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The Development of the Child and Adolescent Coping Inventory

by

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in

Department of Psychology

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Running Head: CHILD AND ADOLESCENT COPING INVENTORY
Abstract
The development of the Child and Adolescent Coping Inventory (Cobb, Gwanter, & Newcomb, 1987) is described and reliability and validity statistics are reported. The Inventory consists of a parent form and a child form. The parent form contains 91 descriptions of children's behaviors when faced with difficulties. The child form is in interview format and asks children to describe seven positive and negative events and their reactions to them. The Inventory in both forms is capable of obtaining both observable and subjective reactions of children to stress. Reliability and validity is stronger for the child form. Suggestions are made for possible modifications to the Inventory.
The Development of the Child and Adolescent Coping Inventory

Due to the interest in how children and families cope with stress, various inventories have been developed in an attempt to understand this overt form of adaptation (McCubbin, McCubbin, Nevin & Cauble, 1979; McCubbin, Boss, Wilson & Dahl, 1981). These inventories have relied solely on parental reports of personal coping styles and how they affect their child's mental health. Therefore, they do not provide any information concerning the child's coping styles directly. In order to assess children's coping styles, it is necessary that information is also obtained from the children themselves. Children may react to stress differently than adults; how are these reactions different, and what sort of measure would enable us to discover any differences? The Child and Adolescent Coping Inventory (Cobb, Gewanter, & Newcomb, 1987) is a measure which combines parental report methods and self-report methods to assess children's coping.

Stress is any positive or negative change in the environment and coping represents the range of behavioral reactions to the stressor. Recent research by Band and Weisz (1986) suggests that children as young as six are aware of stress and coping in their lives and can describe and evaluate their own efforts to cope. Children also show a strong inclination to cope rather than relinquish control when faced with a stressful situation. Furthermore, coping styles seem to differ with the stressor and the age of the child (Band &
Weisz, 1986). Primary control strategies (efforts to modify circumstances and outcomes), appear to be more popular and effective for children seven and younger. Such strategies involve direct problem-solving, problem-focused aggression and crying, and problem-focused avoidance.

By contrast, secondary control approaches (trying to adjust to present circumstances without directly changing them) appear to be more popular and effective for older children (Band & Weisz, 1986). Since secondary control involves a number of psychological means of reducing stress, and entails approaches that are abstract in nature, it would seem reasonable that older children use this coping style more than younger children. This approach is more difficult to learn through observation and more difficult for younger children to understand. Maccoby (1983) attributes such developmental changes in coping styles to the increased ability of the child to make use of meta-cognitive processes. With age, there is an increasing avoidance of premature closure. Children become increasingly aware that there may be a range of solutions to the problem available, and this combined from the knowledge gleaned from past experience, allows them to respond more adaptively to stressful situations. These findings indicate that children attempt to manage their worlds by using certain strategies rather than others.
Social Support

In addition to developmental differences in coping strategies, other factors may be affecting children's coping styles. The social support theory (Cobb, 1976; Caplan, 1976) emphasizes the family's use of emotion, esteem, and network support in the community. The hypothesis that social support mitigates the effects of stressful events (Dohrenwend & Dohrenwend, 1981) is a popular one and has found considerable support in research on stress. Highly stressful events combined with low social support are significantly more pathogenic than highly stressful events combined with high social support or less stressful events with high or low social support (Cobb, 1976). Social support is obtained from a healthy family system. Parents who are irritable or lack effective coping skills, contribute to anti-social behavior in their children (Patterson, 1983). A child who is a member of a family of conflict, or other forms of dysfunction, such as divorce, appears to be more vulnerable to stressors and at a greater risk for negative outcomes (Hetherington, 1979). Examining the family functioning of a child, therefore, would provide helpful insight into how and why certain coping strategies are used.

Competence

Effects of the family system on the perceived self-competence of a child are crucial in further explaining the development of certain coping styles. Locus of control appears to be correlated with
effective coping strategies (Dohrenwend & Dohrenwend, 1981). Internal locus of control expectancy has been equated with competence, coping ability, and relative invulnerability to debilitating effects of stressful events. If children are confident in their abilities, the ability to cope adaptively would seem easier than for others who lack this confidence, or attribute all changes in the environment to external factors solely. Such attributions may lead to helpless/hopeless responses, and a basic refusal to deal with the stressor. This type of coping response is clearly maladaptive in that it interferes with new learning and increases vulnerability. Garmezy, Masten, and Tellegen (1984) define stress resistance as manifestations of competence in children despite exposure to stressful events. Competence fosters the development and use of effective coping styles, leading to adjustment, whereas low competence hinders the development of effective styles which increases the vulnerability of children to changes in the environment.

Behavior Profiles

The manner in which children typically respond to difficulties may be assessed by mere observation. In particular, children may be external or internal reactors. External children typically express active antisocial aggressiveness and almost inevitably become in conflict with peers, parents, and social institutions (Quay & Werry, 1972). Antisocial/delinquent behavior is one of the few childhood behavior domains demonstrating predictive power for future or adult
impairment of similar nature (sociopathy and character disorders) and for all other nonneurotic forms of adult maladjustment (Gersten, et al, 1974). These children might use primary coping strategies across all situations, regardless of age. Internal children, on the other hand, are more withdrawn, and subsequently may use more secondary approaches when coping with stress. An examination of these behavioral profiles may help explain differences in coping styles among children.

