

# School-age adopted children's early responses to remote schooling during COVID-19

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## Abstract

**Objective:** This mixed-methods exploratory study sought to address the experiences of 89 adoptive parents (heterosexual, lesbian, and gay) in the United States with school-age children in relation to the transition to remote schooling and their children's mental health during the early part of the COVID-19 pandemic.

**Background:** The transition to remote schooling and associated confinement during the COVID-19 pandemic presents challenges for families, particularly when children are struggling with mental health and learning challenges.

**Methods:** Data were collected via an online survey between May and June 2020. Before the pandemic, almost half of the children received special education services.

**Results:** Findings revealed that although a minority of children were doing well with remote schooling, the majority were struggling due to lack of motivation and an inability to work independently. Some parents voiced challenges with teacher communication and inconsistencies across classes and were overwhelmed by the demands of their new role as proctor/teacher. Some were dissatisfied with how children's school services had been implemented and noted difficulties with the online format of various services (e.g., therapy was less engaging). Regarding children's mental health, half of parents said it had stayed the same, one third said it had worsened, and the remainder said it had improved. The mental health of children adopted via foster care seemed to have benefited from the additional time spent at home. Yet most children were described as struggling in part due to social isolation and loss of routine, which manifested in a variety of ways, including anxiety, schoolwork avoidance, and boundary testing. Most parents tried to show patience, tolerance, and reassurance, but more than one third reported stress and frustration

associated with not knowing how to best support their children.

**Conclusion:** The transition to remote schooling during COVID-19 may be especially challenging for adoptive families and other families whose children have higher levels of need.

**Implications:** Findings have implications for parents, teachers, school social workers and psychologists, and other professionals who work with children and families.

#### KEYWORDS

children, COVID-19, education, mental health, remote learning

The coronavirus disease 2019 (COVID-19) pandemic presents challenges to children, families, and schools. This exploratory study addressed how a diverse group of adoptive families with school-age children in the United States navigated the early part of the COVID-19 pandemic and home confinement, attending in particular to families' remote learning experiences and children's well-being. It highlights how a potentially higher needs population, like adoptive families, has managed during the COVID-19 crisis. Findings have implications for professionals who seek to guide and engage parents whose children are learning remotely—and particularly children with mental health and learning challenges who are doing so.

## COVID-19 IN THE UNITED STATES

The first confirmed COVID-19 case in the United States was reported on January 21, 2020 (Centers for Disease Control and Prevention, 2020). Although the outbreak appeared to be contained throughout February, it accelerated rapidly in March and April (Schuchat, 2020). During March and April, most state governments in the United States issued shelter-in-place or stay-at-home orders as a means of combating the coronavirus. Specifically, individuals were asked to stay at home and, if they had to leave for necessities (e.g., to buy groceries), to practice physical distancing from other people as much as possible. Between March 1 and May 31, 2021, 42 states issued mandatory stay-at-home orders (Moreland et al., 2020). By March 25, 2020, all public schools in the United States had closed and switched to a remote learning model in response to the growing threat of COVID-19. Schools in all but two states, Wyoming and Montana, remained closed through the end of the school year (Education Week, 2021). Like states' responses generally, school reopening plans were much more varied in terms of their timing, and what they required of students and staff (e.g., mask wearing or not), and were influenced by local political attitudes (Valant, 2020).

## CHILDREN'S MENTAL HEALTH AMIDST COVID-19

Children who are exposed to major public health crises like the COVID-19 pandemic are at risk for mental health difficulties (Child Trends, 2020) in part because events like the coronavirus outbreak are highly disruptive to their lives—children face threats to their structure, routine, and emotional and academic stability in such situations. Youth who experience early adversity or trauma and children who struggle with emotional instability are at risk for poorer outcomes (Child Trends, 2020); notably, this risk can be mitigated by information, education, comfort, and support, such as that from parents and schools (Oral et al., 2015).

Children are affected not only by the stress associated with a pandemic (e.g., fear of infection), but by the stressors introduced by home confinement (e.g., boredom and isolation), which the vast majority of children in the United States experienced amid stay-at-home orders (Sprang & Silman, 2013; Wang et al., 2020). For youth with mental health diagnoses, inability to access needed mental health services due to COVID-19 may have especially negative consequences (Lee, 2020). In a survey of youth up to 25 years old in the United Kingdom, all of whom had a mental illness history, 83% said the pandemic had made their condition worse, and 26% said they were unable to access mental health support (YoungMinds, 2020). The disrupted routines associated with school closure may be quite challenging for certain youth, such as those with developmental disorders such as autism, who depend heavily on daily structure and routine (Lee, 2020).

## **CHILDREN AND REMOTE LEARNING AMID THE COVID-19 PANDEMIC**

With the abrupt closure of schools amid regional and national stay-at-home orders, many children—and teachers—transitioned to remote learning. Research suggests that some children adapt well to, and even thrive in, virtual learning environments, especially if they enjoy flexible timelines and independent work (Cavanaugh et al., 2013). Clarity and consistency in teacher communications, teacher encouragement, quality curricular programming, and instructional support may all enhance children's and parents' experience of remote learning (Beck et al., 2014; Borup & Stevens, 2016). Of course, aspects of learning are different in an online setting, such as a lack of in-person socialization and limited variety in the learning environment, and possibly greater oversight by parents (Cavanaugh et al., 2013; Smith et al., 2016). Indeed, a challenge in remote learning is the demand for engagement by parents, many of whom are not equipped to take on an oversight role due to lack of time or skill—and when they do, this can negatively affect parent–child dynamics (Smith et al., 2016).

The demand for parents to act as teachers may be greater in the context of children with learning difficulties or special needs, who may require specialized supports, as well as clear and frequent communication, to facilitate their learning. Further, children with special needs may be especially likely to struggle with and need parent support in navigating online learning (Smith et al., 2016) because teachers are often unprepared to provide differentiated instruction to a range of learners, and specialized services for students with disabilities may not easily translate to an online format (Nelson, 2020).

Some research has explored families' experiences of remote learning during COVID-19, including those with children with special needs. Zhang et al. (2020) studied parents of school-age children with attention-deficit/hyperactivity disorder (ADHD) diagnoses during the COVID-19 outbreak in China, which led to schools switching to remote education. Noting that ADHD influences children's learning ability, peer relationships, and emotional-behavioral functioning, the authors surmised that (a) children with ADHD may face particular challenges due to the loss of daily routine and social interaction and (b) parents may endure stress because of having to both teach their children and handle their behavioral challenges. On average, parents reported worsened ADHD symptoms in children as a result of the outbreak. Worse child and parent mood and less time studying were related to higher levels of ADHD symptoms.

There is also emerging work on children's mixed experiences of remote learning during the COVID-19 pandemic. Asanov et al. (2021) found that Ecuadorian high school students identified disruptions in schooling and social isolation as key personal challenges that made completing their schoolwork difficult. However, just 16% of students met criteria for depression, and a majority of students reported being happy, suggesting notable adaptability among students coping with the disruptions associated with COVID-19.

