

“Covid Was a Worldwide Pandemic That Caused Trauma for Everyone... There Were Also ‘Silver-linings’” – Adult and Youth Qualitative Perspectives

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ABSTRACT

The global COVID-19 pandemic had both detrimental and positive impacts on children, youth, and families. To inform policy and public health recommendations for future services, resources, and mandates, there is a need to take a more holistic approach to understanding stress, adaptations, role shifts, and resilience from multiple perspectives. Using an open-ended question format, this study surveyed parents, childcare providers, and youth (ages 12-17) about their experiences with the pandemic in general and changes observed in their children (adult participants) and themselves (youth participants). Data from 479 participants were analyzed. Via thematic content analysis, nine themes emerged that are organized into five categories: (1) Developmental, (2) impact on loss, (3) modified connections with others, (4) adjustment, and (5) mandate and financial woes. With developmental maturity also came developmental delays. Participants reported heightened anxiety, sadness, and fear of death and illness that is related to the fact that many experienced grief in many ways. Participants reported a variety of adaptive coping strategies that helped them appear resilient. The change to online schooling was particularly challenging for many parents and educators. Some perceived the pandemic mandates to be harmful without alternatives being considered. There is a cautionary tale to be told about public health acceptance and relevance for physical, psychological, and financial health. Families shifted their priorities. Connections with others were strained due to different opinions. Recommendations are offered in preparation for future pandemics that may help families, adults, and youth experience more silver linings and fewer thorns.

KEYWORDS: COVID-19, parents, perspectives, qualitative, youth

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Putting the COVID-19 Pandemic into Perspective: Scope of Influence

The global COVID-19 pandemic had both detrimental and positive impacts on children, youth, and families. With respect to detriments, since March 2020, nearly 250,000 children in the US lost a caregiver (First Focus on Children, 2022; Treglia et al., 2023). Education was disrupted for more than 1.6 billion children with a projected \$17 trillion in life-long earning losses globally (World Bank, 2022).

Although the pandemic had negative influences, silver linings emerged, such as personal growth, increased family time, and more gratitude (Kowalski et al., 2021). According to the US Census Bureau's 2020 Survey of Income and Program Participation (SIPP), parents shared more dinners and read to their children more often than prior to the pandemic (Mayol-Garcia, 2022). Some families indicated that spending more time together made it easier to care for their new infants and improved parenting (Heerman et al., 2022). Despite difficulties with online learning and isolation, many youth also report posttraumatic growth from experiencing COVID-19 (Bhushan et al., 2022).

Multiple contextual factors and different coping strategies can result in varied experiences of children and families (Oliveira et al., 2022). For example, families who experience lower financial anxiety, less dissatisfaction with partner help, and greater use of cognitive reappraisal exhibit more thriving, including child and parent positive adjustment (Partington et al., 2022). Thus, there is a need to take a holistic approach to understanding both negative and positive experiences from multiple perspectives (e.g., youth, parents, and families) to inform effective public health policies and programming, a task undertaken by this study.

COVID-19 Vaccines, Mandates, and Closures

COVID-19 vaccines have substantially helped reduce the spread, severe cases, and death during the pandemic (Andrews et al., 2022; Grannis et al., 2021; Gupta et al., 2021; Scobie et al., 2021). Government-mandated vaccine policies were enforced to reduce the negative impact of COVID-19. As a result, vaccine mandates have increased COVID-19 vaccine uptake among the eligible population in Canada and Europe (Karaivanov et al., 2022). However, a debate on the unintended harm of vaccine mandates shows that mandatory COVID-19 vaccine policies can increase social and political resistance and negatively impact health and well-being (Bardosh et al., 2022). Especially, restricting individuals' access to work, education, and social life can induce stigma and social divide and cause opt-outs in mandate-affected activities, which further lead to undermined well-being (Kreps & Kriner, 2022). In addition, these policies can contribute to widening health and economic inequalities, undermining trust in the government, and reducing the uptake of future vaccines. Because the COVID-19 vaccine was developed rapidly, hesitancy and doubts about its effectiveness and safety exist among parents (Baumer-Mouradi et al., 2022). Compared to vaccines in general, support for the COVID-19 vaccine is lower among the US general population, which is explained by partisanship, gender, political knowledge, and rurality (Haeder, 2021).

Before the availability of COVID-19 vaccines, the best available policy measures to avoid the spread of the virus were movement restrictions (such as stay-at-home orders and school closures) and mask mandates. School closures have been associated with reduced transmission, morbidity, and mortality of COVID-19 at the community level (Hume et al., 2023), although the evidence for that association is weaker than the evidence for the detrimental effect on child learning.

Adverse Impacts of COVID-19: Thorns

Overall, COVID-19 was an adverse event, especially for families and youth. In fact, many children and families experienced the death of loved ones, reduced medical services, chaos replacing routines, unemployment, poverty, homelessness, food insecurity, domestic violence, isolation, lost social support, and educational interruptions during the pandemic (Stark et al., 2020). The monthly child poverty rate increased from 12% in December 2021 to 17% in January 2022, meaning that 3.7 million more children are in poverty without the monthly Child Tax Credit, with Latino and Black children experiencing the largest increases in poverty (Paroline et al., 2022). As families of color and low-income families have been disproportionately affected by the pandemic, children from these families may have experienced more negative events and higher levels of stress (Andrade et al., 2022; Oberg et al., 2022).

Such negative experiences also may have resulted in role reversal for youth who absorbed additional adultlike responsibilities, including self-directed education and parenting siblings (Borchet et al., 2022). Recent studies of role reversal and COVID-19 focus on youth ages 18-29 and exclusively focus on negative outcomes (Hernandez et al., 2022; Landi et al., 2022). Youth experiences are primarily reported secondhand and may differ from what parents, teachers, and other providers report, raising the need to include their voices in understanding the impact of COVID-19 (Benninger et al., 2023; Nandlall et al., 2022; Waselewski et al., 2021).

Positive Impacts of COVID-19: Silver Linings

Despite the negative impacts, there are silver linings or positive impacts of COVID-19 on individual and family functioning and developmental outcomes. Many families made positive adaptations and showed resilience in response to pandemic-related stress. Based on a family resilience framework, shared belief systems in (1) meaning-making process; (2) a positive, hopeful outlook and active agency; and (3) transcendent values and spiritual growth can promote adaptation and resilience (Walsh, 2020). For example, a mixed methods study found that parents reported positive changes in children during COVID-19, such as the importance of family relationships, new competencies and experiences, and family strength (Wenter et al., 2022). Some mothers indicated that, due to working from home, they were able to provide more competent parenting (Somogyi et al., 2022). Some caregivers reported posttraumatic growth, including improved relationships, a greater appreciation of life, and positive spiritual change, and those who experienced posttraumatic growth reported higher levels of well-being (Stallard et al., 2021).

Individual coping strategies, family support, and socioeconomic circumstances can serve as protective factors predicting resilience and thriving during a traumatic event. For example, youth used different coping strategies, such as understanding emotions, acceptance, and reframing to manage barriers of the pandemic (Benninger et al., 2023). Another study found that parental care, worries about the pandemic, and immigration status predicted posttraumatic growth during COVID-19 (Ulset & Soest, 2021). Similarly, supportive family environments and parent-child discussions on COVID-19 were associated with lower levels of anxiety, depression, and stress and better emotional health among children and youth (Benninger et al., 2023; Tang et al., 2021).

Understanding the COVID-19 Pandemic's Impact from Multiple Perspectives and Frameworks

COVID-19 has had both negative and positive impacts on parents and youth. To inform policy and public health recommendations for future services, resources, and mandates, there is a

need to take a more holistic approach to understanding stress, adaptations, role shifts, and resilience from multiple perspectives. In the existing literature, many studies (1) focus on adult or youth experiences separately, (2) report either negative or positive impacts individually, and (3) fail to incorporate a systems perspective on the pandemic's effects on families, youth, and communities. The current study aims to fill these gaps by including, integrating, and holistically exploring multiple perspectives from multiple informants to meaningfully inform future public health policy and interventions.

From a deficit perspective, we would expect that children, youth, families, and communities would suffer not only an adverse event but would succumb to adversity and not recover due, in part, to negative thoughts about the event, limited resources to manage the event and its aftermath, and other factors contributing to negative coping. Numerous existing studies frame adverse events—like the pandemic—from this lens, characterized by findings highlighting negative outcomes, negative coping, and anticipating long-term deleterious effects. As a departure, the current study leverages multiple theoretical frameworks including developmental psychopathology (Rutter & Stroufe, 2000), posttraumatic growth (Zoellner & Maecker, 2006), family systems (Minuchin, 1985), ecological systems (Bronfenbrenner, 1977), and family resiliency (Patterson, 2002; Walsh, 1996). Developmental psychopathology explains how individuals, families, and communities cope with adversity in different ways, including behaviors that appear maladaptive to outsiders but are adaptive when contextual constraints and inequities are considered. We examine how risk and protective factors vary across individuals, families, and communities and impact how they respond to adverse events (e.g., positive mindset, monetary savings, and social networks). From a systems theory lens, we explore how the experience of one family member influences other family members and family dynamics and functioning. We take this a step further to use an ecological frame to examine how contextual factors (e.g., closures, funding, and policies) impacted individuals and families, situating them in the greater pandemic context. Last, we focus on resilience or the strengths and adaptations that families and individuals made to not only survive, but to progress toward resilience and thriving (Carver, 1998) to have posttraumatic growth in terms of meeting and exceeding instrumental and emotional needs and establishing healthy systems (e.g., family, work, school).

