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Multidimensional assessment of children's coping with daily stressful events

Linda Elizabeth Pattee

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Dr. Andrew F. Newcomb

The purpose of the present study was to complete a multi-dimensional assessment of children's coping. Parents of 78 third- and fifth-grade children completed a 60-item questionnaire that described children's reactions to everyday difficulties. Children completed a class play, peer nomination assessment. Coefficient alpha and test-retest correlations were evaluated. Children also described their coping strategies to seven common situations. The children's responses were coded (kappa = .82) and combined into a priori clusters. Internal consistency for clusters was not obtained, however, the codes also represented either problem-focused or emotion-focused coping strategies. The Harter's Perceived Competence Scale, Family Adaptability and Cohesion Evaluation Scale III (FACES III), sociometric status and Conners' Parent Form were included as validation measures. Multiple regression analyses of the parent questionnaire and class play revealed global coping strategies. Children's use of problem-focused and emotion focused coping revealed that problem-focused coping is most often used in controllable situations whereas emotion-focused coping is used more often in uncontrollable situations, consistent with previous work with adults (Forsythe & Compas, 1987). The continued development of coping measures will help identify children before they experience coping failures.

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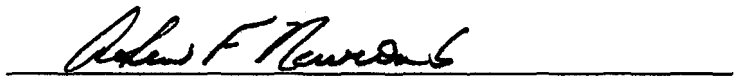
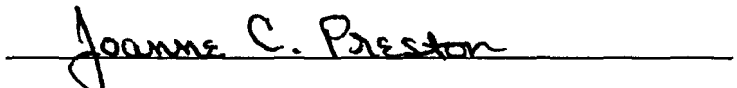


Dr. Andrew F. Newcomb, Thesis Advisor



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MULTIDIMENSIONAL ASSESSMENT OF CHILDREN'S COPING WITH DAILY STRESSFUL EVENTS

By

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Multidimensional assessment of children's coping with daily stressful events.

The average school-aged child confronts an environment that includes a variety of stress-inducing factors including self concerns, home conditions, school pressures, and life events (Humphrey, 1984). Although stress can be a positive force, in excess, stress can be harmful. Band and Weisz (1986) suggest that children as young as six are aware of stress in their lives and can describe their own efforts to cope. One of the problems children have when confronting these stressful situations is their limited repertoire of coping strategies (Chandler, 1984). Effective coping and the expansion of their repertoire of coping strategies is essential for positive growth and development (Brenner, 1984).

Research on children's coping has primarily focused on responses to specific situations such as stressful stimuli (Silver & Wortman, 1980; Menaghan, 1983), unique populations (Shapiro, 1984; Rutter, 1981), or personality characteristics (Matthews, 1981; Garmezy, Masten, & Tellegen,1984). In contrast, relatively little is known about the nature of children's daily stress and coping mechanisms. In reviewing this literature, Compas (1987) concluded that the investigations of children's coping has either neglected or not progressed due to the failure to examine two critical issues.

First, Compas identified the need for distinguishing between children's coping styles and coping strategies. The initial section of the present paper will propose a conceptualization of children's coping styles and coping strategies. Second, Compas (1987) discussed the absence of comprehensive measures of coping that will allow for systematic

comparisons of coping responses to everyday situations. The second section of the present paper will focus on issues pertinent to developing a comprehensive assessment of coping. In particular, four topics will be discussed: (1) evaluations of everyday positive and negative events, (2) developmental mediators and vicissitudes in children's coping, (3) hypothetical versus actual situations as a means to evaluate children's coping, and (4) The importance of multiple information sources in data collection. The last section will provide a brief summary of the proposed study.

Conceptualization of Coping

Coping is the way people manage their world. It represents the range of behavioral reactions to a stressor (i.e., any positive or negative change in the environment). When people face stressful situations, they use their past experience to evaluate the possible outcomes of various behavioral responses. In the course of repeating this process for stressful and everyday events, every child develops a personal and unique way of managing their world. These behavioral responses to different situations are coping strategies. These coping strategies are derived from the interaction among the child's environment, social support system, self-concept, and experiences (Zeitlin, 1980). As children grow, they acquire more strategies and thus expand their repertoire of behavioral responses.

Although investigators have attempted to examine children's coping strategies, they have often confused terminology. In some instances, researchers have used the terms coping styles and coping strategies interchangeably (Band & Weisz,1986). Other researchers have defined

coping styles as the combination of coping strategies (Zeitlin, 1980; Krantz, 1980). While still other investigators (Chandler, 1984; Thomas & Chess, 1977) consider coping styles similar to personality traits which do not change and are consistent across a wide variety of situations.

The most promising alternative to this confusion of terminology is to avoid the use of the term "coping style". Since no single style of coping is adaptive in all situations (Compas, Forsythe, & Wagner,1987), it would seem more reasonable to suggest that individuals do not have a universal coping style. Instead, coping varies from situation to situation, and many different strategies are necessary to adapt to the variety of situations children encounter (Chandler, 1984; Dohrenwend, & Dohrenwend, 1981; Spivak & Shure, 1982). The existence of various coping strategies suggests that attempting to evaluate the dynamic process of coping, by simply lumping various strategies into rather static, trait-like, enduring styles, limits our understanding of children's coping.

Rather than focusing on styles, future research should emphasize coping strategies. Band and Weisz (1986) suggested combining two theoretical viewpoints which would better allow for examining coping strategies. Their result was a method for evaluating coping strategies not simply on the observable behavioral level but further differentiating the coping strategies based on the intent and goals of the coping behavior. They combined the ways of coping model (Lazarus, & Folkman,1984), with the problem focused-emotion focused control model (Rothbaum, Weisz, & Snyder, 1982). The ways of coping model distinguishes among several relatively specific observable actions of the individual. In contrast, the problem focused-emotion focused control model emphasizes that the

cognitive intent of the behavior determines the type of coping. Problem focused control involves efforts to modify the situation and effect the outcomes, and emotion focused control involves adjusting psychologically to the event without directly changing the event.

In the present study, Band and Wiesz' (1986) proposals have been extended to provide a more refined conceptualization of children's coping. In particular more categories of behavioral coping strategies have been included and probe questions were incorporated into a standardized interview to assess more directly the intent of the coping strategies.

Comprehensive assessment of coping

Variety of everyday situations. Although some research has focused specifically on coping strategies, the majority of research has been limited to special situations or extreme populations. For example Rutter (1981) focused on children who have lost significant caregivers, and Shapiro (1984) evaluated children who were ill or handicapped. Still another unique situation in which children's coping has been studied was with child victims of sexual abuse (Brenner, 1984). In general, coping has not been evaluated for normal children across normal situations. As Compas (1987) states, there is a need to evaluate coping across situations, for everyday life events.

One study that did evaluate coping in more than one situation was completed by Band and Weisz (1986) and found that problem-focused coping was used in school situations, and emotion-focused was used in medical situations. Similarly, Forsythe and Compas (1987) predicted and found that college subjects who endorse problem-focused coping strategies for events that are controllable and emotion-focused

strategies for events that are not controllable showed less psychological symptoms following a stressful life event than subjects who did not endorse this coping pattern. Forsythe and Compas (1987) concluded that coping is consistent under similar circumstances but varies as features of the environment and cognitive appraisal of the environment change.

In addition to assessing coping in a variety of situations, the present study also will examine both positive and negative situations. The inclusion of this factor is important as coping represents the range of behavioral reactions to any positive or negative change in the environment. Children can experience stress when they are singled out for something special, or when they have difficulties (Dohrenwend, & Dohrenwend, 1981). All these situations are relatively new to children and require some type of coping.