## ADOPTIVE FAMILIES AND COVID-19

Adoptive families may be at elevated risk for poor outcomes during a pandemic such as COVID-19. Compared with nonadopted youth, adopted youth have higher rates of emotional and behavioral problems (Behle & Piquart, 2016), particularly youth adopted via foster care (Howard et al., 2004; Wind et al., 2007), which can stem from prenatal substance exposure, early neglect, home instability, and caregiver loss (Child Welfare Information Gateway, 2014). In turn, adoptive parents may report high stress (Rijk et al., 2006) and parent–child conflict (Rueter et al., 2009). Adopted children, especially those adopted postinfancy (e.g., via foster care), are also at greater risk for developmental and learning problems, including speech/language delays, learning disabilities, and ADHD, and are more likely to receive special education services (Altarac & Saroha, 2007; Beverly et al., 2008; Harwood et al., 2013; Wind et al., 2007). Anxiety, concentration difficulties, and other issues that are more prevalent among adopted youth (Behle & Piquart, 2016) may be exacerbated by the pandemic, contributing to parenting stress and parent–child conflict (Rueter et al., 2009). Further, the learning difficulties that adopted children struggle with may worsen in the context of remote education, particularly if the delivery and quality of special education and other supports are poor.

Yet adoptive parents often possess important resources that may mitigate against stress; for example, they may be more educated, affluent, and involved in their children's schools than parents who are biologically related to their children (Goldberg & Smith, 2014; Kreider & Lofquist, 2014). Indeed, parents who are highly involved in their children's schools may be especially well-positioned to help their children transition to remote schooling amid solid relationships with teachers and comprehensive knowledge of the schools' support systems (Goldberg & Smith, 2014).

## THEORETICAL FRAMEWORK

People, including children, are influenced by the settings in which they live (e.g., home, school, community) and the relationships among these systems (Bronfenbrenner, 1995). In particular, family–school relationships influence child development (Christenson, 1995). Parents' school engagement represents one way in which the family–school relationship may shape child outcomes (National Parent Teacher Association, 2020; Sheridan & Wheeler, 2017). Strong parent–school relationships can (a) model for children the importance of such relationships, thus affecting their academic experience; (b) provide schools with a more thorough understanding of children's needs and strengths, via information gained from parents; and (c) promote positive family–teacher interactions (Cheung, 2019). These relationships are particularly impactful when children have known vulnerabilities, such as socioemotional or learning difficulties, that will likely affect their school experience (Baker et al., 2008). During pandemic-induced school closures in particular, school social workers, psychologists, and other allied professionals can play a valuable role in bridging parents, children, and teachers by facilitating ongoing home–school collaborations, and supporting families in accessing (now remote) resources, assessment, and interventions (National Association of School Psychologists, 2020a). Such professionals can also provide guidance to teachers, including tools to manage their own stress and psycho-educational materials to offer to families to promote healthy coping.

## THE CURRENT STUDY

This mixed-methods study aims to examine children's educational and mental health experiences in the context of the COVID-19 pandemic and quarantine (i.e., staying at home and

having to participate in school and work remotely), from the perspective of 89 adoptive parents of school-age children in the United States, most (80%) of whom were aged 10 to 14 years ( $M_{\text{age}} = 12.6$  years).

## RESEARCH QUESTIONS

1. **Children's experience of remote education and supports:** How do parents describe children's experiences of online learning, special education services, and therapy?
2. **Parents' experience of remote education:** What challenges do parents describe with regard to their role in supporting their children's online learning and education?
3. **Children's well-being:** How do parents describe children's mental health, and how do they perceive the pandemic and stay-at-home measures as influencing children's mental health?
  - a. Does child well-being differ by adoption type (foster care, private domestic, international) given that there are higher rates of socioemotional and learning difficulties associated with certain adoption routes compared with others (e.g., foster care vs. private domestic)?
4. **Parents' management of children's difficulties:** How do parents describe responding to their children's stress associated with the pandemic and stay-at-home measures, if relevant?

## METHOD

### Sample selection and demographics

Participants were drawn from a larger group of 202 adoptive parent families, who were recruited in 2005–2009 for a study of the transition to adoptive parenthood (see Goldberg et al., 2007, 2010). To be included in the original sample, parents had to be adopting their first child and becoming parents for the first time. Participants were recruited via more than 30 adoption agencies in the United States and national LGBTQ organizations. These parents have participated in subsequent investigations of the transition to kindergarten and the transition to elementary school.

The current sample consists of 89 adoptive parents—32 women who adopted their children in the context of same-sex relationships (referred to as lesbian mothers; LM), 21 men who adopted their children in the context of same-sex relationships (gay fathers; GF), 27 women who adopted their children while in different-sex relationships (heterosexual mothers; HM), and eight men who adopted their children while in different-sex relationships (heterosexual fathers; HF); one did not provide data on her relationship context. The sample represents 44.1% of families from the original transition to parenthood study. The principal investigator encouraged one parent per couple to participate. In the 14 cases in which two partners participated, the partner who provided more in-depth answers to the open-ended questions was selected. Note that where counts do not add up to 89, there were missing data.

Chi-square analyses were conducted to determine whether there were significant differences in basic demographics (type of adoption; parent education; gender and race of the first adopted child) between the adoptive parents in the original sample and the subsample in the current study. There were no statistically significant differences between the original sample of parents and the subsample in any of the examined variables.

See Table 1 for key parent, child, and family variables, for the full sample and by adoption type; it also indicates where there were missing data. Seventy-eight parents (87.6%) identified as White, and the remainder as Latinx (two), African American (one), Asian American (one), and multiracial/biracial (six). The sample was well-educated: 86.5% ( $n = 77$ ) had at least a college degree. Average family income was \$159,596 ( $SD = \$112,000$ ,  $Mdn = \$130,000$ ; range