Current Study

This qualitative study sought to answer the following research question: What adaptations did parents and youth make in response to the COVID-19 pandemic, and how did these adaptations impact their functioning? The findings from this study will inform modifiable targets for future policy and intervention and prevention efforts to promote resilience and thriving. Using a strength-based approach to understand the positive impact of the pandemic, our study may help move pandemic public health policy responses away from one-size-fits-all and deficit-savior models to just-in-time adaptively tailored communication and programming (Gillman & Hammond, 2016). In other words, our approach recognizes risks and thorns while harnessing strengths, including highlighting silver linings and problem-solving to inform a precision prevention and public health approach to identify modifiable targets (Khoury et al., 2016). Tailoring intervention, prevention, and public health programs, messaging, and policies to meet the unique needs of individuals, families, and communities is a hallmark of precision prevention and precision public health. The current study informs tailoring by qualitatively exploring pandemic responses and adaptations.

Method

Study Design

Data were obtained from the larger mixed-methods COVID-19 experiences study among parents, youth, and childcare providers. The larger study (detailed in Dariotis et al., 2025) included an online survey with demographic questions, standardized and validated scales, and open-ended questions about pandemic-related experiences as well as interviews with a subsample of youth and adult participants. The current study presents results from the open-ended survey questions.

Participants

Eligibility

This study was approved by the university Institutional Review Board. Participants provided informed consent through the online eligibility screener. Inclusion criteria included parents or caregivers aged 18 or older who are caring for minor children, their children ages 12-17, written and spoken English proficiency, and being located in the United States. Parents of children between the ages of 12 and 17 had the opportunity to consent their children to the study. These youths received a link to an online survey and provided their assent before participating. In addition, participants who completed the survey received an e-gift card compensation (\$20 for adults; \$15 for youth).

Recruitment

Recruitment and enrollment occurred August 2022 to June 2023. Participants were recruited via established research study databases, schools, community venues, listservs, newsletters, and in-person events. Participants emailed the study team to receive online links to the eligibility screener. Efforts to diversify the sample included attending in-person community events tailored to select populations (e.g., families of children with developmental disabilities), social media postings, advertisements on listservs, and the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) licensed childcare provider listserv.

Characteristics

Participant demographic characteristics are presented in Table 1. In total, survey data were collected from 598 participants [86.6% female; 10.0% Black; 6.7% Hispanic; 74.7% annual household income of \$50,000 or more; 4.7% annual household income of \$26,000 or less; mean=2.1 children]. A total of 309 parents, 148 childcare providers (114 were also parents), and 73 youth completed *all* survey items ($N=530$ complete survey sample). Of these 530 participants, 446 answered at least one open-ended item with a substantive answer. An additional 33 participants who partially answered the survey responded to at least one open-ended question. In total, open-ended responses from 479 participants were analyzed for this study.

Table 1
Demographic Characteristics: Full and Meaningful Open-Ended Response Samples

Characteristic	Full Sample				Open-Ended Sample			
	Adult Sample (n=506)		Youth Sample (n=92)		Adult Sample (n=395)		Youth Sample (n=84)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Age (years)	42.84	9.15	14.52	1.63	43.98	9.50	14.45	1.60
Number of children	2.06	1.18			2.00	1.23		
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Gender								
Female	467	92.3	52	56.5	356	90.1	48	57.1
Male	39	7.7	40	43.5	39	9.9	36	42.9
Race^a								
American Indian or Alaskan Native	5	1.0	0	0.0	4	1.0	0	0.0
Asian American	29	5.7	4	4.3	22	5.6	4	4.8
Black	54	10.7	6	6.5	43	10.9	4	4.8
White	412	81.4	71	77.2	322	81.5	68	81.0
Something else	6	1.2	8	8.7	4	1.0	8	9.5
Missing	0	0.0	3	3.3	0	0.0	0	0.0
Ethnicity								
Hispanic	24	4.7	16	17.4	19	4.8	14	16.7
Non-Hispanic	482	95.3	74	80.4	376	95.2	70	83.3
Missing	0	0.0	2	2.2	0	0.0	0	0.0
Education (graduate degree)	231	45.7			176	44.6		
Employment (employed)	459	90.7			362	91.6		
Family income								
\$50,000 or more	378	74.7			290	73.4		
\$26,000 or less	24	4.7			19	4.8		
Missing/prefer not to answer	43	8.5			37	9.4		
Marital status (married)	394	77.9			308	78.0		

Note. Empty cells indicate not applicable.

^a Participants selected the racial category that best described them.

Procedure

The survey instrument was administered via Qualtrics (Qualtrics, Provo, UT). Eligible adults and youth received a personalized link to the main survey designed to take approximately 40 minutes for adults and 20 minutes for youth. The participant validation protocol included numerous automated and manual checks: reCAPTCHA, a required written description of a video and picture, non-duplicative email addresses, and prevention of indexing to stop search engines from including the survey in search results.

Open-Ended Questions

Analyses for this study are limited to three open-ended survey items adapted to different participants: (1 & 2) Please describe the changes in [Your (Youth)/ Oldest Child 1 under age 18/ Second Oldest Child 2]'s feelings and behaviors now compared to before the pandemic [asked of all parents of children under 18 & youth under age 18]; and (3) Please take the time to tell us anything about your experience with the COVID pandemic that you would like us to know and may not have asked about, (e.g., positive, negative, important, helpful to others, etc.) [all participants]. Meaningful open-ended responses, characterized by at least one substantive word (e.g., excluded “none” or “nothing to add”), were provided by 395 adults (77.9% of the sample) and 84 youth participants (91.3% of the sample).

Analysis Plan

Data Preparation for Open-ended Responses

Thematic content analysis was used to analyze the data (Braun & Clarke, 2006). These themes were derived inductively (Frith & Gleeson, 2004). First, we familiarized ourselves with the open-ended responses. Four coders (JD, DE, YP, and SW) generated codes and subcodes. The codebook included detailed definitions to ensure consistent code application across coders. Weekly coding meetings were held to discuss the codebook and ambivalent codes, refine definitions, and add consolidated codes as needed. MAXQDA 2022 software (VERBI Software 2022) was used. New codes were discussed and applied to all responses. Approximately 10% of responses were double-coded, with over 95% agreement (e.g., 97% for youth responses). Differences in coding were mostly due to coding style variations, with some coders using “splitting” (small, single coded segments) and others “clumping” (large, multi-coded segments).

Data Analysis Plan for Open-Ended Responses

Codes were reviewed to find patterns in the data and used to generate themes. From this process, nine themes emerged. The four coders reviewed the themes and identified and discussed codes that were specific and unique to each theme. Themes were named, and rich descriptions were written for each theme based on relevant codes and retrieved. Upon reviewing the extracted segments, coders ensured code-theme fit. Any concerns about data fit with codes and themes were brought to the group for review and consensus.

Results

Nine emergent themes are organized into five overarching categories. Although reported as separate themes, they are interconnected in how they impact the outcomes of families, children, and their contexts. Table 2 presents quotes from each theme that highlight key sentiments expressed by adults and youth.

Developmental Themes

Two themes related to child and youth developmental processes. Parents and youth reported (1) increased maturation, development, and responsibility (a silver lining) and (2) developmental regressions and delays (a thorn) because of the pandemic. Not all children and youth experienced these changes. Parents who reported no changes among their children tended to have very young children (born shortly before or during the pandemic) or reported that their children were well-adjusted pre-pandemic (before March 2020). For other children, both parents and youth either reported increased maturity and personal development or behavioral and cognitive regressions and delays.

Theme 1: Maturity and Personal Development

Parents and youth described how some youth displayed maturity and personal development at an accelerated pace, compared to typical development, due to COVID-19 experiences. This was characterized by greater empathy, compassion, other-focused outlook, willingness to assume responsibilities, consideration of others, confidence, activism, worldly awareness, and being more loving and kind. A heightened awareness of health fragility for some populations (e.g., older, very young) resulted in increased awareness of how one's own behavior impacts the safety of others. A youth aptly captured this sentiment, commenting, "I'm more safe and considerate of other people than I was when COVID-19 hit" (12-year-old, sixth-grade, White male; Blake).

Some youth took this awareness to the next level, acting on it to help and/ or to be kinder toward others. One youth described this change as "I try to be considerate of others' feelings, but more often than not, I wind up fully psychoanalyzing them, using my findings to try and assist them in their path" (17-year-old, 12th-grade, White male; Noah). Another youth noted, "[I] think I am braver and tend to show more care to people" (16-year-old, 10th-grade, White female; Daphne). Parents echoed these sentiments, describing how their children began helping others, especially siblings, on their own accord. For example, one parent explained, "[Child name] tends to mother our oldest who has special needs. That is self-directed; We do not ask her to do that" (57-year-old, White, married, mother; Morgan). Parents who reported maturation mostly described it as unsolicited, although a few parents described how they utilized the pandemic to instill values in their children that, in turn, contributed to their maturation. As one parent described, "I also believe we were able to give our children strength of character and help them see in tangible ways how we are all responsible for caring for each other, especially the most vulnerable" (39-year-old, unemployed, White, married, mother; Ruby).

