The coronavirus disease 2019 (COVID-19) pandemic has precipitated substantial global disruption and will continue to pose major challenges. In recognition of the challenges currently faced by family scientists, we share our perspectives about conducting family research in the context of the COVID-19 pandemic. There are two primary issues we address in this article. First, we present a range of potential solutions to challenges in research, resulting from the pandemic, and discuss strategies for preserving ongoing research efforts. We discuss approaches to scaling back existing protocols, share ideas for adapting laboratory-based measures for online administration (e.g., using video chat platforms), and suggest strategies for addressing missing data and reduced sample size due to lower participation rates and funding restrictions. We also discuss the importance of measuring COVID-19 relevant factors to use as controls or explore as moderators of primary hypotheses. Second, we discuss how the COVID-19 pandemic represents a scientifically important context for understanding how families adjust and adapt to change and adversity. Increased stress precipitated by the pandemic, varying from acute stress associated with job loss to more chronic and enduring stress, will undoubtedly take a toll. We discuss ways that family scientists can contribute to pandemic-related research to promote optimal family functioning and protect the health of family members.

Keywords: Family Science; COVID-19; Pandemic; Stress; Adversity; Research

The novel coronavirus disease 2019 (COVID-19) has profoundly impacted society at large. In addition to economic disruptions and significant burden placed on healthcare systems, the COVID-19 pandemic has undermined—and will continue to undermine—the physical and mental health of individuals across the globe. As family scientists, we must navigate unforeseen challenges as we abruptly pivot to salvage ongoing research and make plans for the future of our research programs. Moreover, we are uniquely positioned to investigate how to best build resiliency in families amidst large-scale systemic changes...
that can undermine family functioning. The primary aims of this article were to (a) present a range of potential solutions to problems threatening the rigor of ongoing research and (b) propose new directions in family science aimed at understanding how families adapt to change and adversity arising from the pandemic.

**Strategies for Preserving Ongoing Research**

One of the most pressing questions facing many family scientists is how to preserve the rigor of ongoing research that has been derailed by the pandemic (e.g., longitudinal studies put on hold, resulting in missed assessments during critical periods of development). There are numerous challenges to address that could require sweeping changes to research designs. In-person data collection might not be advisable when considering participant safety—or could be expressly prohibited at times—which limits the feasibility of certain methods commonly employed in family research (e.g., behavioral observations in controlled laboratory settings, neuropsychological testing, biological measures, in-person interventions or experimental manipulations). Additionally, both researchers and participants might be coping with elevated stress and adversity while adapting to altered roles and routines. Consequently, research participants might be less engaged in research or unwilling to participate altogether, thereby threatening the reliability and validity of scores and contributing to elevated rates of missing data. Researchers may not have as much time or energy to devote to data collection efforts as in the past and may feel overburdened in anticipation of potential budget cuts or limits on extensions to grant funding in the upcoming months and years. Another challenge faced by investigators is restricted access to offices, laboratory spaces, and on-site resources. As such, difficult decisions must be made about which aspects of carefully constructed research designs, if any, can be changed to accommodate new constraints and loss of resources. We now turn to a discussion of possible adaptations to consider for ongoing research, drawing largely from existing tools and approaches that are established in the literature.

**Scale back existing laboratory-based protocols and apply technology in innovative ways**

Online data collection has become relatively mainstream, particularly for administering questionnaires. As such, a relatively straightforward adaptation to laboratory-based research involves asking participants to complete surveys from home rather than in the laboratory. Of course, even this is not a simple transition, as it requires institutional review board approval, an appropriate device (e.g., smartphone) and reliable access to internet connection in participants’ homes, and clear instructions to minimize confounds (e.g., asking participants to complete the survey in a private location with minimal distractions). However, research has demonstrated psychometric equivalence of paper-and-pencil and Internet formats of questionnaires often used in family research (Brock et al., 2012, 2015). As such, validity and reliability concerns associated with this shift in approach are minimal.