**TABLE 1** Family, parent, and child variables for the full sample and by adoption type

	<b>International (<i>n</i> = 17)</b>	<b>Private (<i>n</i> = 51)</b>	<b>Public (<i>n</i> = 18)</b>	<b>Missing/other<sup>a</sup> (<i>n</i> = 89)</b>	<b>Full sample (<i>n</i> = 89)</b>
Family variables					
Family income, \$ ( <i>M</i> , <i>SD</i> )	\$126,764 (\$43,297)	\$179,242 (\$132,744)	\$117,113 (\$43,528)	7 (7.9%)	\$159,596 (\$112,661)
Parent demographics					
Parent race ( <i>n</i> ,%)				1 (1.1%)	1 (1.1%)
White	16 (94.1%)	45 (88.2%)	16 (88.9%)	1 (1.1%)	78 (87.6%)
Of color	1 (5.9%)	6 (11.8%)	2 (11.1%)	1 (1.1%)	10 (11.2%)
Parent education (1–6; <i>n</i> ,%)				1 (1.1%)	1 (1.1%)
High school/GED	1 (5.9%)	0	0	0	1 (1.1%)
Some college/ associate degree	3 (17.6%)	6 (11.8%)	1 (5.6%)	0	10 (11.2%)
Bachelor's degree	4 (23.5%)	19 (37.3%)	5 (27.8%)	0	28 (31.5%)
Master's degree	6 (35.3%)	18 (35.3%)	10 (55.6%)	0	34 (38.2%)
PhD/JD/MD	3 (17.6%)	8 (15.7%)	2 (11.1%)	2 (2.2%)	15 (16.9%)
Working ( <i>n</i> , %)	14 (82.4%)	45 (88.2%)	14 (77.8%)	1 (1.1%)	74 (83.1%)
Child demographics					
Child race ( <i>n</i> , %)					
White	0	26 (51.0%)	6 (33.3%)	2 (2.2%)	34 (38.2%)
Of color	17 (100.0%)	25 (49.0%)	12 (66.7%)	1 (1.1%)	55 (61.8%)
Child age ( <i>M</i> , <i>SD</i> )	12.88 (0.93)	11.65 (1.57)	14.75 (3.00)	2 (2.2%)	12.63 (2.39)
Child grade ( <i>n</i> , %)				1 (1.1%)	1 (1.1%)
Elementary	1 (5.9%)	21 (41.2%)	2 (11.1%)	1 (1.1%)	25 (28.1%)
Middle school	14 (82.4%)	27 (52.9%)	7 (38.9%)	1 (1.1%)	49 (55.1%)
High school	2 (11.8%)	2 (3.9%)	7 (38.9%)	0	11 (12.4%)
High school grad/college	0 (0.0%)	1 (2.0%)	2 (11.1)	0	3 (3.4%)
Child gender ( <i>n</i> , %)					
Girl	7 (41.2%)	27 (52.9%)	9 (50.0%)	2 (2.2%)	45 (50.6%)
Boy	10 (58.8%)	20 (39.2%)	8 (44.4%)	0	38 (42.7%)
Trans/nonbinary	0	4 (7.8%)	1 (5.6%)	1 (1.1%)	6 (6.7%)
Family type ( <i>n</i> , %) <sup>b</sup>					
Lesbian	5 (29.4%)	18 (35.3%)	9 (50.0%)	0	32 (36.0%)
Gay	2 (11.8%)	13 (25.5%)	4 (22.2%)	2 (2.2%)	21 (23.6%)
Heterosexual	10 (58.8%)	20 (39.2%)	5 (27.8%)	0	35 (39.3%)
School ( <i>n</i> , %)					
Remote learning, private school	2 (11.8%)	13 (25.5%)	1 (5.6%)	1 (1.1%)	17 (19.1%)
Remote learning, public school	15 (88.2%)	33 (64.7%)	13 (72.2%)	2 (2.2%)	63 (70.8%)
No remote learning <sup>c</sup>	0	5 (9.8%)	3 (16.7%)	0	8 (9.0%)
Services ( <i>n</i> , %)					

(Continues)

TABLE 1 (Continued)

	International ( <i>n</i> = 17)	Private ( <i>n</i> = 51)	Public ( <i>n</i> = 18)	Missing/other <sup>a</sup> ( <i>n</i> = 89)	Full sample ( <i>n</i> = 89)
Special education	6 (35.3%)	25 (49.0%)	10 (55.6%)	1 (1.1%)	41 (46.1%)
Take medication	2 (11.8%)	20 (39.2%)	9 (50.0%)	4 (4.5%)	33 (37.1%)
Individual therapy	4 (23.5%)	22 (43.1%)	11 (61.1%)	1 (1.1%)	37 (41.6%)
Group therapy	1 (5.9%)	2 (3.9%)	4 (22.2%)	1 (1.1%)	7 (7.9%)
Speech therapy	4 (23.5%)	4 (7.8%)	2 (11.1%)	1 (1.1%)	10 (11.2%)
Occupational therapy	0	5 (9.8%)	3 (16.7%)	1 (1.1%)	8 (9.0%)
Physical therapy	0	1 (2.0%)	2 (11.1%)	1 (1.1%)	3 (3.4%)
Other therapies	1 (5.9%)	4 (7.8%)	6 (33.3%)	1 (1.1%)	11 (12.4%)

<sup>a</sup>There were 26 partnered (six unpartnered) lesbian respondents, 21 partnered (zero unpartnered) gay respondents, and 32 partnered (three unpartnered) heterosexual respondents. One participant did not provide data on relationship status.

<sup>b</sup>This category includes seven children who were meeting with a private tutor and one child who was not participating in any type of schooling. Due to his special needs, he could not do remote schooling, and his parents did not have the bandwidth to teach him due to their work demands.

<sup>c</sup>The “other” category includes two families who became parents via surrogacy and one that did not provide their child’s adoption type. When a number appears in the same row as a variable heading with multiple answers (e.g., parent race), it reflects the number of participants with missing data.

\$21,000–\$750,000). Parents’ occupations were heavily represented in the professional (*n* = 48, 53.9%) sphere (International Labor Organization, 2012). Some (*n* = 23, 25.8%) were managers. Smaller numbers were technicians (*n* = 4, 4.5%) or service/sales workers (*n* = 1, 1.1%). Eight (9.0%) were homemakers. In 38 families (42.7%), both parents were working at home. In 20 families (22.5%), one worked at home and the other was not working. The remaining had various work situations inside and outside the home. In 11 families (12.4%; six LM families, five heterosexual parent families), participants and their partners had separated/divorced since they became parents. Participants were geographically dispersed across 21 U.S. states, with the largest number of participants residing in Massachusetts (*n* = 14), Washington (*n* = 11), California (*n* = 10), and Pennsylvania (*n* = 8) and two participants living outside the United States.

All of the interview questions addressed parents’ experiences with their first (oldest, “target”) child. Fifty-one parents (57.3%) adopted their first child via private domestic adoption, 18 (20.2%) via foster care, and 17 (19.1%) internationally; two (2.2%) were born via surrogacy and adopted by the nongenetic partner; and one parent (1.1%) did not provide their child’s adoption type. Age of the target child at the time of the survey ranged from 8 to 21 years ( $M = 12.63$  years,  $SD = 2.39$ ,  $Mdn = 13.00$ ). Most (*n* = 71, 79.8%) were aged 10 to 14 years; 11 (12.4%) were aged 15 to 21 years, and seven (7.9%) were aged 8 to 9 years. Most were of color (55; 61.8%). Their ethnic/racial identities included White (34, 38.2%), Latinx (19, 21.3%), biracial/multiracial (15, 16.9%), Black (11, 12.4%), Asian (9, 10.1%), and Native American (1, 1.1%). Forty-five (50.6%) were girls, 38 (42.7%) were boys, and six (6.7%) were trans. Forty-eight families (53.9%) had one child, 34 (38.2%) had two, six (6.7%) had three, and one (1.1%) had five children.

