Corrigendum: Coping Behaviors and Psychological Disturbances in Youth Affected by the COVID-19 Health Crisis

Mireia Orgilés 1, Alexandra Morales 1*, Elisa Delvecchio 2, Rita Francisco 3, Claudia Mazzeschi 2, Marta Pedro 3 and José Pedro Espada 1

1 Health Psychology Department, Universidad Miguel Hernández, Elche, Spain, 2 Department of Philosophy, Social Sciences and Education, Università degli Studi di Perugia, Perugia, Italy, 3 Católica Research Centre for Psychological - Family and Social Wellbeing, School of Human Sciences, Universidade Católica Portuguesa, Lisbon, Portugal

Keywords: quarantine, COVID-19, coping, stress, youth

A Corrigendum on

Coping Behaviors and Psychological Disturbances in Youth Affected by the COVID-19 Health Crisis
by Orgilés, M., Morales, A., Delvecchio, E., Francisco, R., Mazzeschi, C., Pedro, M., and Espada, J. P. (2021). Front. Psychol. 12:565657. doi: 10.3389/fpsyg.2021.565657

In the original article, there was an error. All results that were statistically significant were informed, rather than only those that were found to be significant after applying the Bonferroni adjustment. A correction has been made to Results, Coping Strategies, Paragraph 1. The corrected paragraph is shown below.

Table 2 shows the proportion of children using coping strategies during the home confinement due to COVID-19. The most frequently used coping strategy was acceptance, with more than half of the parents reporting that their children use it (58.9%). Other commonly used coping strategies (at least 30% of the children) were collaborating with social activities such as drawings on windows or collective applause (35.9%), ignoring the problem and acting as if nothing was happening (35.5%), highlighting the advantages of being at home (35.1%), seeking comfort from others (31%), and not showing concern about what was happening (30.1%). According to age, the most used coping strategies (more than 30% of parents reported that their children used them) were similar among preschool children, school-age children, and adolescents, although their order could differ for each group. In preschool children (3–5 years), the most used coping strategies were: accepts what’s going on (45.5%) (Task-oriented); acts as if nothing is happening (44.4%) (Avoidance-oriented); doesn’t seem to care what is happening (40%) (Avoidance-oriented); and seeks affection from others (36.9%) (Emotional-oriented). In the school-age children (6–12 years), the most used coping strategies were: accepts what’s going on (60.6%) (Task-oriented); highlights the advantages of being at home (41.3%) (Task-oriented); seeks affection from others (33.8%) (Emotional-oriented); and acts as if nothing is happening (32.3%) (Avoidance-oriented). In the adolescent group (13–18 years), the most used coping strategies were: accepts what's going on (69.9%) (Task-oriented); highlights the advantages of being at home (37.9%) (Task-oriented); and acts as if nothing is happening (32.2%) (Avoidance-oriented). When comparing the three countries, and after applying for Bonferroni correction, Spanish children were more likely to collaborate in social activities than children from the other countries. Compared to the Italian children, those from Portugal were also more likely
to collaborate in social activities. Spanish children were more
likely to seek affection in others, compared to the rest of children.
Italian children were more likely to act as if they were not worried
about what was happening, compared to the rest. Compared to
the Portuguese children, those from Spain were also more likely
to seem worried about what is happening.

