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***Promoting Resilience with High-Risk Children:
Resilience Briefs During COVID-19***

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COVID-19 has been presenting unique issues with families across all spectrums of socio-economic, ethnic, vocational, religious groups across all personality types and family systems. As of this writing (May 12, 2020), data show over 4 million confirmed cases worldwide, and over one million cases and deaths approaching 100,000 in the United States (Johns Hopkins, 2020). Of the COVID-19 tests that have shown positive results, 1.7% are children (Bialek, et al., 2020). According to the Centers for Disease Control (2020), some groups are bearing the burden in more significant ways. For example, a higher percentage of people of color end up hospitalized compared to the communities from which they come, and experience higher rates of death, many times, as the result of social and economic conditions. Also, those with underlying medical conditions, particularly those who are immunocompromised and experience asthma, obesity, diabetes, kidney, or liver disease that are not well controlled are at higher risk (CDC, 2020).

Family, work, friend, and activity disruption through quarantines compound these physical issues. A general population study in the initial stage of the disease found that 16.5% of those asked reported moderate to severe depressive symptoms; 28.8% of respondents said they had moderate to severe anxiety symptoms and, 8.1% reported moderate to severe levels of stress. Most, 84.7%, were spending 20 to 24 hours a day in their homes, and 75.2% reported feeling worried about family members contracting COVID-19 (Wang, et al., 2020). In addition to the high levels of stress stated, we have seen evidence that families who have experienced violence are more prone to exhibit violence during highly stressful events with fewer reports to protective services, most likely due to isolation from community connections including schools that have closed (Campbell, 2020).

As a Fulbright Scholar who studied resilience in children at Shanghai Children's Medical Center in China, I was immediately aware of the COVID-19 crisis and in contact with colleagues about the situation. As an interventionist and researcher on resilience, I looked for information written to children about overcoming the difficulties surrounding COVID19 and found none. Although information was available to parents (e.g. AAP, 2020), I knew that it was imperative for me to begin everything I know about trauma, resilience and implementing protective factors directly with the children. Specifically, we are designing resilience briefs using research-supported information written in an accessible and exciting format at an elementary age reading level.

Children are just as stressed as their parents during this COVID-19 pandemic, but, they may not fully understand why. Their caretakers are worried about work, finances, and the well-being of family and friends. So, their entire family system needs support through understanding protective factors known to support resilience during tough times. We write the briefs at a grade-school reading level each week, deeply simplifying complex topics such as the neurological effects of fear stimuli on the brain (Madsen Thompson, 2020). We streamline and explain research supported issues, including

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protective factors, safety, fear, mindfulness, and other skills to increase wellbeing in children. Although these briefs are written to children, the content comes from research-supported information and best practices, making them relevant to parents as well. These briefs are available to practitioners and families at <https://www.apsac.org/covid-19> and www.avahealth.org (see example of a resilience brief on Page 7).

The Adverse Childhood Experiences (ACEs) studies (CDC, 2020a) following over 17,000 patients seeking prevention services across three decades found ACEs are associated with many leading causes of death in adulthood (Felitti et al., 1998). The effects of COVID19 could prove to be another ACE in the lives of children today. Thankfully, the emerging field of resilience shows that protective factors can offset many negative life consequences (Werner & Smith, 2001) and these adverse health outcomes (e.g., Crouch, et al., 2019) can help youths in their recovery, hopefully averting later effects of ACEs. Protective factors range from strengths at the individual level through interpersonal to community support. These protective factors can help youths who have overcome experiences of trauma or additional ACEs (Madsen Thompson & Kilka, 2015).

The resilience briefs incorporate the protective factors the author has consolidated though collecting over a thousand narratives and measurement data from youths and young adults as she created the Trauma Resilience Scale (2010) and the Trauma Resilience Scales for Children (2010), and currently creating la Escala de Resiliencia a Trauma para Niños, and the Chinese 儿童青少年抗逆力调查——保护性因素的测量. Each of these scales validly measures each of the major protective factors through the voices of each culture or age group. The measures can be a starting point when deciding how to include protective factor goals in a treatment plan when helping youths who are demonstrating emotional and behavioral issues surrounding trauma at the individual level, such as maltreatment, to the community level, such as impacts from COVID-19.

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