Seventy-six of the 89 families (85.4%) had participated in the most recent follow-up, 3 to 4 years ago, when children were 9.5 years on average. Although the data obtained at this time point are outdated and likely do not fully capture children’s challenges, they provide a snapshot of their functioning at a recent assessment point. At this time, 21 (23.6%) were diagnosed with ADHD, 13 (14.6%) with learning disabilities, nine (10.1%) with an anxiety disorder, eight (9.0%) with speech delays, six (6.7%) with autism, six (6.7%) with oppositional defiant disorder, four (4.5%) with mood disorders, three (3.4%) with fetal alcohol syndrome, three (3.4%) with

an attachment disorder, two (2.2%) with Tourette syndrome, and one (1.1%) with posttraumatic stress disorder.

Chi-square analyses (or exact tests where cell counts were  $< 5$ ) and analyses of variance (ANOVAs) were conducted to determine whether there were demographic differences by adoption type, child race (of color vs. White), child gender (male or female), and parent education. An ANOVA ( $F = 12.16, p < .001$ ) showed that children adopted via foster care were significantly older ( $M = 14.8$  years,  $SD = 3.0$ ) than those adopted internationally ( $M = 12.9$  years,  $SD = .93$ ) and privately and domestically ( $M = 11.7$  years,  $SD = 1.6$ ), reflecting their older age at the time of adoptive placement:  $M = 2.8$  years,  $SD = 2.7$  for children adopted via foster care,  $M = 1.0$  year,  $SD = .68$  for those adopted internationally, and  $M = .11$  years,  $SD = .43$  for those adopted privately and domestically.

## Procedure

On May 1, 2020, participants in the original study were invited, via an email from the principal investigator, to “participate in a brief online survey about parenting during the pandemic” until June 1. Two reminders were sent. Participants were entered into two drawings for \$50, and one for a book about adoption. The survey was approved by the Institutional Review Board at Clark University.

This study focuses on parent responses to a series of closed- and open-ended questions (Appendix A) about children’s and parents’ experiences of remote learning and quarantine. Another paper from this dataset, examining parents’ mental health and relationship quality, was previously published (Goldberg et al., 2021). These two papers have limited overlap in content—that is, the sample is the same, but the domains under investigation are entirely different.

## Data Analysis

The current study is a mixed-methods investigation, inasmuch as we collected and analyzed both quantitative (closed-ended) and qualitative (open-ended) data and present an integrated analysis and discussion of our data, whereby we allow the quantitative and qualitative data to “speak to” each other with the goal of enabling a fuller and more coherent understanding of the phenomena at hand (Goldberg & Allen, 2015). We present counts of our qualitative data (e.g., number of participants who endorsed a particular theme) to help establish the frequency of how often that phenomenon occurs, as well as “to illustrate the labor and complexity of qualitative work” (Goldberg & Allen, 2015, p. 13).

## Quantitative

We conducted a limited series of exploratory chi-square analyses (or exact tests where cell counts were  $< 5$ ) to determine whether the trajectory of perceived change in children’s mental health (improved, worsened, stayed the same) and children’s use of therapy, medications, and special education services differed by adopted type. Chi-squares are reported only when significant. In this case, post hoc tests were conducted using a Bonferroni-adjusted alpha level to correct for multiple testing.

Perceived change in mental health was defined as parents’ response to the question “How would you describe your child’s mental health since stay-at-home measures have been issued (i.e., March 2020)?” Response options were *improved*, *worsened*, or *stayed the same*. See

Appendix A for closed-ended questions regarding therapy, medications, and special education services.

## Qualitative

We used content analysis (Krippendorff, 2004) to examine participants' responses to the open-ended questions (Appendix A). Content analysis is a standard method for examining open-ended responses to survey questions and can generate new insights through the process of identifying, coding, categorizing, and linking primary patterns or themes in the data. Through our exploration and classification of qualitative data, we condensed the text to a smaller number of content categories (Krippendorff, 2004) and developed a coding system to organize the data (Bogdan & Biklen, 2007).

Our analysis focused on parents' descriptions of their families' experiences related to remote education and services, children's well-being, and their parenting strategies and struggles. The first author first read all open-ended responses to all questions to gain familiarity with the data, including overarching themes. Responses were then annotated—that is, via line-by-line coding, the first author labeled words, phrases, and sentences that were relevant to the primary domains of interest (e.g., children's adjustment to online learning), with attention to the family–school interface (e.g., how the school was perceived as helpful or unhelpful). These codes were abstracted under larger categories and subcategories, which were positioned in relation to each other such that connective links among them were established in an effort to meaningfully describe experiences of remote learning and child well-being amid COVID-19. A coding scheme was produced and reapplied to the data.

The second and third authors then applied this scheme to a subset of participants ( $n = 22$ , 24.7%). After discussing their thoughts on the coding process, the authors made further modifications to the scheme, reapplying it to all participants. This process ensured that multiple interpretations were considered, strengthening the credibility of the analysis (Bogdan & Biklen, 2007). The first author then reviewed all survey data again and revised the coding scheme a final time, in collaboration with the second and third authors. We reapplied the coding scheme a final time, attending especially to the social locations of family members (e.g., family structure; adoption type; child age and diagnoses) to better understand patterns across, and unique to, particular groups of participants.

## FINDINGS

We first present data on families' experiences with remote learning and supports, followed by children's mental health and parents' response to children's difficulties. Note that throughout the findings, where numbers do not sum to 89, there were missing data.

### Schools and other supports and services

Most of the 89 children in our analysis were participating in remote learning, via public (63, 70.8%) or private school (17, 19.1%). Seven children (7.9%) met with a private tutor, and one (1.1%) was not participating in school because remote learning was not feasible due to his special needs, and his parents did not have time to homeschool. One (1.1%) had missing data.

Almost half of the children received special education services, including individual education plans (IEPs;  $n = 41$ , 46.1%). This did not include five children who received school-based tutoring. More than one third were in individual therapy, privately ( $n = 31$ , 34.8%) or via

school ( $n = 6, 6.7\%$ ). Some participated in group therapy, privately ( $n = 2, 2.2\%$ ) or via school ( $n = 5, 5.6\%$ ). More than one third ( $n = 33, 37.1\%$ ) used medication.

Chi-square testing revealed differences in therapy use by adoption type,  $\chi^2(2, 86) = 6.57, p = .035$ . Youth adopted from foster care were more likely to be in therapy (individual or group) (61.1%) than youth adopted internationally (23.5%),  $p = .035$ . Although not significant, the same trend held for medication use by adoption type,  $\chi^2(2, 83) = 5.71, p = .061$ : More children adopted via foster care took medication (50.0%) than children adopted internationally (11.8%).

