mercer University Drive, Macon, Georgia 31207-0001

INSTRUCTIONS FOR USE OF INFORMED CONSENT TEMPLATE

*Investigators using methods of deliberate deception by omitting or falsifying information to obtain the consent of human subjects when fully informing participants would compromise results **MUST** complete and provide a Debriefing Statement for Deceptive ICFs.*

Informed consent is the process of informing potential volunteers about the key facts of a research study. The human subjects in your study should be willing to participate in the research after receiving information about the study. Voluntary participation means that subjects have enough information to give true informed consent.

One of the most common causes for delayed IRB approval is an inadequate informed consent agreement. When creating an informed consent document, it is recommended that you:

- Follow the template – enter your information in place of the red text enclosed in brackets
- Do NOT remove pre-existing content as this must be included VERBATIM
- Write in the 2nd person
- Use size 11-12pt font
- Use language that targets a 6th to 8th grade reading level
- Use a general title as the “Title of Project” **ONLY** if including the exact title might bias the results

Section headers and other statements enclosed in red brackets should only be included if applicable to your project. If these sections are NOT necessary, delete them from the consent form. If these sections ARE necessary, remove the red brackets and provide the information as normal.

If your study involves MORE than minimal risk, the “In Case of Injury” section must be included.

Remember, Informed Consent Forms (ICFs) and Informed Assent Forms for minors may not include language that appears to waive subjects’ legal rights or appears to release the investigator or anyone else involved in the study from liability or negligence. The language must be non-technical (comparable to the language in a newspaper or general circulation magazine). Plainly defined scientific, technical, and medical terms are necessary.

NOTE: The following informed consent document is a subject information sheet to be used when there is a request for a waiver of written informed consent in situations other than records review or if collecting the participant’s signature is the only link to the participant and could pose harm to the participant if they are linked back to the research.

If your research offers monetary incentives to participate, you must include the “Incentives to Participate” section of this form AND download the “Statement for Payments to Human Subject Participants” form from <http://orc.mercer.edu/forms/info/> as this document **MUST** be included with your submission.

Do not include this page when submitting your completed document.

The Bridge to Resilience

Informed Consent

You are being asked to participate in a research study. Before you give your consent to volunteer, it is important that you read the following information and ask as many questions as necessary to be sure you understand what you will be asked to do.

Investigators

Chelsea Gould, MPH-S, Mercer University, Department of Public Health, Atlanta Campus, (442) 247-9360

Joy Thomas, DrPH, MSPH, Mercer University, Department of Public Health, Atlanta Campus, (678) 547-6197

Rebecca Mortensen, PA-S, Mercer University, Department of Physician Assistant Studies, Atlanta Campus, (678) 697-0345

Erin Lepp, MMSc, PA-C, Mercer University, Department of Physician Assistant Studies, Atlanta Campus, (678) 547-6326

Purpose of the Research

The purpose of this study is to determine the mental health needs of children going into 6th grade in the Fall of 2021. This will be done through key informant interviews and a focus group. The information learned will then be used to then teach the kids how to deal with the difficulties brought on by COVID-19/doing school from home and now facing possible in-person classes. The skills will be taught via discussions and activities with topics to include conflict resolution, anxiety, grief, and anger management. The focus of the study will be to build resilience to stress by teaching these skills and coping mechanisms.

The data from this research will be used to adapt the program's content taught for future programs on building resilience in children ages 11 and 12.

The interview process, program and results will be used as part of my, Chelsea Gould's, practicum program. I will be evaluating the content of the program and how it helped children learn skills to build resiliency. This information will be shared with others who wish to continue this process with other children and in other locations for future teaching and research.

Procedures

If you volunteer to participate in this study, you will be invited to participate in either a virtual zoom meeting or an in-person group interview, depending on your preference.

If you participate in the key informant interview, you will be asked questions about stress, coping strategies (of you and your child), conflict resolution, general feelings about the COVID-19 pandemic, and other possible topics related to resilience. Your participation will take approximately 30 minutes.

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If you participate in the in-person focus group, you will be asked questions about stress, coping strategies (of you and your child), conflict resolution, general feelings about the COVID-19 pandemic, and other possible topics related to resilience. Your participation will take approximately 45 minutes to 1 hour.