In order to determine how these factors influence coping styles, it is necessary that coping styles be empirically measured. Most major coping models emphasize its subjective nature and intrapsychic coping methods that are not directly observable (Lazarus & Folkman, 1984; Rothbaum, Weisz, & Snyder, 1982). Assessment of these difficult to observe methods entail the use of self-report methods. Band and Weisz (1987) demonstrate the effectiveness of self-reports in obtaining information on the psychological and cognitive elements of children's coping. However, when using self-report methods with children, the probability of error in measurement tends to increase. Therefore, in order to capture both the observable and non-observable techniques of coping reliably and validly, a combination of methods is necessary.

The Child and Adolescent Coping Inventory (Cobb et al., 1987) is a recently developed inventory which contains both a parent and child form. This combination of methods may eliminate the previously
mentioned problems of assessing coping when either a self-report or objective report is used exclusively. The parents provide objective information on how they perceive their child's reaction to stress and the child is able to provide the subjective information; how they feel and think about the situation.

The purpose of this study was to determine the reliability and validity of the Child and Adolescent Coping Inventory (Cobb, Gwanter, & Newcomb, 1987). This inventory may provide investigators with a more accurate picture of children's coping styles. In addition, it may increase our understanding of how factors such as competence, family functioning, and general behavior profiles affect coping.

Method

Subjects

Both the Parent and Child form of the Child and Adolescent Coping Inventory (Cobb, Gwanter, & Newcomb, 1987) were pilot tested on two groups of subjects. The first group of 15 subjects were composed of children with Attention Deficit Disorder, Juvenile Arthritis, Down's Syndrome, and normal controls. They ranged in age from 6 to 11. The second pilot group was composed of 21 Introductory Psychology students who were administered both the child-interview form and completed the parent form. A third group of 21 advanced Psychology students were given only the parent form to complete.
Measures

The original 66-item parent form of the Coping Inventory (Cobb, et al. 1987) contains statements describing children’s reactions when faced with difficulties such as; “ask for help from parents, teacher, or other person”. For each item, parents indicate the degree to which this behavior occurs, from 1 (seldom) to 5 (often). The four factors (physical, affective control, cognitive/behavioral primary control, and cognitive/behavioral secondary control) used to analyze this form were intercorrelated, therefore, an additional 25 items were generated in an attempt to improve the strength of these factors. The revised 91-item form was pilot tested on the remaining pilot groups (see Appendix A). Considering the relative objectivity of the parent completing this form, it may be difficult for them to determine if their child is using a secondary coping strategy. Based on this reasoning, it was decided that the factors on this form may indeed be measuring more overt forms of coping, forms that are more likely to be observed by parents. Therefore, all items were classified according to seven new factors; physiological (21 items), aggression (12), withdrawal (12), denial (15), social (10), self-hurt (8), and improvement (9). These factors are possible reactions a child may have when faced with difficulties. Scores were derived by summing the number of responses for items pertaining to each factor.

The child form of the Coping Inventory (see Appendix B) was administered individually, in interview form, by trained graduate and
undergraduate students. The interviewer first briefly explained the questionnaire to the subject and provided a sample question so that he/she clearly understood how to respond to the questions. The questionnaire asks the subject to recall moments when they felt pain, received a good/bad grade, were teased/recognized by peers, and when parents were mad/proud of them. Situations were presented in random order and were followed by questions probing at how the subject felt emotionally and physiologically, and what cognitive/behavioral responses proceeded the event. Researchers probed for up to three responses for each question. In addition, subjects indicated the intensity of each response by scoring it on a scale from one (least intense) to five (most intense). A total of 49 codes were used to classify all responses on the child form (see Appendix C). Two scores were calculated for the child form; a frequency of response score and an intensity score. The frequency score represents the sum occurrences of relevant codes. The intensity score represents the summation of responses multiplied by intensity, then divided by the number of responses.

Interrater reliability was calculated (Cohen, 1968) for the child form on twenty percent of the entire sample, with forms from each pilot group randomly represented. Two coders independently coded the same eight forms using the 49 codes previously mentioned. All affective, physiological, and cognitive/behavioral responses were coded. The Kappa for the entire scheme was .82.
The first pilot group of children were also given the Harter's Perceived Competence Scale (Harter, 1982), the Family Environment Scale (Moos, 1974), and the Child Behavior Checklist (Achenbach & Edelbroch, 1983) to examine the validity of the Inventory. These measures have established reliability and validity and provide scores consistent with coping ability, as based on the literature. The Perceived Competence Scale (Harter, 1979) consists of 28 items to which the child indicates which item is most like him or herself. This Scale provides four scores; cognitive, social consistent, physical, and general self-worth. The Family Environment Scale contains 90 true/false items evaluating the social-environmental attributes of families. From this measure, scores on cohesion, expressiveness, conflict, independence, achievement orientation, intellectual cultural orientation, active recreational orientation, moral religious emphasis, organization, and control were used in the analysis. Finally, the 113-item child behavior checklist provides 6 (male scale) and 7 (female scale) behavior profile scores as well as internalizing and externalizing factors. The Checklist therefore provides a rather comprehensive description of a child's behavior problems.

Results

Reliability

Alpha values were generated for each pilot sample in order to determine the internal consistency of the seven factors used to
classify each item of the parent form. These values are presented in Table 1.