## Children's experiences of remote learning and remote support services

Of the 80 parents whose children were participating in remote learning, 52 (65.0%) provided enough elaboration of their children's experiences with remote learning that they could be categorized as thriving, doing well, struggling, or disengaged. These descriptors, which were derived from parents' qualitative responses to the open-ended questions, capture the continuum of children's response and adaptation to learning in a virtual environment.

### Remote learning

Seven of the 52 parents with enough qualitative school data to analyze (13.5%) said their children were *thriving* in the online learning setting compared with traditional school, which they attributed to the self-paced nature of the instruction, greater 1:1 contact with teachers, and the lack of distraction related to the social aspect of school. Ellen (HM) said: "She has been highly adaptive. I think she enjoys the increased 1:1 instruction and follows direction really well without the distraction of classmates." Katie (LM) said:

Remote learning is a dream come true for my child. The stress due to peer and performance anxiety is gone. The pace is way less intense. There are less distractions and friction in the home environment compared to the school environment. ... She is actually doing exceptionally well with self-regulation and independent school work.

Ten parents (19.2%) described their children as doing *very well* with remote learning, which they typically attributed to their self-discipline and ability to work independently, and, in some cases, the excellent instruction or structure offered by the school. Dara (LM) said, "There's been excellent school support and structure; plus she is just a disciplined person by nature." Notably, many of these children were also described as missing the social aspect of school or as disliking the isolated nature of remote learning.

Many parents ( $n = 30, 57.7\%$ ) said their children were *struggling* with motivation, engagement, and working independently, which required parents to provide support (e.g., creating daily schedules, checking schoolwork) to ensure that children were completing and turning in assignments on time. "He only gets work done with a significant amount of help and oversight; it takes a lot of time" (Vicky, LM). Kelly (HM) said: "He does the bare minimum to get by and will 'forget' to do things on purpose. He does not work independently. ... We've made it so he only focuses on one subject each day so he doesn't feel as overwhelmed or confused."

Ten of these 30 parents (i.e., one third) explicitly invoked their children's learning disabilities or ADHD, noting that their children struggled with disorganization and focus, making remote learning "a nightmare for someone with executive functioning deficits." Lars (GF) explained: "Because of his severe ADD, we've always regulated screen time, which is now through the

roof. He is struggling academically ... and it is taking him forever to do less school work.” Many of these parents commented that their children’s difficulties pre-pandemic (disorganization, remembering deadlines) were amplified in the remote learning environment.

Rarely, children were described as *disengaged*, doing very little or even refusing to participate in remote learning ( $n = 5, 9.6\%$ ). Parents voiced their frustration with this situation, which appeared especially common among older children (i.e., teenagers).

## Parents’ struggles with “homeschooling”

Upon the switch to remote learning, parents were expected to act as teachers and coaches, often while working. Parents articulated a range of struggles related to “homeschooling,” which were often related to the nature and means of school-related communication. Ten parents (19.2%) described problems with *teacher communication* in terms of consistency, responsiveness (e.g., to questions), and amount (e.g., it was seen as excessive or minimal). Five parents (9.6%) articulated issues with *inconsistencies across teachers*—namely, they used different platforms and methods of communication, leading to confusion about where to locate and turn in assignments. *Technology-related frustrations* (e.g., learning new technology) were named by four parents (7.7%). Three (5.8%) described issues with the *lack of direct instruction* and thus time with the teachers and peers, and three (5.8%) bemoaned the *lack of structure* and its impact on their children’s motivation and accountability.

Parent-centered issues related to home schooling were also identified. Ten parents (19.2%) were overwhelmed by multiple *role-related challenges*—namely, acting as teachers, homework monitors, schedule enforcers, parents, and employees. Said Amy (HM), “We both work 40- to 50-hour a week jobs and both kids have learning differences. One has a full-time aide at school. We are not equipped to replicate this at home, or dedicate 2 to 6 hours a day on various zoom calls or keep track of the various sites, apps, programs, and assignments.” Three (5.8%) noted *personal challenges* (e.g., lack of patience and flexibility) that made them less-than-ideal educators. Three (5.8%) articulated *content-related challenges*—for example, they did not understand “the new math.”

Parents’ simultaneous occupation of parent and educator roles sometimes exacerbated *tensions* within the family. Six parents (11.5%) said that when they tried to teach their children, this created strain, and their children acted out or lost patience. Amanda (LM) said, “She is resistant to math already, and doubly resistant to me trying to be the one to help her. This leads to battles.” Three parents (5.8%) said their children simply *refused to work with them* on schoolwork. In general, parents felt that they were a “poor substitute” for teachers.

## Special education services

Among the 52 parents with enough qualitative remote schooling data to analyze, some described challenges associated with receiving special education services remotely. Nine parents (17.3%) voiced disappointment that services were simply *not being implemented*. In turn, several parents had to do extra advocacy vis-à-vis their child: “They’re not providing support. It’s a joke. We are servicing our son, reminding the teachers to give him the extra time, etc.” (Lauren, HM). Five (9.6%) said that services were being implemented but in a way that was *ineffective* (e.g., the virtual nature of the support negated the positive relationship-building that had once engaged and encouraged children’s attention and learning). Three parents (5.8%) shared that services were *reduced* (e.g., fewer hours of weekly math support). In the absence of their children’s IEP supports, parents were seemingly expected to provide the “extra help required.”

Seven parents (13.5%) noted that the move to remote learning had rendered some accommodations *unnecessary*. Extra time on tests was irrelevant in the digital environment. Some children who normally faced challenges in terms of distractions, time constraints, and work pacing sometimes found remote learning to be easier, thus reducing their need for supports.

Ten parents (19.2%) voiced positive sentiments about their children's IEP or support services, which they felt were *effectively implemented*. Parents appreciated when teachers were responsive and flexible to children's needs, reduced the workload, and provided extra support or tutoring. Some children had a daily 1:1 check in with an IEP counselor or an IEP group meeting with peers, which seemed to enhance their connection to school and engagement with schoolwork. Parents also described regular office hours or "study sessions" as helpful.

## Therapies

When asked to elaborate on their children's experiences receiving therapies remotely, most of the 52 parents with enough qualitative data on remote schooling to analyze discussed individual therapy. Parents' perspectives were mixed, with five (9.6%) stating that the transition to remote therapy was smooth and their child seemed to *get more out of therapy* (e.g., it was easier for them to open up on video than in person; they seemed to enjoy it more). Others ( $n = 5$ , 9.6%) felt that their child was *less engaged* in this format, struggling to maintain attention and requiring parental supervision to stay on task, with two parents stating that their children refused to continue. Five (9.6%) had more neutral commentary, noting that it was *awkward but "fine"* as a holdover until in-person therapy could resume. Ten (19.2%) had *terminated* child therapy. Seven expected it to resume once in-person meetings could occur safely, but three ended it altogether amid the natural break that occurred.