The interviews and focus groups will be recorded.

Potential Risks or Discomforts

The potential risks for this interview session are that some of the questions may reveal underlying emotional discomforts. The questions involve feelings and responses to stress, which may be uncomfortable to some individuals. If at any time you do not want to answer a question or wish to discontinue the interview, you will be permitted to do so without consequence. This decision will not require dismissal from the study, nor will it impact your child's participation in the study.

Potential Benefits of the Research

As a participant, you may expect to gain personal insight into the effects of the pandemic on your own stress level and coping skills, as well as those of your child.

The overall benefit to society will be to gain a better understanding of the stress and resilience of 11-12 year olds during a pandemic. The interview sessions will direct the activities and discussions to be relevant to the needs of this student population at this time.

Confidentiality and Data Storage

All obtained information and/or medical records will be held in strict confidentiality and will only be released you're your permission. The results of this study may be published but your information such as your name and other demographic information will not be revealed. The results of this study will be kept in a locked file within 3001 Mercer University Dr, Atlanta, GA 30341 for 3 years.

Participation and Withdrawal

Your participation in this research study is voluntary. As a participant, you may refuse to participate at any time. If you discontinue participation you will not be penalized in any way. Your request will be honored within a reasonable period after the request is received. To withdraw from the study please contact Chelsea Gould, Rebecca Mortensen or Dr. Thomas.

Questions about the Research

If you have any questions about the research, please speak with Chelsea Gould (678) 547-6353

Chelsea.Linda.Gould@live.mercer.edu or Rebecca Mortensen, (678) 697-0345 Rebecca.Mortensen@live.mercer.edu.

You may also contact Dr. Joy Thomas (678) 547-6197, thomas_jod@mercerc.edu, or Professor Erin Lepp (678) 547-6326, lepp_ef@mercerc.edu the Mercer University advisor for this study.

This project has been reviewed and approved by Mercer University's IRB. If you believe there is any infringement upon your rights as a research subject, you may contact the IRB Chair, at (478) 301-4101.

You have been given the opportunity to ask questions and these have been answered to your satisfaction.



May 10, 2021

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Signature of Investigator

Date

Chelsea Gould

Name of Investigator (Print)

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INSTRUCTIONS FOR USE OF INFORMED CONSENT TEMPLATE

Informed consent is the process of informing potential volunteers about the key facts of a research study. The human subjects in your study should be willing to participate in the research after receiving information about the study. Voluntary participation means that subjects have enough information to give true informed consent.

One of the most common causes for delayed IRB approval is an inadequate informed consent agreement. When creating an informed consent document, it is recommended that you:

- Follow the template – enter your information in place of the red text enclosed in brackets
- Do NOT remove pre-existing content as this must be included VERBATIM
- Write in the 2nd person
- Use size 11-12pt font
- Use language that targets a 6th to 8th grade reading level

Remember, Informed Consent Forms (ICFs) and Informed Assent Forms for minors may not include language that appears to waive subjects' legal rights or appears to release the investigator or anyone else involved in the study from liability or negligence. The language must be non-technical (comparable to the language in a newspaper or general circulation magazine). Plainly defined scientific, technical, and medical terms are necessary.

Do not include this page when submitting your completed document.

The Bridge to Resilience

Parent or Guardian Informed Consent Form

Your child is being asked to participate in a research study entitled, The Bridge to Resilience. The study is being conducted by Chelsea Gould, (442) 247-9360 Chelsea.Linda.Gould@live.mercer.edu and Rebecca Mortensen, (678) 697-0345 Rebecca.Mortensen@live.mercer.edu, Advisors: Dr. Joy Thomas, thomas_jod@mercerc.edu and Professor Erin Lepp, lepp_ef@mercerc.edu The results will be used to further my understanding of the difficulties children are facing in terms of stress, anxiety, anger, conflict, and/or grief and how to teach them skills to build their resilience toward these difficulties. Your child's participation is voluntary. A decision to participate in the research will **not** affect his/her relationship with the organization of the location used (TBD), his/her relationship with other teachers, or his/her academic standing.

