

## Families in Confinement: A Pre–Post COVID-19 Study

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This study documents how the COVID-19 pandemic and the resulting containment measures affected family members. It is carried out with 127 parents with at least one child aged between 5 and 17, who have previously benefited from a parenting support program due to difficulties in raising at least one of their children. Through a questionnaire completed before and after the pandemic, one year apart, this study reveals some deterioration in the psychological health of the parents (reduction in parental self-efficacy, increase in psychological distress), but an improvement in the psychological health of children (reduction in depressive and anxiety symptoms). Parents also reported a reduction in prosocial behaviors in their children and a stability in their behavioral problems, hyperactivity and inattention. Finally, the results show a stability of parental stress and parenting practices, including the exposure of the child to psychologically and physically violent parenting behavior within the home. These results illustrate the resilience of families in times of crisis and the effectiveness of parents in protecting the psychological integrity of their children. However, they highlight the risk of deteriorating parental mental health and their need for support in these troubled times.

*Keywords:* COVID-19, child, adolescent, parenting, child abuse

The appearance of COVID-19 and consequent containment measures, including the closure of schools and daycare services (decreed on March 13, 2020, in Quebec, Canada), has hit families hard. Overnight, parents had to reconcile their professional activities, including teleworking, with the need to keep or even educate their children at home. Others found themselves unemployed, leading to increased financial stress.

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Children and adolescents were suddenly deprived of their usual activities and social contacts. All of this experienced in a potentially stressful atmosphere (e.g., fear of contamination) and in a context where access to the social support network and psychosocial services was considerably reduced. Several experts have expressed concerns about this situation (Cluver et al., 2020; Witt et al., 2020), fearing that it could push some families into the zone of psychosocial risk and psychological distress (Bérubé et al., 2020; Lawson et al., 2020). Indeed, social adversity can negatively affect children's and parents' adjustment, due to the pressure it exerts on family processes (Repetti et al., 2002).

Parenting refers to the way in which a mother or father takes care of their children, supervises their behavior, and ensures their development (Hoghugh & Long, 2004). The parent's mental health (Reupert & Maybery, 2016), the quality of the marital and coparental relationship (Parkes et al., 2019), work experience (Lacharité et al., 2015), the school–family relationship (Skaliotis, 2009), the family's socioeconomic status (van

IJzendoorn et al., 2020), and the social support received, whether formal (e.g., professional help) or informal (e.g., help from a friend or relative) (Lacharité et al., 2015), are all factors that can facilitate or hinder parenting. Since the COVID-19 pandemic and the measures taken by authorities to counter its progression are likely to disturb all of these elements, we can be concerned about its repercussions on the parenting experience (Brown et al., 2020) and practices (Griffith, 2020).

A recent Statistics Canada (2020) survey found that during the pandemic, three-quarters of parents say they are very or extremely concerned about balancing childcare, education, and telecommuting. Parents also report as main sources of concern the tendency to have less patience, to raise their voice or to yell at their children (46%), the level of agreement between family members (37%) and the feeling of loneliness (30%). Various experts fear an increase in domestic violence and child abuse in a pandemic (Cuartas, 2020; Fegert et al., 2020; Golberstein et al., 2020), especially since confinement poses a challenge for the detection of situations of abuse or neglect of children (Rapoport et al., 2020).

In their efforts to adapt to the threat of the pandemic and the constraints linked to confinement, children and adolescents could also display socioemotional and behavioral difficulties, whether internalized or externalized (Orgilés et al., 2020; Pisano et al., 2020; Saurabh & Ranjan, 2020). Such difficulties should not be trivialized as they can increase the risk of developing more serious mental health problems (Pihlakoski et al., 2006; Reef et al., 2011). They can also contribute to a more negative parenting experience and a deterioration of family relationships (MacKenzie et al., 2015).

Experts are particularly concerned about the fate of families who already had some vulnerabilities before the pandemic. For youngsters, belonging to a family of lower socioeconomic status or having a parent with a mental disorder or psychological distress (Golberstein et al., 2020; Silliman Cohen & Bosk, 2020) are examples of factors that increase the likelihood of developing psychosocial or behavioral difficulties during a pandemic. For a parent, stress related to the pandemic could be heightened if they live with a child with special needs or behavioral difficulties, or if they already had a high level of stress before the pandemic (Prime et al., 2020).

## Goal and Hypotheses

Using data collected before and after the onset of COVID-19, the aim of this study is to document changes that have occurred 1 year apart in parenting, child behavior, and family violence against children. It was carried out with a group of parents of children aged 5–17 who had benefited from a parental support program in recent years (i.e., the Triple P—Positive Parenting Program, Sanders, 2008, 2012). It is therefore a sample of parents who have experienced difficulties or vulnerabilities in the past. The first hypothesis postulates a deterioration in parenting (increased psychological distress, reduced parental self-efficacy, increased parental stress, increased dysfunctional disciplinary practices, and reduced positive parenting practices). The second hypothesis postulates a deterioration in child behavior (increased emotional symptoms, conduct problems, and hyperactivity/inattention, and decreased prosocial behavior). The third hypothesis postulates an increase in the physical and psychological violence suffered by the child from an adult in the household.

## Method

### Sample

The sample includes 127 parents from different families, including 19.8% of fathers. In each family, a target child was randomly selected if needed. The target children are aged between 5 and 17, with an average age of 10 ( $SD = 3$ ). In the vast majority of cases, they live with the responding parent full time (79.5%) or between 4 and 6 days per week (15.7%).