Although most youth who described increased maturation and personal development did so in positive terms, some remarked how pandemic pressures forced them to grow up prematurely. One youth said, "The pandemic has given me much stress and has changed me into an older child" (12.5-year-old, White, seventh-grade male; Jack). Some parents admitted asking their children to take on more responsibilities at an earlier age than they would have if the pandemic had not exerted pressures on them. They described how their children stepped up and could take on responsibilities,

which was a positive outcome from their perspective.

Youth described how they developed greater confidence and positive self-esteem during the pandemic. One youth noted, “I have discovered myself and won’t let my voice be shut ever again” (14-year-old, Black, ninth-grade female; Nia) and “now I am more confident in school, at home, in new environments, and when I meet new people” (12-year-old, Hispanic, sixth-grade female; Priya). This was observed by parents as well, evidenced through statements like, “I think [the pandemic] made him more confident and given him higher self-esteem” (46-year-old, Hispanic, married, father; Gabriel). Parents witnessed their children becoming more independent and confident—taking risks socially and with new activities—because of the pandemic. As one parent described, “She began to participate in school sports and try new things after she went back to school in 2021. She has really stepped out of her comfort zone” (47-year-old, employed, White, married, mother; Kaitlyn).

Relatedly, participants reported that their mindset shifted because of the pandemic toward taking things for granted less than before the pandemic. One parent noted, “I saw the impact that it had on children who were home all the time, just the mindset of children changed significantly during that time” (51-year-old, employed, White, married, mother; Eleanor). Another parent remarked, “I think before COVID he took life for granted” (57-year-old, employed, White, married, mother; Lauren). When reporting about their older children, parents described how youth became more accountable, including assisting with the household: “[Child name] is more responsible and accomplishes tasks for the family more now than before” (40-year-old, employed, White, father; William), taking ownership in completing their schoolwork: “I think that my son matured because of pandemic. He learn[ed] how to manage his time to stay on the top of his schoolwork, since he had to do it remotely” (45-year-old, employed, White, single mother; Sarah), and recognizing their role in impacting people and the world around them.

As one parent explained, “[Child’s name] feels more obligated and has a better sense of responsibility than before the pandemic” (45-year-old, employed, White, married mother; Hazel). A youth reflected, “I feel more aware of myself, the world around me, and my role in it” (14-year-old, White, ninth-grade female, Cleo). Some youth attributed this to the nature of the pandemic itself and their exposure to messaging. As one youth aptly explained: “I know a lot more than I did before about things going on in the world around me” (17.5-year-old, White, 12th-grade female; Emerson). Parents added that youth sought to learn more about critical current issues. One parent recounted, “he has taken more interest in politics and understanding how social norms are created and upheld” (38-year-old, employed, White, married mother; Rachel).

Taken together, accelerated maturation was reported by parents and youth as a predominantly positive outcome of the pandemic, making it a silver lining. It was characterized by caring about and for others, assuming responsibilities, greater appreciation for people and life, and more independence, self-confidence, and self-esteem.

Theme 2: Developmental Regressions and Delays

The pandemic contributed to developmental struggles for some children, especially speech and socialization delays for young children (e.g., preschoolers). Commonly reported delays included poor social skills and increased withdrawal, speech delays, defiant behaviors, tantrums, disrespect, gaps in gross and fine motor skills, and decreases in attention span and motivation. As one parent aptly summarized, “There have been a number of developmental milestones in this time [3 years] and at least a few critical missed opportunities for growth in this interval” (47-year-old, employed, White, married father; Benjamin). Adults attributed developmental regressions and delays to closures and mandates (whereby children missed out on critical preschool socialization

and school activities) and mask mandates. As one parent wrote, “We’ve attributed a number of subsequent behaviors to this sudden ‘social withdrawal,’ which was obviously a very sad time for [child]” (47-year-old, employed, White father; Benjamin). Additionally, both parents and youth reported a lack of motivation and decreases in attention span, which could also account for developmental delays. One youth stated, “After COVID-19 it has gotten harder to stay motivated. I have noticed my attention span is shorter than it used to be” (15-year-old, White, ninth-grade female; Sawyer).

One reason for these delays was attributed to children having limited opportunities to interact with similar-aged peers when parents kept children out of childcare settings due to safety concerns. Speech delays were often attributed to the use of masks. Masks impeded children’s ability to hear and see lips when speaking. One parent (38-year-old, unemployed, White, married mother; Sadie) explained that her child “had a large speech regression not long after the pandemic started, went from repeating almost everything someone said to saying nothing.” Other parents remarked how their children’s speech delays had worsened.

A third explanation offered was that the stress of the pandemic contributed to youth having more tantrums and defiant behaviors due to heightened emotional demands without coping supports or outlets, challenges with practicing patience, and a desire to gain attention. With the pandemic came shifts in routine and relationships as well as loss (see Theme 4). These and other changes created new emotional demands for youth, adults, families, and communities. As one father explained about his daughter, “[Child] can sometimes have outbursts, maybe because she holds a lot in” (41-year-old, Asian American, married father; Ren).

These shifts also resulted in adults dividing their attention among more competing demands, leaving less for children who had a greater need for it during this time. As one adolescent remarked, “Sometimes I feel like I need to act out to get attention” (12.5-year-old, White, seventh-grade male; Mason). During the pandemic, practicing patience was difficult for some children and youth. As one parent noted, her son “becomes easily frustrated now when things don’t work the way he wants them to and will scream and throw things” (38-year-old, unemployed, White, married mother; Sadie). Youth admitted having more negative reactions during challenging activities or tasks. A father described that his son “has become more defiant, argumentative, and unwilling to accept our opinions or follow our requests of him without demonstrating his resistance or displeasure” (46-year-old, employed, White, married father; Christopher). Taken together, routine shifts coupled with greater demands that reduced attentional capacity in the context of heightened emotional needs was a perfect confluence for developmental regression for youth.

Numerous youth believed the pandemic hindered their social abilities, causing them to become shyer and more withdrawn. This was associated with lost friendships, difficulty cultivating new friendships, and reduced self-confidence in many. Parents observed their children experiencing elevated social anxiety, having a decreased desire to engage in activities outside the home, and becoming less social. One parent mentioned, “[Daughter] often said that she has no friends at her school and seemed depressed sometimes” (49-year-old, employed, White, married mother; Elizabeth). In many cases, parents noted their child’s social skills returned to normal after the pandemic. Some adults said they became more introverted during the pandemic, and many embraced the change. The pandemic’s toll on children’s and youths’ development is ubiquitous but may be particularly detrimental for young children for whom the full impact is unknown.

Impact of Loss Themes

Two themes emerged with respect to different types of loss impacting adults and youth. First, participants spoke of how the pandemic, specifically the threat of losing and actual loss of

loved ones, contributed to heightened anxiety, sadness, and fear of death and illness. Second, grief was experienced in many ways, including time lost with loved ones and friends, missed social opportunities, missed milestone events, and unemployment. The impacts of loss were anticipated to be long-lasting. It is important to remember that greater maturity and developmental delays described in Themes 1 and 2 may ameliorate (protective factor) or exacerbate (risk factor) experiences described in Themes 3 and 4.

Theme 3: Heightened Anxiety, Sadness, Fear of Death & Illness

During the pandemic, common experiences for adults and youth included heightened anxiety and sadness stemming from an increased fear of death, greater vigilance and awareness about illness and germs, and long periods of isolation. The impacts of isolation were particularly pronounced among mothers of small children, stay-at-home mothers, women pregnant during the pandemic, and adolescents. Adults and youth alike experienced negative internalizing outcomes that impacted not only themselves, but also the people around them, including family. As one participant described, “Needless to say, the pandemic has made lasting psychological impact on our whole family” (47-year-old, employed, White, married father; James). Words repeatedly used to describe the pandemic’s effects on respondents and their loved ones included “terrified,” “very scary,” “panic,” “affected drastically,” “lonely,” “isolated,” and “withdrawn.” Thorns encompassed fear for safety among people who had to work throughout the pandemic, a heightened focus on germs and illness, and the negative impact on mental health and social skills. Silver linings included improved personal hygiene and increased engagement in therapies, for pre-existing (e.g., ADHD) and emergent (e.g., depressive symptoms) concerns.

Some participants mandated to work during the closures noted that they experienced more fear and concern for their own safety and the potential exposure transference to their family members relative to their counterparts working from home. One university essential worker remarked, “This was a frightening time to be expected to work outside of our homes, especially since nearly everyone else on campus was home for their safety” (50-year-old, employed, White, single female; Kelsey). Many workers worried they would bring “COVID to my family from my job” (46-year-old, employed, White, married mother; Heather).

Along these lines, adults noticed these types of changes in their children with respect to a hyperfocus on germs and illness. One parent noted, “I think he is more aware of illness and sickness th[a]n he ever was before” (35-year-old, employed, White, married mother; Nora). Physiological and psychosomatic responses were noted in terms of stomachaches, headaches, and nervousness about leaving the house. Heightened awareness of the world around them was described as a source of persisting general anxiety. As one parent explained, “[Daughter] is more aware of her surrounding and the world and does seem to carry some additional worries and fears” (38-year-old, employed, White, married mother; Harper). Children were described by parents as having developed a fear of new places, unfamiliar situations and novel experiences, and travel, “he became much mor[e] fearful during Covid, has gotten better but still has a lot of fears that involve travel, situations he is not familiar with” (53-year-old, employed, White, married mother; Isabella). As one youth described, “I was more nervous and anxious that someone that I knew was going to get COVID or somebody I knew was going to die” (12-year-old, Asian American, seventh-grade female; Mai). This heightened concern for illness and sickness impeded some youths’ ability to engage in public settings or visit the doctor. Adults were also impacted, including greater uneasiness and consciousness with public settings and crowds.