I. The purpose of my study is to explore:

The purpose of this study is to determine the mental health needs of children going into 6th grade in the Fall of 2021. This will be done through key informant interviews and a focus group. The information learned will then be used to then teach the kids how to deal with the difficulties brought on by COVID-19/doing school from home and now facing possible in-person classes. The skills will be taught via discussions and activities with topics to include conflict resolution, anxiety, grief, and anger management. The focus of the study will be to build resilience to stress by teaching these skills and coping mechanisms.

The data from this research will be used to adapt the program's content taught for future programs on building resilience in children ages 11 and 12.

II. Procedures

If you allow your child to volunteer for this study, your child will be asked to participate in either a virtual zoom meeting or an in-person group interview, depending on your preference.

You will be asked to participate in an interview session where you will be asked questions about stress, coping strategies (of you and your child), your child's school setting, and general feelings about the COVID-19 pandemic.

Your participation will take approximately 30 minutes for the informant interview or 45 minutes to 1 hour for the focus group.

The interviews and focus groups will be recorded.

Your child will be asked to assent to participate in this research (Assent means that your child will be asked to voluntarily participate in this research). Your child will tell the teacher they want to participate by answering

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YES or NO after the teacher verbally reads to your child what the research is about and what he or she will be asked to do.

Parent/Guardians who allow students to participate must:

- Read and complete the consent form.
- Give permission to interview your child.
- Give permission to record your child.

III. Potential Benefits to Students and/or Society

You may expect for your child to gain personal insight into the effects of the pandemic and on their own stress level and coping skills.

The overall benefit to society will be to gain a better understanding of the stress and resilience of 11-12 year old's during a pandemic. The interview sessions will direct the activities and discussions to be relevant to the needs of this student population at this time.

IV. Potential Risk and Discomforts

A potential discomfort in this study may be the emotional feelings that can arise. We will talk about anxiety, stress, anger and possibly grief. These emotions can sometimes be overwhelming for individuals. The questions involve feelings and responses to stress, which may be uncomfortable to some individuals. If at any time you do not want to answer a question or wish to discontinue the interview, you will be permitted to do so without consequence. This decision will not require dismissal from the study, nor will it impact your child's participation in the study. We will take the time to go through and support individuals who are feeling overwhelmed.

V. Withdrawal of Participation

Your child's participation is voluntary. Your child will not be penalized or lose any benefits that he/she are otherwise entitled to if you decide that your child will not participate in this research project.

If your child decides to participate in this project, he/she may discontinue participation at any time without penalty or loss of benefits. You have the right to inspect any instrument or materials related to the proposal. Your request will be honored within a reasonable period after the request is received.

VI. Payment for Participation

Students will not be paid for their participation. There is no financial obligation for participants.

VII. Confidentiality and Data Storage

Your child's name will not be associated with his or her individual responses and will be identified only by an assigned coded number. At no time will your child's name be associated with the results of the research or

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shared with parents or others. Any identifying information provided by your child will never be used as part of the research or associated with the results of the study.

Your child's responses will be stored in a locked location and will only be used for research purposes by Mercer University School. A number will identify the information that I collect from the interviews from your child. The list connecting participant numbers and names will also be kept in separate locked cabinets.

Questions about the Research

If you have any questions about the research, please speak with Chelsea Gould or Rebecca Mortensen. If you have questions later, you may contact Chelsea Gould or Dr. Joy Thomas (thomas_jod@mercer.edu).

You have been given the opportunity to ask questions and these have been answered to your satisfaction. If you agree to allow your child to participate in this research, please complete the information below:

I, _____, grant my child, _____,
Name of Parent or Legal Guardian **Name of Child Participating in Study**
permission to participate in this research study.

Parent/Guardian Name (Print)

Name of Person Obtaining Consent (Print)

Parent/Guardian Signature

Person Obtaining Consent Signature

Date

Date

Please return to Chelsea Gould as soon as possible.

In order to conduct this research, this project has been reviewed and approved by Mercer University's Institutional Review Board (IRB). If you believe there is any infringement upon your child's rights as a research subject, please contact the IRB Chair at (478) 301-4101. The IRBs are the governing bodies that are set in place to ensure responsible and safe conduct of research investigations.