For investigators who routinely use laboratory-based methods such as behavioral observation paradigms in carefully controlled environments, experimental manipulation, in-person interventions, or methods that require equipment that is not easily transported, new ways of measuring constructs of interest should be considered. Of course, these changes will not be feasible in all circumstances. For example, neuroimaging in the home is not an option. But, by stepping back and thinking creatively, there is the potential for considerable innovation in family science. Fortunately, many laboratory-based measures and protocols can be adapted for online administration. Telehealth and video conferencing are increasingly used for clinical interventions and are viable options for investigators conducting treatment outcome research (e.g., Arnberg et al., 2014; Perle & Nierenberg,
Further, prior to the pandemic, researchers were already effectively transitioning to video chat platforms for administering assessment tools that require interactions with investigators (e.g., Bridgers et al., 2020; Sheskin & Keil, 2018). There are numerous benefits inherent to home-based assessments, including increased ecological validity, more diversity in samples, reduced barriers such as travel and parking costs, and enhanced participation rates. Further, in the context of safety concerns related to COVID-19, participants might experience elevated stress and anxiety when attending in-person appointments, which could introduce significant confounds. Further, it is unlikely that participants who are at greater risk of complications from contracting COVID-19 (e.g., those who are immunocompromised or pregnant) will be receptive to attending lab appointments which could decrease generalizability of findings. As such, the benefits of remote assessments that allow for research participation from the comfort and safety of one’s home are not trivial.

Of course, there are also drawbacks to consider when collecting data remotely and adapting laboratory-based protocols for use on video platforms. Most notably, participants must have reliable internet access and a device that can be used with the required software. There are also extra steps that need to be taken in service of standardization and preserving the internal validity of scores derived from these approaches. For example, observational paradigms of family interactions can be implemented by stipulating where and for how long the interaction will take place, asking if the parent and child can be alone in a room together so that other family members do not interrupt or influence relationship dynamics, and standardizing the props used during interactions as much as possible (e.g., perhaps you mail or deliver a toy in advance of the interaction that the child can then keep as a gift). As is customary with laboratory-based paradigms, we carefully track and record any potential confounds (e.g., the presence of significant distractors, technology failures) that emerge and account for these in the data analysis stage; however, this becomes absolutely essential when altering study protocols mid-study. When analyzing data, it will also be important to control for where and when participants complete the study procedures (e.g., in the home post-COVID versus in the lab pre-COVID) if these changes are made in the context of an ongoing project.

Plan for higher rates of missing data and smaller sample sizes

Careful planning goes into research to ensure (a) adequate power to test hypotheses and (b) maximum retention and participation rates. These considerations are particularly important to family scientists who often employ advanced quantitative techniques that require larger sample sizes. Yet, in the context of the COVID-19 pandemic, the reality is that we might not reach our original goals for recruitment and participation. Fortunately, numerous scholars have laid valuable groundwork for navigating these challenges. Planned missing data designs can help to guide this process (Little & Rhemtulla, 2013). An example with particular relevance to family science is the Two-Method Missing Design, an approach used when there is a gold standard measure of a construct (e.g., behavioral observations of family interactions) that cannot be administered to all participants due to time, money, resources, or, in the case of COVID-19, social distancing guidelines. Consider whether there is a more feasible or inexpensive measure to administer (e.g., an online questionnaire) that is intended to assess the same construct. If so, a random subgroup of the sample will complete the more intensive, gold standard measure whereas the entire sample will complete the “inexpensive” measure. The gold standard measure completed by the subset of the sample enhances the validity of scores, and the inclusion of the inexpensive measure allows for a larger sample size and the corresponding benefits (e.g., power, generalizability). This design could be particularly useful if in-person data has already been collected from a subsample of a cohort using an intensive protocol.
(e.g., behavioral observations of parental responsiveness). If there is an inexpensive measure that was used with that subsample (e.g., a parenting questionnaire), and it is correlated with scores from the more intensive measure, the inexpensive measure can be administered remotely (e.g., online survey) with subsequent participants.