The factors physiological and aggression generally have the highest alpha values across pilot groups. Overall, alpha values for the first pilot group of children are highest.

A check for intercorrelations between factors was made using a Pearson correlation. This test indicated that all factors were significantly intercorrelated (p < .001).

Validity

A multiple regression was performed, using scores from the Harter's Perceived Competence Scale, the Family Environment Scale, and the Child Behavior Checklist, as predictors of scores on the parent form. Correlations of significance for all three measures and both forms of the inventory are reported in Table 2.

Scores on the Harter's Scale of General Self-Worth predicted aggression on the parent form; $R^2 = .803$, $B = .833$, $p < .01$; Cognitive Competence predicted withdrawal in a negative direction; $R^2 = .771$, $B = -1.160$, $p < .05$; and Social predicted the social score on the child
form; $R^2 = .603$, $B = 1.199$, $p < .05$. The Expressiveness score from
the FES predicts the social score factor on the parent form; $R^2 = .967,$
$B = 1.0848$, $p < .05$. For the CBCL, the Other Problems score predicted
Denial; $R^2 = .975$, $B = 1.235$, $p < .05$. No other scores on the Checklist
predicted coping scores on the Parent Form.

As shown in Table 2, considerably more scores on the FES and
Harter’s predicted coping scores on the Child Form. In particular,
primary coping styles were predicted by Physical Competence Scores;
$R^2 = .581$, $B = -1.566$, $p < .05$, and Control, Expressiveness, Moral
Religious Emphasis, Independence, and Cohesion; $R^2 = .960$, $p < .05$ from
the FES. General and Physical Competence also predicted
Affective and Affective Intensity Scores; $R^2 = .631, R^2 = .624, p < .05$.
Physical Competence, however, predicted these coping scores
inversely, as the negative B values indicate. There were no scores on
the CBCL that predicted coping scores on this form significantly,
although a few trends towards significance were evident. The
Delinquency Score approached significance in predicting the Primary
Coping score on the Child Form; $R^2 = .969$, $B = .546$, $p = .07$. The
Externalizing Score also approached significance in predicting
Affective Intensity; $R^2 = .956$, $B = -1.308$, $p = .08$.

Since the Child Form is composed of both negative and positive
events, whereas the Parent Form is composed of reactions to only
negative, negative event scores from the Child Form were extracted
and entered into another multiple regression equation. For this
analysis, fewer coping scores were significantly predicted. General and physical competence scores predicted affective coping; $R^2 = .618$, $B = .608, B = -.961, p < .05$ as it did when both positive and negative event scores were combined in the previous analysis. The general and physical competence scores also predicted affective intensity scores; $R^2 = .6452 , B = .795, B = -.8047, p < .05$. The social competence score predicted physiological intensity; $R^2 = .474, B = .874, p < .05$. The obsessive-compulsive score from the CBCL showed a trend towards significance in predicting the physiological score; $R^2 = .936, B = -.913, p = .10$. None of the FES scores predicted any of the negative event scores on the Child Form from this analysis.

In order to distinguish trends in responding for subjects on the negative and positive events of the Child Form, a T-test was performed between all negative and positive event coping scores. As shown in Table 3, the mean negative affect score was significantly higher than the mean score for positive affect; $t (33), p < .05$. The mean score for negative physiological was also higher than for positive physiological; $t (33) = 3.22, p < .05$. Results of particular interest are the higher negative primary scores compared with the mean positive primary score; $t (33) = 8.43, p < .05$. These results indicate that subjects are using more primary strategies to cope with negative events than they are to cope with positive events. In addition, the higher mean overall negative score; $t (33) = 8.81, p < .05$, indicates that subjects make more of an effort to cope with negative
events than positive events.

Discussion

Results indicate that the use of both self-reports and parental reports may provide a more comprehensive assessment of children's coping styles than measures currently available. Consistent with Band and Weisz's research (1986), the self-report form of the Child and Adolescent Coping Inventory provided information concerning the subjective nature of coping styles, in particular, secondary coping strategies. Secondary styles, as the findings indicate, are in fact used to cope with both positive and negative events. Of particular interest is the tendency for individuals to exhibit more reactions to negative than positive events. It appears that negative changes in the environment require more adaptation and adjustment than positive events.

Findings from this study indicate that the reliability and validity for the child form of the inventory is stronger than that of the parent form. This may be a reflection of the heterogeneity of the sample, in particular the first pilot group of children. They did not need to recall as much information from the past as the college students did. Interrater reliability for the coding scheme is high, and scores from valid measures predict scores on the child form in a logical manner. Competence scores predict affective, physiological, and primary coping styles. Family functioning scores of control and
expressiveness predict primary coping scores. Families which emphasize constant control over situations may encourage children to seek immediate relief from a stressful situation which is what primary coping strategies attempt to do. Expressiveness in the family environment may encourage children to be more open and vocal when faced with stressful situations. Furthermore, high score on achievement orientation predict low scores on secondary coping, an additional logical relationship. Factors such as competence and family functioning appear to influence children's coping styles.