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INSTRUCTIONS FOR USE OF PARENT/GUARDIAN HIPAA AUTHORIZATION TEMPLATE

As required by the Health Insurance Portability and Accountability Act (HIPAA), Investigators intending to use and disclose protected health information of minors participating in a research study **MUST** obtain parent or guardian authorization. The following template is provided for your guidance. When creating a parent/guardian authorization document, it is recommended that you:

- Follow the template – enter your information in place of the red text enclosed in brackets
- Do NOT remove pre-existing content as this must be included VERBATIM
- Write in the 2nd person
- Use size 11-12pt font
- Use language that targets a 6th to 8th grade reading level

Remember, this document must accompany a Parent or Guardian Informed Consent Form. Informed Consent Forms (ICFs) and Informed Assent Forms for minors may not include language that appears to waive subjects' legal rights or appears to release the investigator or anyone else involved in the study from liability or negligence. The language must be non-technical (comparable to the language in a newspaper or general circulation magazine). Plainly defined scientific, technical, and medical terms are necessary.

Do not include this page when submitting your completed document.

The Bridge to Resilience

Parent or Guardian Authorization to use and disclose Protected Health Information of Minors for Research Purposes

The privacy law, Health Insurance Portability & Accountability Act (HIPAA), protects your child's individually identifiable health information (protected health information). The privacy law requires you to sign an authorization (or agreement) in order for researchers to be able to use or disclose your child's protected health information for research purposes in the study entitled, "The Bridge to Resilience."

By signing this form, you allow Chelsea Gould, (442) 247-9360, Chelsea.Linda.Gould@live.mercer.edu, Rebecca Mortensen, (678) 697-0345, Rebecca.Mortensen@live.mercer.edu, Dr. Joy Thomas, 678-547-6197, thomas_jod@mercerc.edu, Professor Erin Lepp, 678-547-6326, lepp_ef@mercerc.edu, and the research staff to use and disclose your child's protected health information for the purposes described below. You also permit your child's pediatricians and other health care providers to disclose your child's protected health information for the purposes described below.

Your child's protected health information that may be used and disclosed includes:

- Demographic Information including: Name, Age, Gender, County of Residence, and Race/Ethnicity

Your child's protected health information will be used for:

- The purpose of this study is to determine the mental health needs of children going into 6th grade in the Fall of 2021. The information learned from this will then be used in a program to teach them how to deal with the difficulties brought on by COVID-19/doing school from home and now facing possible in-person classes. The skills will be taught via discussions and activities with topics to include conflict resolution, anxiety, grief, and anger management. The focus of the study will be to build resilience to stress by teaching these skills and coping mechanisms.
- One reason to share information will be to conduct the research study itself. Another reason will be to ensure that the research meets legal, institutional, and/or accreditation requirements.

The Researchers may use and share your health information with:

- Mercer University Institutional Review Board/Office of Sponsored Programs
- Government representatives, when required by law
- Hospital or Mercer University Representatives
- The Bridge at Austin Community Center staff

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Once your child's health information has been disclosed to anyone outside of this study, the information may no longer be protected under this authorization.

The researchers at Mercer University and The Bridge at Austin Community Center agree to protect your child's health information by using and disclosing it only as permitted by you in this Authorization and as directed by state and federal law.

You do not have to sign this Authorization. If you decide not to sign the Authorization:

- It will not affect your child's treatment, payment or enrollment in any health plans, or affect your child's eligibility for benefits.
- Your child may not be allowed to participate in the research study.

After signing the Authorization, you can change your mind and:

- Not permit the researcher to disclose or use your child's protected health information (revoke the Authorization).
- If you revoke the Authorization, you will send a written letter to: Chelsea Gould at chelsea.linda.gould@live.mercer.edu to inform her of your decision.
- If you revoke this Authorization, researchers may only use and disclose the protected health information **already** collected for this research study.
- If you revoke this Authorization, your child's protected health information may still be used and disclosed should your child have an adverse event (a bad effect).
- If you change your mind and withdraw the Authorization, your child may not be allowed to continue to participate in the research study.

If you have not already received a copy of the Privacy Notice, you may request one. If you have any questions or concerns about your child's privacy rights, you should contact Jim Calhoun, Mercer University's Privacy Office, at (478) 301-2300.