The participants come from Quebec City (60.6%) and Montreal (39.4%). They are almost all Canadian citizens (99.2%), the majority identifying with North American (73.2%) or European (14.2%) cultures. Before the pandemic, half of the sample (51.3%) reported an annual family income between 40,000 \$ and 99,000 \$, while 23.9% earned less and 24.8% earned more. Most participants had a postsecondary degree (71.0%) and a paid job before (80.0%) and after (73.6%) the pandemic. Among parents who were employed or self-employed during the confinement, 38.5% were teleworking, 38.5% commute to their usual work site, 16.5% combine both options, and 6.5% prefer not to answer this

question. Overall, participants have had little exposure to the COVID-19 virus. Eighteen respondents (14.2%) had either been in direct contact with people or material suspected of being contaminated outside their home ( $n = 16$ ), or lived with a similarly exposed person ( $n = 1$ ) or a person having had the virus ( $n = 1$ ). The only respondent who was diagnosed reported moderate symptoms and was not hospitalized.

## Measures

Sociodemographic variables were measured post-COVID-19. Parenting and child variables were assessed at two points in time using a series of standardized instruments.

### *Psychological Distress*

The French version (Statistics Canada, 2002) of the Kessler Psychological Distress Scale (K10; Kessler et al., 2002) is a brief measure of non-specific mental health status. This 10-item instrument ( $\alpha = .90$ ) asks the parent to indicate, on a 5-point scale (*never to always*), how often they have felt nervous, hopeless, sad, agitated, and so forth, during the previous month. In the present study, this period was extended to 2 months. A score varying from 10 to 50 is obtained by adding the responses, a score of 30 or more indicating a high level of distress. However, the Québec Statistics Institute reports a score out of 40 and considers a score of 9 or higher to indicate high distress (Institut de la Statistique du Québec [ISQ], 2008). The K10 has consistent psychometric properties across major sociodemographic subsamples, strongly discriminates between community cases and noncases of DSM-IV/SCID disorders (Kessler et al., 2002), and has been validated in different languages and cultures (e.g., Easton et al., 2017; Pereira et al., 2019).

### *Parental Self-Efficacy*

This variable is measured using an in-house translation of the 5-item Parent Self-Agency Measure (PSAM; Dumka et al., 1996). Parents are asked to provide the answer that best represents their reality on a 7-point scale (*rarely to always*). An average score is calculated ( $\alpha = .80$ ). The higher it is, the more competent the parent feels in carrying out their role. Pursell and While (2013) reviewed 34 instruments used

to measure parental self-efficacy and analyzed their psychometric properties from different angles. Overall, the PSAM ranks 18th, its main strengths being its content and construct validity and internal consistency.

### *Parental Stress*

This variable is measured using the French version (Abidin, 2013) of the Parenting Stress Index-4 Short Form (PSI-4-SF, Abidin, 2012). It is subdivided into three subscales based on factor analysis of the original PSI: Parental Distress (12 items,  $\alpha = .87$ ), Parent-Child Dysfunctional Interaction (12 items,  $\alpha = .83$ ), and Difficult Child (12 items,  $\alpha = .89$ ). For each statement, the parent indicates his/her level of agreement on a 5-point Likert scale (*strongly agree to strongly disagree*). Scores for each subscale are calculated by adding the responses to the items: the higher the score, the higher the stress illustrated by the dimension measured. The clinical cut-off score is based on the 85th percentile of the distribution in a normal population. According to Johnson's (2015) review of the PSI-4, this test is a reliable measure that has strong content validity, while construct validity is based on a body of literature showing correlations between PSI scores and different parenting and child variables, parent-child interaction and risk of child abuse. The recent literature on PSI-4-SF generally comes to the same conclusions (e.g., Barroso et al., 2016; Touchèque et al., 2016), except that the three-factor structure originally proposed is debated (Haskett et al., 2006).

### *Positive Parenting Practices*

This variable is assessed by a French version (Pauzé, 2004) of the Positive Parenting Practices subscale (6 items,  $\alpha = .63$ ) of the Alabama Parenting Questionnaire (APQ; Shelton et al., 1996). The respondent indicates on a 5-point scale (*never to always*) how often he/she uses the educational practice described. An average score is then calculated. Although the five-factor structure of the APQ is debated (Maguin et al., 2016), a large body of literature associates the different scores of the APQ with observations of parental behavior (e.g., Hawes & Dadds, 2006), child's behavior problems (e.g., Te Brinke et al., 2017), and other parenting indicators (e.g., Park et al., 2018), which supports the validity of the instrument.

### ***Dysfunctional Disciplinary Practices***

The French version of the Parenting Scale (PS; Arnold et al., 1993) which is included in the Triple P manual (American Psychological Association, 1993) is used. The PS is one of the most reliable and valid instruments for measuring parenting practices (Duppong Hurley et al., 2014). It measures three styles of dysfunctional parental discipline: Laxness (permissive and inconsistent discipline; 5 items ( $\alpha = .74$ ), Overreactivity (irritability and harsh, emotional, and authoritarian discipline; 5 items,  $\alpha = .76$ ) and Hostility (use of physical or verbal force; 3 items,  $\alpha = .62$ ). Each item has a positive pole and a negative pole, and the poles are reversed for half of the items. Each statement is answered on a 7-point scale. An average score is calculated for each subscale.