The problem with establishing the reliability of the parent form lies in the intercorrelation of all factors. High alpha values for aggression and physiological reflect the fact that these behaviors are more easily observable and may not leave as much room for inconsistent inference as factors such as withdrawal or improvement. However, these factors are all intercorrelated. These findings indicate that a methodological problem may exist with this form; perhaps the items are not descriptive enough, allowing for differential interpretations, and subsequently contributing to a higher variance within each factor for each subject. As it exists, the parent form may be measuring one general coping factor. Suggested modifications to the parent form include increased specificity of items as well as the addition of child's possible reactions to positive events. In order to obtain a more accurate description of children's coping, there needs to be more overlap between the two forms. This
Development

would allow for more equal comparisons and combinations of parent
and child perceptions of coping styles and provide a more complete
assessment of children's coping.

Due to the poor reliability of the factor scores on the parent
form, remaining findings must be interpreted cautiously. High scores
on social competence predicted high scores on the social support
factor. Children who have strong social skills may tend to seek the
help of others when faced with difficulties. Furthermore, expressive
families may also encourage this type of coping response in their
children. Behavioral problems may result in coping responses of
denial in children as well.

In conclusion, the continued development of this Inventory is
encouraged. The initial analyses indicate that the child form is
providing subjective information which has only previously been
obtained through a basic interview format (Band & Weisz, 1986). In
addition, it attempts to quantify responses to both positive and
negative events which has not previously been considered. To avoid
problems with using this form alone, however, further modifications
to the parent form are necessary, as mentioned. A valid,
comprehensive children's coping inventory would increase our
understanding of children's coping styles, and subsequently provide
options for the development of effective coping strategies, aiding all
children with future adjustment.
References


Dohrenwend, B. S., & Dohrenwend, B. P. Life stress and illness:


Table 1

Alpha values for pilot groups on the parent form of the Inventory

<table>
<thead>
<tr>
<th>Factor</th>
<th>Group 1 (n=15)</th>
<th>Group 2 (n=21)</th>
<th>Group 3 (n=21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiological</td>
<td>.86</td>
<td>.80</td>
<td>.83</td>
</tr>
<tr>
<td>Aggression</td>
<td>.92</td>
<td>.67</td>
<td>.78</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>.77</td>
<td>.39</td>
<td>.59</td>
</tr>
<tr>
<td>Denial</td>
<td>.88</td>
<td>.49</td>
<td>.83</td>
</tr>
<tr>
<td>Social</td>
<td>.67</td>
<td>.79</td>
<td>.24</td>
</tr>
<tr>
<td>Self-hurt</td>
<td>.72</td>
<td>.51</td>
<td>.45</td>
</tr>
<tr>
<td>Improvement</td>
<td>.74</td>
<td>.49</td>
<td>.53</td>
</tr>
</tbody>
</table>

*Note: Pilot group 1 consists of children, group 2 is introductory students, and group 3 consists of advanced psychology students.
Table 2

**Multiple regression between the Family Environment Scale, Harter’s Perceived Competence Scale, and the Parent and Child forms of the Coping Inventory**

<table>
<thead>
<tr>
<th>Harter’s Scale</th>
<th>R²</th>
<th>B</th>
<th>Sig. T</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child Form</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affective</td>
<td>.632</td>
<td>.958</td>
<td>.01</td>
</tr>
<tr>
<td>(Gen., Phy.)</td>
<td></td>
<td>-1.086</td>
<td>.03</td>
</tr>
<tr>
<td>Affective Int.</td>
<td>.624</td>
<td>1.122</td>
<td>.00</td>
</tr>
<tr>
<td>(Gen., Phy.)</td>
<td></td>
<td>-1.071</td>
<td>.03</td>
</tr>
<tr>
<td>Physiological</td>
<td>.585</td>
<td>1.400</td>
<td>.01</td>
</tr>
<tr>
<td>(Social)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>.581</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Physical)</td>
<td></td>
<td>-1.566</td>
<td>.01</td>
</tr>
<tr>
<td><strong>Parent Form</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aggression</td>
<td>.803</td>
<td>.836</td>
<td>.01</td>
</tr>
<tr>
<td>(General)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Withdrawal</td>
<td>.771</td>
<td>-1.160</td>
<td>.05</td>
</tr>
<tr>
<td>(Cognitive)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social</td>
<td>.603</td>
<td>1.199</td>
<td>.03</td>
</tr>
<tr>
<td>(Social)</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Environment Scale</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child Form</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>.960</td>
<td>1.328</td>
<td>.03</td>
</tr>
<tr>
<td>(ctl., exp., mre.,</td>
<td></td>
<td>2.627</td>
<td>.00</td>
</tr>
<tr>
<td>ind., coh.)</td>
<td></td>
<td>-1.420</td>
<td>.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-0.899</td>
<td>.05</td>
</tr>
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</table>
## Family Environment Scale

<table>
<thead>
<tr>
<th>Child Form</th>
<th>Secondary (aco., org.)</th>
<th>.933</th>
<th>-2.916</th>
<th>.03</th>
<th>2.814</th>
<th>.04</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Form</td>
<td>Social (exp.)</td>
<td>.967</td>
<td>1.085</td>
<td>.05</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Development

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### Table 3
**T-test results between negative and positive event scores on the Child Form of the Coping Inventory**