Additionally, a correction has been made to Discussion, Paragraph 2.
Results show that the most frequently used coping strategy
was task-oriented (accepting what was happening), with 59% of
parents reporting its use by their children. Also, at least 30% of
the children collaborated in social activities, acted as if nothing
was happening, highlighted the advantages of being at home,
sought comfort from others, or did not seem worried about
what was happening. Differences by countries show interesting
results. Collaborating in social activities and seeking comfort
from others were more likely in Spanish children than in
children from the other countries. Compared to Portuguese and
Spanish children, Italian children did not seem worried about
what was happening. Although it is unclear, the different rules
of confinement imposed by each country could explain these
differences. Portugal followed voluntary confinement, so maybe
children's routines did not change as much as in the other
countries; the few cases of infections and deaths compared to
Spain and Italy might have contributed to their not perceiving
the situation as dangerous. Children from Spain used adaptive
strategies to cope with the situation, such as collaborating in
social activities, but they were also more likely to seek comfort
from their parents. Spain had the most restrictive confinement
rules, not allowing children to go outside until April 26th.
Although more data are necessary to explain this finding, the
interruption of all social contact and staying at home with the
parents for such a long time could have encouraged Spanish
children to seek more comfort than Portuguese and Italian
children, who followed a less restrictive confinement. Also,
Spanish children collaborated more in social activities, such as
collective applauses from the balconies or windows, probably
showing their need for social contact with others, which was
limited indoors. Finally, Italian children seem less concerned
about the situation than children from the other countries.
Unlike Italy, Portugal used voluntary confinement, with habits
and routines depending on each family's decision, so the children
may have perceived inconsistent situations outdoors that might
have worried them. Italian children were allowed to go outside
before Spanish children, so Spanish children may have been
more worried than Italian children because they had to follow
the prohibition of going outside. Although further research is
needed, allowing Italian children to go outside while maintaining
consistent rules for all the children (a walk with one adult near
their house) may have reduced their concerns.

There were also errors in Tables 2 and 5 as published. The
corrected Tables 2 and 5 are shown below.

The authors apologize for these errors and state that they do
not change the scientific conclusions of the article in any way.
The original article has been updated.

Publisher's Note: All claims expressed in this article are solely those of the authors
and do not necessarily represent those of their affiliated organizations, or those of
the publisher, the editors and the reviewers. Any product that may be evaluated in
this article, or claim that may be made by its manufacturer, is not guaranteed or
endorsed by the publisher.

Copyright © 2021 Orgilés, Morales, Delvecchio, Francisco, Mazzeschi, Pedro and
Espada. This is an open-access article distributed under the terms of the Creative
Commons Attribution License (CC BY). The use, distribution or reproduction in
other forums is permitted, provided the original author(s) and the copyright owner(s)
are credited and that the original publication in this journal is cited, in accordance
with accepted academic practice. No use, distribution or reproduction is permitted
which does not comply with these terms.
TABLE 2 | Coping strategies by country.

|                        | Total (n = 1,480) | Italy (1) (n = 712) | Spain (2) (n = 431) | Portugal (3) (n = 335) | Testa | Effect sizeb | Post-hoc |
|------------------------|-------------------|---------------------|---------------------|------------------------|-------|--------------|----------|
|                        | N                 | %                   | n                   | %                      | n     | %            |          |
| **Task-Oriented strategies** |                   |                     |                     |                        |       |              |          |
| Asks very often about coronavirus or quarantine | 355 | 24 | 166 | 23.3 | 91 | 21.1 | 98 | 29.1 | 6.92* | 0.06 | – |
| Highlights the pros of being at home | 519 | 35.1 | 234 | 32.9 | 156 | 36.2 | 129 | 38.3 | 3.28 | – | – |
| Uses humor when you talk about quarantine or coronavirus | 226 | 15.3 | 99 | 13.9 | 60 | 13.9 | 67 | 19.9 | 7.17* | 0.07 | 3 > 1 |
| Collaborates with social activities | 531 | 35.9 | 183 | 25.7 | 217 | 50.3 | 131 | 38.9 | 72.58*** | 0.22 | 2 > 1 |
| Accepts what’s going on | 872 | 58.9 | 400 | 56.2 | 273 | 63.3 | 199 | 59.1 | 5.92 | – | – |
| **Emotion-Oriented strategies** |                   |                     |                     |                        |       |              |          |
| Often talks about how he/she feels | 201 | 13.6 | 103 | 14.5 | 46 | 10.7 | 52 | 15.4 | 4.56 | – | – |
| Says he/she is very angry about what is happening | 220 | 14.9 | 121 | 17 | 64 | 14.8 | 35 | 10.4 | 7.89* | 0.01 | 1 > 3 |
| Seeks affection in others | 459 | 31 | 199 | 27.9 | 167 | 38.7 | 93 | 27.6 | 17.01*** | 0.10 | 2 > 1 |
| **Avoidance-Oriented strategies** |                   |                     |                     |                        |       |              |          |
| Changes conversations when you try to talk to him/her about the coronavirus or quarantine | 122 | 8.2 | 52 | 7.3 | 41 | 9.5 | 29 | 8.6 | 1.80 | – | – |
| Acts as if nothing is happening | 525 | 35.5 | 242 | 34 | 183 | 42.5 | 100 | 29.7 | 14.82*** | 0.10 | 2 > 3 |
| Doesn’t seem worried about what is happening | 445 | 30.1 | 252 | 35.4 | 130 | 30.2 | 63 | 18.7 | 30.33*** | 0.14 | 1 > 3 |