Parents observed how the pandemic impacted their children’s mental health and social skills. Increased severity and duration of anxiety, sadness, and depression were noted. In part,

changes in mental health were attributed to the loss of social networks and opportunities to socialize, as well as worries related to schoolwork completion. As one parent described, “She has always been very social. When school shut down for the pandemic, she became very depressed and was very depressed for a long time” (53-year-old, employed, White, married mother; Emma). Several parents explained that the pandemic negatively impacted their children’s mental health, particularly due to isolation, with some youth experiencing depression. One youth explained, “I also feel like I’ve been sadder and more depressed. I sometimes feel empty and often doubt myself when I’m alone” (15.5-year-old, White, ninth-grade female; Sawyer). Pandemic-related isolation has far-reaching consequences for youths’ social interactions and skills. As one parent described their now college-aged daughter, “She was away at college but had to move back home due to the social anxiety and inability to leave her dorm room due to panic attacks” (53-year-old, employed, White, married mother; Madison).

Adults also experienced mental health struggles, but the mental health implications are not well understood. One participant mentioned, “I think pandemic took a toll on everyone’s mental health but people may not realize it or we will learn more about pandemic’s impacts long after it truly ends” (53-year-old, employed, White, married mother; Emma). The impact of the pandemic – and isolation in particular – on mental health was particularly pronounced among parents of small children and parents with no other outlets.

Another vulnerable segment of the population was people with comorbidities that increased their risk of illness and severe symptoms. As one participant described, “as a person with an autoimmune disease, I experienced extreme mental health issues due to covid” (35-year-old employed, American Indian or Alaskan Native, divorced mother; Ayita). People who continued to work outside the home during the pandemic experienced long work hours, staff shortages, and compromised mental health. As one participant explained, “My work hours increased. I was unable to take vacation time due to staff shortages, and I have felt my mental health has suffered due to being overworked and nowhere to go when I had time off” (32-year-old, employed, White, married mother; Courtney).

Women who were pregnant during the pandemic experienced compromised mental health. They described how fearful they were and how difficult the pandemic was for them. As one first-time mother explained, “I was pregnant and gave birth during the pandemic. It was very hard to be pregnant for the first time with my first baby in such a scary, lonely time” (30-year-old, employed, White, married mother; Kayla). Women described their pregnancies as having telehealth appointments with no physical exams. Further, no one could visit them or their newborn, and they had little to no outside help because of restrictions on visits. It was lonely, isolating, and overwhelming. As one woman explained, “Pandemic pregnancy/ postpartum was a traumatic experience that I think will take decades of research to understand its effects” (30-year-old, employed, White, married mother; Kayla).

Many triggers reignited pandemic-related trauma. Even upon returning to school, the youth still experienced reminders and reinforcement of fears. For example, parents recounted how their children were “called out by a classmate because his mask had slipped below his nose when they finally returned to school part time. There was SO much fear” (35-year-old, unemployed, White, married mother; Isla). Several silver linings emerged during the pandemic due to emergent anxiety, heightened focus, and mental health outcomes. Participants described a shift in priorities to focus on physical and mental health needs. Participants placed a higher significance on good health and hygiene during compared to pre-pandemic. One parent remarked, “You asked how important I feel health is. I rated it a 10. That is actually how I feel. We must take care of our health” (48-year-old, employed, White, married mother; Megan). Another parent reported about her son, “He is more conscientious regarding personal hygiene in relation to possible germs or illness” (63-year-old,

employed, White, married mother; Chloe). As one youth described, “I am much more conscious about people around me and in my space that were sick or had signs of starting to be sick, or just getting over being sick” (12.5-year-old, White, seventh-grade female; Presley). Youth connected this awareness to their behaviors and articulated its impact on future decisions about hobbies and activities. Prioritizing one’s own health was mentioned as a positive outcome of the pandemic. As one youth mentioned, “After my experience with COVID, I have taken my health matters seriously” (15-year-old, Black, eighth-grade male; Isaiah). The prioritization of health extended beyond oneself to being aware of how one’s health can impact whether sickness was spread to others.

Theme 4: Grief Experienced in Many Ways

Loss and grief were experienced in many ways by parents and youth. Domains of loss included time away from family and friends, death of loved ones, compromised relationships, lost social activities, and unemployment. Participants spoke about time “stolen” from interacting with family and friends. As one parent described, “*we as a family, feel we have missed out on a lot because of Covid. We missed almost a year of vacations, activities with friends, visits with family, etc.*” (35-year-old, employed, White, married mother; Miranda). Participants were particularly careful with aging relatives and immunocompromised family members. Separation out of caution for the health of others “added additional stress during the time with no vaccines and very little knowledge of how to curb the spread, so I feel like we missed out on a lot of time with my parents” (35-year-old, employed, White mother; Nora).

Many participants experienced isolation from friends and family. The pain associated with this was exacerbated with the quickened decline of aging family members and the loss of loved ones due to illness and death. The death of family members meant that children who were young during the pandemic would never know those relatives, as one participant lamented, “he will never know several family members who were lost to it” (33-year-old, employed, White, married mother; Piper). The death of loved ones continues to impact families as they try to heal years after. One participant noted, “I only marked Extremely Negative with my experience with the COVID pandemic due to a death in the family from covid related illness. Our family is still healing from this loss” (50-year-old, employed, Asian American, married mother; Elena). Inability to grieve during the pandemic exacerbated the loss. This was aptly described by one participant:

I experienced the death of loved ones, and this greatly impacted my experience during this time. Not having the opportunity to grieve was impactful. I also experienced family members who got really sick and felt unable to help them; this was challenging. (37-year-old, employed, White, single female; Addison)

In addition to isolation from extended family and friends, long work hours—especially for essential workers—was experienced as a loss of time with partners and children. As one mother and wife explained, “I was unable to spend time with my husband and daughter because by the time I got off work and got home they were most likely already in bed for the night” (51-year-old, employed, White, married mother; Eleanor).

Further, participants experienced strained relationships and lost friendships due to school closures and restrictions as well as missed school and social activities and events like awards ceremonies, graduations, play dates, and birthday parties. These experiences negatively impacted youths’ transition back to previous levels of investment in school. The loss experienced by students is particularly poignantly captured in this mother’s account of what happened to her son:

Before Covid, he was very involved with school and set to finish the 2020

school year with many awards and accolades. Those awards and competitions were all cancelled, so he did not get the recognition and celebrations he had been looking forward to. (49-year-old, employed, White, married mother; Lily)

One mother described the impact of lost school experiences on her daughter three years after the first school closure as follows: “Emotionally, she continues to mourn what she lost during days of isolation in our home when her school was closed” (44-year-old, employed, White, married mother; Brooklyn). These lost experiences cannot be recaptured or relieved. Children, as they aged into adolescence, feel a sense of lost childhood.

The impact of lost friendships and relationships was visceral, painful, and long-lasting. At the pandemic’s outset, one participant described, “The first few months of the shut-down, my chest hurt almost all of the time. It was so overwhelming that I only kept up with a few of my closest friends” (53-year-old, employed, White, married mother; Emma). A common sentiment about the pandemic was aptly stated by one parent, “[Pandemic] shut us off from many close friends, and that has been continually difficult” (36-year-old, employed, White, married mother; Mia). This was worsened in schools that created barriers to the social aspect of schooling online. Childhoods were also a casualty of heavy reliance on technology and screentime, as one mother remarked, “I feel like they missed two years of childhood, alone with their screens” (43-year-old, employed, White, married mother; Lillian).

Youth continue experiencing the effects of lost friendships due to the pandemic, without full recovery even years later. The loss included unrestored friendships and compromised confidence (“I think I am much less outgoing and I lost most of my friends during covid causing me to be more introverted and less confident”; 14-year-old, White, ninth-grade female; Beatrice). As one parent explained, “The reduction in social/community connections over the last 2.5 years has negatively impacted our lives” (38-year-old, employed, White, married mother; Penelope).

These lost relationships contributed to mental health challenges for some youth. One mother described, “In part, she developed friendships with peers not at her school over covid and found it really difficult to start school again. She often said that she had no friends at her school and seemed depressed sometimes” (49-year-old, employed, White, married mother; Elizabeth). For adults and youth alike, friend networks became smaller, and participants struggled to maintain meaningful, close relationships. They needed to make concerted efforts to determine “which friendships were most important for me to try to keep up” (53-year-old, employed, White, married mother; Emma).

The silver lining in these lost relationships was realizing which were most important to maintain and where best to reinvest time and energy. As eloquently stated by one participant, “[Pandemic] helps us prioritize what is most important in life-like health and wellbeing. Lack of meeting people and socializing has a negative impact” (35-year-old, unemployed, Asian American, married mother; Ananya). One youth described a greater appreciation for friendships due to the pandemic: “Being isolated from my peers for so long, I’ve come to appreciate their company more since COVID-19” (15.5-year-old, White, ninth-grade male; Jacob). One thorn is that some youth may try to make up for lost relationships by overly focusing on friends at the cost of family time and relationships. As one parent remarked, “He is extremely focused on spending time with peers and spends much less time with his immediate family than before the pandemic” (47-year-old, employed, White, married mother; Taylor). Parents remarked how their children now communicate and interact less with their family post-pandemic relative to pre-pandemic, noting, “he sequesters himself in his room” (42-year-old, employed, White, divorced mother; Zoey). This is a loss for parents.