<table>
<thead>
<tr>
<th>Score</th>
<th>Mean</th>
<th>T (33)</th>
<th>Prob. value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative affect</td>
<td>7.26</td>
<td>6.50</td>
<td>.00</td>
</tr>
<tr>
<td>Positive affect</td>
<td>5.29</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Neg. affect intensity</td>
<td>4.11</td>
<td>-1.12</td>
<td>.27</td>
</tr>
<tr>
<td>Pos. affect intensity</td>
<td>4.25</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Negative physiological</td>
<td>2.82</td>
<td>3.22</td>
<td>.003</td>
</tr>
<tr>
<td>Positive physiological</td>
<td>1.88</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Neg. physio. intensity</td>
<td>3.52</td>
<td>-.74</td>
<td>.47</td>
</tr>
<tr>
<td>Pos. physio. intensity</td>
<td>3.69</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Negative primary</td>
<td>4.62</td>
<td>8.43</td>
<td>.00</td>
</tr>
<tr>
<td>Positive primary</td>
<td>1.50</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Negative secondary</td>
<td>2.35</td>
<td>.87</td>
<td>.392</td>
</tr>
<tr>
<td>Positive secondary</td>
<td>2.05</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Negative</td>
<td>24.15</td>
<td>8.81</td>
<td>.00</td>
</tr>
<tr>
<td>Positive</td>
<td>17.92</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>
Appendix A: The parent form of the Child and Adolescent Coping Inventory
Appendix B: The child form of the Child and Adolescent Coping Inventory
Appendix C: The coding scheme for the Children’s Coping Inventory
### Coding Scheme for the Children's Coping Inventory—Interview Form

**Affective Codes:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Feeling</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Anger</td>
<td>mad</td>
<td>annoyed</td>
</tr>
<tr>
<td></td>
<td>pissed off</td>
<td>frustrated</td>
<td>offended</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>resentment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>lack of concern</td>
</tr>
<tr>
<td>02</td>
<td>Sad</td>
<td>depressed</td>
<td>miserable</td>
</tr>
<tr>
<td></td>
<td>depression</td>
<td></td>
<td>upset</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>hurt</td>
</tr>
<tr>
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<td></td>
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<td>(feelings)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>Scared</td>
<td>fear</td>
<td>uh oh</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>scared to death</td>
</tr>
<tr>
<td>04</td>
<td>Ashamed</td>
<td>bad</td>
<td>mad at self</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>stupid</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>put down</td>
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<td>humiliation</td>
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<td>regret</td>
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<td>05</td>
<td>Anxious</td>
<td>concern</td>
<td>worried</td>
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<td></td>
<td>anxiety</td>
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<td>concerned about tomorrow</td>
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<td>06</td>
<td>Surprise</td>
<td>mystified</td>
<td>disbelief</td>
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<td>shock</td>
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<td>07</td>
<td>Helpless</td>
<td>intimidated</td>
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<tr>
<td>08</td>
<td>Confusion</td>
<td>did not know what to do</td>
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<td>09</td>
<td>Horrified</td>
<td>repulsed</td>
<td>disgusted</td>
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<td>10</td>
<td>Good</td>
<td>happy</td>
<td>glad</td>
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<td></td>
<td>Great</td>
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<td>terrific</td>
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<td></td>
<td>thrilled</td>
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<td>enormously great</td>
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<td>top of the world</td>
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<td>11</td>
<td>Unliked/Alone</td>
<td>friendship not returned</td>
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<td>12</td>
<td>Proud</td>
<td>Good about self</td>
<td>confident</td>
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<td>honored</td>
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<td>13</td>
<td>Excited</td>
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<td>14</td>
<td>Curious</td>
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</table>
didn't care

Uncodable hope

Physiological Codes:

18. Awkward weird uncomfortable funny
19. Nervous twitch or habit shakes tremors
20. Headache
21. Dizzy
22. Chest pain palpitation
23. Muscle pain joint pain
24. Alter eating habits eat excess sweets eat more or less than usual lose appetite
25. Trouble falling asleep
26. Fatigue tired weak down
27. Bite nails chew clothing tear hair grit/grind teeth
28. Go to bathroom more often
29. More restless than usual Excited tingle jittery shakey excess fidgeting
30. Become flush blood rushing to head
31. Gooey yuchy bad fat
32. Cold

33. Sweat

34. Muscles tense stiff couldn’t move

35. Heart beat faster heart pounded

36. Healthy great good full of energy strong happy

49. Stomach ache hollow feeling in stomach

Cognitive /Behavioral Codes:
There will be several categories of responses, they could be Primary control approaches, or Secondary control approaches or relinquished control.
Primary control “involves efforts to modify or otherwise influence events, circumstances, objects, or other people so as to enhance rewards by bringing objective conditions into line with the child’s wishes.”

37. Direct approach: efforts to change circumstances in an immediate way (e.g., study to improve one’s grades, tell others to stop teasing, put bandaid on a cut).

38. Event-focused emotion: showing emotion to elicit instrumental assistance or response from others (e.g., crying so that a parent intervenes on a child’s behalf when he or she is being bullied).

39. Event-focused aggression: efforts to resolve problems through physical or verbal aggression (e.g., beating up a child who has been taunting or name-calling).

40. Event-focused avoidance: efforts to directly avoid experiencing a stressful situation (e.g., staying away from kids who fight or tease, efforts to avoid being taken to the doctor for a shot).

41. Primary thought: Initial reaction was primary, but action was not taken (e.g., Wanted to punch my sister, but did not)
Secondary control. "Involves efforts to modify or otherwise influence the child's own subjective, psychological state (e.g., mood, attributions, expectations, wishes, interpretations) so as to enhance rewards by achieving comfortable accommodation, or goodness-of-fit with respect to conditions as they are."