In the context of longitudinal research, a Wave Missing Design (Little & Rhemtulla, 2013) could help reduce participant burden and provide a solution for salvaging ongoing data collection that has been put on hold or now has insufficient funding. In these designs, some participants are intentionally omitted from certain waves; as such, not all participants are required to complete every time point of data collection. Finally, a Multiform Design (Little & Rhemtulla, 2013) involves randomly assigning participants to complete different versions of a survey that contain different combinations of items rather than administering a full battery of questionnaires to everyone. This approach can minimize participant burden while still providing rigorous assessments of your study constructs by using otherwise lengthy questionnaires with strong psychometric properties.

Finally, in anticipation of reduced sample sizes, we must carefully consider which of our hypotheses will still be sufficiently powered (for a brief guide to power and a list of resources, see Murray et al., 2017). Are there empirical questions we can adequately address with a smaller N? If not, are there analytic approaches that well-suited for smaller samples to which we can turn? For example, although Bayesian methods are not currently mainstream in family science, they are effective in addressing small sample problems. Specifically, Bayesian methods may be better suited to producing accurate parameter estimates in smaller samples relative to more traditional frequentist methods. For a detailed discussion of considerations when implementing a Bayesian analytic framework with small samples, please refer to McNeish (2016).

Assess COVID-19 relevant factors for contextualizing research questions

A final recommendation for ongoing research is to routinely assess the numerous ways that families are impacted by the pandemic. These measures will provide important contextual information for including as controls in hypothesis testing and for determining whether study effects are altered (i.e., moderated) by features of the pandemic. For example, our lab has been conducting a large-scale longitudinal study of families who completed numerous waves of data collection prior to a national emergency being declared in the United States (where the research is being conducted) as a result of COVID-19. One of the primary goals of the study is to examine trajectories of change in family processes and the mental health of family members over several years and identify factors predicting adaptive versus maladaptive trajectories. Yet, the global nature of the pandemic—and corresponding stress and expected changes to family functioning—could greatly alter the nature of those trajectories if we include new data collected in the context of COVID-19. As such, we are asking parents to complete home surveys to assess the various ways they have been impacted as a family to measure potential confounds.

We acknowledge that, in some ways, this recommendation contradicts our earlier suggestion to scale back protocols; however, accounting for potential confounds that could alter your results is so essential that making concessions in other elements of your study to accommodate these measures might be advisable. Further, these COVID-19 specific assessments do not necessarily need to be time-consuming or expensive. For example, the Epidemic-Pandemic Impacts Inventory (EPII; Grasso et al., 2020) is a relatively comprehensive measure of pandemic impacts that only takes 8–10 minutes to complete and assesses multiple domains of functioning (e.g., work and employment, education and training, home life, social activities, economic, emotional health and well-being, physical health problems, physical distancing and quarantine, infection history, positive change). If administering a questionnaire is not feasible, even a brief phone conversation with

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research participants about how they have been impacted by the pandemic could subsequently be used for a thematic analysis (Braun & Clarke, 2006), and quantitative codes could be assigned to reflect degree of impact and adversity.

Summary

We have presented several potential solutions for adapting to the current circumstances to preserve the quality of ongoing research. However, there might ultimately be certain research questions that are not well-suited to the current circumstances and, as such, it might be better to postpone data collection until life returns to a state of relative normalcy (e.g., routine access to facilities and resources is restored; social distancing guidelines are relaxed and research personnel and participants feel safe attending in-person appointments). If it is not feasible to collect data remotely, and you are navigating pauses in ongoing data collection, consider staying in touch with participants while things are on hold to keep them invested. Something we have implemented in our research is maintaining a study website to keep participants in our longitudinal projects engaged, which has helped to minimize attrition. We share results as they are published, provide resources, and post answers to common questions. In the wake of the COVID-19 pandemic, we adapted our website to include status updates on the study and a list of resources for helping families talk to their children about COVID-19 and manage stress. Finally, there might be ways to adapt and evolve a research program in new directions, pursuing empirical questions that had not been previously considered. Indeed, we now turn to a discussion of how the COVID-19 pandemic represents a scientifically meaningful context for studying families.