Modified Connection with Others Themes

Theme 5: Family Priorities and Context Shifted

Families experienced many shifts in priorities and context, including increased time together, work/family balance, stress and adaptation, and pregnancy/newborn baby during COVID-19. The positive and negative effects of these shifts varied, with most having mixed effects. First, parents and youth indicated that they spent more family time during the pandemic due to school and business closure mandates. Some family members reported this helped them prioritize family and brought them together, and they positively perceived this change. One parent mentioned, “The uncertainty early on in the pandemic was scary, but the amount of family and togetherness time was something that my wife and I chose to use to help our whole family grow closer and make into a positive” (47-year-old, employed, White, married father; James). One youth shared a similar positive sentiment: “Other than the first few weeks it was pretty good because we got a break from society and we were able to spend a lot of time together” (13.5-year-old, White, eighth-grade male; Lucas). Many parents indicated that spending time together strengthened family relationships and helped re-appraise how they spend their time and what they value in life. One parent stated, “We were able to limit social interactions that we didn’t really enjoy but took part in out of obligation and focus on getting back to doing the activities that were more important to us” (40-year-old, employed, White, married father; Ethan). Some families explained that they were able to “slow down” and enjoy each other’s company through activities like hiking and exploring nature.

More family time, however, was challenging for some families who had to manage work and childcare responsibilities. As one parent explained, “It was very hard on families that had 2 parents working and children in school or needing childcare” (55-year-old, employed, White, married mother; Bailey). As increased family time was prolonged, parent-child, sibling, and marital conflicts and household chaos were more likely to be experienced. One youth described, “I think just the difficulty of being stuck in a house with my family for so long made it hard to live with them” (14-year-old, White, eighth-grade female; Wren). Another parent said, “It was difficult to have the kids at home ALL the time squabbling, making huge messes, endlessly eating” (35-year-old, unemployed, White, married mother; Isla). Another parent explained, “It impacted families by putting so much stress and pressure on parents which I imagine may lead to marital conflict/discord/divorce” (40-year-old, employed, Asian American, married mother; Hana). Families who had multiple young children learning online and adults working from home at the same time seem to have experienced more household conflicts and chaos due to increased togetherness.

Due to childcare closures and remote work/increased workload during COVID-19, parents had to juggle many responsibilities, which made balancing work and family more difficult. Many parents expressed intensified childcare stress, especially when they had no social support and were isolated from their extended families and friends. As one parent described, “I had very little “me time”, to relax and do anything for me (like reading, hiking, meditating, watching tv) because I had no help with childcare” (41-year-old, employed, White, married mother; Paige). Parents often felt exhausted and burned out from taking care of their children all day, every day, without time for self-care.

Families may have experienced more stress at the beginning of the pandemic but learned to better manage stress as they adjusted to their new routines, came up with adaptive solutions to cope with stress, and made the best out of the challenging times. One parent in healthcare indicated that work stress spilled over to their home setting, “...as a working, healthcare professional and parent, COVID largely impacted me directly me through my work and the trickled down to my home

environment” (32-year-old, employed, White, married mother; Autumn). In some families, mothers’ and fathers’ roles in childcare have shifted to better manage stress. A parent described, “My husband voluntarily quit his truck-driving job to become a full-time caregiver for our children, which insulated us from the stress of illness and day care closures” (37-year-old, employed, White, married mother; Aria). Some parents split childcare responsibilities, resulting in reduced time with their spouse.

Theme 6: Strained Relationships Due to Differences in Opinions

Parents and youth described how their relationships with family members, friends, co-workers, and among the school community became strained due to different perspectives on pandemic-related matters. Factors contributing to these strained relationships include different views on COVID-19 vaccination, mandates, guidelines, people entrenched in beliefs, conspiracy theories and social media, and racial and political tensions that already exist in society.

Less favorable attitudes towards others and increased estrangement resulted due to different pandemic-related opinions. For some, mostly adults, these differences were salient, openly discussed, and confronted. Youth tended to keep these differences to themselves; the impact on relationships nevertheless was negative, evidenced by a statement like, “I have somewhat different views on COVID matters with my family, but I tend not to voice those at all” (12.5-year-old, White, seventh-grade female; Presley). Some people avoided speaking with others in anticipation of arguments, further decreasing interactions and increasing isolation. This was succinctly stated by one parent: “It has strained many friendships because of polarization of opinions about Covid. I talk to fewer people to avoid debate” (32-year-old, employed, Black, divorced mother; Jamila). People could not reconcile their different points of view on COVID-19 vaccines and mandates.

The pandemic revealed the values people held in a way not previously known by friends and family, resulting in a loss of respect, limited interaction, and ended relationships. One adult noted, “It negatively impacted my views on many people I was friends with before/respected because of how they did not take the pandemic seriously enough” (39-year-old, unemployed, White, married mother; Ruby). This was also recounted by some adults who lost respect for co-workers with different attitudes toward COVID-19 financial incentives and work ethics, namely those who chose not to work to receive governmental funding or did not have to follow safety protocols because of lax standards. One adult mentioned, “People have and continue to take advantage of COVID as an excuse for poor behavior and job performance” (48-year-old, employed, White, married mother; Victoria). During the pandemic, respondents expressed difficulty in tolerating people with disparate attitudes and standards of their own.

Some adults attributed differences in opinions on COVID-19 to a belief in conspiracy theories and misinformation. Another adult blamed social media for the distrust in scientific information about COVID-19, explaining that “social media has not been helped for many in our extended family who have fallen prey to rumors about COVID online, and some have fallen very sick from it, been hospitalized, and even died” (42-year-old, employed, multiracial, married mother; Maria).

Some youth and adults described how religious and political tensions in society also contributed to polarized views regarding COVID-19 and subsequent decisions and strained relationships with family members and friends. One youth reported, “I disagree with a lot of the things related to the [religious group]. Because of this, I do make different decisions than suggested by the [religious group] or my parents” (12.5-year-old, White, seventh-grade female; Presley). This was also echoed by adults, evidenced by statements like, “there were strong feelings of opposition among family members in other states concerning the political side of the pandemic” and “living

in a very rural, politically conservative area, while being a Democrat who works in healthcare, I felt isolated and lost most of my local friends over COVID” (35-year-old, unemployed, White, married mother; Isla). Another adult mentioned that heightened racial tension during the pandemic led to increased conflicts: “I don’t think all the stresses were due to the pandemic, but it was combined with the racial tensions and political difficulties in our nation/across the world” (46-year-old, employed, Asian American, married father; Kai). The pandemic brought already existing strife in society to the surface and resulted in bigger conflicts among people.

Taken together, strained relationships due to the difference in opinions were reported by youth and adults as a source of stress. A lack of flexible thinking and diminished tolerance of disparate views perpetuated tensions, making reconciliation less likely. People experienced loss and hurt due to strained and estranged relationships.

Adjustment Themes

Theme 7: Alterations in Coping and Emotional Regulation

The pandemic forced families and individuals to explore ways to cope with the effects of the pandemic on mental health. Some children and youth developed skills to help regulate their emotions and consider the emotions of others. Numerous adults and youth reported engaging in new activities and increased use of technology and devices. For some, social distancing led them to establish creative ways of socializing with family and friends. Other coping strategies related to emotion regulation and dysregulation emerged in some youth and adults. Mental health was frequently reported as a concern by youth and parental reports about their children.

Parental reporting of children and youth self-reports highlighted improvements in emotional regulation as becoming calmer, better able to control emotions, fighting less, caring more about others, and being aware of how their actions impact others, how their emotions influence their actions, and adapting to change. Some youth also identified improvements in dealing with stress and accepting that uncontrollable things will happen. One youth engaged in meditation and said they “tend to spend more time focusing on meditating and being calm than the rest of my family does, and I think that the rate of this has increased over the pandemic” (12.5-year-old, White, seventh-grade female; Presley). One parent recalled their child had a better understanding of their feelings: “[Child’s name] has grown up a lot compared to before the pandemic – he is more aware of his own feelings and how they influence his actions. He will spontaneously apologize for being rude or moody (after the fact)” (46-year-old, employed, White, married mother; Samantha).

Due to the restrictions on social interaction, many parents and youth reported having more time to participate in new recreational activities and hobbies and find creative ways to interact with friends and neighbors, which provided a way to cope with these changes. Many of the hobbies and recreational activities included walking and hiking with friends, reading, and watching movies. Some families gathered outdoors to maintain social interactions and build a sense of community. One adult wrote, “Positive is that we were outside more and got to meet our neighbors and became great friends and built a better sense of community” (42-year-old, employed, White, married mother; Lindsay).