Developmental Issues. Developmental differences are another important consideration in the examination of normal children's coping. Livesley and Bromley (1973) have demonstrated developmental changes around the ages of seven or eight in children's perceptions of others. Similarly, Band and Weisz (1986) and Brown, O'Keefe, Sanders and Baker (1986) have shown a developmental shift in the cognitive coping strategies of these same aged children. Children eight to twelve years old reported more emotion focused control strategies and a greater number of different coping strategies than six year olds. Although Band and Weisz (1986) found an increase in emotion focused control, the results revealed that problem focused control attempts such as direct coping and problem-focused aggression also increased with age.

A possible means to clarify these discrepant findings would be to

vary the level of analysis in assessing children's coping. In particular, a broad based system for classifying general strategies needs to be combined with a more fine-grained system for classifying the specific content of coping strategies. The present study focuses on 8 through 12 year old children and attempts to clarify the nature of the changes in coping among this age group. The problem focused-emotion focused model is retained and combined with the ways of coping model. In addition, the ways of coping model is expanded and refined to capture a more comprehensive sample of coping strategies.

Hypothetical versus Actual Situations. The responses generated in hypothetical situations are one means to examine coping. (see for example, Krohne & Rogner, 1982; Matthews & Angulo, 1980; Spivak & Shure, 1982; Mellor-Crummey, Connell, & Trachtenberg, 1988; Yeates, Schultz, & Selman, 1989). These investigators have concluded that coping styles can be evaluated based on efficacy and number of alternatives generated (Spivak & Shure, 1982; Dweck & Wortman, 1982). Although the generation of alternatives is important, hypothetical situations cannot capture the ability to evaluate the specific alternatives and select the most appropriate course of action. As shown by Folkman and Lazarus (1984), an individual's actions as compared to their proposed responses given in hypothetical situations may not be the same. In addition, researchers have argued for the application of a cognitive-behavioral perspective to the assessment of children, which would emphasize considerations of the interaction between children's thoughts and feelings with their actual behavior (Asarnow, 1983; Meichenbaum, Bream, & Cohen, 1984; Franke & Hymel, 1989).

Consequently, the use of actual situations would be more preferable than hypothetical situations. Folkman and Lazarus (1984) maintain that for children the direct assessment of coping acts and the self appraisal of those acts is the best method of examining children's coping. Stone and Neale (1984) have evaluated actual situations with open-ended formats and their results indicate that this is a promising method of measurement. In addition, Rogosh and Newcomb (1989) maintain that free description provides flexibility in responding to situations, in that the responses are not restricted to rigid preestablished categories. The present study asks children to recall events and describe them to the interviewer. This methodology allows the children to select the event that they feel is significant enough to describe and freely present their unique coping strategies.

Information from multiple sources. Although children's self reports appear to be valid (Franke & Hymel, 1989), Stone and Neale (1984) concluded that studies should include reports about the targeted person from others. Parents have the familiarity and exposure with the child and may notice coping strategies that the child is unable to articulate. In this way, the parent report provides additional information regarding the frequency and types of observable behavioral coping responses. This report would seem to have adequate vericality as maternal ratings and child self-reports of the same event are moderately correlated (Ewing & Campbell, 1989).

Some degree of correspondence has also been observed between peer and child assessments (Franke & Hymel, 1989). In general peer nomination techniques have successfully been used to measure other childhood

behaviors (Eron, Walder, & Lefkowitz, 1971). The peer nomination procedure requires that each child be judged by many children on every question or item, and is more sensitive and more reliable than a self-rating procedure (Kane & Lawler, 1978). Peers not only provide a global assessment of the child's coping ability, they afford a description of the children's social role among their peers. In the present study, a combination of self-report with a parent and peer report provides a more global picture of each child's coping.

The proposed study

The purpose of the present study was to complete a multi-dimensional assessment of children's coping and identify the factors and processes that may be common to effective coping across a wide variety of stressful experiences. This assessment is characterized by four features. First, the assessment evaluated a variety of both positive and negative everyday situations. Second, the assessment focused on 8 through 12 year old children. Third, instead of providing hypothetical situations, the assessments included appraisals of actual daily events. Fourth, the assessment included information from multiple sources, i.e., independent parent, peer, and self report.

In addition to establishing reliability, the Children's Coping Inventory-Parent and Child form was validated by comparing the results of the coping inventory to other existing reliable and valid measures of characteristics associated with effective coping. These factors were: (1) high self-esteem or self-perception as measured by the Harter's Perceived Competence Scales (Harter, 1982) (2) supportive friendships evaluated through a sociometric measure (Hartup, 1983), (3) supportive family

environment and parental relationships (including cohesiveness, closeness, order and organization, Maccoby & Martin, 1983) which were evaluated by the Family Adaptability and Cohesion Evaluation Scale III (Olson, 1986) and (4) normal adjustment (Compas, Slavin, Wagner, & Vannatta, 1986; Wortman, 1983) evaluated through the Conners Parent Rating Scale (Goyette, Conners, & Ulrich, 1978).

This study will attempt to examine how coping responses are similar and different across normal everyday stressful situations. First, it was hypothesized that the coping responses of normal children will be more problem-focused for controllable situations, and emotion-focused in less controllable situations. This pattern will exist in both positive and negative stressful events. Second, this study will attempt to clarify the observable behavioral reactions to stressors. Unfortunately, since coping is situation specific, there may be no consistent pattern of behavioral reactions across situations. Third, children from the third and fifth grade were selected to clarify the developmental changes between these two age groups. Band and Weisz (1986) found that an emotion focused control strategies increased with age and older children had a greater number of different coping strategies. This study will attempt to replicate those results and clarify the nature of the changes in coping among this age group. Finally, the results will be compared across sources of information. The Parent and Child Forms of the CCI will be compared and combined to provide a more comprehensive picture of each child's coping.

Method

Subjects

One hundred third and fifth grade students were initially enrolled in

the study and 72 students completed all assessments (40 males and 32 females). The mean age for 33 third grade students was 9 years and four months (range 8.6-10.4). The mean age for 39 fifth grade students was 11.2 years (range 10.1-12.4). Students were selected from both private and public schools in and around Richmond, Virginia. The entire sample consisted of 6 classrooms at the third grade level, and 7 classrooms at the fifth grade level. The third grade sample included 5 fourth grade students, as one school combined the third and fourth grade students into one class. Class sizes ranged from 8 to 28 students with participation rates ranging from 9% to 82% compliance. In 4 classes, sociometric status and the class play could not be evaluated because no more than three students in the class participated.

Procedure

Seventy-eight participating parents, completed the Child Coping Inventory (CCI)-Parent Form, Conners, and FACES III. A random sample of thirty-seven percent of the parents completed the Parent form of the CCI approximately one month after they first returned the completed measures. All parent and student measures are listed in Table 1.

Insert Table 1 About Here

Ninety children participated in both a group administration and an individual interview. In the classroom, the children were administered the Class Play, Harter's Perceived Competence Scale, and Sociometric measures in booklet form in which the assent form was the first item. In the individual interview, each child was given the Child form of the CCI.

Copies of all original measures are in Appendix A. Test-retest reliability was also assessed for the Class Play. Thirty-three percent of the students, two third grade classes and one fifth grade class, completed the Class Play a second time. All permission letters, letters requesting completion of the measures a second time, and thank you letters are in Appendix B.