### ***Child's Strengths and Difficulties***

The French version (Python & Terrisse, 2003) of the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) for children aged 4–16 is used. Its 25 items are divided equally into five subscales, four of which are used in this study: Emotional Symptoms, Conduct Problems, Hyperactivity/Inattention, and Prosocial Behavior. Each statement describes a behavioral attribute of the child and the parent should judge whether this is: not true (0), somewhat true (1) or very true (2), referring to the past 6 months. An average score is calculated for each subscale; the higher the score, the more the child has the “strength” or “difficulty” in question. The ordinal alphas for these scores vary between .68 and .88 in this sample. The instrument provides thresholds for each subscale, in order to identify “borderline” or “abnormal” cases. SDQ scores converge with several pediatric tools used to measure behavior and psychopathologies, and its construct validity and test–retest reliability have been established (Goodman et al., 2003; Stone et al., 2015).

### ***Violence Toward the Child***

Family violence toward the child is measured using the Psychological Aggression (5 items) and Minor Physical Violence (4 items) subscales of the adapted and French version (Clément et al., 2018) of the Parent–Child Conflict Tactics Scales

(PCCTS; Straus et al., 1998). These scales show polychoric alphas between .75 and .80. The statements describe different behaviors that can be adopted by an adult in a conflict with a child. The respondent indicates how often (never happened; once or twice; 3–5 times; 6 times and more) the child has been the target of this behavior by an adult in their home during a given period (the last 2 months in this study). Given the typical skewness of the distributions of family violence variables, dichotomous scores are calculated, illustrating the prevalence of psychological aggression (none vs. at least once), repeated psychological aggression (less than 3 times vs. 3 times or more), and minor physical violence (none vs. at least once).

### **Procedure**

Participants were recruited from a cohort of parents who, in 2015 or 2016, benefited from the Triple P parenting support program. At that time, parents participated in an evaluation based on a target child aged between 0 and 12. These original data were not used in the present study, as they were collected primarily for the purpose of program evaluation. In addition, due to the passage of time, these were considered poor indicators of the families' prepandemic situation.

In spring 2019, 164 parents participated in a research follow-up; a year later, these parents were contacted again for a post-COVID-19 follow-up (response rate: 77 %). Data collection was performed online with the LimeSurvey application. Participants received a personalized link by email to access the electronic consent form and, once they consented, the questionnaire. When finished, they electronically submit their responses and then receive financial compensation of \$30 by mail. Pre-COVID-19 data was collected between March 19 and May 22, 2019, while post-COVID-19 data were collected between May 20 and July 7, 2020.

### **Analyses**

Descriptive statistics ( $M$ ,  $SD$ , %) were calculated for each of the variables under study. Pre-post COVID-19 differences in parenting and child behavior variables were verified using ANOVAs and MANOVAs for repeated measures. Since violent parenting is expressed in dichotomous form, McNemar's nonparametric

tests were performed to assess pre–post COVID-19 proportion differences. The  $\alpha$  threshold is set at .05 for all analyses.

### Results

Descriptive results for parenting and child variables are presented in Table 1. When clinical cut-offs are available, the proportions of respondents who scored above these thresholds are displayed. Table 1 also presents the results of the analyses of variance carried out in order to identify the changes that occurred in the sample between the two measurement times. The subscale scores from the same instrument are processed in a multivariate analysis (MANOVAs) and post hoc ANOVAs are performed only if the multivariate  $F$  is significant. Other variables are treated in a univariate analysis (ANOVAs). First, we observe a certain deterioration in parents' psychological health: their psychological distress significantly increases, while their feeling of parental self-efficacy decreases. In contrast, there is a significant decrease in children's emotional symptoms. On the behavioral level, it appears that children display less prosocial behavior in a

confinement context. Overall, effect sizes are small to moderate. No significant difference was observed in parental stress, parenting practices, and child's disruptive behavior.

With regard to family violence, the proportions of children having suffered psychological violence (83.5% vs. 81.1%,  $p = .467$ ), repeated psychological violence (22.0% vs. 22.0%),  $p = 1.00$ , and minor physical violence (16.5% vs. 18.1%,  $p = .655$ ) did not change significantly between T1 and T2: McNemar's tests were all insignificant.

### Discussion

This study intended to document the family changes that occurred in the wake of the pandemic and the confinement measures, in a sample of parents who had previously obtained help for their difficulties in raising at least one of their children. Findings partially confirmed the first hypothesis: parents displayed significantly more psychological distress and felt less effective as parents during the pandemic. However, the effect sizes remain modest. Results were insignificant for parental stress and parenting practices. Mixed

**Table 1**

*Descriptive Statistics and Repeated Measures Analyses of Variance Showing Significant Changes Pre–Post COVID-19*