## Children's mental health

Parents were asked about their children's mental health and how it compared to pre-COVID-19 via several closed-ended questions to which almost all 89 parents provided responses. Almost half ( $n = 44$ , 49.4%) said it was the same, 27 said it had worsened (30.3%), and 14 parents (15.7%) said it had improved. Child mental health differed by adoption type, at the level of a trend,  $\chi^2(4, 82) = 9.30$ ,  $p = .054$ . A larger percentage of children adopted internationally (75.0%) were described as having unchanged mental health compared with children adopted via foster care (29.4%). And, although the difference was not significant with the Bonferroni-adjusted alpha level, children adopted from foster care were in fact more likely to be described as having improved mental health than children adopted internationally (35.3% vs. 6.3%;  $p < .05$ ).

## Children's emotional-behavioral responses to the pandemic

Parents were asked how their children had responded to the stress of the COVID-19 pandemic and given a list of 14 possible responses. The most frequently endorsed response was anxiety ( $n = 40$ , 44.9%), followed by avoidance of schoolwork ( $n = 35$ , 39.3%). More than one third (34, 38.2%) endorsed testing boundaries, and almost one third endorsed agitation ( $n = 29$ , 32.6%). Just over a quarter of parents each endorsed clinginess ( $n = 23$ , 25.8%), competing for parents' attention ( $n = 23$ , 25.8%), and avoiding chores ( $n = 23$ , 25.8%). Just under a quarter of parents each endorsed social withdrawal or self-isolation ( $n = 22$ , 24.7%), sleep or appetite disturbances ( $n = 22$ , 24.7%), and loss of interest in activities ( $n = 21$ , 23.6%). Just under one fifth reported aggression ( $n = 17$ , 19.1%) and physical symptoms ( $n = 15$ , 16.9%).

Rarely endorsed responses were ignoring health protection behaviors ( $n = 5$ , 5.6%) and concerns about stigma or prejudice ( $n = 4$ , 4.5%). Twenty-three parents (25.8%) described other behaviors not listed, including talking back ( $n = 6$ ), regressive behaviors (e.g., baby talk;  $n = 5$ ), sibling conflicts ( $n = 5$ ), screen addiction ( $n = 4$ ), disorganization ( $n = 4$ ), being overwhelmed ( $n = 2$ ), being extra affectionate ( $n = 2$ ), and laziness ( $n = 2$ ). Most parents (71.9%) endorsed multiple responses; just 10 (11.2%) endorsed no negative behaviors at all.

## Reasons for changes

When asked how they understood the changes in the children's behavior, almost all parents asserted that the pandemic and quarantine had precipitated or amplified emotional, behavioral, and learning challenges (e.g., anxiety, inattention). As Pat (GF) said, "[Son] has many emotional triggers already, and those seem heightened now that we are in lockdown. Smaller things can trigger a bigger emotional outburst if we are not careful."

More specifically, 21 parents (23.6%) described the *social isolation* induced by stay-at-home orders as affecting their children's emotional and behavioral difficulties: "I think it's due to not having their own activities and things to do, friends to see; baseline difficulties are exacerbated by being away from her friends" (Nicole, HM). Eighteen parents (20.2%) pointed to the *loss of structure and routine* associated with school, sports, and other activities as central to their children's challenges (e.g., emotional dysregulation, amotivation), with some asserting that transitions in general (especially when accompanied by big shifts in routine and expectations) were challenging for their children. Many of these parents emphasized in particular that their children's attentional and learning issues were more pronounced in the context of online learning and the increased expectation of independence alongside a lack of structure.

The *uncertainty and unpredictability* that characterized the pandemic was identified by 18 parents (20.2%) as causing or exacerbating anxiety. Twelve (13.5%) cited the *lack of control* associated with the pandemic and stay-at-home directives as contributing to children's difficulties. Six (6.7%) shared their impression that a *decline in physical activity* (e.g., no recess or team sports) had contributed to emotional/behavioral issues. For Adam's (GF) son, "exercise is an emotional regulator; he does better when he is in sports and has a PE class to break up the day."

Some pointed to factors that may have intersected with the stresses created by COVID-19 to amplify children's challenges. Eleven parents (12.4%) felt that the pandemic coincided with *puberty* to exacerbate their children's difficulties (e.g., moodiness, sensitivity). Seven (7.9%) invoked their children's *adoption or trauma history*. Jen (LM), who had two children who were adopted through foster care, said, "As kids of trauma who relied on school for social interactions, it has escalated anxiety, triggered prior losses, and undermined growth." Marybeth (LM), whose child also was adopted through foster care, similarly pointed to social losses in reactivating her daughter's trauma: "The loss of school and friends seems to have triggered her original losses through adoption. ... She asked if we were going to 'give her back' after we learned she hadn't been doing her work."

Turning to parents who viewed their children's mental health as having improved or stayed the same, some ( $n = 8$ , 9.0%) emphasized children's relief associated with *escape from the pressured and distracting aspects of school*. The self-paced, flexible nature of remote learning worked well for them: Parents often contrasted the school environment (chaotic, distracting) with their home environment (quiet, calm). Others ( $n = 6$ , 6.7%) asserted that being at home was a relief because it allowed their children to *escape from the social demands of school*—dealing with peers and sometimes bullies. Some parents pointed to specific mood-boosting benefits of being home, such as the freedom associated with less structure, including more *time for hobbies* ( $n = 6$ , 6.7%), *family* (4, 4.5%), and *sleep* ( $n = 4$ , 4.5%). Finally, some parents ( $n = 6$ , 6.7%) who

described improved or stable functioning attributed this to children's *personality* (e.g., an introvert, or generally easygoing and adaptable).

## Responding to children's difficulties

Parents were asked how they had responded to their children's difficulties using a series of eight closed-ended prompts, such that almost all 89 parents provided answers. Almost all ( $n = 73$ , 82.0%) said that they had responded with *patience, tolerance, and reassurance*. Almost three quarters ( $n = 66$ , 74.2%) said that they *encouraged continuation of routines* ("We are just trying to keep the house schedule as normal as possible. Rules about homework and reading still apply. Kids thrive on routines"; HM). More than two thirds ( $n = 63$ , 70.8%) encouraged children to *stay in touch with friends and family* via phone, Internet, and video games. More than two thirds encouraged them to *participate in family activities* ( $n = 60$ , 67.4%; "We do highs/lows at meals. We have family nights where we play games or watch a movie"; LM). Just under half ( $n = 43$ , 48.3%) *limited media exposure* related to COVID-19. More than one-third ( $n = 30$ , 33.7%) acknowledged growing *increasingly frustrated or stressed* because it was difficult to know how to help their children ("There have been sad, shameful amounts of yelling and parenting by threat and bargaining"; LM). Just under one third ( $n = 28$ , 31.5%) *encouraged discussion of the outbreak* ("We check in regularly about how they are doing, asking if they have any questions, how they are feeling about things, educating them about the virus and what is known"; HM). One fifth (18, 20.2%) *discussed stigma, prejudices, and potential injustices* occurring during the outbreak. Thirteen parents (14.6%) indicated "something else" (e.g., they were looking for a child therapist; they were keeping their children busy and distracted).

