

# The Resilience, Adaptation and Well-Being Project



## Adolescent-Coping Orientation for Problem Experiences

### A-COPE

# **A-COPE:**

## **Adolescent-Coping Orientation for Problem Experiences**

---

### **Overview**

The Adolescent-Coping Orientation for Problem Experiences (A-COPE), developed by Joan Patterson and Hamilton McCubbin (1983a), is a coping inventory which has been designed to identify the behaviors adolescents find helpful in managing problems or difficult situations. The instrument is available in English, Spanish, French, Japanese, and Swedish.

The normal developmental tasks of adolescents' center on the search for identity, both as part of a group and as individuals, with attention focused on physical, social and psychological aspects of the self. The need to develop enough independence from one's family to discover one's separateness and uniqueness frequently creates an atmosphere of conflict in the family. The often touted storm and stress of adolescence in American culture is a reality for many adolescents. In the critical transitional period from childhood to young adulthood, adolescents struggle with staying connected to and dependent on their families, while also trying to exercise their growing need for independence. This pull between being connected to and being separate from one's family underlies adolescent coping behavior.

### **Development of A-COPE**

The developmental needs of adolescents served as a guide in developing a list of specific coping behaviors adolescents employ both to manage the life changes they experience themselves, and to manage changes experienced by other members of their family system which affect the adolescent indirectly. Structured interviews were conducted with thirty 10th, 11th and 12th grade males and females. Each adolescent completed AFIRE to provide a stimulus for thinking about life changes that have happened to them. They were asked to respond by describing what they do to manage the hardships and relieve the discomfort for (a) the most difficult stressor event they experience, (b) the most difficult stressor event experienced by their families, and (c) difficult life changes in general.

### **Conceptual Organization**

Using these responses, 95 items were generated which were grouped conceptually into the following patterns:

- I. **Developing and Maintaining a Sense of Competence and Self Esteem.** Behaviors which emphasize use of skills, talents, and cognitive abilities to achieve and feel good about oneself.
- II. **Investing in Family Relationships and Fitting into the Family Lifestyle.** Behaviors which focus on open communication with family members, doing things together, and following family rules to minimize conflict.
- III. **Investing in Extra-Familial Relationships and Seeking Social Support.** Behaviors focused on peer involvement in dyads and groups, and the use of community support systems.
- IV. **Developing Positive Perceptions about Life Situations.** These cognitive behaviors emphasize belief in God, positive comparisons between self and others, and viewing changes as challenges.

- V. **Relieving Tension through Diversions.** Behaviors which provide avenues of escape, denial, or sublimation (e.g., sleeping, reading, watching TV, strenuous exercise, or recreational activity).
- VI. **Relieving Tension through Substance Use and/or Expression of Anger.** Behaviors focused on drug or alcohol consumption and letting off steam verbally, through reckless activity, or through revenge.
- VII. **Avoiding Confrontation & Withdrawing.** Behaviors which show deliberate avoidance of people, situations or stimuli which are difficult or unpleasant.

The development of A-COPE was influenced by a hierarchical approach to the organization of behavior. In the application of this approach, two general levels of abstraction were defined: (a) coping behaviors (operationally defined through the 95 specific items), and (b) coping patterns (combinations of coping behaviors into specific patterns). The responses of 467 adolescents to the original 95 coping behavior items were examined. Using two criteria (items rated as never used by the respondents or items having minimal variance among the respondents), 27 of the 95 items were eliminated from subsequent analyses. The remaining 68 items were factor analyzed using the SPSS principal components, varimax rotation method. In an effort to create the most parsimonious set of items, comprising discrete factors with good alpha reliabilities, an iterative process of repeated factor analyses was undertaken which resulted in a final set of 54 coping behavior items with factor loadings above .40 on twelve factors with eigenvalues of 1.0 or greater. These twelve factors account for 60.1 percent of the variance of the original correlation matrix. The 12 coping patterns of A-COPE are:

*Ventilating feelings* includes six coping behaviors focused upon the adolescent's expression of frustrations and tensions such as yelling, blaming others, saying mean things, and complaining to friends or family. Items: 19, 22, 26, 28, 49, 51.

*Seeking diversions* includes eight coping behaviors focused upon adolescent efforts to keep busy and engage in relatively sedate activities that are a way to escape from or forget about the sources of tension and stress, such as sleeping, watching TV or reading. Items: 2, 9, 11, 33, 37, 43, 48, 53.

*Developing self-reliance and optimism* includes six coping behaviors focused upon direct efforts by the adolescent to be more organized and in charge of the situation, as well as to think positively about what is happening to him or her (e.g., organizing your life, making your own decisions). Items: 15, 25, 32, 40, 45, 47.

*Developing social support* includes six coping behaviors directed at efforts to stay emotionally connected with other people through reciprocal problem solving and expression of affect (e.g., helping others solve their problems, talking to a friend about one's feelings, apologizing to others). Items: 4, 14, 18, 30, 35, 52.

*Solving family problems* includes six coping behaviors which focus upon direct efforts by the adolescent to work out difficult issues with family members and to reduce tension in the home parents' requests and rules. Items: 1, 12, 31, 39, 41, 50.