Variable	Pre-COVID-19			Post-COVID-19			Mean differences			
	<i>M</i>	<i>SD</i>	%	<i>M</i>	<i>SD</i>	%	<i>F</i>	<i>df</i>	<i>p</i>	$\eta^2$
Psychological distress <sup>a</sup> (ANOVA)	1.75	0.52	41.7 <sup>b</sup>	1.85	0.61	40.2 <sup>b</sup>	4.06	1, 126	.046	.031
Parental self-efficacy (ANOVA)	5.52	0.75	—	5.32	0.91	—	8.09	1, 126	.005	.061
Indicators of parental stress (MANOVA)							1.04	3, 124	.377	—
Parental distress	2.25	0.70	24.4	2.32	0.67	24.4	—	—	—	—
Parent–child dysfunctional interaction	2.03	0.60	38.6	2.11	0.67	47.2	—	—	—	—
Difficult child	2.61	0.79	45.7	2.64	0.82	45.7	—	—	—	—
Positive parenting practice (ANOVA)	4.20	0.50	—	4.17	0.53	—	0.32	1, 126	.573	—
Dysfunct. disciplinary practices (MANOVA)							2.31	3, 124	.080	—
Laxness	2.24	0.74	—	2.37	0.80	—	—	—	—	—
Overreactivity	2.98	1.11	—	3.06	1.08	—	—	—	—	—
Hostility	1.69	0.79	—	1.65	0.70	—	—	—	—	—
Child's strengths and difficulties (MANOVA)							9.39	4, 123	.000	—
Emotional symptoms	0.51	0.39	31.5 <sup>c</sup>	0.37	0.40	18.1 <sup>c</sup>	17.66	1, 126	.000	.123
Conduct problems	0.54	0.36	51.2 <sup>c</sup>	0.54	0.37	49.7 <sup>c</sup>	0.09	1, 126	.765	—
Hyperactivity/inattention	0.94	0.56	33.1 <sup>c</sup>	0.95	0.49	37.0 <sup>c</sup>	0.07	1, 126	.798	—
Prosocial behavior	1.57	0.36	10.2 <sup>c</sup>	1.43	0.40	18.1 <sup>c</sup>	16.91	1, 126	.000	.118

*Note.*  $\eta^2 \sim .01$  = small effect;  $\eta^2 \sim .06$  = medium effect;  $\eta^2 > .14$  = large effect. Dysfunct. = dysfunctional.

<sup>a</sup> K-10 mean score, varying from 1 to 5 (equivalent to the additive score varying from 10 to 50). <sup>b</sup> Proportions based on the thresholds used by the Québec Statistics Institute [Institut de la statistique du Québec], derived from U.S. norms. According to the original Australian thresholds, which are more severe, the proportions of high distress would be 2.4% and 6.3%, respectively. <sup>c</sup> Proportions based on the clinical thresholds of the instrument, including “abnormal” and “borderline” levels.

support was also found for the second hypothesis on child behavior: as expected, findings underline a reduction in child prosocial behavior, but an unexpected decrease in emotional symptoms. Other behavioral indicators (conduct problems, hyperactivity, and inattention) remained stable, as did indicators of family violence toward the child, thus failing to support the third hypothesis.

Regarding increased psychological distress in parents and reduced sense of parental self-efficacy, the effect sizes are modest and likely do not reflect clinically visible changes. However, they could signal that parental psychological health began to deteriorate early in the pandemic. That is why they should not be overlooked. As suggested in the introduction, these findings can be explained by the various stressors parents are exposed to in the wake of the pandemic, coupled with reduced access to their support network. Due to the confinement measures, most children and adolescents found themselves sharing their daily life with their parents. This may have led to an increase in the pressure experienced by parents, who are now forced to negotiate elements that were not problematic or not very present before the pandemic (e.g., restrictions on play and social activities, sharing of living spaces), to develop new life routines, and to redefine the roles and responsibilities of each family member, while maintaining the same workload (Prime et al., 2020), hence affecting their sense of self-efficacy and their psychological well-being.

Findings failed to support our hypotheses concerning parenting practices and family violence toward children. The stability of these behaviors, whether positive, ineffective or coercive, should be emphasized. Recall that the parents in the sample have all been exposed in the past to the Triple P parenting support program, an evidence-based program for teaching positive parenting practices and reducing the use of lax, inconsistent, or coercive practices toward the child. It is therefore plausible that the parents in the sample, even though they have faced parenting challenges in the past, were well equipped to overcome such challenges. These gains could have enabled them to maintain adequate parenting practices during the crisis, and therefore to supervise their child effectively, making it easier to control their parental stress level. This explanation is consistent with Spinelli et al. (2020), who indicate that the parent's ability to cope with pandemic stressors is

associated with lower parental stress and child well-being.

Findings show that while children's disruptive behaviors seem to remain stable, children are said by parents to exhibit fewer behaviors that reflect empathy, cooperation, sharing, and mutual support. It is possible that due to the reduced volume of social interactions in a confinement setting, children and adolescents have fewer opportunities to exhibit such behavior, and parents have fewer opportunities to spot them. It is also possible that parents, struggling with their own concerns, are less likely to notice this type of behavior in their child. Another possible explanation for this finding is a possible rise in parental expectations and demands in a context where children are less willing to meet them. These expectations may relate to autonomy, contribution to family life and household chores, mutual aid, and good understanding among siblings, for example. It has been showed that when children do not go to school, they have more difficulty complying with the framework imposed by their parents and a healthy lifestyle (less sleep, less physical activity, more screen time; Brazendale et al., 2017). With regard to children's disruptive behaviors, it is important to underline that these were already high before COVID-19. Half of the children and adolescents were already exhibiting behavioral problems, and one-third exhibited symptoms of hyperactivity or inattention severe enough to require professional attention. It seems that these difficulties simply persisted during the pandemic.

A surprising result that runs counter to the second hypothesis is the improvement in the mental health of children and adolescents in the context of confinement, which is reflected in the significant decrease in their emotional symptoms. Put in parallel with the apparent onset of deterioration in the psychological health of parents, this result could illustrate the protective and compensatory function of parents (Nelson et al., 2009). Faced with the concerns and upheavals brought about by the pandemic and the resulting confinement measures, parents in the sample seem to place themselves between the stressor and their child, absorbing the shock and thus protecting the latter's psychological integrity. It is also possible that the routine life changes associated with the pandemic may have had a positive effect on the child's well-being. The scientific literature highlights the link between

time spent with parents and the well-being as well as mental health of the child (Desha et al., 2011; Milkie et al., 2015), particularly in the context of disaster or crisis (Gudmundsdóttir et al., 2016). And although school is critical to youth development and can be a supportive environment, it is nonetheless a source of stress for many children, especially those who display difficulties such as many of the children in our sample. They may have experienced the school leave due to confinement as a respite, alleviating their anxiety and depressive symptoms in the short term (Bobo et al., 2020).

