

Coping Research

General Coping Research

Compas, B. E., Malcarne, V.L., & Fondacaro, K.M. (1988). Coping with stressful events in older children and young adolescents. *Journal of Consulting and Clinical Psychology, 56*(3), 405-411.

Both the capacity to generate alternative solutions to cope with stressful events and the strategies actually used to cope with interpersonal and academic stressors were examined in a sample of junior high school age youngsters. Subjects were moderately consistent in the generation and use of problem- and emotion-focused coping with the two types of events, and they adjusted the number of problem-focused alternative solutions they generated to match their appraisals of the controllability of the cause of interpersonal stressors. The number of alternative solutions generated and strategies used for interpersonal stressors was related to both self-reports and maternal reports of internalizing and externalizing emotional/behavioral problems. Specifically, the problem-focused alternatives generated and strategies used were negatively related to emotional/behavioral problems, whereas the emotion-focused alternatives generated and strategies used were positively related to emotional/behavioral problems. Coping with academic stress was not related to emotional/behavioral problems. Self-reported emotional/behavioral problems varied as a function of the match between perceived control and the generation of problem-focused alternatives for coping with social stressors but did not vary as a function of the match between perceived control and other coping strategies.

Dumont, M. & Provost, M.A. (1999). Resilience in adolescents, Protective role of social support, coping strategies, self-esteem, and social activities on experience of stress and depression. *Journal of Youth and Adolescence, 28*(3), 343-363.

In this study, 297 adolescents (141 eighth graders and 156 eleventh graders) were classified into 3 groups created from crossing scores of depressive symptoms and frequency of daily hassles: well adjusted, resilient, and vulnerable. A discriminant function analysis was performed to investigate group differences on self-esteem, social support, different strategies of coping, and different aspects of social life. The analysis revealed that self-esteem, problem-solving coping strategies, and antisocial and illegal activities with peers helped to discriminate groups: Well-adjusted adolescents had higher self-esteem than adolescents in the 2 other groups; in addition, resilient adolescents had higher self-esteem than vulnerable adolescents. For the second significant discriminating variables, antisocial and illegal activities with peers, both resilient and vulnerable adolescents had higher scores than well-adjusted adolescents. Finally, resilient adolescents had higher scores on problem-solving coping strategies than adolescents in the 2 other groups.

Folkman, S. & Moskowitz, J.T. (2000). Stress, positive emotion, and coping. *American Psychological Society, 9*(4), 115-118.

There is growing interest in positive aspects of the stress process, including positive outcomes of stress and antecedents that dispose individuals to appraise stressful situations more as a challenge than as a threat. Less attention has been given to the adaptational significance of positive emotions during stress or to the coping processes that sustain positive emotions. We review evidence for the occurrence of positive emotions under conditions of stress, discuss the functional role that positive emotions play under such conditions, and present three types of coping that are associated with positive emotion during chronic stress. These findings point to new research questions about the role of positive emotions during stress and the nature of the coping processes that generate these positive emotions.

Herman-Stahl, M.A., Stemmier, M. & Petersen, A.C. (1995). Approach and avoidant coping: Implications for adolescent mental health. *Journal of Youth and Adolescence, 24*(6), 649.

A short-term longitudinal study was conducted to examine the structure of coping behavior and the relationship between coping style and depression during adolescence. Approach copers reported the fewest symptoms of depression, while avoidant copers reported the most.

Seiffge-Krenke, I. & Klessinger, N. (2000). Long-term effects of avoidant coping on adolescents' depressive symptoms. *Journal of Youth and Adolescence, 29*(6), 617-279.

The impact of different types of coping styles on adolescents' depressive symptoms was investigated in a prospective study. One hundred and ninety-four adolescents participated in 4 annual assessments of coping styles and depressive symptoms. Longitudinal analyses revealed long-term differences in depressive symptoms, depending on coping style. Adolescents with an approach-oriented coping style reported the fewest depressive symptoms at Time 3 and Time 4, whereas avoidant copers reported the most at both times. Higher levels of depressive symptoms 2 years later were found in all adolescents who used avoidant coping, irrespective of whether they used avoidant coping consistently at Time 1 and Time 2 or changed from approach-oriented coping to avoidant coping at Time 2. This effect was independent of gender and time. The results suggest that most adolescents show an overall adaptive way of coping, but a small subgroup shows a fairly rigid use of avoidant coping. They further suggest that all forms of avoidant coping, whether stable or not, were linked with high levels of depressive symptoms even 2 years later.



Measures of Coping

Connor-Smith, J. K., Compas, B.E., Wadsworth, M. E., Thomsen, A.H. & Saltzman, H. (2000). Responses to stress in adolescence: Measurement of coping and involuntary stress responses. *Journal of Consulting and Clinical Psychology, 68*(6), 976-992.

The development of a measure of coping and involuntary stress responses in adolescence is described. The Responses to Stress Questionnaire (RSQ) reflects a conceptual model that includes volitional coping efforts and involuntary responses to specific stressful events or specified domains of stress. The psychometric characteristics of the RSQ were examined across 4 domains of stress in 3 samples of adolescents and parent reports obtained in 2 samples. The factor structure of the RSQ was tested and replicated with an adequate degree of fit using confirmatory factor analysis across 3 stressors in 2 samples. Internal consistency and retest reliability for the 5 factors were adequate to excellent. Concurrent validity was established through correlations with another measure of coping, heart rate reactivity, and correlations of self- and parent-reports. Significant correlations with both adolescents' and parents' reports of internalizing and externalizing symptoms were consistent with hypotheses.