42. Social/spiritual support. efforts to buffer distress through social or spiritual means (e.g., praying, or telling one's problem to friends or parents in the hope that they will provide support or encouragement).

43. Emotion-focused behavior: release pent-up feelings or to elicit comfort or response from others (e.g., crying in order to just "let the bad feelings out" or shouting "Hurrah!" after getting a good grade).

44. Cognitive avoidance: efforts to avoid thinking about a stressful situation. (e.g., watching TV so as to forget about or keep one's mind off the problem; not speaking to anyone after receiving a poor grade).

45. Pure cognition: efforts to reduce stress through fantasy or a shift in one's way of thinking (e.g., daydreaming, hoping for the best, telling oneself that it wasn't such a bad grade after all).

46. Displaced Aggression: Aggressive release of energy not directed toward source of stress. (e.g., child kicks the wall after being teased by peers).

47. Self Degradation: make critical statements about self.

Relinquished control involves no apparent goal-directed behavior and no apparent effort to enhance rewards or reduce punishments.

48. Relinquished control: doing nothing, giving up or making no effort to deal with the stressful circumstances or to reduce their stressful impact.

17. Uncodable. i.e. receive a reward or response like receiving a sticker for getting a good grade.
Children's Coping Inventory
(Child/Adolescent Interview Form)

| Child's name: | __________________________ |
| Date of assessment: | __________________________ |
| Date of birth: | __________________________ |
| Grade: | __________________________ |
| Sex: | __________________________ |
| Examiner: | __________________________ |

Obtain above information from child/adolescent.

Now I want to ask you to remember some things and to tell me what happened. In order for me to better understand what happened, we are going to have to use this card.

Remember for me the last time you watched a cartoon/television show/movie that really made you laugh. What was it? Show me how much you laughed? Tell me another cartoon/television show/movie that you watch. How much does _______ make you laugh?

Now I am going to ask you to remember some other things. Some of my questions will be about happy and fun things and other questions will be about things that make kids/people feel bad, unhappy, or scared.

N.B. Use random presentation except present good items first.

Indicate Order of administration:

- Pain
- Good grade
- Bad grade
- Parents proud
- Parents mad
- Kids recognize
- Kids tease
Pain/Hurt

Remember for me a time when your body got hurt or you had a lot of pain. Tell me what happened? Probe: Tell me more?


Affective

Did you have any feelings about (summarize situation very briefly)? Yes No
If yes, what feelings did you have? Probe for up to three feelings.
Probes: Were there any other feelings? or What other feelings did you have?

How much did you feel ____________________________ ? 1 2 3 4 5

____________________________ ? 1 2 3 4 5

____________________________ ? 1 2 3 4 5

Physiological

Close your eyes and think very hard about (brief summary).
Was there anything different about how your body felt? Yes No
If yes, what ways did your body feel different? Probe for up to three ways.
Probe: Remember the ways your body felt different.

How much did your body feel ____________________________ ? 1 2 3 4 5

____________________________ ? 1 2 3 4 5

____________________________ ? 1 2 3 4 5

Cognitive/Behavioral

When (brief summary), did you do anything? Yes No
If yes, what did you do?
Probe for up to three things. Probe: How did you handle ____________ ?

Way 1: ____________________________

Way 2: ____________________________

Way 3: ____________________________
Good grade

Remember for me a time when you got a very good grade at school. Tell me what happened? Probe: Tell me more?

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Affective

Did you have any feelings about (summarize situation very briefly)? Yes No
If yes, what feelings did you have? Probe for up to three feelings.
Probes: Were there any other feelings? or What other feelings did you have?

How much did you feel ______________________________? 1 2 3 4 5

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Physiological

Close your eyes and think very hard about (brief summary).
Was there anything different about how your body felt? Yes No
If yes, what ways did your body feel different? Probe for up to three ways.
Probe: Remember the ways your body felt different.

How much did your body feel ______________________________? 1 2 3 4 5

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Cognitive/Behavioral

When (brief summary), did you do anything? Yes No
If yes, what did you do?
Probe for up to three things. Probe: How did you handle _________?

Way 1: ____________________________________________

Way 2: ____________________________________________

Way 3: ____________________________________________
Bad grade

Remember for me a time when you got a very bad grade at school. Tell me what happened? Probe: Tell me more?

Affective

Did you have any feelings about (summarize situation very briefly)? Yes No
If yes, what feelings did you have? Probe for up to three feelings.
Probes: Were there any other feelings? or What other feelings did you have?

How much did you feel ________________________________? 1 2 3 4 5

____________________________? 1 2 3 4 5

____________________________? 1 2 3 4 5

Physiological

Close your eyes and think very hard about (brief summary).
Was there anything different about how your body felt? Yes No
If yes, what ways did your body feel different? Probe for up to three ways.
Probe: Remember the ways your body felt different.

How much did your body feel ________________________________? 1 2 3 4 5

____________________________? 1 2 3 4 5

____________________________? 1 2 3 4 5

Cognitive/Behavioral

When (brief summary), did you do anything? Yes No
If yes, what did you do?
Probe for up to three things. Probe: How did you handle ________?