### Strengths and Limitations

The main strength of this study is the availability of measures preceding the crisis caused by COVID-19, which makes it possible to analyze the changes that occurred in families in the context of a sanitary crisis. The use of reliable, valid, and widely used measures is also noteworthy. However, the specific characteristics of the sample (families who have already benefited from the Triple P program) limit the generalization of the results. In addition, the loss of participants between the pre and post-COVID-19 measurements is likely to introduce certain sampling biases which remain difficult to assess.

### Implications and Applications

Taken together, the results of this study illustrate the potential of family resilience in a sanitary crisis. It is reassuring to observe that the parents in our sample seem to adequately protect their children from the repercussions of the crisis, so that children's mental health improves between the two measurement times. From a health promotion perspective, this positive and rewarding message could be conveyed to parents through a social marketing campaign (e.g., Henley et al., 1998). This could reinforce their parental self-efficacy which seems to be undermined in the context of a pandemic. The use of media strategies could also make the population aware of parental difficulties in times of pandemic and encourage community vigilance and support. In this type of population-based intervention, it is important to validate the difficulties experienced by families in order to avoid creating feelings of guilt or shame in parents and to

encourage them to ask for help if needed (Gagné et al., 2014).

Although the deterioration of parents' psychological health in our sample is not major, it should be kept in mind that the study was carried out in the early stages of the crisis. The situation could worsen as the crisis continues and parents' coping skills are pushed to their limit. In terms of psychosocial support, our results suggest that parents should be the primary focus of efforts, as they are the ones who seem to absorb the shock to protect their families from the impact of the COVID-19. Health and social services agencies, together with their partners in the field (community organizations, schools, childcare centers, municipal services, etc.), must show the will and creativity to assess the needs of vulnerable parents and provide a quick, accessible, and efficient response to their requests for help. The imperatives of social distancing in times of a pandemic could encourage the use of effective online interventions, such as the online Triple P program (Day & Sanders, 2018) accompanied by a telephone support line for parents.

It is generally accepted that parents need to take care of themselves in order to properly care for their children. Perhaps one of the best ways to give parents a respite is to keep schools and childcare services open. Experts have recommended this measure primarily for the sake of children, so that they continue their learning and maintain their social ties. But we can also think of several benefits for parents: facilitating work-family balance and helping them maintain a healthy family routine, for example. Reopening schools and keeping them open was essential for the well-being of the whole family.

### References

- Abidin, R. R. (2012). *Parenting Stress Index, Fourth Edition Short Form*. Psychological Assessment Resources.
- Abidin, R. R. (2013). *ISP-4: Indice de stress parental*. Institut de recherches psychologiques.
- American Psychological Association. (1993). Échelle de mesure des pratiques parentales. In K. M. T. Turner, C. Markie-Dadds, & M. R. Sanders (Eds.), *Manuel de l'animateur pour Triple P de groupe, édition III* (pp. 216–218). Triple P International.
- Arnold, D. S., O'Leary, S. G., Wolff, L. S., & Acker, M. M. (1993). The Parenting Scale: A measure of dysfunctional parenting in discipline situations.