Parent Measures

The CCI-Parent Form (Cobb, Gewanter, & Newcomb, 1987) contains 60 items that describe possible reactions of a child when faced with difficulties. The responses were grouped into nine categories; Physiological (physiological, bodily reactions), Denial (denying the problem exists, or not facing the issue), Self hurt (self derogatory comments or harmful actions), Withdrawn (isolating self through individual activity or intentionally avoiding others), Aggression (responding with verbal or physical aggression), Social support (seeking help or comfort from others), Immaturity (immature responses), Anxiety (unintentional behaviors or habits), and Self improvement (Attempting to improve in the problem area, or another area). The Parent form is in Appendix A a post script beside each question signifies the subscale membership. The behavioral subscales, excluding the questions regarding physical responses are also further simplified into four broad band categories representing 1) Withdrawal isolating self through individual activity, intentionally avoiding others, or denial of the existence of problems, (including the subscales Self hurt, Withdrawal, and Denial); 2) Act Out responding with verbal or physical aggression or immature behavior, (including the subscales Immature, Anxiety, and Aggression); 3)

Positive seeking help or comfort from others and attempts to improve the situation, (including subscales Social Support, and Improve); and 4) Physiological physiological, bodily reactions.

The Conners Parent Rating Scale (Goyette, Conners, & Ulrich, 1978) assessed the children's overall psychosocial adjustment. The Scale contains 48 questions in which the parent indicated the degree to which a symptom was present for their child. Five subscales were derived: Conduct problem (defiant or aggressive conduct disorder), Learning problem (attentional and distractibility problems), Psychosomatic (health-related difficulties), Impulsive-hyperactive (restlessness, excitability and troublesome behavior, but not aggressive), and Anxiety (shy and withdrawn). The alpha reliabilities of these subscales are between .64 and .94 (Goyette et al., 1978).

The Family Adaptation and Cohesion Evaluation Scale III (Olson, 1986) tapped cohesion and adaptability in the family system. The Family Adaptation and Cohesion Evaluation Scale III (FACES III) is a 20-item scale that provided a region score (balance, mid-range, or extreme) that indicated the type of family system the parents perceived, based on the relationship between cohesion and adaptability.

Child Measures

Peer nominations were collected from 90 students (32 third grade children, and 52 fifth grade children) and were used to assess the social status of each child. Each child was given a list of all their classmates that participated in the study and was instructed to nominate three classmates they liked most and three they liked least. When more than 12 students participated, children were asked to nominate same sex

classmates. Peer status, popular, average, rejected, or neglected , was determined following the Coie, Dodge and Coppotelli (1982) criteria.

A Class Play methodology modeled after Masten, Morrison, and Pellegrini (1985) was used to define specific social roles of children and assessed each child's coping. Ninety children completed a task in which they were asked to nominate 3 peers for 20 roles in a class play. The roles were selected on an a priori basis and were grouped into five clusters made up of four roles each. The clusters were: Observable/Prominence, Coping Ability, School Competence, Aggressive/Disruptive, and Shy/Sensitive. The roles that define the clusters are illustrated in Appendix A.

The Perceived Competence Scale (Harter, 1982) provided scores of the children's perceptions of their competence. This scale contains 28 questions in which the children were asked to decide which descriptions were most like themselves. Three competence subscales; Cognitive (academic performance), Social (having a lot of friends, and being easy to like), and Physical (doing well at sports), and a fourth subscale of General Self-Worth (being sure of oneself, and feeling good about oneself) were derived.

The Child Coping Inventory - Child Form (Cobb, Gewanter, & Newcomb, 1987) was an interview assessment of children's responses to open-ended questions about eight different, common situations (Appendix A). One of five female interviewers first briefly explained the interview and provided a sample question so that the children clearly understood the manner in which they were to respond to the questions. The interviewer asked the children to recall situations; when they felt pain, when they

received a good grade, when they received a bad grade, when they were teased by their peers, when they were recognized by their peers, when their parents were mad at them, and when they had to handle a difficult situation in the preceding week. Situations were presented in random order and were followed by questions probing how the child felt emotionally, physiologically, what cognitive/behavioral responses followed the event, and how their responses helped. Interviewers probed for up to three responses for each question.

The responses were coded into 60 categories (See the coding manual in Appendix C). The responses were separated based on the three types of interview questions; Affective responses, Physiological responses, and Cognitive/behavioral strategies. The codes in the Physiological responses and Cognitive/behavioral were placed into the a priori categories with the same definitions as the Parent form of the CCI. The codes in the appended manual have symbols identifying which subscales they represented. Primary and Secondary coping strategies were also differentiated. Two undergraduates, one male and one female, were trained to code the responses on pilot data until they reached approximately 90% agreement with five pilot interviews. Cohen's Kappa was calculated to determine interrater reliability from a random sample of 20% of the Child interviews. The average Cohen's kappa was equal to .82 with a range from .77 to .87.

Results

The data were evaluated in a three step process. First reliability of the Children's Coping Inventory, Parent and Child Forms and the Class Play were evaluated. Second validity of those measures was assessed. Third

the study questions were addressed.

Reliability

Parent form. Subscale reliabilities were assessed by employing Cronbach alpha coefficients which provided an index of internal consistency. The subscale coefficient alphas for the Parent forms were as follows: Physical = .72, Anxiety = .62, Immature = .56, Self hurt = .67, Aggression = .82, Social support = .68, Withdraw = .61, Denial = .86, and Improve = .63. In addition to evaluating the coefficient alpha, as a measure of internal consistency, the subscales were inter-correlated. As illustrated in Table 2 all the subscales were highly correlated. The

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Insert Table 2 About Here

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inter-item consistency of the broad band scales were Cronbach's alphas Withdraw/Denial = .87. Acting Out = .82, Positive = .79, and Physical = .72. The correlations among the broad band scales indicated that Act Out and Withdrawal were highly correlated (r = .69 p < .001) while Prosocial was not significantly correlated with Withdraw/Denial (r = .014 p < .26), but was significantly negatively correlated with Act Out (r = -.19 p < .05). Physical symptoms was significantly correlated with Act out (r = .46 p < .001), Withdrawal (r = .62, p < .001), and Positive (r = .22 p < .02).

Test-retest reliability correlations were obtained from 36% (N = 28) of the parents that completed the Parent form twice. The results in the diagonal of Table 2 show that all the subscales were significantly correlated indicating that the Parent form of the CCI is reliable. The test-retest correlations for the broad band scales were Withdraw/Denial

= .68, Act Out = .77, Physical = .68 and Positive = .72, all $p < .001$.

Class Play The same procedure was followed to determine reliability for the Class Play. Subscale reliabilities for the Class Play, were calculated. Inter-item correlations, computed via Cronbach's alpha suggested high internal consistency with the alphas as follows: Leader/Prominence = .81, Competence = .79, Aggressive/disruptive = .84, Shy/sensitive = .68, and Coping = .69. The question "who faces problems" was deleted from category Coping and not included in further analysis because the students did not understand it and often asked for a description. The internal consistency improved from .60 to .69. The individual questions that describe each category are shown in Appendix A. As shown in Table 3, the correlations among the subscales shows that the subscales Leader/prominence, Coping, and Competence were significantly related to each other. But differ in their relationships to Aggressive/Disruptive and Shyness.

Insert Table 3 About Here

Subscale retest scores for 33% (N = 30) of the students were correlated with the previous subscale scores to obtain a measure of test-retest reliability. All the test-retest correlations were significant ranging from .65 to .92 as shown in Table 3.

Reliability for Child form. Test-retest reliability was not conducted for the child form. Theoretically, coping changes from situation to situation and is not a trait, consequently the evaluation of test-retest reliability is not appropriate. A Cronbach's alpha was calculated to

determine inter-item agreement among the clusters of the Child Form. The coefficient alphas revealed that the inter-item reliability for each of the seven subscales was quite low ranging from -.03 to .50. As expected, acceptable internal consistency was not obtained by reducing the clusters into broad band categories, or with the elimination of infrequently used codes.