aCross-table (χ²) for categorical variables. bEffect size = Cramer’s V for multi-categorical variables. Bonferroni correction applied to p values was used to reduce the risk of type I errors post hoc analysis of a chi-squared test (resulting p-value = 0.0015). Only *** p < 0.0015 was considered statistically significant after applying for Bonferroni correction. However, differences that were significant at * p < 0.05 and ** p < 0.01 were also indicated in the table.
| Coping strategies                                    | (0) No affected | (1) Low Affected | (2) Middle Affected | (3) High Affected | Testa | Effect sizeb | Pairwise |
|------------------------------------------------------|-----------------|------------------|---------------------|------------------|-------|--------------|----------|
| **Task-Oriented, N (%)**                             |                 |                  |                     |                  |       |              |          |
| Asks very often about coronavirus or quarantine      | 36 (19.4)       | 48 (15.4)        | 107 (21.4)          | 164 (34)         | 43.20*** | 0.17         | 3 > 0    |
| Highlights the pros of being at home                  | 72 (38.7)       | 199 (39.7)       | 117 (24.3)          | 37.30***         | 0.15   |              | 0 > 3    |
| Uses humor when you talk about quarantine or coronavirus | 24 (12.9)       | 80 (16)          | 64 (13.3)           | 5.21             | –      |              | 1 > 3    |
| Collaborates with social activities (drawings on the windows, applause) | 71 (38.2)       | 168 (33.5)       | 174 (36.1)          | 2.20             | –      |              | –        |
| Accepts what’s going on                               | 110 (59.1)      | 337 (67.3)       | 213 (44.2)          | 68.60***         | 0.21   |              | 2 > 3    |
| **Emotion-Oriented, N (%)**                          |                 |                  |                     |                  |       |              |          |
| Often talks about how he/she feels                    | 21 (11.3)       | 71 (14.2)        | 72 (14.9)           | 2.48             | –      |              | –        |
| Says he/she is very angry about what is happening    | 23 (12.4)       | 53 (10.6)        | 124 (25.7)          | 70.60***         | 0.21   |              | 3 > 2    |
| Seeks affection in others                             | 40 (21.5)       | 161 (32.1)       | 200 (41.5)          | 55.12***         | 0.19   |              | 3 > 0    |
| **Avoidance-Oriented, N (%)**                        |                 |                  |                     |                  |       |              |          |
| Changes conversations when you try to talk to him/her about the coronavirus or quarantine | 7 (3.8)         | 33 (2.2)         | 73 (15.1)           | 48.87***         | 0.18   |              | 3 > 0    |
| Acts as if nothing is happening                       | 81 (43.5)       | 173 (34.5)       | 142 (29.5)          | 18***            | 0.11   |              | 0 > 3    |
| Doesn’t seem worried about what is happening         | 74 (39.4)       | 148 (29.5)       | 104 (21.6)          | 34.68***         | 0.15   |              | 1 > 3    |

Note. aCross-table ($\chi^2$) for categorical variables. bEffect size = Cramer’s V for multi-categorical variables. Bonferroni correction applied to p values was used to reduce the risk of type I errors post hoc analysis of a chi-squared test (resulting $p$-value = 0.0011). Only ***$p < 0.0011$ was considered statistically significant after applying for Bonferroni correction.