- Psychological Assessment*, 5(2), 137–144. <https://doi.org/10.1037/1040-3590.5.2.137>
- Barroso, N. E., Hungerford, G. M., Garcia, D., Graziano, P. A., & Bagner, D. M. (2016). Psychometric properties of the Parenting Stress Index-Short Form (PSI-SF) in a high-risk sample of mothers and their infants. *Psychological Assessment*, 28(10), 1331–1335. <https://doi.org/10.1037/pas0000257>
- Bérubé, A., Clément, M.-È., Lafantaisie, V., LeBlanc, A., Baron, M., Picher, G., Turgeon, J., Ruiz-Casares, M., & Lacharité, C. (2020). How societal responses to COVID-19 could contribute to child neglect. *Child Abuse & Neglect: The International Journal*. Advance online publication. <https://doi.org/10.1016/j.chiabu.2020.104761>
- Bobo, E., Lin, L., Acquaviva, E., Caci, H., Franc, N., Gamon, L., Picot, M. C., Pupier, F., Speranza, M., Falissard, B., & Purper-Ouakil, D. (2020). Comment les enfants et adolescents avec le trouble déficit d'attention/hyperactivité (TDAH) vivent-ils le confinement durant la pandémie COVID-19? [How do children and adolescents with attention deficit hyperactivity disorder (ADHD) experience lockdown during the COVID-19 outbreak?]. *L'Encéphale*, 46(3S), S85–S92. <https://doi.org/10.1016/j.encep.2020.05.011>
- Brazendale, K., Beets, M. W., Weaver, R. G., Pate, R. R., Turner-McGrievy, G. M., Kaczynski, A. T., Chandler, J. L., Bohnert, A., & von Hippel, P. T. (2017). Understanding differences between summer vs. school obesogenic behaviors of children: The structured days hypothesis. *The International Journal of Behavioral Nutrition and Physical Activity*, 14, 1–14. <https://doi.org/10.1186/s12966-017-0555-2>
- Brown, S. M., Doom, J. R., Lechuga-Peña, S., Watamura, S. E., & Koppels, T. (2020). Stress and parenting during the global COVID-19 pandemic. *Child Abuse & Neglect: The International Journal*, 110, Article 104699. <https://doi.org/10.1016/j.chiabu.2020.104699>
- Clément, M. È., Gagné, M. H., & Chamberland, C. (2018). Adaptation et validation francophone d'un questionnaire sur les conduites parentales à caractère violent (PC-CTS) [French adaptation and validation of the Parent-Child Conflict Tactics Scales (PC-CTS)]. *European Review of Applied Psychology/Revue Européenne de Psychologie Appliquée*, 68(3), 141–149. <https://doi.org/10.1016/j.erap.2018.04.004>
- Cluver, L., Lachman, J. M., Sherr, L., Wessels, I., Krug, E., Rakotomalala, S., Blight, S., Hillis, S., Bachmand, G., Green, O., Butchart, A., Tomlinson, M., Ward, C. L., Doubt, J., & McDonald, K. (2020). Parenting in a time of COVID-19. *Lancet*, 395, Article e64. [https://doi.org/10.1016/S0140-6736\(20\)30736-4](https://doi.org/10.1016/S0140-6736(20)30736-4)
- Cuartas, J. (2020). Heightened risk of child maltreatment amid the COVID-19 pandemic can exacerbate mental health problems for the next generation. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12, S195–S196. <https://doi.org/10.1037/tra0000597>
- Day, J. J., & Sanders, M. R. (2018). Do parents benefit from help when completing a self-guided parenting program online? A randomized controlled trial comparing triple p online with and without telephone support. *Behavior Therapy*, 49, 1020–1038. <https://doi.org/10.1016/j.beth.2018.03.002>
- Desha, L. N., Nicholson, J. M., & Ziviani, J. M. (2011). Adolescent depression and time spent with parents and siblings. *Social Indicators Research*, 101(2), 233–238. <https://doi.org/10.1007/s11205-010-9658-8>
- Dumka, L. E., Stoerzinger, H. D., Jackson, K. M., & Roosa, M. W. (1996). Examination of the cross-cultural and cross-language equivalence of the parenting self-agency measure. *Family Relations*, 45(2), 216–222. <https://doi.org/10.2307/585293>
- Duppong Hurley, K., Huscroft-D'Angelo, J., Trout, A., Griffith, A., & Epstein, M. (2014). Assessing parenting skills and attitudes: A review of the psychometrics of parenting measures. *Journal of Child and Family Studies*, 23, 812–823. <https://doi.org/10.1007/s10826-013-9733-2>
- Easton, S. D., Safadi, N. S., Wang, Y., & Hasson, R. G., III. (2017). The Kessler Psychological Distress Scale: Translation and validation of an Arabic version. *Health and Quality of Life Outcomes*, 15(1), 215. <https://doi.org/10.1186/s12955-017-0783-9>
- Fegert, J. M., Vitiello, B., Plener, P. L., & Clemens, V. (2020). Challenges and burden of the coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: A narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and Adolescent Psychiatry and Mental Health*, 14, 20. <https://doi.org/10.1186/s13034-020-00329-3>
- Gagné, M.-H., Lachance, V., Thomas, F., Brunson, L., & Clément, M. È. (2014). Prévenir la maltraitance envers les enfants au moyen du marketing social. *Canadian Journal of Community Mental Health*, 33, 85–107. <https://doi.org/10.7870/cjcmh-2014-017>
- Golberstein, E., Wen, H., & Miller, B. F. (2020). Coronavirus disease 2019 (COVID-19) and mental health for children and adolescents. *JAMA Pediatrics*, 174, 819–820. <https://doi.org/10.1001/jamapediatrics.2020.1456>
- Goodman, R. (1997). The strengths and difficulties questionnaire: A research note. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 38(5), 581–586. <https://doi.org/10.1111/j.1469-7610.1997.tb01545.x>
- Goodman, R., Ford, T., Simmons, H., Gatward, R., & Meltzer, H. (2003). Using the Strengths and Difficulties Questionnaire (SDQ) to screen for child psychiatric disorders in a community sample. *International Review of Psychiatry*, 15, 166–172. <https://doi.org/10.1080/0954026021000046128>