Validity

Class Play. The Class Play was validated against the measures, Harter's Perceived Competence Scale, Conners, FACES III, and Sociometric status. Multiple regression, illustrated in Table 4, revealed that in

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Insert Table 4 About Here

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general sociometric preference effected the social roles of children. Children liked by their peers were more likely to be Leaders, Competent and good at coping. Children disliked by peers were likely to be perceived as aggressive and disruptive whereas Shy/sensitive children had high cognitive self esteem.

Parent form

Validity. Content validity was determined by three experts. These experts generated responses for the Parent form from coping literature and clinical experience. Concurrent validity was assessed by multiple regression with the Parent scores of the coping inventory as the criterion and the results of the Conners, Perceived Competence Scale, Class Play, and FACES III, as the predictors. As shown in Table 5, multiple regression analyses of the parent questionnaire clusters revealed a fairly consistent

pattern of findings for each of the clusters. The Positive coping cluster was related to high cognitive self esteem and competence. Conduct

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Insert Table 5 About Here

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problems significantly predicts the coping category Act Out. Withdraw, however was predicted best by conduct problems, learning disabilities and Coping Ability. Psychosomatic complaints were related to all categories of coping except Acting out behavior.

Problem-focused and emotion-focused

A t-test compared the proportion of problem-focused strategies to emotion-focused strategies in the Child form. Table 6 shows the differences in the children's use of problem-focused and emotion focused coping across the seven everyday situations. These results revealed that

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Insert Table 6 About Here

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subjects reported a significantly higher proportion of problem-focused coping strategies in situations where they felt pain and were teased by peers. More emotion-focused coping strategies were reported in situations when they received a good grade, received a bad grade, and when they described any difficult situation.

Further exploratory analysis of variance revealed that there were no differences among popular, rejected, neglected or average children in the selection of problem-focused or emotion-focused coping responses across all situations.

Behavioral coping strategies in multiple situations

Separate factor analysis were completed with the Child Interview form for each individual situation. Each situation revealed completely different factors, the only noticeable consistency was that when family support was elicited, social support was not. Exploratory Factor analyses of all the situations revealed no significant relationships with other measures. There were no consistent observable behavioral coping strategies across any combination of situations.

Developmental Differences

Third and fifth grade children were compared to each other to evaluate developmental differences. There was no difference between third and fifth grade students in the total number of different coping strategies reported. Children in the fifth grade reported a higher proportion of emotion-focused coping strategies in situations when they receive a good grade ($t(95) = 2.53$ $p < .01$). Fifth grade students reported a greater proportion of problem-focused strategies in difficult situations in past week ($t(95) = 3.49$ $p < .001$) and when their parents were mad at them ($t(95) = 2.44$ $p < .02$).

Multiple sources

Parent Form and Child Form There was no way to compare the parent form with the child form on the narrow or broad band scales because the child form was not internally consistent.

Discussion

The results of the present study provide a mixed pattern of findings which suggest that both the class play and Children's Coping Inventory parent form are reliable and valid global measures of children's coping.

The child interview form indicated that children respond more to external, situational cues rather than rely on internal coping styles across situations. Similar to the conclusions of Forsythe and Compas (1987), the current results show that coping is consistent under similar circumstances but varies as features of the environment change and as cognitive appraisals of the environment change. Overall these findings have implications for five areas of coping research: (a) conceptual issues, (b) coping in everyday situations, (c) the developmental differences in children's coping, (d) evaluations based on actual situations, and (e) multidimensional assessments.

Conceptual Issues of Children's Coping

As investigators have attempted to examine children's coping they have often confused the terminology between coping styles and coping strategies. Coping styles do not change and are consistent across a wide variety of situations (Chandler, 1984; Thomas & Chess, 1977). Whereas coping strategies are the behaviors specific to each situation. Coping behaviors can be evaluated via the subject, the subject's peers, or the subject's parents. These coping behaviors can be evaluated in one type of situation or many different types of actual or hypothetical situations. All of these factors influence the way coping is conceptualized or described.

In the present study, coping behavior was evaluated through children, their peers, and their parents. When coping was evaluated by parents and peers, coping strategies could be lumped together and consequently global coping "styles" could be derived. However, when coping strategies were reported by the subject, a coping "style" could not be determined.

The results suggest that when coping was evaluated by the parents

and peers, the measures are reliable, internally consistent and valid measures of global coping. The Parent form distinguishes among four distinct coping responses consistent with the four dimensions specified: Positive coping, Withdrawal, Acting out behavior, and Physical symptoms. The parent CCI revealed that children who are intelligent and competent are perceived as exhibiting Positive coping behaviors while children with behavior problems cope by Acting out or Withdrawing.

Children's behavior and coping evaluated by peers distinguishes among five different social roles: Leader, Coping Ability, Competent, Aggressive/disruptive, and Shy/Sensitive. These scales of the class play were also related to each other in predictable ways. As expected the more positive roles; Leader, Coping Ability, and Competent are related to each other, but their relationships with Aggressive/disruptive roles and Shy/withdrawn roles were not significant or inversely related, thus each role contributed unique information. The multiple regression analyses of the class play indicated that children who were liked by their peers were more likely to evidence Competence, Leadership, and Effective Coping abilities while Aggressive/disruptive children were not liked by their peers.

Unlike the Parent form and the class play, The Child interview form of the CCI, was not internally consistent and no global categories could be derived from the self report of children's coping. The ability to derive global descriptions of children's coping from their peers and their parents, but not from the children themselves suggests that the method of assessing coping greatly influences our understanding of coping. Parents and peers can characterize a child's coping, but the self report of coping is

specific and unique such that actual coping behavior is not as easily characterized. Coping styles are derived from generalizations made from others, but specific strategies individuals report about their own coping.

Coping in everyday situations. Coping represents the range of behavioral reactions to a stressor and varies from situation to situation. The situations may be either positive or negative and many different strategies are necessary to adapt to the variety of situations children encounter (Chandler, 1984; Dohrenwend, & Dohrenwend, 1981; Spivak & Shure, 1982). As suggested by Band and Weisz (1986) the examination of coping in the present study was based on 1) observable behavioral coping strategies and 2) further differentiating the coping strategies based on the intent and goals of the coping behavior. The goals of the behaviors were either problem-focused or emotion-focused. As expected, no type of observable behavior consistently emerged across situations which suggests that coping is situation specific and that patterns or styles of coping are not present among individual children. Instead every child develops a personal and unique way of managing their world (Chandler, 1984).

Children's use of problem-focused and emotion-focused coping across seven positive and negative, everyday situations was highly consistent with the previous work with adults and shows that children respond to the demands of the situation and not in one particular style across situations (Compas, et al, 1987). The sample of third and fifth grade children in the present study showed more problem focused coping in the controllable situations--when they felt pain and --when kids teased them and exhibited more emotion-focused coping in less controllable

situations--when they received a good grade, received a bad grade, and in recent difficult situations. These findings are highly consistent with the previous work by Forsythe and Compas (1987) in which college subjects who endorse problem-focused coping strategies for events that are controllable and emotion-focused strategies for events that are not controllable showed less psychological symptoms following a stressful life event than subjects who did not endorse this coping pattern.

The similarity between the students in the present study and adults in previous studies suggests that all the children were effective copers and that children in third and fifth grades, as well as college students can distinguish between controllable and uncontrollable situations. As concluded by Forsythe and Compas (1987), coping may be consistent under similar circumstances but varies as features of the environment and cognitive appraisal of the environment change. In contrast to the study by Forsythe and Compas (1987), the present study only looked at normal everyday stressful situations and not extreme stressful situations. Psychological symptoms may occur only in extreme difficulties, or perhaps third and fifth grade students have not yet developed these symptoms.