Way 1: _____________________________________________

Way 2: _____________________________________________

Way 3: _____________________________________________
Parents proud

Remember for me a time when your mother or father was very proud of you. Tell me what happened? Probe: Tell me more?

________________________________________

________________________________________

________________________________________

________________________________________

Affective

Did you have any feelings about (summarize situation very briefly)? Yes No
If yes, what feelings did you have? Probe for up to three feelings.
Probes: Were there any other feelings? or What other feelings did you have?

How much did you feel ___________________________? 1 2 3 4 5

_________________________________________? 1 2 3 4 5

_________________________________________? 1 2 3 4 5

Physiological

Close your eyes and think very hard about (brief summary).
Was there anything different about how your body felt? Yes No
If yes, what ways did your body feel different? Probe for up to three ways.
Probe: Remember the ways your body felt different.

How much did your body feel ___________________________? 1 2 3 4 5

_________________________________________? 1 2 3 4 5

_________________________________________? 1 2 3 4 5

Cognitive/Behavioral

When (brief summary), did you do anything? Yes No
If yes, what did you do?
Probe for up to three things. Probe: How did you handle __________?

Way 1: _________________________________________

Way 2: _________________________________________

Way 3: _________________________________________
Parents mad

Remember for me a time when your mother or father got very mad at you. Tell me what happened? Probe: Tell me more?

Affective

Did you have any feelings about (summarize situation very briefly)? Yes No

If yes, what feelings did you have? Probe for up to three feelings.

Probes: Were there any other feelings? or What other feelings did you have?

How much did you feel ____________________________ ? 1 2 3 4 5

______________________________ ? 1 2 3 4 5

______________________________ ? 1 2 3 4 5

Physiological

Close your eyes and think very hard about (brief summary).

Was there anything different about how your body felt? Yes No

If yes, what ways did your body feel different? Probe for up to three ways.

Probe: Remember the ways your body felt different.

How much did your body feel ____________________________ ? 1 2 3 4 5

______________________________ ? 1 2 3 4 5

______________________________ ? 1 2 3 4 5

Cognitive/Behavioral

When (brief summary), did you do anything? Yes No

If yes, what did you do?

Probe for up to three things. Probe: How did you handle ____________?

Way 1: _________________________________________

Way 2: _________________________________________

Way 3: _________________________________________
Kids recognize

Remember for me a time when the other kids praised you or picked you for something special. Tell me what happened? Probe: Tell me more?


Affective

Did you have any feelings about (summarize situation very briefly)? Yes No
If yes, what feelings did you have? Probe for up to three feelings. Probes: Were there any other feelings? or What other feelings did you have?

How much did you feel _________________? 1 2 3 4 5
______________________________? 1 2 3 4 5
______________________________? 1 2 3 4 5

Physiological

Close your eyes and think very hard about (brief summary). Was there anything different about how your body felt? Yes No
If yes, what ways did your body feel different? Probe for up to three ways. Probe: Remember the ways your body felt different.

How much did your body feel _________________? 1 2 3 4 5
______________________________? 1 2 3 4 5
______________________________? 1 2 3 4 5

Cognitive/Behavioral

When (brief summary), did you do anything? Yes No
If yes, what did you do? Probe: How did you handle _________?

Way 1: _______________________________________
Way 2: _______________________________________
Way 3: _______________________________________
Kids tease

Remember for me a time when other kids teased you or left you out of their game or activity. Tell me what happened? Probe: Tell me more?

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Affective

Did you have any feelings about (summarize situation very briefly)? Yes No
If yes, what feelings did you have? Probe for up to three feelings.
Probes: Were there any other feelings? or What other feelings did you have?

How much did you feel ___________________________? 1 2 3 4 5

________________________________________________________

________________________________________________________

________________________________________________________

Physiological

Close your eyes and think very hard about (brief summary).
Was there anything different about how your body felt? Yes No
If yes, what ways did your body feel different? Probe for up to three ways.
Probe: Remember the ways your body felt different.

How much did your body feel ___________________________? 1 2 3 4 5

________________________________________________________

________________________________________________________

________________________________________________________

Cognitive/Behavioral

When (brief summary), did you do anything? Yes No
If yes, what did you do?
Probe for up to three things. Probe: How did you handle _________?

Way 1: ______________________________________________

Way 2: ______________________________________________

Way 3: ______________________________________________
Introduction:

We are trying to learn more about how children and adolescents handle the difficulties they face in their lives. As a parent you are in a special position to know the kinds of stress your child faces and the ways your child tries to cope with this stress.

The statements that follow describe different ways that children and adolescents cope with the difficulties they face. To ask that you read each statement and decide how often your child does that behavior when confronted with a problem or stress.

Please make sure you answer all the items and that you answer only how often your child does each behavior as a way to cope with the difficulties they face in their lives.
When faced with difficulties, how often do you...?