COVID-19 Pandemic as a Scientifically Important Context for Understanding How Families Adjust and Adapt to Change and Adversity

COVID-19 represents not only a global public health emergency, but also the beginning of a major mental health crisis (United Nations, 2020). Exposure to adversity and stress is a robust predictor of mental health difficulties across the lifespan (e.g., Benjet et al., 2010; Juster et al., 2011; McLaughlin, 2016), and research examining causal pathways of risk and modifiable factors that interrupt those pathways (e.g., high-quality support, access to resources) is vital to inform prevention and early intervention efforts. Experimental manipulation is touted as the gold standard approach for examining causality; however, as family scientists, we abide by ethical standards that prohibit us from subjecting individuals to extreme levels of stress and adversity. In the absence of experimental manipulation, disaster-based research offers an alternate approach for understanding the impact of stress on the family system. Because they emerge suddenly and are outside of human control, natural disasters approximate the randomization of a true experiment, with stress quasi-randomly “assigned” to individuals (King et al., 2012). Further, Norris (2006) states that “disasters generate an array of individually and collectively experienced stressors of varying degrees of intensity that interact with multiple characteristics of the person and environment to produce diverse outcomes that evolve over time” (p. 173). Thus, the COVID-19 pandemic represents a scientifically important context for elucidating temporal relations between stress and family functioning. Before we explore potential avenues for research, it is important to acknowledge the factors that make the pandemic a unique context for studying the effects of stress and adversity.

What is unique and significant about the COVID-19 pandemic?

Relative to more isolated natural disasters (e.g., floods, tornadoes), the COVID-19 pandemic will affect individuals across the world. As of July 1, 2020, COVID-19 had impacted
nearly every country or region (188 of 195), with over 10 million confirmed cases and half a million deaths worldwide (Johns Hopkins University, 2020; United Nations, 2020). Further, the pandemic has triggered a collective experience of acute stress and psychological distress. Social distancing measures, albeit varied in scope, have been implemented in 187 countries and territories to help prevent the spread of COVID-19 (International Energy Agency, 2020). Though certainly effective in minimizing the spread of the virus, these measures have also resulted in significant occupational, educational, and personal disruptions that warrant further attention.

In particular, the COVID-19 pandemic has prompted acute, unprecedented job loss and disruption. As of April 7, the International Labour Organization, a specialized agency of the United Nations, reported that full or partial lockdown measures impacted 81% of the global workforce (International Labour Organization, 2020). Unemployment rates in the United States rose sharply to nearly 15% in April, reflecting the economic impact of the pandemic and efforts to contain it (U.S. Bureau of Labor Statistics, 2020). Lower socioeconomic status (SES) is associated with an increased risk for mental health problems across the lifespan (Reiss, 2013; Santiago et al., 2011). In particular, childhood SES predicts long-term physical and mental health outcomes (Cohen et al., 2010; Conroy et al., 2010). SES is also a robust predictor of relationship quality and stability, parenting, and child development (see Conger et al., 2010 for a review). Thus, as more and more individuals worldwide experience job disruption and financial instability, we should expect the economic challenges spurred by the COVID-19 pandemic to exert a toll on both individual and family functioning (e.g., Gilman et al., 2003; Kingston, 2013). Further, certain populations might be at particular risk for adversity stemming from COVID-19. For example, Black Americans not only suffer from higher rates of unemployment, but they are also more likely to work in front-line jobs deemed essential (Gould & Wilson, 2020). COVID-19 has also disproportionately impacted Black Americans, and race is associated with mortality rates (Ferdinand & Nasser, 2020). As such, underrepresented and marginalized populations warrant particular attention amidst the pandemic.