In response to the open-ended query about what strategies they had used to try to manage their children's stress, parents' responses generally mirrored and thus largely duplicated the closed-ended items, but with a few exceptions. Thirteen parents (14.6%) shared that they were *spending more quality, fun time with their children* ("We have tried to put as much positive emotion into all aspects of our daily lives as possible—watching funny movies, playing with our cat, and playing lots of video games"; LM), which afforded regular opportunities to check in. Ten parents (11.2%) were trying to *listen and empathize* ("I listen and acknowledge that this is a really hard time because you can't be meeting friends of your age. We talk about things that make us feel better and strategies that let us feel our feelings but don't keep us locked in place"; LM). Five parents (5.6%) were *encouraging physical activity*, including daily walks. Finally, four parents (4.5%) were trying to *model a calm, proactive approach to stress management*.

## DISCUSSION

The current exploratory study addressed how adoptive children and parents fared during the early part of the COVID-19 pandemic in the United States. An ecological framework (Bronfenbrenner, 1995) enables attention to the multiple contexts and individuals that impact child well-being as well as the dynamic relationships among these systems. The parent–school relationship is especially salient during the current pandemic, as evidenced by the fact that the switch to remote learning was highly disruptive for families, and one that may be eased amid excellent school–family communication and retention of needed child services. Indeed, schools have the potential to play a powerful role in alleviating both parents' and children's anxieties during a highly stressful and ongoing event such as a pandemic (Sheridan & Wheeler, 2017; Zhou, 2020).

Our sample has considerable financial and educational resources, which may account for the finding that many parents did not report major challenges associated with homeschooling

or with the implementation and effectiveness of special education services. Most retained their jobs and were able to work from home and were therefore available to their children or had the resources to provide additional external supports (e.g., a tutor). Further, most parents (87.6%) were still married or in a committed relationship with their child's other parent, and, in turn, they benefited from the ongoing and day-to-day support and contributions (e.g., to household labor, to remote learning) of their partner. Yet this sample is also characterized by stressors unique to adoptive families that may be amplified in the pandemic, such as having children who are disproportionately more likely to receive special education services (Altarac & Saroha, 2007).

Almost all of the children in the sample were participating in remote schooling, a switch that was particularly disruptive for the almost half of children who had been receiving special education services. In addition, many had been attending individual or group therapy—although notably, children adopted via foster care were more likely to be in therapy than children adopted internationally. This may reflect the fact that children adopted via foster care were adopted at older ages and in turn were more likely to have been exposed to early adversity (e.g., neglect; multiple caregiving transitions), which in turn is linked to elevated risk for learning disabilities, ADHD, and emotional-behavioral challenges (Behle & Pinquart, 2016; Beverly et al., 2008; Wind et al., 2007). Physical separation from teachers and school counselors could be particularly unsettling for children with special needs or attachment issues, including adopted children—suggesting that maintaining access to support services and therapy may be especially important during periods of stay-at-home measures or lockdown.

Parents described diverse child experiences with teletherapy, with some noting positive experiences (e.g., diminished inhibition) and others detailing difficulties with engagement and focus. Indeed, connecting with therapists over screens may be especially difficult for children with attention and emotional regulation deficits (Racine et al., 2020). Children's experiences with remote learning were similarly varied. A minority were described as "thriving," due to the less distractible, more flexible nature of school, a reduction in peer interactions, or a combination of these. Many youth report feeling pressure to fit in socially at school, which can affect their ability to focus (Horowitz & Graf, 2020); such youth may do better academically when social pressures are reduced. Children who were "doing well" were seemingly self-disciplined enough to work independently and had the benefit of excellent instruction and structure from their teachers. These children also likely benefited from their parents' positive disposition toward teachers; these parents generally praised children's teachers' adaption to teaching during the pandemic.

Yet many more children were described as struggling in school than doing well. More than half were struggling with motivation and working alone, thus requiring considerable parental oversight, which created stress and friction. For children with attentional difficulties, learning via screens without a sense of communal structure is very difficult, especially when lesson times are not reduced and students are expected to passively receive information as opposed to engage in active, discovery-driven learning (Morgan, 2020; Zhang et al., 2020). Such children may do better with shorter lesson plans, regular check-ins, and COVID-19-adjusted expectations (Morgan, 2020), yet such parameters may be challenging for teachers, who may also be personally struggling amid the pandemic, to implement (Zhou, 2020).

Some parents voiced frustration with teachers, describing insufficient or ineffective communication, instruction, and structure, which pushed them to assume teaching responsibilities on top of their professional and household responsibilities—a challenge that was additionally daunting in the absence of needed special education services. In light of the impact that parent-teacher relationships can have on children, parents' impatience with teachers may have exacerbated children's stress surrounding remote school (Zhou, 2020). Research conducted during COVID-19 suggests the importance of interdependence between parents and teachers—and,

specifically, the importance of establishing relationships in which teachers feel supported and parents can maintain communication about children's needs (Hargreaves & Fullan, 2020).

Turning to children's mental health, almost one third of parents said that their children's mental health declined, and about half said that overall it was the same. Anxiety, avoidance of schoolwork, boundary testing, and agitation were among the most prominent behaviors that parents noted as perhaps worsening or being amplified in the context of the pandemic and stay-at-home measures. Indeed, increased time together does not necessarily benefit family relationships and in fact may harm them, especially when this time is spent largely in mundane activities (Aron et al., 2000). Relatedly, and in line with existing research, many children felt sadness over being unable to spend time with friends at school (Asanov et al., 2021).

Some parents reported improvement in children's mental health, which they attributed to enjoyment of the self-paced nature of school, relief from school-related anxieties, and increased time for hobbies, family activities, and sleep. Interestingly, children adopted via foster care were more likely to show improved mental health than internationally adopted youth. Youth adopted via foster care, who often experience early adversity, may benefit immensely from caregiver education, comfort, and support (Oral et al., 2015). Indeed, the parents of these youth, aware of the disruptions to their children's therapy treatments, may have been especially attuned to the need to provide such support (especially during a time of immense transition and loss)—but potentially at the cost of their own well-being. Children adopted via foster care may have also especially benefited from the absence of distractions and anxieties associated with school.