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<tbody>
<tr>
<td>1. Complain of a stomach ache or nausea</td>
<td>1</td>
<td>2</td>
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<td>2. Act younger than their age</td>
<td>1</td>
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<td>3. Behave as if the problem doesn't exist</td>
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<td>4. Have a nervous twitch or habit, or excess fidgeting</td>
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<td>5. Go to church or other place of worship</td>
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<td>6. Become overly concerned with ordering things in a certain way</td>
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<td>7. Complain of a headache</td>
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<td>8. Make critical statements about themself</td>
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<td>9. Spend more time than usual alone in his/her room</td>
<td>1</td>
<td>2</td>
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<tr>
<td>10. Daydream</td>
<td>1</td>
<td>2</td>
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<td>11. Try to stay away from home</td>
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<td>12. Have shakes or tremors</td>
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<td>2</td>
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<td>13. Cry</td>
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<td>2</td>
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<td>14. Clown around and make light of the problem</td>
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<td>15. Copy the way others have behaved when they had problems</td>
<td>1</td>
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<td>16. Manipulate others to help</td>
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<td>17. Have a persistent cough</td>
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<td>2</td>
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<td>18. Go out and play or begin strenuous activity</td>
<td>1</td>
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<td>19. Have chest pain or palpitation</td>
<td>1</td>
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<tr>
<td>20. Ask for help from parent, teacher, or other person</td>
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When faced with difficulties, how often does your child:

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<tr>
<td>21. Spend time with friend or friends.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>22. Complain of muscle or joint pain.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>23. Apologize.</td>
<td>1 2 3 4 5</td>
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<td>24. Concentrate hard on schoolwork or other projects...</td>
<td>1 2 3 4 5</td>
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<tr>
<td>25. Alter eating habits, eat more or less than usual, or eat excess sweets.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>26. Have trouble falling asleep.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>27. Lose temper, get angry, or yell at people unrelated to the problem they are facing.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>28. Complain of dizziness.</td>
<td>1 2 3 4 5</td>
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<td>29. Deny that the problem exists.</td>
<td>1 2 3 4 5</td>
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<td>30. Talk to others and seek advice about the problem...</td>
<td>1 2 3 4 5</td>
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<tr>
<td>31. Swear or curse.</td>
<td>1 2 3 4 5</td>
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<td>32. Wake up tired.</td>
<td>1 2 3 4 5</td>
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<td>33. Smoke.</td>
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<td>34. Blame someone/something for the difficulty.</td>
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<td>35. Complain of fatigue.</td>
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<td>36. Do nothing or have no observable reaction at all...</td>
<td>1 2 3 4 5</td>
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<td>37. Request medication prescribed by doctor.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>38. Read a book.</td>
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<tr>
<td>39. Lose their appetite.</td>
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</table>
When faced with difficulties, how often does your child:

40. Verbally express anger toward the source of the problem

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41. Go to a professional counselor or therapist

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42. Use illegal drugs

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43. Bite nails, chew clothing, tear hair, or grit/grind teeth

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44. Go to the bathroom more often

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45. Become fearful, panicked, or anxious

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46. Say mean things to others

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47. Ignore everything/everyone related to the problem

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48. Watch television

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49. Become more restless than usual

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50. Let off steam by complaining to family or friends

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51. Try to figure out a solution on their own

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52. Play down the problem and say it isn't important

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53. Become flush

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54. Pray

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55. Try to see the good things in the situation

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56. Request to see a medical doctor

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57. Stutter

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58. Become depressed

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59. Listen to the radio or play the stereo

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When faced with difficulties, how often does your child:

60. Seem unable to concentrate or remember simple things ........................................ 1 2 3 4 5
61. Spend more time on the telephone ................................................................. 1 2 3 4 5
62. Stay away or avoid the issue ............................................................................. 1 2 3 4 5
63. Become less coordinated ................................................................................ 1 2 3 4 5
64. Behave or speak as if they feel hopeless ......................................................... 1 2 3 4 5
65. Spend more time thinking/talking/worrying about the problem ...................... 1 2 3 4 5
66. Fail to complete chores or schoolwork ............................................................ 1 2 3 4 5
67. Whine ........................................................................................................... 1 2 3 4 5
68. Engage in fighting, biting, or other forms of physical aggression ...................... 1 2 3 4 5
69. Lie about the problem and other related events ............................................. 1 2 3 4 5
70. Laugh or giggle excessively ............................................................................. 1 2 3 4 5
71. Withdraw from family and friends .................................................................. 1 2 3 4 5
72. Argue with family or peers ............................................................................ 1 2 3 4 5
73. Rationalize about the problem ..................................................................... 1 2 3 4 5
74. Engage in destructive behavior/vandalization ............................................. 1 2 3 4 5
75. Complain of nightmares ............................................................................... 1 2 3 4 5
76. Criticize themself .......................................................................................... 1 2 3 4 5
77. Express disbelief or surprise at the problem ............................................... 1 2 3 4 5
78. Try to stay home ............................................................................................. 1 2 3 4 5
When faced with difficulties, how often does your child

72. Engage in repetitive physical behavior such as
    bouncing a ball........................................ 1 2 3 4 5
73. Draw or write........................................... 1 2 3 4 5
74. Sweat..................................................... 1 2 3 4 5
75. Refuse to discuss the problem.......................... 1 2 3 4 5
76. Show concern for future performance or try to
    excel in other areas.................................... 1 2 3 4 5
77. Get into mischief........................................ 1 2 3 4 5
78. Throw temper-tantrums................................. 1 2 3 4 5
79. Play video games........................................ 1 2 3 4 5
80. Try to get others into trouble.......................... 1 2 3 4 5
81. Show reluctance or refusal to take medication...... 1 2 3 4 5
82. Have an imaginary friend.............................. 1 2 3 4 5
83. Become defensive........................................ 1 2 3 4 5
84. Tattle on others.......................................... 1 2 3 4 5