Technology and TV watching were also ways the youth coped with isolation. Youth reported playing more videos and having more screen time. Some youth conveyed enjoyment in online socializing. Parents echoed this sentiment by indicating their children increased their use of technology, watched media alone, and engaged in electronic forms of communication. Parents also lamented that the increased use of technology was an overall thorn of the pandemic. Parents viewed electronic devices as a distraction from schoolwork, a barrier to social engagement, and a primary

means of entertainment for their children. One parent said, “[Child] is happiest when he is online with his friends. Before the pandemic, [the child] would enjoy going outside with his friends. [Child] also enjoys being on his phone a lot more now after the pandemic” (46-year-old, employed, Asian American father; Kai). Some children sequestered themselves to their rooms and limited their interaction with others, including family members. While many of these activities served as coping strategies to get through the pandemic and social restrictions, some participants admitted that turning to electronics was a bad habit or coping mechanism during the pandemic that persisted after the pandemic neared its end.

Maladaptive coping strategies manifested as increased worry in youth and adults. Parents and youth differed in their perceptions of the source of increased worry. Youth attributed their worries to school, social situations, and when they made errors. Conversely, parents attributed worries in their children to being hyper-focused on disasters and about safety. Several adults alluded to the impact of the pandemic on their ability to regulate emotions, as indicated by stress eating, when circumstances were out of their control, increased worry, and alcohol use. Similarly, alterations in mental health were a reoccurring theme.

As described in Theme 3, many parents and youth reported increased depression, anxiety, and other mental health concerns (e.g., ADHD) during the pandemic. Some struggled with their ability to cope, whereas others were able to manage well. One youth stated, “I also feel like I’ve been sadder and more depressed. I sometimes feel empty and often doubt myself when I’m alone” (15.5-year-old, White, ninth-grade female; Sawyer). Some who reported being depressed during the pandemic indicated they are thriving now and no longer experiencing mental health issues. In fact, one youth stated, “I became very depressed during covid, but luckily I regained my confidence and got a lot of new friends” (16-year-old, White, 10th-grade female; Eliza).

Youth and adults discussed how the pandemic was very stressful, and they learned how to cope in different ways. Several participants reported that they sought medical or pharmacological treatment or counseling and other therapies for themselves or their children because of the impacts of the pandemic on mental health. As one participant explained, “I have sought mental health counseling and medication to try and dig out, which is ongoing” (41-year-old, employed, White, married mother; Amelia). Another parent admitted, “[Pandemic] has led to some anxiety and depression. I am now taking medication for these symptoms” (40-year-old, employed, White, married father; William). Another parent described how her daughter experienced psychosomatic symptoms because of the pandemic and began taking medication:

She also has a prescription medication to help her sleep sometimes at night as sometimes the worry gets to be too much for her at bedtime and she gets stomach aches and can’t sleep. She now just takes it as needed. (39-year-old, employed, White, married mother; Riley)

Parents described the long-lasting effects on how children cope and manage with stressors, ambiguity, uncertainty, and challenges. As one parent described her son, “I think he has become more fearful/worried about things that are hard to understand” (44-year-old, employed, White, married mother; Cassidy). One youth noted, “I struggled a lot with my mental health during and after the pandemic” (15.5-year-old, White, 10th-grade female; Maeve). Even as a greater sense of normalcy is achieved post-pandemic, the residual effects will be long-lasting.

In summary, youth and adults found numerous coping methods in response to the pandemic. Effective strategies of coping included engaging in new lifestyle activities, social engagement, meditation, and alleviating mental health disorders through therapy and medication. Poor coping was associated with increases in technology use in youth, engaging in unhealthy behaviors in adults, and disengaging in social activities. Some adults and youth experienced thriving, while others experienced succumbing during the pandemic. Many who were struggling during the

pandemic returned to normal or even thrived more compared to pre-pandemic.

Theme 8: Online Schooling Created Demands for Parents, Educators, and Youth

Online schooling created additional demands for parents, educators, and youth, which resulted in increased parent stress of supporting learning, youth struggles with learning and family adaptations, and teacher frustration. First, as children transitioned to online schooling at home, parents were required to take on additional responsibilities and change family routines to support children's learning and meet their developmental needs. A parent described, "We transitioned to be the primary educators of our four children while working from home. This required adjusting our family dynamics, modifying our schedules and routines, finding alternative means to meet our families mental, social, and physical needs" (38-year-old, employed, White father; David). This added stress was more severe for parents who were also educators as they juggled multiple demands to provide online learning for students and support their own children at the same time. A parent explained, "As an educator and parent, COVID drastically increased my workload as I transitioned to online learning, while at the same time increased my children's level of need for daily support" (43-year-old, employed, White, married mother; Reagan). Many parents indicated that these additional responsibilities were overwhelming and hard to manage.

To make sure that their children were learning, parents also had to figure out how to use technology and new online systems while they were working from home. One parent described, "Parents were both working from home and trying to make sense of their grade schooler's lesson plans" (55-year-old, employed, White, divorced mother; Stella). These comments suggest that students and parents were overburdened with quickly figuring out the new information and programs and adjusting to the online learning platform during the pandemic.

Many students struggled with online schooling, which affected their grades, learning, social skills, and ability to focus. One youth described, "I spent a great deal of online school watching YouTube, so I am subsequently more aware of the threat that similar entertainment poses on my focus" (14.5-year-old, White, eighth-grade male; Cooper). Parents expressed similar concerns about the implications of online schooling on learning setbacks and mental health outcomes. One parent summarized the concerns about online learning impacts: "Online learning at home was nowhere near enough for his academic or social development, and I still worry about his mental health and his achievement in high school generally as a result" (47-year-old, employed, White, married mother; Taylor). A lack of social interactions was a major factor that made online schooling harder. Many children missed the "fun" part of school and in-person interactions, as reflected in a youth's comment, "Meeting friends and hanging out seems different from before school closed" (15.5-year-old, White, 10th-grade female; Luna).

Some parents expressed resentment about the lost time in learning that led to further problems as their children transitioned to college. It is well captured in a parent's comment, "She does better with in-person instruction. I feel she would have been better equipped for college if she had the in-person instruction her senior year" (46-year-old, unemployed, White, single mother; Allison). Conversely, some children restored previous functioning after they returned to in-person instruction. One parent described, "Remote learning was hard, but since school has resumed, she has eased back to her comfort level" (49-year-old, employed, White, married mother; Emma). Although students experienced disruptions in learning and social interactions, many of them bounced back and quickly re-adjusted to "back-to-normal" classrooms.

Children with special needs (e.g., learning disability, speech delays, ADHD, etc.) were more vulnerable to the struggles of online schooling. For example, because it was hard to receive services and therapies during COVID-19, many children experienced worse symptoms. In addition,

online schooling made it more difficult for students to receive adequate support for their learning, more so for children with special needs, and as a result, some students experienced long-term academic consequences. One parent mentioned, “She has been diagnosed ADHD since January 2019 and has never struggled too much beforehand as we had it all under control. Now after being home and doing school remote things have gotten worse” (39-year-old, employed, White, married mother; Olivia). Although some children recovered after returning to in-person instruction, the impact on children with special needs is not well known, and their needs likely require additional support for learning and recovering to pre-pandemic achievement levels.

Some parents transitioned to homeschooling after switching to online schooling to optimize their children’s well-being and learning. One parent quit her job to stay home and help her children with homeschooling. Although homeschooling was stressful for some parents, other families perceived it as a silver lining and experienced thriving. One parent mentioned, “We began homeschooling as a result of COVID, and it has been responsible for many of our family changes that we love!” (41-year-old, White, married mother; Tara). Another said, “Removing my child from public school was possibly the best decision I have ever made!” (56-year-old, White, divorced mother; Charlotte). This was reflected in youth responses as well; as one youth explained, “Homeschooling was probably the most positive thing about COVID” (13-year-old, White, eighth-grade female; Chelsea).

Mandate and Financial Woes Theme

Theme 9: Perceived Harmful Mandates

Adults and youth experienced negative impacts due to masking, closure, and vaccine mandates that were perceived as harmful and forceful by some people. These experiences included: (1) quick and extended restrictions; (2) no consideration of alternative solutions; (3) perceived ineffective and coercive mandates; and (4) resultant financial and employment loss. Adults mentioned a lack of choice and agency that promoted feelings of helplessness for outcomes like financial distress and job loss. This exacerbated distrust, resentment, defensiveness, and blame toward government-mandated closure and vaccine policies and a lack of trust in public health experts.

As mentioned previously, youth and parents reported negative impacts of lockdowns and restrictions for an extended period during COVID-19 on socialization. They expressed frustration because the restriction started too quickly, and the children were isolated for a long time. One youth described, “I was very stressed during COVID and when the schools reopened. I missed out on a lot of opportunities that most middle schoolers get because of COVID” (15.5-year-old, White, 10th-grade female; Luna). Parents echoed similar concerns, reflected in a comment, “I do think we rushed into much of what we did at the beginning of COVID... I think shutting down the schools for so long and all the regulations were not helpful” (34-year-old, employed, Asian American, married mother; Erika).

Some thought that instead of closing schools and businesses, the government should have allowed COVID-19 to spread so herd immunity could be formed. One adult explained, “I do believe shutting the world down for 2.5 months had repercussion and impacts that have affected us deeply for much time beyond that, and I’m not surprised by it... it should have been left to run its course” (37-year-old, employed, White, married mother; Brittany). Another adult mentioned, “Schools should have been able to work within themselves to make a safe environment” (59-year-old, employed, White, married mother; Peyton). These remarks demonstrate that enforcing closures and mandates without considering individual or school situations were seen as resulting in more harm

than good, such as mental problems, physical health, and interpersonal relationships.