It is important to keep in mind that the students did not endorse only one type of coping strategy. In each situation, either problem-focused or emotion-focused coping may have been utilized, but one strategy was utilized significantly more than the other. When problem-focused and emotion-focused coping strategies were compared among popular, rejected, neglected and average children, however, there was no difference among groups. Although rejected and neglected children are at

a greater risk for later adjustment problems (Cowen, Pederson, Babigian, Izzo, & Trost, 1973). The lack of unique responding among sociometric groups suggests that evaluating coping based on emotion-focused and problem-focused strategies is not sensitive enough identify vulnerabilities at an early age.

Developmental Issues. Children operate differently than adults due to their developmental status and their coping may reflect their developmental differences. Band and Weisz (1986) found that some problem-focused control behaviors increased with age, but they concluded that, in general, older children would show more emotion-focused coping especially in situations such as going to a doctor. Although the total percentage of emotion-focused strategies was not greater for older children, fifth grade students did differentiate from younger children in some types of situations. Fifth grade students had a higher proportion of emotion-focused coping when they received a good grade, but displayed more problem-focused coping strategies in a recent difficult situation, and when parents were mad at them. Although more problem-focused coping strategies were not expected to be reported for fifth grade students, the situations in which fifth grade students differed significantly from third grade students were more controllable situations in which problem-focused coping strategies were more effective (Forsythe & Compas, 1987). Fifth grade students had a clearer pattern of coping strategies than third grade students, which suggests that as children get older they get better at appraising the demands of the situation and responding according to the situation.

Hypothetical versus Actual Situations. Folkman and Lazarus (1984)

suggest that an individual's actual behavior as compared to proposed responses to hypothetical situations may not be the same. Although reliable and valid measures of global coping were derived from parents and peers, they were not responding to actual specific situations. Parents and peers were limited to situations at home and at school, respectively. These hypothetical situations do not include the subject evaluating the specific alternatives and selecting the most appropriate course of action. The individual child interview included situations from both the home and school. These actual situations make it more difficult to accurately evaluate coping among different subjects. The present study asked children to recall events and describe them which allowed children to select the event that they felt was significant and freely present their unique coping strategies. The child interview form was not internally consistent which suggests that since all the situations were self-reported actual situations, each individual's coping was situation specific.

In addition to collecting information about the actual event, the inclusion of the amount of anxiety associated with a particular situation effects the selection of coping strategies (Althshuler, & Ruble, 1989; Brown, & Cowen, 1988). Future research should include assessments of the level of anxiety involved in normal everyday situations to determine the range of intensity.

Information from multiple sources. Stone and Neale (1984) concluded that studies should include reports about the targeted person from others. The child self-report assessment could not be compared to the more global assessments obtained by parents and peers. In addition, the parent

and child form could not be compared to each other because the parent form discussed everyday difficulties, which were usually centered around the home. The child form included not only the home, but also school and interpersonal problems. Children were limited to describing specific situations, while parents were asked to describe common situations when their child had difficulties, and their responses were not limited to specific situations. The parent and child form could be better combined by getting descriptions of specific situations from parents first and then asking children to respond to those specific situations, but this would not provide information across situations.

Parents provided an assessment of children's coping at home while peers afforded a description of the children's social role among their peers. When the class play was combined with validation measures and compared to the parent form, parents and peers seemed to have a somewhat different perception of coping. Effective coping as identified by peers is perceived as withdrawn behavior by parents. Withdrawal behavior observed by parents could be the result of children turning to peers for support, or handling difficult situations themselves, which parents could interpret as withdrawing. Parents' view of positive coping is associated with someone with high cognitive self esteem and demonstrating Competence among peers.

In addition to distinguishing perceptions of coping among parents and peers and self report, another variable emerged when handling difficult situations. The Physical subscale was related to all other scales in the parent form and psychosomatic complaints from the Conner's was a significant predictor for each of the parent form subscales except for Act

out behavior. The consistent relationship between the physical descriptions and global coping behaviors indicates that coping is not only a behavioral response to stress, but includes a physical response to stress prominent enough for parents to notice and report. The significant relationships with the psychosomatic scale and physical scales, however, may be significant because both scales related to physiological responses, were obtained from the parents and information from the same source is more likely be highly correlated (Achenbach, McConaughy, & Howell, 1987).

Limitations of the present study

A problem with child form may be that children's responses were not limited to the past week or year. The directions were simply "remember a time when...", and did not specifically designate a time limit. The result was that some children reported situations from many years ago, while others reported situations that occurred in the past week. For example, when asked to respond to a time when the children felt a lot of pain, many responses were either from situations many years ago when they were in the hospital or when the child missed a day of school because of the flu. The variability in the time the events occurred could compromise the accuracy in reporting the situation. The child may not remember as well what they did in the hospital five years ago as what they did last week to get over the flu.

Summary

The present study probes children's coping through a variety of information sources and across a number of everyday situations. As the understanding of coping develops, the combination and order in which the strategies occur needs to be evaluated. The continued development of

links between stress and adjustment are necessary to help identify children who experience coping failures. The examination of the normal child's responses to everyday life stresses may facilitate the identification of the child at risk at an early age, which potentiate long term maladaptive consequences for health and behavior (Murphy, 1974).

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Table 1
All Measures and Subscales.

Source of Measure	Subscales
Parent	
Children's Coping Inventory Parent Form	Physiological Withdraw Withdraw Denial Anxiety Act out Act out Aggressive Immature Positive Self Improvement Social Support
Conners Parent Rating Scale	Conduct Problem Learning Problem Psychosomatic Impulsive-Hyperactive Anxiety
FACES III	Balance, Mid-Range, Extreme
Peer Nominations	
Sociometric	Popular Average Rejected Neglected
Class Play	Coping Ability School Competence Aggressive/Disruptive Shy/Sensitive Observable Prominence
Child Measures	
Perceived Competence Scale	General Self Worth Cognitive Competence Social Competence Physical Competence
Children's Coping Inventory Interview Form	Physiological Self Hurt Withdrawn/Isolated Aggressive Social Support Denial Self Improvement

Table 2

Intercorrelations among the categories in the CCI-Parent Form

	Physical	Anxiety	Immature	Self Hurt	Aggressive Disruptive	Social Support	Withdraw	Denial	Self Improve
Physical	.70	.60**	.49**	.55**	.34**	.21*	.47**	.39**	.25
Anxiety		.65	.57**	.56**	.38**	.21*	.51**	.46**	.09
Immature			.80	.46**	.53**	.00	.42**	.61**	-.17
Self Hurt				.78	.51**	.11**	.55**	.52**	.09
Aggressive/Disruptive					.83	-.11	.39**	.54**	-.28*
Social Support						.70	-.08	-.08	.64**
Withdraw							.86	.50**	.07
Denial								.58	-.15
Self Improve									.62

Note. Test-retest reliabilities are located in the diagonal. ** $p < .001$ * $p < .05$

Table 3

Intercorrelations of the Scales in the Class Play

	Leadership/ Prominence	Coping Ability	Aggressive/ Disruptive	Competence	Shy/Sensitive
Leadership/ Prominence	.84	.32**	.55**	.01	-.04
Coping Ability		.65	.69**	-.54**	.15
Competence			.80	-.51**	.20*
Aggressive/Disruptive				.92	-.32**
Shy/Sensitive					.80

Note. Test-retest reliabilities are located in the diagonal. ** $p < .001$ * $p < .05$

Table 4

Stepwise multiple regression analysis of Conners, Harter's, and Sociometric Status on the categories of the Class Play questionnaire.