Beyond the acute stress and uncertainty associated with job disruption, the COVID-19 pandemic has the potential to contribute to chronic stress burden (e.g., Baum et al., 1999; Lantz et al., 2005). There are enduring sources of stress related to COVID-19 that will vary across individuals and families, including fear of becoming infected or infecting others; inadequate supplies to meet basic needs; insufficient information from health and government officials; and the potential for stigma (Brooks et al., 2020). A robust body of literature demonstrates that stress and adversity impact family functioning (e.g., Masarik & Conger, 2017; Randall & Bodenmann, 2009; Story & Bradbury, 2004). Indeed, stress resulting from external (e.g., occupational) demands can spill over into the family system and undermine individual mental health, relationship satisfaction, and parenting behaviors (e.g., Bakker & Demerouti, 2013; Bass et al., 2009; Bolger et al., 1989; Brock & Lawrence, 2008). For couples, stress experienced by one person may cross over to impact their partner. Increased stress might also result in one person demonstrating increased family involvement to compensate for their partner’s decreased involvement (Nelson et al., 2009). Amidst the COVID-19 pandemic, parents may be at increased risk for role strain as they adapt to changing—and potentially conflicting—occupational and family demands. For instance, some families may be navigating job loss and economic adversity, while others might have job security but are adjusting to new roles and expectations, such as working from home while providing childcare or homeschooling. For some families in dual parenting households, one parent may be leaving the home to work, potentially in a high-risk environment (e.g., hospitals, pharmacies), while the other parent navigates responsibilities at home. Thus, the pandemic will generate high levels of between-subject variability.
in objective and subjective stress, as all families will experience adversity but to different degrees and in diverse ways.

Further, social distancing measures enacted to minimize the spread of the virus may interfere with important social connections that help us to regulate and cope with our emotions (Van Bavel et al., 2020; Williams et al., 2018). Social distancing can also contribute to feelings of isolation and frustration (Brooks et al., 2020). In addition to the stress associated with major transitions and role changes, many families have been forced into proximity with one another for an extended period of time (Van Bavel et al., 2020). In combination with elevated levels of stress, forced proximity may be detrimental to family functioning. Indeed, research demonstrates that stress experienced by one partner often places a heavy burden on caregiving partners, who report poor marital adjustment and increased subjective distress (Dekel et al., 2005). The COVID-19 pandemic may prevent family members from accessing external sources of social support that help mitigate distress (e.g., Ergh et al., 2002; Rodakowski et al., 2012). In addition, partner support, which buffers the association between stress and mental health trajectories (Brock et al., 2014), may be compromised if both partners are experiencing high levels of subjective stress. Conversely, research demonstrates that partners who boast strong support skills may experience greater relationship satisfaction, particularly during times of increased stress (Brock & Lawrence, 2008). Further, forced proximity may be beneficial for some families by increasing time spent together to establish family rituals that were not previously feasible due to competing demands. As such, it is important to identify the factors that contribute to adaptive versus maladaptive outcomes in the context of pandemic stress (e.g., communication, support processes, intrapersonal coping resources, division of labor, conflict management skills). Further, the consequences of forced proximity of family members—and reduced connection with important social contacts outside of the household (e.g., grandparents, extended family members, friends, coworkers)—represents a novel area of research worth closer attention. This might be of particular relevance among families with adolescent children given that adolescence is characterized by an increased need for autonomy and independence and, in turn, the potential for increased parent–child conflict (McElhaney et al., 2009; Steinberg, 1990).