Some people perceived mandated shutdowns, masking, and restrictions as ineffective and forceful. One adult said, “Once it became political, I lost faith in the information that was being passed along and I don't think I was alone in that. It made the restrictions seem oppressive as time went on” (45-year-old, employed, White, married mother; Hannah). Another adult mentioned, “I also do not believe we should have shut down schools and businesses. Neither the shut down nor the vaccinations have prevented the spread of COVID” (53-year-old, employed, White, married mother; Emily). These people thought the restrictions were unnecessary and harmful for their families and communities. In regard to masking, one adult described:

Wearing masks was more harmful than helpful as we have now weakened our immunities to all other viruses, which is why there is a sudden surge in viral infections and respiratory issues with many children. We were told we were protecting ourselves against COVID, but we also kept other necessary germs away and now have to rebuild those natural immunities a child creates when growing up. (62-year-old, employed, White, married mother; Sierra)

These comments suggest the belief that masking harmed children's immunities and caused long-term health and learning issues without scientific or medical justification. Many people lamented vaccine mandates and found them coercive and unreasonable. One parent showed a strong disagreement and distrust of the vaccine mandate saying, “The COVID pandemic has been a way for the government to control the public. Integrating the COVID "vaccines" into the children's vaccination guideline is criminal. People are dying because of the vaccine” (52-year-old, employed, White, single mother; Ashley). The vaccine mandates also resulted in a lack of trust in public health experts, which is well captured in a comment by “The lack of emphasis on improving general health or things people could do to care for themselves at home and a push for ‘a vaccine as the only answer’ is when I started losing trust in the experts” (44-year-old, employed, White, single mother; Shelby). Some people expressed fear because the government controls what individuals can or cannot do. Some participants viewed vaccines and other mandates as coercive.

A major negative experience attributed to closures and mandates was financial strain due to job loss (forced or by choice), earning reductions, and inflation. Although parents tried to shield their children from the negative impacts of the pandemic, some youth recognized their parents were no longer working. One youth mentioned, “My parents lost their job then” (15.5-year-old, White, 11th-grade male; Liam). Most of the financial-related remarks were made by adults. For most participants, the pandemic negatively affected their employment status, resulting in financial difficulties. As one participant noted, “I was jobless for 9 months during Covid.” (31-year-old, employed, White, married mother; Vanessa). Another participant described, “the main change in my personal life due to COVID-19 was being laid off from work in March of 2020 and struggling to find work in my field for almost a year after” (34-year-old, employed, White, married mother; Scarlett).

Job loss was not only a result of losing employment due to COVID-19 but also of personal choices made because of pandemic-created pressures and demands on families. For example, one parent noted they had to quit their job to take care of children, “COVID was very challenging working from home and being a teacher to my child. I had two jobs and end up quitting one because I couldn't keep up with the work” (32-year-old, employed, Black, divorced mother; Jamila). Other parents found ways of making working from home and childcare feasible. Some parents kept their children out of daycare or childcare for safety and other reasons, which saved them money. Inflation and increased expenses due to COVID-19 also contributed to financial distress and struggles among people that still persist.

Another participant blamed government policy for inflation during the pandemic, “*the current political administration is only making things worse with their disastrous economic policies that have made inflation run rampant and the cost of living skyrocket*” (65-year-old, employed, White, divorced mother; Leah). COVID-19 not only negatively impacted people’s employment status but also raised living costs and overburdened them with additional expenses. Even households that were seemingly managing still experienced struggles and needed assistance. As this participant explained, “I wish there was more help for the middle class. What my family looks like on paper is different than what we really are” (43-year-old, employed, White, married mother; Claire). Although a few families reported positive economic outcomes during COVID, they acknowledged the importance of having stable jobs, financial reserves, and privilege for financially managing during the pandemic as this participant explained that “the COVID pandemic was overall positive for my family because of our privilege (income, health insurance, etc.)” (39-year-old, employed, White, married mother; Sydney). Many people struggled financially during the pandemic, and financial assistance and resources were needed by many.

Table 2
Adult and Youth Quotes by Theme

Theme	Adult/ Family-Related Quotes	Youth-Related Quotes
Theme 1: Maturity and Personal Development	Youth focused: “He clearly feels much more responsibility in caring for his little brother than before the pandemic. He regularly babysits for his younger brother and is very comfortable being a caregiver for him” (43-year-old White married mother; Lillian)	Youth focused: “Being at home gave me more opportunities to watch TV, and helped me realize all of the problems that need to be solved in our world. This realization has helped me to make important decisions in my life, and become the activist for our planet and the rights of all people and animals that I am now” (13-year-old white seventh grade female; Presley)
Theme 2: Developmental Regressions and Delays	Youth focused: “him not being around other people as much and masks covering others mouths when they were talking” as reasons (39-year-old employed White married mother; Savannah)	Youth focused: “I get easily upset when I find difficulty with something” (17.5-year-old White eleventh grade female; Jade)
Theme 3: Heightened Anxiety, Sadness, Fear of Death & Illness	Adult focused: “The pandemic was so difficult with 3 small children. I have never felt depressed in my life until the pandemic and I still feel the negative effects on my mental health now. I believe I am still burnt out from parenting during covid and I am not sure how I will ever be able to recover” (40-year-old employed White married mother; Anna). Family focused: “A negative occurrence of COVID for our family is that we believe the quarantine severely progressed my Mother-in-law's Alzheimer's Disease because we couldn't visit her & she couldn't go out. During those first 3 months of the pandemic, we saw a huge change in her & she just continued downhill from there” (49-year-old employed White married mother; Marissa)	Youth focused: “It was a very overwhelming experience, I wouldn't wish the experience I had mentally on anyone” (13.5-year-old White eighth grade female; Brooke). Youth focused: “it did isolate me from the friends I had then, and I haven't quite built up those close relationships again” (16.5-year-old White eleventh grade female; Tatum) Youth focused: “He is aware of illness and death in a way he wasn't before and often worries and asks about those things. He also is more anxious about being left behind or kept at home after repeated school closures, quarantines, changes to his classroom as students or teachers left, etc. When he is told he can leave the house for an event he becomes very anxious about being left behind and wants to keep his parents in sight to make sure he hasn't been left. He asks a lot if today is the day he or family members will

Theme	Adult/ Family-Related Quotes	Youth-Related Quotes
		die. He also takes more ownership over his health and e.g is proud of being fully vaccinated and was happy to wear a mask at school” (39-year-old employed White married; Quinn)
Theme 4: Grief Experienced in Many Ways	Youth focused: “She feels like she’s missed out on so much. She feels like it’s not fair for her to have missed out on trick or treating or class parties and that kind of thing in her earlier school years and now can’t do them at all because she’s “too old” with the age limits in place” (46-year-old unemployed White single mother; Allison)	Youth focused: “Sometimes over long periods of time like during COVID lockdown I felt very separated from my friends. Since the [school name] district blocked google hangouts and google chat I had no way to contact my friends.” (12-year-old Asian American seventh grade female; Mai)
Theme 5: Family Priorities and Context Shifted	Family focused: “During the pandemic, my spouse and I took turns working and watching the children, so I saw my kids a lot more, which was positive, but I barely saw my spouse” (41-year-old employed White married mother; Paige)	Family focused: “Other than the first few weeks it was pretty good because we got a break from society and we were able to spend a lot of time together” (13.5-year-old White eighth grade male; Lucas). [duplicated in main body of paper]
Theme 6: Strained Relationships Due to Differences in Opinions	Adult focused: “People I knew well no longer cared to do simple things to protect others. They believed conspiracy theories and outright lies over actual science, professionals, and experts, causing many of their own family members to die or become severely ill from COVID” (45-year-old employed White married father; Ryan)	Youth focused: “I have somewhat different views on COVID matters with my family, but I tend not to voice those at all” (12.5-year-old White seventh grade female; Presley. [duplicated in main body of paper]
Theme 7: Alterations in Coping and Emotion Regulation	Youth focused: “She spends a lot more time worrying about catastrophic events like fires, tornadoes, sickness, home invasion., etc. than she used to” (57-year-old employed White married mother; Hailey)	Youth focused: “Covid has been one of the most stressful times in my life. But, it was able to help me learn how to deal with stress and depression” (12-year-old White sixth grade male; Ethan)
Theme 8: Online Schooling Created Demands for Parents, Educators, and Youth	Family focused: “Many learning/organizing systems/programs were used to keep students learning, and the students were expected to know where to find the information and programs that were assigned to them. This was one of our biggest struggles” (37-year-old employed White married mother; Layla)	Youth focused: “I spent a great deal of online school watching YouTube, so I am subsequently more aware of the threat that similar entertainment poses on my focus” (14.5-year-old White eighth grade male; Cooper). [quote duplicated main body of paper]
Theme 9: Perceived Harmful Mandates	Family focused: “The biggest negative over the last 2 years has been the general increase in prices (grocery, gas/electric bills, etc.). All of our utilities and general recurring expenses have almost doubled, which has been very hard to keep up with after being out of work for a year” (34-year-old employed White married mother of 1 child; Scarlett)	Youth focused: “I was very stressed during COVID and when the schools reopened. I missed out on a lot of opportunities that most middle schoolers get because of COVID” (15.5-year-old white tenth grade female; Luna). [quote duplicated main body of paper]

Discussion

The COVID-19 pandemic took a toll on youth and adults physiologically, psychologically, socially, and economically. Participants' lived experiences with both thorns and silver linings have implications for preparedness for the next pandemic and other public health crises. Using developmental psychopathology, family resiliency, family systems, posttraumatic growth, and ecological theoretical frameworks, this study was designed to investigate both the risk and protective factors that helped buffer against thorns and promote silver linings through adaptations at individual and family levels. In answering the research question - what adaptations did parents and youth make in response to the pandemic and how did these adaptations impact their functioning- we offer recommendations for modifying policy and programming targets for resilience and thriving.