Criterion	Predictor Variables	beta	t	p	Multiple R
Leadership/ Prominence	Liked most [c]	.688	7.523	.000	.688
Coping Ability	Liked least[c]	-.582	-5.853	.000	
	Anxiety[a]	.316	3.179	.002	.629
Competence	Preference[c]	.614	6.182	.000	.614
Aggressive/ Disruptive	Liked Least[c]	.454	4.272	.000	
	Learning Disability[a]	.286	2.692	.009	
	Anxiety[a]	-.241	-2.369	.021	.618
Shy/Sensitive	Cognitive Self Esteem[b]	.356	3.024	.004	.356

Note. [a] Denotes Conners' scales, [b] denotes Harter's Perceived Competence categories, and [c] denotes sociometric measures.

Table 5

Stepwise multiple regression analysis of Conners, Harter, and class play on the categories of the parent questionnaire.

Criterion	Predictor Variables	beta	t	p	Multiple R
Positive	Conduct[a]	-.071	-3.221	.002	
	Psychosomatic[a]	.134	2.791	.007	
	Competence[c]	.063	2.322	.024	
	Cognitive[b]	.277	2.298	.025	
	Shy/Sensitive[c]	-.079	-1.895	.063	.595
Act out	Conduct[a]	.160	9.823	.000	.783
Withdrawal	Conduct[a]	.069	3.501	.000	
	Learning Disability[a]	.106	3.773	.000	
	Psychosomatic[a]	.089	2.335	.023	
	Coping Ability[c]	.069	2.288	.026	.702
Physical	Psychosomatic[a]	.264	7.982	.000	
	Learning Disability[a]	.065	2.704	.009	.742

Note. [a] Denotes Conners' scales, [b] denotes Harter's Perceived Competence categories, and [c] denotes Class play clusters.

Table 6

Means and standard deviations of the percentages of problem-focused and emotion-focused coping strategies across situations.

	Problem-focused	Emotion-focused	t	p
Situations	Mean (SD)	Mean (SD)		
Pain	0.10 (.09)	0.07 (.07)	2.25	0.03
Good Grade	0.01 (.08)	0.13 (.08)	-12.63	0
Bad Grade	0.06 (.06)	0.11 (.08)	-4.65	0
Parents Mad	0.08 (.08)	0.07 (.08)	0.82	0.42
Kids Recognize	0.05 (.07)	0.04 (.06)	1.06	0.29
Kids Tease	0.09 (.08)	0.05 (.07)	3.24	0.00
Situation Yesterday	0.00 (.00)	0.01 (.01)	-9.9	0
Total	0.48 (.16)	0.52 (.16)	-1.05	0.29

Appendix A

Children's Coping Inventory
(Child Interview Form)

Child's name: _____

Date of assessment: _____

Date of birth: _____

Grade: _____

Sex: _____

Examiner: _____

Obtain above information from child.

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.

Order of administration:

Pain....._____

Good grade....._____

Bad grade....._____

Parents mad....._____

Kids recognize....._____

Kids tease....._____

Difficult situation ....._____

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.

_____

_____

Was it a difficult situation for you? Why?_____

_____

Affective
Did you have any feelings about (summarize situation very briefly)?
If yes, what feelings did you have? Probe for up to three feelings.

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

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?
If yes, what did you do? Probe for up to three things.

Way 1: _____
Did it work? Yes No
How did it help? _____
After you (summarize Way 1) then how did you feel about the situation?
Why?_____

Way 2: _____
Did it work? Yes No
How did it help? _____
After you (summarize Way 2) then how did you feel about the situation?
Why?_____

Way 3: _____
Did it work? Yes No
How did it help? _____
After you (summarize Way 3) then how did you feel about the situation?
Why?_____

Good grade

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

_____

_____

_____

Was it a difficult situation for you? Why?_____

_____

Affective

Did you have any feelings about (summarize situation very briefly)?
If yes, what feelings did you have? Probe for up to three feelings.

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

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?
If yes, what did you do? Probe for up to three things.

Way 1: _____
Did it work? Yes No
How did it help? _____
After you (summarize Way 1) then how did you feel about the situation?
Why?_____

Way 2: _____
Did it work? Yes No
How did it help? _____
After you (summarize Way 2) then how did you feel about the situation?
Why?_____

Way 3: _____
Did it work? Yes No
How did it help? _____
After you (summarize Way 3) then how did you feel about the situation?
Why?_____

Bad Grade

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

_____

_____

_____

Was it a difficult situation for you? Why?_____

_____

Affective

Did you have any feelings about (summarize situation very briefly)?
If yes, what feelings did you have? Probe for up to three feelings.

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

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?
If yes, what did you do? Probe for up to three things.

Way 1: _____
Did it work? Yes No
How did it help? _____
After you (summarize Way 1) then how did you feel about the situation?
Why? _____

Way 2: _____
Did it work? Yes No
How did it help? _____
After you (summarize Way 2) then how did you feel about the situation?
Why? _____

Way 3: _____
Did it work? Yes No
How did it help? _____
After you (summarize Way 3) then how did you feel about the situation?
Why? _____

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.

_____

_____

_____

Was it a difficult situation for you? Why?_____

_____

Affective

Did you have any feelings about (summarize situation very briefly)?
If yes, what feelings did you have? Probe for up to three feelings.

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

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?
If yes, what did you do? Probe for up to three things.

Way 1: _____
Did it work? Yes No
How did it help? _____
After you (summarize Way 1) then how did you feel about the situation?
Why?_____

Way 2: _____
Did it work? Yes No
How did it help? _____
After you (summarize Way 2) then how did you feel about the situation?
Why?_____

Way 3: _____
Did it work? Yes No
How did it help? _____
After you (summarize Way 3) then how did you feel about the situation?
Why?_____

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.

_____

_____

_____

Was it a difficult situation for you? Why?_____

_____

Affective

Did you have any feelings about (summarize situation very briefly)?
If yes, what feelings did you have? Probe for up to three feelings.

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

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?
If yes, what did you do? Probe for up to three things.

Way 1: _____
Did it work? Yes No
How did it help? _____
After you (summarize Way 1) then how did you feel about the situation?
Why?_____

Way 2: _____
Did it work? Yes No
How did it help? _____
After you (summarize Way 2) then how did you feel about the situation?
Why?_____

Way 3: _____
Did it work? Yes No
How did it help? _____
After you (summarize Way 3) then how did you feel about the situation?
Why?_____

Kids tease

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

_____
_____
_____

Was it a difficult situation for you? Why?_____
_____

Affective
Did you have any feelings about (summarize situation very briefly)?
If yes, what feelings did you have? Probe for up to three feelings.

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

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?
If yes, what did you do? Probe for up to three things.

Way 1: _____
Did it work? Yes No
How did it help? _____
After you (summarize Way 1) then how did you feel about the situation?
Why?_____

Way 2: _____
Did it work? Yes No
How did it help? _____
After you (summarize Way 2) then how did you feel about the situation?
Why?_____

Way 3: _____
Did it work? Yes No
How did it help? _____
After you (summarize Way 3) then how did you feel about the situation?
Why?_____

Difficult situation

Remember for me a difficult situation that you had to handle yesterday or the day before, or the day before). Tell me what happened. Probe: Tell me more.

_____

_____

_____

Was it a difficult situation for you? Why?_____

_____

Affective

Did you have any feelings about (summarize situation very briefly)?
If yes, what feelings did you have? Probe for up to three feelings.

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

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?
If yes, what did you do? Probe for up to three things.