- Griffith, A. K. (2020). Parental burnout and child maltreatment during the COVID-19 pandemic. *Journal of Family Violence*. Advance online publication. <https://doi.org/10.1007/s10896-020-00172-2>
- Gudmundsdóttir, D. G., Ásgeirsdóttir, B. B., Huppert, F. A., Sigfúsdóttir, I. D., Valdimarsdóttir, U. A., & Hauksdóttir, A. (2016). How does the economic crisis influence adolescents' happiness? Population-based surveys in Iceland in 2000–2010. *Journal of Happiness Studies*, 17(3), 1219–1234. <https://doi.org/10.1007/s10902-015-9639-3>
- Haskett, M. E., Ahern, L. S., Ward, C. S., & Allaire, J. C. (2006). Factor structure and validity of the parenting stress index-short form. *Journal of Clinical Child and Adolescent Psychology*, 35, 302–312. [https://doi.org/10.1207/s15374424jccp3502\\_14](https://doi.org/10.1207/s15374424jccp3502_14)
- Hawes, D. J., & Dadds, M. R. (2006). Assessing parenting practices through parent-report and direct observation during parenting-training. *Journal of Child and Family Studies*, 15, 554–567. <https://doi.org/10.1007/s10826-006-9029-x>
- Henley, N., Donovan, R. J., & Moorhead, H. (1998). Appealing to positive motivations and emotions in social marketing: Example of a positive parenting campaign. *Social Marketing Quarterly*, 4(4), 48–53. <https://doi.org/10.1080/15245004.1998.9961018>
- Hoghugh, M., & Long, N. (2004). *Handbook of parenting: Theory and research for practice*. Sage Publications.
- Institut de la Statistique du Québec. (2008). *La détresse psychologique chez les Québécois en 2005*.
- Johnson, A. O. (2015). Test review—Parenting Stress Index, Fourth Edition (PSI-4). *Journal of Psychoeducational Assessment*, 33, 698–702.
- Kessler, R. C., Andrews, G., Colpe, L. J., Hiripi, E., Mroczek, D. K., Normand, S.-L., Walters, E. E., & Zaslavsky, A. M. (2002). Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine*, 32, 959–976. <https://doi.org/10.1017/S0033291702006074>
- Lacharité, C., Pierce, T., Calille, S., Baker, M., & Pronovost, M. (2015). Penser la parentalité au Québec: un modèle théorique et un cadre conceptuel pour l'initiative Perspectives parents [Thinking about parenthood in Quebec: A theoretical model and a conceptual framework for the Perspectives parents initiative]. In *Les Cahiers du CEIDEF* (Vol. 3, pp. 24). Trois-Rivières: CEIDEF/UQTR.
- Lawson, M., Piel, M. H., & Simon, M. (2020). Child Maltreatment during the COVID-19 pandemic: Consequences of parental job loss on psychological and physical abuse towards children. *Child Abuse & Neglect: The International Journal*, 110, Article 104709. <https://doi.org/10.1016/j.chiabu.2020.104709>
- MacKenzie, M. J., Nicklas, E., Brooks-Gunn, J., & Waldfogel, J. (2015). Spanking and children's externalizing behavior across the first decade of life: Evidence for transactional processes. *Journal of Youth and Adolescence*, 44, 658–669. <https://doi.org/10.1007/s10964-014-0114-y>
- Maguin, E., Nochajski, T. H., De Wit, D. J., & Safyer, A. (2016). Examining the validity of the adapted Alabama Parenting Questionnaire-Parent Global Report version. *Psychological Assessment*, 28, 613–625. <https://doi.org/10.1037/pas0000214>
- Milkie, M. A., Nomaguchi, K. M., & Denny, K. E. (2015). Does the amount of time mothers spend with children or adolescents matter? *Journal of Marriage and Family*, 77(2), 355–372. <https://doi.org/10.1111/jomf.12170>
- Nelson, J. A., O'Brien, M., Blankson, A. N., Calkins, S. D., & Keane, S. P. (2009). Family stress and parental responses to children's negative emotions: Tests of the spillover, crossover, and compensatory hypotheses. *Journal of Family Psychology*, 23(5), 671–679. <https://doi.org/10.1037/a0015977>
- Orgilés, M., Morales, A., Delvecchio, E., Mazzeschi, C., & Espada, J. P. (2020, April 21). *Immediate psychological effects of the COVID-19 quarantine in youth from Italy and Spain*. <https://doi.org/10.31234/osf.io/5bpfz>
- Park, J. L., Johnston, C., Colalillo, S., & Williamson, D. (2018). Parents' attributions for negative and positive child behavior in relation to parenting and child problems. *Journal of Clinical Child and Adolescent Psychology*, 47, S63–S75. <https://doi.org/10.1080/15374416.2016.1144191>
- Parkes, A., Green, M., & Mitchell, K. (2019). Coparenting and parenting pathways from the couple relationship to children's behavior problems. *Journal of Family Psychology*, 33(2), 215–225. <https://doi.org/10.1037/fam0000492>
- Paupé, R., Toupin, J., Déry, M., Mercier, H., Joly, J., Cyr, M., Robert, M. (2004). *Portrait des jeunes âgés de 0 à 17 ans référés à la prise en charge des Centres jeunesse du Québec, leur parcours dans les services et leur évolution dans le temps*. Université de Sherbrooke, Groupe de recherche sur les inadaptations sociales de l'enfance.
- Pereira, A., Oliveira, C. A., Bártolo, A., Monteiro, S., Vagos, P., & Jardim, J. (2019). Reliability and factor structure of the 10-item Kessler Psychological Distress Scale (K10) among Portuguese adults. *Ciencia & Saude Coletiva*, 24(3), 729–736. <https://doi.org/10.1590/1413-81232018243.06322017>
- Pihlakoski, L., Sourander, A., Aromaa, M., Rautava, P., Helenius, H., & Sillanpää, M. (2006). The continuity of psychopathology from early childhood to preadolescence: A prospective cohort study of 3–12-year-old children. *European Child & Adolescent Psychiatry*, 15(7), 409–417. <https://doi.org/10.1007/s00787-006-0548-1>
- Pisano, L., Galimi, D., & Cerniglia, L. (2020, April 13). A qualitative report on exploratory data on the