Parents responded to their children's challenges in a variety of ways, such as maintaining routines and encouraging communication with friends, strategies that experts regard as highly adaptive (Brymer et al., 2020). Some parents also strove to limit media exposure related to the COVID-19 pandemic or encouraged age-appropriate discussion of the outbreak. Notably, almost all parents tried to be patient with and to reassure their children, but more than one third reported frustration and stress related to not knowing how exactly to support their children. This dovetails with research on families during the H1N1 pandemic, which found positive associations between parents' and children's well-being (Sprang & Silman, 2013). It also highlights the burden this pandemic has placed on parents to provide for all of their children's needs while balancing homeschooling, paid work, and their own well-being (Bate & Malberg, 2020). This burden may be heightened for parents of youth with special needs or attachment issues, such as adopted youth.

## Implications for research and practice

Our findings have important implications for schools, parents, and helping professionals, who ideally should work in tandem to assist children throughout the COVID-19 pandemic and its aftermath (Zhou, 2020). School social workers, psychologists, and allied professionals should support teachers by providing resources that facilitate their ability to partner with families, build virtual classroom culture, and gain confidence with remote teaching; success in these domains will provide positive synergies among children, parents, and teachers (Wide Open School, 2020). To the extent that school professionals can provide parents with tools to support themselves and their children at home, they should do so to empower parents and also to offset some of the burden on teachers. They can also offer parents materials on how to manage telehealth, remote learning (especially for children with autism, ADHD, and learning disabilities), anxiety, and uncertainty (Child Mind Institute, 2020). In particular, parents need support in managing their frustrations, and effectively communicating them to teachers, when special education services are insufficiently provided (Houry et al., 2019).

Children's responses to the pandemic vary widely, with some children showing notable resilience, and even thriving in the context of the shift to remote education. Clear expectations, self-

paced learning, and brief lesson plans may be key ingredients in the recipe for an effective, enjoyable remote school experience (Morgan, 2020). Although some children have thrived, more often they have become more anxious and irritable, lack concentration, demand extra attention, and have difficulty with self-care, sleeping, and eating (Child Trends, 2020; National Association of School Psychologists, 2020b). The presence of engaged caregivers and supports, and continued peer interaction, routines, exercise, a healthy diet, and teletherapy, can help to support children during this time (Brymer et al., 2020; Child Trends, 2020).

Some parents, teachers, and school professionals may be uncertain about how much to share with children about the COVID-19 pandemic. Given how much children in our sample struggled with anxiety, our findings align with recommendations to monitor media exposure and provide age-appropriate information. Upper elementary and early middle school children in particular need help separating reality from rumor and fantasy, in that they may absorb misinformation about the virus from the media or from peers (e.g., in terms of its origins or attributes) and may fantasize that the virus is more virulent than it is (Ehmke, 2020). This age group requires assurances that they are safe, which both parents and teachers can provide, along with simple and clear information about the nature of the virus and the efforts being undertaken (e.g., locally) to keep it from spreading (National Association of School Psychologists, 2020b).

## Limitations

This is, to our knowledge, one of the first studies to assess how adoptive families or families with high-needs children are functioning during COVID-19. Although it fills a gap, there are several limitations to this research. As noted, the parents in our sample often had a variety of resources that mitigated stress. Second, our mental health question was a single item, although respondents were able to elaborate in open-ended responses that offered more nuance to their experiences. Third, although we used statistical tests suitable for small samples, results should still be interpreted with caution given the low counts in some cases. Indeed, our small sample size, coupled with many sources of variability within our sample, limited our ability to explore certain associations statistically or examine gay fathers and lesbian mothers as separate groups; however, it is notable that in our content (qualitative) analysis, we did not observe thematic differences by parent gender or family structure. Fourth, our exploratory study addresses only the early transition to remote learning; undoubtedly, parents' and children's experiences and perceptions are likely to shift over time. Fifth, the current sample is a convenience sample of adoptive parents, and thus, the findings are not necessarily representative of adoptive parents of school-age children.

Future research should examine how families with fewer resources (e.g., educational, financial) whose children are adopted or have special educational needs (or both) have experienced remote learning in the context of the COVID-19 pandemic. Additionally, future research should examine how children's mental health has continued to evolve amid the ever-changing nature of the pandemic, and, additionally, how schools are responding to the increased mental health needs of their students during the pandemic and beyond.

## CONCLUSION

The COVID-19 pandemic has created significant stress and anxiety for schools, parents, and children. The current exploratory study highlights the school experiences and related concerns of parents and their children amid the transition to remote schooling during the early part of

the COVID-19 pandemic in the United States—experiences and concerns that were often exacerbated by adopted children's needs and vulnerabilities. There is much to be learned from their experiences of struggle as well as the significant potential for resilience when schools, parents, and children are in sync with children's unique needs.

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## APPENDIX A: CLOSED- AND OPEN-ENDED SURVEY QUESTIONS

### **Remote Learning and Services**

#### **Child remote learning (open-ended)**

“How is your child dealing with remote learning (e.g., to what extent are they engaged, completing work thoroughly on time, etc.)?”

#### **Parents’ experience of remote learning (open-ended)**

“What educational struggles have you encountered with ‘homeschooling,’ if relevant?”

#### **Child special education services (open-ended)**

“If your child was receiving special education services or accommodations at school prior to school closures: How are these being implemented remotely? What, if any, challenges have arisen?”

#### **Child therapies and other supports (closed-ended)**

“Which of the following services was your child receiving prior to school closures: individual therapy, group psychotherapy, occupational therapy, physical therapy, speech therapy, medication management, other.” Open-ended prompts: “What challenges have arisen in regard to receiving these therapies remotely? Are there other services/supports your child or family was receiving that have been disrupted?”

### **Child Well-Being**

#### **Children’s response to the pandemic (closed-ended)**

Parents were asked, “How has your child responded to the stress of the pandemic? Which of these have you observed?” and provided with a list of 14 behaviors (e.g., aggressive behavior, sleep/appetite disturbances) that were informed by research and guidelines related to children’s responses to traumatic events and public health crises (Brymer et al., 2020; Child Welfare Information Gateway, 2014).

#### **Children’s response to the pandemic (open-ended)**

“What learning, emotional, behavioral, or developmental challenge have become more pronounced or difficult for your child(ren) in recent weeks? How do you understand these challenges? If your child has shown no change or improvements in their functioning, please explain. How do you understand this?”

#### **Child health (closed-ended)**

“How would you describe your child’s mental health since stay-at-home measures have been issued (i.e., March 2020)? (Improved, worsened, stayed the same)”

**Parent responses to children's challenges (closed-ended)**

Parents were asked, "How have you responded to your child's difficulties?" and provided with a list of eight behaviors (e.g., patience, tolerance; encourage continuation of routines) that were informed by research and guidelines related to parents' role in supporting children during or after traumatic events and public health crises (Brymer et al., 2020; Child Welfare Information Gateway, 2014).

**Parent responses to children's challenges (open-ended)**

"Parents may use a range of strategies to try to manage their children's questions and potential stress in a high stress situation such as the pandemic. What kinds of strategies have you used?"