This Authorization expires **[13-Jun-2022]**.

Parent or Guardian Authorization

I authorize the release of my child's medical records and health information to this study, including my signed parent/guardian consent form and this addendum, to the sponsor and its representatives, the FDA, the Mercer University Institutional Review Board (IRB), and other regulatory agencies as described above.

By signing this form, I have not given up any of my child's legal rights as a research participant. I understand that I will receive a signed copy of this authorization for my records.

Name of Child Participating in the Study (Print)

Parent/Guardian Name (Print)

Name of Person Obtaining Consent (Print)

Parent/Guardian Signature

Person Obtaining Consent Signature

Date

Date

Please return to Chelsea Gould as soon as possible.

In order to conduct this research, this project has been reviewed and approved by Mercer University's Institutional Review Board (IRB). If you believe there is any infringement upon your child's rights as a research subject, please contact the IRB Chair at (478) 301-4101. The IRBs are the governing bodies that are set in place to ensure responsible and safe conduct of research investigations.

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INSTRUCTIONS FOR USE OF INFORMED ASSENT TEMPLATE

Investigators obtaining the informed assent of minors must also complete and submit a Parent or Guardian Informed Consent Form for IRB approval.

Informed consent is the process of informing potential volunteers about the key facts of a research study. The human subjects in your study should be willing to participate in the research after receiving information about the study. Voluntary participation means that subjects have enough information to give true informed consent.

One of the most common causes for delayed IRB approval is an inadequate informed consent agreement. When creating an informed consent document, it is recommended that you:

- Follow the template – enter your information in place of the red text enclosed in brackets
- Do NOT remove pre-existing content as this must be included VERBATIM
- Write in the 2nd person
- Use size 11-12pt font
- Use language that targets a reading level appropriate for your subject population

Human subjects, no matter how young, must FULLY understand the information presented to them in order for you to obtain their consent.

Remember, Informed Consent Forms (ICFs) and Informed Assent Forms for minors may not include language that appears to waive subjects' legal rights or appears to release the investigator or anyone else involved in the study from liability or negligence. The language must be non-technical (comparable to the language in a newspaper or general circulation magazine). Plainly defined scientific, technical, and medical terms are necessary.

NOTE: Young children are highly susceptible to being coerced into participating, especially when led to believe that those who do not participate will be treated differently than those who do. Make sure children fully understand that there will be no consequences for non-participation.

Do not include this page when submitting your completed document.

The Bridge to Resilience

Informed Assent/Verbal Script For Children Under 12 Years Old (3rd, 4th, 5th, 6th Graders)

Hello, our names are Chelsea Gould and Rebecca Mortensen, and we are researchers at Mercer University who are trying to learn how children build resilience. Resilience is how well children bounce back in response to stress, anxiety, threats, or other adversities and vulnerabilities that they may face.

The purpose of this study is to determine the mental health needs of children going into 6th grade in the Fall of 2021. This will be done through key informant interviews and a focus group. The information learned will then be used to then teach the kids how to deal with the difficulties brought on by COVID-19/doing school from home and now facing possible in-person classes. The skills will be taught via discussions and activities with topics to include conflict resolution, anxiety, grief, and anger management. The focus of the study will be to build resilience to stress by teaching these skills and coping mechanisms.

You are being asked to participate in this study because you have personal knowledge of what 11- and 12-year-olds need to focus on to build resilience.

This will include participating in either an online key informant interview or an in-person focus group. The key informant interviews will take place online through zoom and the in-person focus group will take place at a date and location that is to be determined. The interviews and focus groups will be recorded.

What will happen is that we will have an interview session or focus group session to talk about resilience around certain topics. There are no right or wrong answers to the questions. We will use your answers to make the activities and discussion topics for our study. In order to keep everything, you say or write private, your names will not be used on the forms or questions that we ask you about. Your name will be replaced with made up identification numbers on each piece of your work.

Your parent(s) have said that it is okay for you to be in this research study. You do not have to be in this study if you do not want to be. You can change your mind at any time by telling your Mom, Dad, My Assistant, or Me.

_____ **NO**, I do not want to be in this study.

_____ **YES**, I want to be in this study.

Signature of Participant

Date

Signature of Person Obtaining Assent

Date

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