Using open-ended survey responses, nine themes emerged across five topic areas. Most themes included thorns and silver linings, speaking to how resilience comes from adversity. Some youth emerged with accelerated maturity while others experienced developmental delays. From heightened concern about sickness and illness came both greater internalizing behaviors and prioritized hygiene behaviors. Grief experienced in a variety of ways contributed to shifts in family routines and priorities as well as strained relationships with family and friends. Emotional regulation skills were tested in novel ways and revealed both positive and negative adaptations and coping strategies. Online schools presented new demands for educators, students, and parents. Some students thrived while others floundered under this new online format. Mixed perceptions about vaccines and hesitancy, coupled with perceived and actual harmfulness of mandates, have long-term implications for everyone.

Systemic inequities in access to healthcare, educational resources, stable employment, and other coping tools could be compounded into a thorn bush, further exacerbating pre-existing health and education concerns. The COVID-19 pandemic—as is true of many epidemics and pandemics—differentially negatively impacted minoritized and marginalized individuals and families (Bambra et al., 2021). Particularly devastated were families with tenuous financial security. The thorns are likely to be concentrated among those already struggling, necessitating a response that builds from the margins rather than the majority. This calls for more tailored responses and moving toward a precision public health approach that tailors programs, practices, and policies to meet the unique needs of individuals and families. Future research is needed to explore patterns of responsiveness to different types of pandemic policies.

Developmental Implications

Findings from this study are consistent with other reports of the negative implications of COVID-19. Due to school closures and restrictions, parents, teachers, and youth experienced many challenges. Stay-at-home orders and the transition to online learning significantly increased parents' responsibility and stress in supporting learning without childcare support (Stark et al., 2020). Youth experienced a lack of support from their school and the need for teacher training on creating more effective online learning (Nandlall et al., 2022). Students with less-resourced families reported more difficulty with online learning, including unstable internet access, a lack of quality computers/tablets, and no quiet space to study (Benninger et al., 2023). This highlights the differential impact of the pandemic that disadvantaged those already experiencing inequities.

Most COVID-related programs and resources (e.g., stimulus funds) targeted adults and families, assuming that benefits “trickle down” to children. Developing programs specifically designed for youth is important for mitigating the detrimental impacts of the pandemic currently

and the expected long-term impacts and future sequelae in the aftermath of the pandemic. Numerous children impacted by the pandemic were in early and middle childhood (known as latency), and the consequences of developmental regressions are unknown. Latency is a developmental period when problems are covert or dormant before manifesting in adolescence. Coupled with lower academic achievement of schools nationwide and teacher and childcare provider shortages, the potential impact of the pandemic could be monumental for these children and their families as they transition into adolescence and beyond. Longitudinal data are needed to ascertain the far-reaching, long-term outcomes of these youth and their families and the resources needed to support them over time.

Public Health Implications

There is a cautionary tale to be told about public health acceptance and relevance for physical, psychological, and financial health. These findings have implications for public health planning in future crises. First, emotional, mental, educational, and financial health are interconnected among parents and youth dealing with public health guidelines. The design of guidelines should explicitly include these considerations, including the design of school regulations to ease transitions and provide additional support. Public health officials were not prepared or resourced for such nuanced approaches prior to COVID-19, resulting in the blunt force application of school closures and decreased capacity in childcare facilities across all levels of society, thereby disproportionately impacting families who may have already been struggling and did not have the resources to compensate. In the aftermath, this is the time for the development of emergency plans and policies to avoid such harmful impacts.

Second, the erosion of trust in public health, government, and interpersonal relationships must be considered in public health emergency preparations. Regarding public health and government messaging, these findings highlight the importance of communication via a range of trusted messengers rather than a one-size-fits-none/few communications strategy. This, again, could be addressed by public health building trust relationships in the non-emergency period. Further, results point to the way in which parents and youth cut themselves off from previously trusted relationships to avoid uncomfortable arguments. Although this may be interpreted as isolating, divesting in relationships that are perceived as negative may be an adaptive strategy for maintaining psychological safety. Creating social and psychological supports that can be accessed on demand, like support networks or communities, is likely to help youth and families navigate the disruption of interpersonal relationships during and in the aftermath of pandemics.

Strengths and Limitations

This study has several strengths. First, perspectives are collected from both parents and youth, which provides a more holistic understanding of the lived experiences of the pandemic. Second, the large sample size generated sufficiently sized subgroups of informants for response saturation. Third, the open-ended responses were very rich, with many participants writing extensively detailed responses. Last, findings address four levels of adaptation to adversity: resilience, thriving, survival, and floundering, speaking to the heterogeneity of these data.

The limitations of this study warrant mentioning. First, the study focuses exclusively on qualitative data to tell a rich story. Future mixed methods studies are recommended. Second, most participants resided in the Midwest. Findings may differ across regions of the United States, although several themes corroborate findings in the literature. Third, although self-selection into the study and self-reported data may introduce biases, strategies were used to broaden the sample

reach to include statewide and public health networks, leveraging previous study sample pools, using diverse listservs, and recruiting at community venues. By nature of the research's focus on understanding participants' perceptions of their lived experiences during the pandemic, self-report data are needed. While recognizing the limitations of self-reporting (e.g., recall bias and memory effects), current perceptions are useful for informing what participants remember and deem significant from the pandemic and future recommendations.

Future Directions

Designing studies to identify patterns and profiles of needs for and likely response to programs, practices, and policies is needed for future pandemic preparedness. Qualitative and mixed methods studies play significant roles in this identification as these data reveal meaning and emergent findings in unique ways that quantitative data cannot (e.g., a priori determined measures limit findings to only included constructs). Recognizing that this study's findings are limited to the target populations of the sample included, future research is needed to explore the longitudinal trajectories of several cohorts of people particularly impacted by the pandemic. First, women who were pregnant and gave birth during the pandemic may have additional traumatic experiences having to navigate the healthcare system during a particularly vulnerable time. Second, children born during the pandemic and those in early childhood will have different experiences with socialization, isolation, and normalcy, including what masks mean and how to speak with others without using masks. Third, how the pandemic impacted families of children and other relatives with developmental and physical disabilities needs future exploration. Last, future studies exploring family-level analyses—parent-child dyads—will provide insights into how parents and children converge and diverge in their perceptions of the pandemic. Studying these populations will move the field toward centering the margins and generating more relevant and tailored programs, practices, and policies, ultimately producing more equitable outcomes and moving individuals, families, and communities toward thriving.

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Dana A. Eldreth is a Senior Research Scientist at the Family Resiliency Center in the Department of Human Development and Family Studies at the University of Illinois Urbana-Champaign. Her research addresses problems related to psychopathology and well-being across the lifespan, substance use disorders, and socioeconomic and health disparities. Her work also examines the contribution of executive cognitive function and emotional regulation in psychopathology, and as predictors and mediators of treatment outcomes to behavioral interventions. She also utilizes quantitative, qualitative, and mixed methods approaches to understand the impact of COVID-19 on well-being and lived experiences in families and childcare providers.

Sohyeon Kim is a PhD candidate at the University of Illinois Urbana-Champaign, investigates the interplay of technology and leisure. Her research explores how digital engagement impacts the risks and benefits of leisure activities. Focusing on health and risk communication, she aims to develop resources and enhance literacy to promote safer and healthier leisure experiences. Her dissertation analyzes online sexual activity as leisure, examining motivations and risk/benefit perceptions to inform targeted and tailored interventions.

Liza Berdychevsky is an Associate Professor in the Department of Recreation, Sport and Tourism at the University of Illinois Urbana-Champaign. Her research program revolves at the nexus of health and wellbeing in leisure and tourism contexts, adopting a gender-sensitive and a life course-grounded approach. She focuses on risky behaviors (e.g., sexual risk taking and violence) and sexual leisure and positive sexuality across the life span and among vulnerable populations. Her research contributes to a deeper understanding of these issues and offers directions for tailored health education programs and prevention and intervention methods.

Ye Rang Park is an Assistant Professor in the Department of Family and Consumer Studies at the University of Utah. Her work focuses on promoting positive child development by strengthening family relationships and improving parent well-being. She examines different family protective factors that promote children's self-regulation and socioemotional competence and how to promote these factors through family-focused preventive interventions.

Rebecca L. Smith is an infectious disease epidemiologist specializing in surveillance and control of diseases in the One Health context. She received her DVM from Cornell University, her MS in biosecurity and risk analysis from Kansas State University, and her PhD in epidemiology from Cornell University. She is currently an associate professor in the University of Illinois College of Veterinary Medicine and a Health Innovation Professor in the Carle-Illinois College of Medicine. She serves as a PI of the Midwest Center of Excellence in Vector-Borne Diseases and the Midwest Alliance for Applied Genomic Epidemiology.

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