Halstead, M., Johnson, S.B. & Cunningham, W. (1993). Measuring coping in adolescents: An application of the ways of coping checklist. *Journal of Clinical Child Psychology, 22*(3), 337-344.

Administered a modified version of the Ways of Coping Checklist to 306 adolescents to examine the reproducibility of a five-factor structure that had been previously established using adults. Four of these factors were confirmed: Problem Focused, Seeks Social Support, Wishful Thinking, and Avoidance. However, the factor Blamed Self was not supported. Adolescents typically identified stressful situations involving school, family, and social contexts, whereas they frequently depicted issues related to health and recreational activities. Subjects commonly identified issues concerning themselves or their parents and less frequently described stressful situations regarding a boyfriend/girlfriend, peer, or supervisor. Females' stressful episodes involving a boyfriend/girlfriend more often than did males. Females tended to employ Seeks Social Support and Wishful Thinking coping strategies, whereas males used more Avoidance. African-American children used more coping strategies than did Caucasian children and more frequently appraised a stressful episode as one that could be changed.

Evaluation of Intervention Models

Cunningham, E. G., Brandon, C.M., Frydenberg, E. (2002). Enhancing coping resources in early adolescence through a school-based program teaching optimistic thinking skills. *Anxiety, Stress, and Coping, 15*(4), 369-381.

This study examined the effectiveness of a universal school-based prevention program that was designed to increase coping resources in preadolescents through the modeling and teaching of optimistic thinking skills. School psychologists, together with classroom teachers, implemented an eight-week program in eight Year 5 and 6 class groups as part of the regular school curricula. One hundred and sixty children who participated in the program were compared to 135 children in 8 control groups on pre- and post-test questionnaires. Post-test responses show that children who participated in the program reported significant improvements in coping efficacy, and reductions in depressive attributions and use of the non-productive coping strategies of worry, wishful thinking, not coping, and ignoring the problem when compared to controls. These results support the feasibility of implementing low-cost, non-intrusive programs in school settings that address the emotional health of all young people. Support is also provided for theories that suggest attributions for events and coping efficacy influence the selection of coping strategies.

Frydenberg, E., R. Lewis, et al. (2004). Prevention is better than cure: coping skills training for adolescents at school. *Educational Psychology in Practice, 20*(2), 118-134.

Children and adolescents today face a plethora of stressful problems, including family and relationship conflict, death of close family members or friends, and academic and social pressures. Such problems have been found to contribute to an increased risk of various emotional-social-cognitive difficulties in adolescence. These include academic failure, social misbehavior, interpersonal problems, and depression. Programs that promote coping with normative stress, delivered to the whole population, have been considered to represent a promising direction for the prevention of social emotional difficulties. The Best of Coping: Developing Coping Skills Program (Frydenberg & Brandon, 2002) was introduced in two school settings on four separate occasions. Evaluation of the results provides modest support for coping skills enhancement but provide a warning about the need for caution when implementing and evaluating the Program. First, it appeared to have some opposing effects on males and females. Second, improvements in students' coping responses were apparently related to the authenticity of implementation of the Program. The findings are discussed with regard to the need to implement programs through which we can teach adolescents coping responses, which include optimism and problem-solving skills, so that they may handle problems and stressors more effectively. Additionally, an important feature of such programs is a focus on the reduction of the use of non-productive coping skills. With an increase in psycho-social problems, the need to provide school-based programs is discussed, with emphasis placed on program implementation. In particular, the probable need for ongoing involvement of psychologically trained school counselors with teachers, through the life of the program.



Prinz, R. J., E. A. Blechman, et al. (1994). An evaluation of peer coping-skills training for childhood Aggression. *Journal of Clinical Child Psychology*, 23(2), 193-203.

Peer coping-skills (PCS) training is a ne school-based intervention designed to promote prosocial coping among school-age children. The intervention is based on a coping-competence model that addresses the development of antisocial and asocial coping among youth at elevated risk for conduct disorder. PCS training was tested in a controlled evaluation with children in Grades 1 to 3 who exhibit high rates of aggressive behavior, and it was found to increase prosocial coping via information exchange, improve social skills, and reduce aggression. These improvements were maintained into the next school year, as reflected in a 6-month follow-up assessment by teachers. Competent-nonaggressive children who also participated not only showed no adverse effects but demonstrated skill enhancement. Children, parents, and teachers in the ethnically diverse sample rated PCS training as highly acceptable. It is recommended that PCS training be combined with family and classroom intervention strategies over multiple years to prompt the development of competence and to increase the likelihood of preventing conduct disorders in high-risk youth.

Smith, R. E. (1989). Effects of coping skills training on generalized self-efficacy and locus of control. *Journal of Personality and Social Psychology*, 56(2), 228-233.

A number of studies have shown that mastery experiences strengthen self-efficacy expectancies that are specific to the mastery situation, in this study I assessed the effects of cognitive-behavioral coping skills training on generalized expectancies concerning self-efficacy and locus of control in test-anxious college students. Compared with a waiting-list control group, the trained subjects exhibited significant decreases on trait and state measures of test anxiety and a higher level of academic performance on classroom tests, as well as changes in specific self-efficacy expectancies relating to test anxiety management and academic performance. Consistent with generalization predictions derived from self-efficacy theory, the coping skills group also exhibited decreases in general trait anxiety and increased scores on a trait measure of generalized self-efficacy. Locus of control was unaffected by the program, and changes in general self-efficacy were unrelated to changes in locus of control, suggesting the possibility that different parameters of experience are related to changes in the two types of generalized expectancies.