Way 1: _____
Did it work? Yes No
How did it help? _____
After you (summarize Way 1) then how did you feel about the situation?
Why?_____

Way 2: _____
Did it work? Yes No
How did it help? _____
After you (summarize Way 2) then how did you feel about the situation?
Why?_____

Way 3: _____
Did it work? Yes No
How did it help? _____
After you (summarize Way 3) then how did you feel about the situation?
Why?_____

Child Coping Inventory
(Parent Form)

Your Name: _____
Child's name: _____

We are trying to learn more about how children handle normal, everyday, stressful situations. 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.

Please remember some everyday normal stressful situations that your child has to cope with and describe at least three of them below.

1. _____

2. _____

3. _____

4. _____

The statements that follow describe different ways that children cope with the situations they face. We ask that you read each statement carefully and decide how often your child showed that behavior when handling stressful situations.

Please make sure you answer all the items. Remember to answer how often your child showed each behavior as a way to cope with difficulties he/she faces in his/her everyday life.

P = Physiologic
Act Out
- ag = aggression
- i = immaturity
- ao = act out

Withdraw
- w = withdraw
- d = denial
- sh = self hurt

Positive
- si = self improvement
- ss = social support

When faced with everyday difficulties, how often does your child?	Almost Never					Always
1.p Complain of a stomach ache or nausea	0	1	2	3	4	5
2.i Act younger than her/his age	0	1	2	3	4	5
3.d Behave as if the situation didn't exist	0	1	2	3	4	5
4.ssGet others to help	0	1	2	3	4	5
5.aoBecome overly concerned with ordering things in a certain way	0	1	2	3	4	5
6.p Complain of a headache	0	1	2	3	4	5
7.sh Make critical statements about self	0	1	2	3	4	5
8.w Spend more time than usual alone in room	0	1	2	3	4	5
9.ag Engage in fighting	0	1	2	3	4	5
10.i Cry	0	1	2	3	4	5
11.si Copy the way others have successfully solved problems	0	1	2	3	4	5
12.i Clown around and make light of the situation	0	1	2	3	4	5
13.aoDisplay a nervous twitch or tremor	0	1	2	3	4	5
14.sh Smoke	0	1	2	3	4	5
15.ssSpend time with family	0	1	2	3	4	5
16.p Complain of muscle or joint pain	0	1	2	3	4	5
17.si Apologize	0	1	2	3	4	5
18.agLose temper or get angry	0	1	2	3	4	5
19.p Eat more than normal	0	1	2	3	4	5
20.si Concentrate on finding possible solutions	0	1	2	3	4	5
21.d Deny that the difficult situation existed	0	1	2	3	4	5
22.ssSeek advice about the situation.....	0	1	2	3	4	5

When faced with everyday difficulties, how often does your child?	Never					Almost Always
23.[ag] Swear or curse	0	1	2	3	4	5
24.[ss] Ask for help from parent, teacher, or friend	0	1	2	3	4	5
25.[ag] Blame someone/something for the difficulty	0	1	2	3	4	5
26.[p] Complain of fatigue	0	1	2	3	4	5
27.[d] Do nothing or have no observable reaction at all	0	1	2	3	4	5
28.[ss] Request medication or appointment with a doctor	0	1	2	3	4	5
29.[p] Lose his/her appetite	0	1	2	3	4	5
30.[sh] Use illegal drugs	0	1	2	3	4	5
31.[ao] Bite nails	0	1	2	3	4	5
32.[p] Go to the bathroom more often	0	1	2	3	4	5
33.[ag] Lie about the situation and other related events	0	1	2	3	4	5
34.[sh] Criticize self	0	1	2	3	4	5
35.[w] Watch television, read, play video games or listen to music more than usual	0	1	2	3	4	5
36.[ao] Become restless or fidgety	0	1	2	3	4	5
37.[si] Try to figure out a solution	0	1	2	3	4	5
38.[d] Say the situation is not important	0	1	2	3	4	5
39.[ss] Pray or seek spiritual support	0	1	2	3	4	5
40.[p] Stutter	0	1	2	3	4	5
41.[ao] Seem unable to concentrate	0	1	2	3	4	5
42.[ss] Spend time with friends	0	1	2	3	4	5
43.[sh] Behave or speak as if feeling hopeless	0	1	2	3	4	5
44.[w] Spend time worrying about the situation	0	1	2	3	4	5
45.[i] Whine	0	1	2	3	4	5

When faced with everyday difficulties, how often does your child?	Never					Almost Always
46.[w] Daydream	0	1	2	3	4	5
47.[ag] Engage in destructive behavior/vandalism	0	1	2	3	4	5
48.[ao] Become fearful or panicked	0	1	2	3	4	5
49.[i] Laugh or giggle excessively	0	1	2	3	4	5
50.[w] Withdraw from family and friends	0	1	2	3	4	5
51.[d] Ignore everything/everyone related to the situation	0	1	2	3	4	5
52.[ag] Argue with family or peers	0	1	2	3	4	5
53.[d] Express disbelief or surprise at the situation	0	1	2	3	4	5
54.[ao] Engage repeatedly in the same activity	0	1	2	3	4	5
55.[d] Refuse to discuss the situation	0	1	2	3	4	5
56.[si] Show concern for future performance	0	1	2	3	4	5
57.[i] Throw temper-tantrums	0	1	2	3	4	5
58.[sh] Show reluctance or refusal to take medication	0	1	2	3	4	5
59.[w] Have an imaginary friend	0	1	2	3	4	5
60.[ag] Try to get others in trouble	0	1	2	3	4	5

Clusters for the Class Role Method

1. LEADERSHIP/PROMINENCE:

a. good-looking
b. liked by everyone
c. likes to play with others
d. everyone listens to

2. COPING ABILITY:

a. remains calm
b. handles stress well
c. faces problems
d. doesn't fuss over grades

3. COMPETENCE:

a. smart
b. helps others
c. good ideas
d. does well in most activities

4. AGGRESSIVE/DISRUPTIVE:

a. a bully
b. causes trouble in class
c. starts fights
d. short temper

5. SHY/SENSITIVE:

a. feelings get hurt easily
b. often left out
c. acts shy
d. often plays alone

Appendix B

November 21, 1988

Dear Parents,

The Children's Hospital and the University of Richmond Psychology Department have joined together to examine children's coping. We hope to find better ways to improve the coping and adaptation of all children and especially children with chronic illnesses.

Our project is being conducted in conjunction with Dr. Harry Gewanter, Director of Pediatric Rheumatology at Children's Hospital, Dr. Elly Cobb, Director of Child and Adolescent Psychology at Children's Hospital, and Dr. Andrew F. Newcomb, Associate Professor of Psychology, at the University of Richmond. The reason we are asking for your help is because we need to work with healthy children from typical families. We want to learn the different ways healthy children cope with everyday problems.

If you agree to participate in our project, we will ask your child to complete three measures. One measure is about your child's perceptions of her/his skills at school and play, the other two measures help us understand the ways in which children in the third grade play with each other. In addition, your child will be interviewed and asked about everyday situations he/she has faced and how she/he coped with these situations. Your participation in the project would be to complete three questionnaires about your family and your child. This assessment takes approximately 20 to 30 minutes to complete. If you agree to participate in this study, the research grant supporting our project will make a

Permission Slip

Please sign and have your child return this to your teacher tomorrow.

_____ Yes, I agree to participate in the project on children's coping and I give my permission for my child to participate.

_____ No, I do not agree to participate in the project on children's coping.

_____

Signature of Parent Date

Print name _____

Address _____

_____

_____

Phone _____

December 13, 1988

Dear Parents:

Thank you very much for agreeing to participate in the children's coping project. In our first letter to you, we explained that participation would involve both you and your child. We have already completed our work with your child, and now we are asking you to complete three questionnaires about your family and your child.