Finally, with no clear end in sight, the chronic nature of the COVID-19 pandemic is particularly notable. Indeed, longer durations of confinement are associated with poorer mental health, particularly trauma-related symptoms (Brooks et al., 2020). Currently, there is a tremendous amount of ambiguity about the future, including which businesses will survive, future job prospects (e.g., for recent graduates), and how much the way we work and live will be altered for the long-term. This chronic uncertainty poses a significant risk to mental health and the family system more broadly (Afifi et al., 2012). Finally, it has become apparent that there are diverse perspectives about the pandemic, the threat associated with the COVID-19 disease, and what constitutes appropriate and reasonable safety measures. Disagreements about the best way to proceed as a family could increase conflict, put strain on collective decision-making efforts, and undermine vital coping resources originating within the family (e.g., high-quality support, a sense of belonging and shared values).

What does the COVID-19 pandemic mean for family scientists?

Though COVID-19 is a biological disease by nature, mental health research has emerged as an immediate priority (Holmes et al., 2020), as evidenced by numerous calls for research by various funding agencies. In fact, the National Institutes of Health has devoted existing resources and emergency funding to support administrative supplements and competitive revisions that would allow active grants to investigate urgent research questions related to COVID-19, such as how remotely delivered stress management
strategies impact mental and physical health outcomes, resilience to COVID-19 infection, or symptom severity (NOT-AT-20-011).

As family scientists, we are uniquely poised to contribute to pandemic-related research. Drawing on past research and theory, we can investigate the specific impact of the stress and adversity arising from COVID-19 on individual mental health and family functioning and identify modifiable risk and resiliency factors to target in interventions. Leveraging ongoing longitudinal data collection will be vital to determine causal mechanisms associated with poor mental health outcomes (e.g., depression, anxiety) and family dysfunction (e.g., couple conflict, child neglect, decreased responsiveness during parenting). Indeed, research utilizing existing cohorts, among whom mental health and family functioning have been previously assessed, offers a unique opportunity to examine the longitudinal impact of COVID-19 and to identify a range of risk and protective factors that can be harnessed to promote family functioning. Further, integrating quantitative and qualitative data, often staples in family science, allows researchers to explore the specific family processes and relationships that contribute to adaptive and maladaptive outcomes amidst the pandemic. In the absence of ongoing longitudinal studies, the COVID-19 pandemic presents another avenue for family scientists to pursue new research on the impact of stress and adversity on family functioning. For example, prospective studies can be designed to study the immediate and long-term effects of exposure to varying levels of stress from the pandemic on family functioning, especially for high-risk populations.

In sum, we have identified several key themes at the intersection of family science and the COVID-19 pandemic. Building off of these themes, there is a range of unique questions to consider in pursuit of a more nuanced understanding of family processes. Some of these questions include, but are not limited to:

- How do stress and adversity impact couples in different relationship stages? Are dating couples impacted in unique ways relative to more established, long-term couples?
- How has forced proximity and lack of access to social contacts outside of the family impacted sibling relationships?
- How are divorced and remarried family systems navigating custody agreements and shared responsibilities in the context of social distancing and travel restrictions?
- How are families impacted when a family member tests positive for COVID-19? What if certain family members are at higher risk for complications resulting from COVID-19?
- How are individuals working in essential jobs maintaining family relationships? What impact has this had on parenting?
- How has COVID-19 uniquely affected pregnant women and their partners? How might this contribute to the intergenerational transmission of stress and psychopathology?

**CONCLUSION**

In this article, we have presented (a) a series of potential solutions to problems arising when conducting ongoing research during the COVID-19 pandemic and (b) ideas for new directions in research that explicitly address issues related to the experience of the pandemic for families. It is important to recognize that the time, energy, and resources available to devote to research will vary across investigators, and perhaps by region, as some areas of the world have been impacted by the pandemic more than others. Thus, our intention was to present a series of potential solutions and ideas ranging from more intensive, time-consuming efforts to relatively small, but meaningful, steps that can be taken in family science in response to the pandemic. We also acknowledge that this is by no means an exhaustive list of strategies or approaches. We have shared some of the key considerations
made in our own research, along with ideas shared by colleagues who are navigating similar challenges. We look forward to learning more about the new and innovative ways that family scientists respond to this crisis and move the field forward.

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