- possible emotional/behavioral correlates of Covid-19 lockdown in 4-10 years children in Italy. *Psy-ArXiv*. <https://doi.org/10.31234/osf.io/stwbn>
- Pithon, G., & Terrisse, B. (2003). *Questionnaire sur les points forts et les points faibles de l'élève. Formes parents, professeurs et adolescents*. Groupe de recherche en adaptation scolaire et sociale, DÉFS, Université du Québec à Montréal.
- 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>
- Purssell, E., & While, A. (2013). Parental self-efficacy and its measurement – an evaluation of a parental self-efficacy measurement scale. *Journal of Clinical Nursing*, *22*, 1487–1494. <https://doi.org/10.1111/j.1365-2702.2012.04308.x>
- Rapoport, E., Reisert, H., Schoeman, E., & Adesman, A. (2020). Reporting of child maltreatment during the SARS-CoV-2 pandemic in New York City from March to May 2020. *Child Abuse & Neglect: The International Journal*. Advance online publication. <https://doi.org/10.1016/j.chiabu.2020.104719>
- Reef, J., Diamantopoulou, S., van Meurs, I., Verhulst, F. C., & van der Ende, J. (2011). Developmental trajectories of child to adolescent externalizing behavior and adult DSM-IV disorder: Results of a 24-year longitudinal study. *Social Psychiatry and Psychiatric Epidemiology*, *46*(12), 1233–1241. <https://doi.org/10.1007/s00127-010-0297-9>
- Repetti, R. L., Taylor, S. E., & Seeman, T. E. (2002). Risky families: Family social environments and the mental and physical health of offspring. *Psychological Bulletin*, *128*(2), 330–366. <https://doi.org/10.1037/0033-2909.128.2.330>
- Reupert, A., & Maybery, D. (2016). What do we know about families where parents have a mental illness? A systematic review. *Child and Youth Services*, *37*(2), 98–111. <https://doi.org/10.1080/0145935X.2016.1104037>
- Sanders, M. R. (2008). Triple P-Positive Parenting Program as a public health approach to strengthening parenting. *Journal of Family Psychology*, *22*(4), 506–517. <https://doi.org/10.1037/0893-3200.22.3.506>
- Sanders, M. R. (2012). Development, evaluation, and multinational dissemination of the triple P-positive parenting program. *Annual Review of Clinical Psychology*, *8*, 345–379. <https://doi.org/10.1146/annurev-clinpsy-032511-143104>
- Saurabh, K., & Ranjan, S. (2020). Compliance and psychological impact of quarantine in children and adolescents due to Covid-19 pandemic. *Indian Journal of Pediatrics*, *87*, 532–536. <https://doi.org/10.1007/s12098-020-03347-3>
- Shelton, K. K., Frick, P. J., & Wootton, J. (1996). Assessment of parenting practices in families of elementary school-age children. *Journal of Clinical Child Psychology*, *25*(3), 317–329. [https://doi.org/10.1207/s15374424jccp2503\\_8](https://doi.org/10.1207/s15374424jccp2503_8)
- Silliman Cohen, R. I., & Bosk, E. A. (2020). Vulnerable youth and the COVID-19 pandemic. *Pediatrics*, *146*(1), Article e20201306. <https://doi.org/10.1542/peds.2020-1306>
- Skaliotis, E. (2009). Changes in parental involvement in secondary education: An exploration study using the longitudinal study of young people in England. *British Educational Research Journal*, *36*(6), 975–994. <https://doi.org/10.1080/01411920903342020>
- Spinelli, M., Lionetti, F., Pastore, M., & Fasolo, M. (2020). Parents' stress and children's psychological problems in families facing the COVID-19 outbreak in Italy. *Frontiers in Psychology*, *11*, Article 1713. <https://doi.org/10.3389/fpsyg.2020.01713>
- Statistics Canada. (2002). *Enquête sur la santé dans les collectivités canadiennes—Santé mentale et bien-être (Cycle 1.2)* [Canadian community health survey—Mental health and well-being (Cycle 1.2)]. <http://www.statcan.gc.ca/start-debut-fra.html>
- Statistics Canada. (2020). *The impact of the COVID-19 pandemic on Canadian families and children*. <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2020043-eng.htm>
- Stone, L. L., Janssens, J. M. A. M., Vermulst, A. A., Van Der Maten, M., Engels, R. C. M. E., & Otten, R. (2015). The Strengths and Difficulties Questionnaire: Psychometric properties of the parent and teacher version in children aged 4–7. *BioMed Central*, *3*(1), Article 4. <https://doi.org/10.1186/s40359-015-0061-8>
- Straus, M. A., Hamby, S. L., Finkelhor, D., Moore, D. W., & Runyan, D. (1998). Identification of child maltreatment with the parent-child conflict tactics scales: Development and psychometric data for a national sample of American parents. *Child Abuse & Neglect: The International Journal*, *22*(4), 249–270. [https://doi.org/10.1016/S0145-2134\(97\)00174-9](https://doi.org/10.1016/S0145-2134(97)00174-9)
- Te Brinke, L. W., Deković, M., Stoltz, S. E. M. J., & Cillessen, A. H. N. (2017). Bidirectional effects between parenting and aggressive child behavior in the context of a preventive intervention. *Journal of Abnormal Child Psychology*, *45*, 921–934. <https://doi.org/10.1007/s10802-016-0211-3>
- Toucheque, M., Etienne, A.-M., Stassart, C., & Catale, C. (2016). Validation of the French version of the Parenting Stress Index-Short Form (Fourth edition). *Journal of Community Psychology*, *44*(4), 419–425. <https://doi.org/10.1002/jcop.21778>
- van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., Coughlan, B., & Reijman, S. (2020). Annual research review: Umbrella synthesis of meta-analyses on child

maltreatment antecedents and interventions: Differential susceptibility perspective on risk and resilience. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 61(3), 272–290. <https://doi.org/10.1111/jcpp.13147>

Witt, A., Ordóñez, A., Martin, A., Vitiello, B., & Fegert, J. M. (2020). Child and adolescent mental health service provision and research during the Covid-19 pandemic: Challenges, opportunities,

and a call for submissions. *Child and Adolescent Psychiatry and Mental Health*, 14, Article 19. <https://doi.org/10.1186/s13034-020-00324-8>

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