Enclosed are two copies of three different measures and a self addressed stamped envelope. There are two copies enclosed so that each parent may complete the measures independently. However, there is no obligation for both parents to complete the measures. If you decide to have only one parent complete the measures, we ask that parent to complete all three measures independently. The measures are titled the Child Coping Inventory (Parent Form), the Parent's Questionnaire, and FACES III. Please follow the directions carefully. All your answers will be completely confidential.

After you complete the measures, please put them in the self-addressed stamped envelope and mail them to the University of Richmond. Upon receipt of the completed measures, the grant supporting this research will make a five dollar donation to Dove Schoool.

If you have any questions, please call Dr. Newcomb at 289-8126 (daytime) or at 272-5641 (evenings).

Thank you again for your participation.

Sincerely,

Andrew F. Newcomb
Associate Professor

Dear Parents:

Thank you very much for participating in the children's coping project. In our first letter to you, we explained that in order to double check the Children's Coping Inventory, approximately one third of all the parents would be randomly selected and requested to complete one of the measures a second time.

You have been randomly selected, and we are asking that you please complete only one questionnaire a second time. We would really appreciate your participation and will again donate $5.00 to your school upon receipt of your completed questionnaire.

If you agree, please follow the directions to the questionnaire carefully. After you have completed the measure, please place it in the enclosed self-addressed stamped envelope and mail it to the University of Richmond. Upon receipt of the completed measure, the grant supporting this research will send your school $5.00.

Again, all the information that we learn will be kept in strict confidence by members of the research team. The results of this project may be published in a professional journal, but will not contain information that would identify yourself, your child, or your family.

If you have any questions about the research project or about your rights as a participant, please ask or call Linda E. Pattee, at 289-8126 (daytime) or at 270-7473 (evenings).

Thank you, again for your cooperation.

Sincerely,

Linda E. Pattee
Graduate Student

Appendix C

Coding Manual for Child Interview

Under **Affective,**
Code number value

01.	**Anger**	mad	annoyed	resentment
	pissed off	frustrated	offended	lack of concern
	hate	revenge		
02.	**Sad**	depressed	miserable	upset
	hurt (feelings)	left out	horrible	heart-broken
	disappointment		sorry for self	wanted to go home
03.	**Scared**	fear	uh oh	scared to death
04.	**Ashamed**	bad	mad at self	put down
	guilty	embarassed	stupid	humiliation
	immature	indadequate	responsible	regret
	disappointment with self		ashamed	
05.	**Anxious**	concern	worried	nervous
	anxiety	concern about tomorrow		
06.	**Surprise**	mystified	disbelief	shock
07.	**Helpless**	intimidated	frustrated	felt it was true
08.	**Confusion**	did not know what to do		discouraged
09.	**Horrified**	repulsed	disgusted	
10.	**Good**	happy	glad	terrific
	Great	thrilled	enormously great	top of world
11.	**Unliked/Alone**	friendship not returned		
12.	**Proud**	Good about self	confident	honored
13.	**Excited**			
14.	**Mad at self**			
15.	**Relieved**			
16.	**Apathy**	didn't care		
17.	**Uncodable**	hope		

Coding under **Physiological**

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.	**Cold**	shivery		
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 jumpy		jittery tingle	excess fidgeting shakey, itchy
30.	**Become flush**	blood rushing to head		
31.	**Bad**	yucky	gooey	fat
32.	**Stomach ache**	hollow feeling in stomach		
33.	**Sweat**	hot		
34.	**Muscles tense**	stiff	couldn't move	
35.	**Heart beat faster**		heart pounded	
36.	**Healthy**	good great	full of energy happy	strong

Codes under **Cognitive /Behavioral** questions:

There will be several categories of responses, they could be Primary control approaches, Secondary control approaches or Relinquished control.

The apriori categories are signified by these superscripts:

Act Out
- ag = aggression
- i = immaturity
- ao = act out

Withdraw
- w = withdraw
- d = denial
- sh = self hurt

Positive
- si = self improvement
- ss = social support

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." In other words, try to change situation, so it fits with your feelings better.

si**37. Immediate physical effort:** physical efforts to change or improve circumstances in an immediate way (e.g., put bandaid on a cut).

si**38. Direct verbal solution:** verbal, non-aggressive efforts to change or improve circumstances in an immediate way (i. e., tell others to stop teasing, apologize, promise to do better next time).

ag**39. Direct verbal aggressive solution:** threaten to get others in trouble, or threaten physical harm (e.g., "if you don't stop, I'm gonna tell on you!").

si**40. Attempts to improve:** efforts to reduce likelihood of this event occurring a second time, if negative, or increase the likelihood of a positive event ocurring again (e.g., study to improve one's grades, inquire in an effort to understand what was wrong).

ss**41. Event-focused emotion:** showing emotion to elicit instrumental assistance or response from others related to the problem (e.g., crying so that a parent intervenes on a child's behalf when he or she

is being bullied).

ss **42. Request assistance:** make a request for assistance from a third party (e.g., yell for the teacher).

ag **43. Event-focused physical aggression:** efforts to resolve problems through physical aggression (e.g., beating up a child who has been taunting or name-calling).

ag **44. Event-focused verbal aggression:** efforts to resolve problems through verbal aggression (e.g., name-calling).

w **45. Event-focused avoidance:** physical efforts to avoid experiencing a stressful situation (e.g., running away from kids who fight or tease).

d **46. Cognitive event focused avoidance:** ingnoring the source of conflict, but not avoiding the event (i.e., ignoring a teasing child, while participating in activity with that child).

w **47. Event focused withdrawal:** electing to do things alone to avoid a potential conflict (i.e., playing alone at recess, because afraid someone will tease).

si **48. 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." In others words, try to change attitude to adapt to the situation.

ss **49. Social family support:** efforts to buffer distress through contact with family (e.g., telling one's problem to parents in the hope that they will provide support or encouragement).

ss **50. Social friend support:** efforts to buffer distress through contact with friends (e.g., talking to friends in the hope that they will provide support or encouragement).

ss**51.Social/spiritual support:** efforts to buffer distress through social or spiritual means (e.g., praying).

ss**52.Emotion-focused behavior**: release pent-up feelings to elicit response (not assistance) from others (e.g., crying in order to just "let the bad feelings out", or shouting "Hurrah!" after getting a good grade).

w**53. Cognitive avoidance through diversion:** 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).

w**54. Cognitive avoidance through withdrawing:** efforts to avoid thinking or talking about a stressful situation (e.g., not speaking to anyone after receiving a poor grade).

d**55. Pure cognition:** efforts to reduce stress through fantasy or a shift in one's way of thinking (e.g., hoping for the best, telling oneself that it wasn't such a bad grade after all, try to understand).

ag**56.Displaced physical aggression:** aggressive release of physical energy not directed toward source of stress (e.g., child kicks a ball really hard after being teased by peers).

ag**57.Displaced verbal aggression:** aggressive release of verbal energy not directed toward source of stress. (e.g., child yells at parents after being teased by peers).

sh**58.Self damaging actions:** aggressive or harmful release of energy that harms the child's body (Child kick wall, or tries smoking).

sh**59. Self degredation:** make critical statements about self.

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

d**60. Relinquished control**: doing nothing, giving up or making no effort to deal with the stressful circumstances or to reduce their stressful impact.

17. Uncodable ie. receive a reward or response like receiving a sticker for getting a good grade.

Linda Elizabeth Pattee graduated from Dubuque Senior High School in 1983. She attended Denison University where she majored in psychology and completed a minor in Spanish. She graduated in 1987 with high honors, was a member of Psi Chi, and was a Psychology Departmental Fellow. She attended the University of Richmond from 1987-1989 and is presently attending the George Washington University and completing her Ph.D. in clinical psychology.