*Avoiding problems* includes five coping behaviors which involve the use of substances as a way to escape (e.g., drinking beer, smoking) or avoiding persons or issues which cause problems (e.g., staying away from home, telling self the problem is not important). Items: 8, 24, 36, 42, 46.

*Seeking spiritual support* includes three items focused on religious behaviors (e.g., praying, going to church, or talking to clergy). Items: 21, 23, 44.

*Investing in close friends* includes two coping items which involve seeking closeness and understanding from a peer (e.g., being with a boyfriend or girlfriend). Items: 16, 29.

*Seeking professional support* focuses on two behaviors directed at getting help and advice from a professional counselor or teacher about difficult problems. Items: 6, 34.

*Engaging in demanding activity* includes four coping behaviors, each of which poses a challenge for the adolescent to excel at something or achieve a goal such as strenuous physical activity, improving oneself, or working hard on schoolwork. Items: 10, 13, 27, 54.

*Being humorous* includes two items focused on not taking the situation too seriously by joking or making light of it. Items: 3, 20.

*Relaxing* includes four coping behaviors which focus on ways to reduce tension such as daydreaming, listening to music, or riding around in a car. Items: 5, 7, 17, 38.

### **Reliability**

The reliabilities (Cronbach's alpha) of the subscales are:

Subscale 1:	Ventilating Feelings	.75
Subscale 2:	Seeking Diversions	.75
Subscale 3:	Developing Self-Reliance and Optimism	.69
Subscale 4:	Developing Social Support	.75
Subscale 5:	Solving Family Problems	.71
Subscale 6:	Avoiding Problems	.71
Subscale 7:	Seeking Spiritual Support	.72
Subscale 8:	Investing in Close Friends	.76
Subscale 9:	Seeking Professional Support	.50
Subscale 10:	Engaging in Demanding Activity	.67
Subscale 11:	Being Humorous	.72
Subscale 12:	Relaxing	.60

In a study by Patton, Ventura, and Savedra (1986) the investigators confirmed the relative stability of the subscales in ACOPE (Table 17.1).

**Table 17.1**  
**Comparison of Coping Behaviors of CF Adolescents and Healthy**  
**Adolescents by A-COPE (Patton, Ventura and Savedra, 1986)**

Coping factors with description of behaviors	Cystic Fibrosis adolescents (N=17) (this study)		Healthy adolescents <sup>a</sup> (N=467)		Alpha Reliability <sup>a,b</sup>
	M	SD	M	SD	
Low-level activity	27	6	23	6	.75
Emotional connection	21	6	20	4	.75
Self-reliance and positive appraisal	20	5	21	4	.69
Ventilation of feelings	16	6	17	4	.75
Family problem solving	16	6	17	5	.75
High-level activity	14	3	12	3	.67
Relaxation	13	4	14	3	.60
Passive problem solving avoidance	9	2	12	4	.71
Humor	7	2	7	2	.72
Spiritual Support	6	3	9	3	.72
Close friendship support	6	3	7	3	.76
Professional Support	4	2	4	2	.50

<sup>a</sup> Patterson & McCubbin's 1981 study participants were healthy high school aged adolescents.

<sup>b</sup> Cronbach's alpha-split-half reliability, which measures consistency among summed items to provide an overall measure of the coping variable.

### Validity

In an effort to determine the concurrent validity of A-COPE, adolescent coping patterns were examined in relationship to use of cigarettes, beer, wine, liquor, and marijuana among adolescents 13-18 years of age. Three of the twelve coping scales (seeking diversions, relaxing, and being humorous) were not included in the coping assessment for this sample because of the investigators' desire to have a shorter instrument. The coping pattern, avoiding problems, was also omitted because it includes drug use behaviors which are the focus of the criterion variables.

Partial correlations (controlling for age) between coping and substance use for males and females are reported in Table 17.2. For males, the use of cigarettes, beer, liquor, and marijuana have significant positive associations with the coping patterns of ventilating feelings ( $r = .13$  to  $.17$ ) and investing in close friends ( $r = .16$  to  $.25$ ). Developing social support and seeking professional support are also positively associated with using liquor for males ( $r = .09$ ). In other words, using certain substances appears to occur in the context of spending time with close friends.

**Table 17.2**  
**Table of Partial Correlations (Controlling for Age) Between**  
**Coping and Substance Use for Males and Females**

<b>Coping Patterns</b>	<b>Cigarettes r</b>	<b>Beer r</b>	<b>Wine r</b>	<b>Liquor r</b>	<b>Marijuana r</b>
<b>Males N=335</b>					
Ventilating feelings	.15**	.15**	.06	.17***	.13**
Developing self-reliance	-.08	-.07	.02	-.01	-.01
Developing social support	.05	.00	.06	.09*	.05
Solving family problems	-.13**	-.13**	-.05	-.14**	-.04
Seeking spiritual support	-.05	-.08	-.11*	-.04	-.07
Investing in close friends	.17***	.19***	.11*	.25***	.16**
Seeking professional support	.04	.06	-.06	.09*	.07
Engaging in demanding activity	-.12**	-.01	-.06	-.01	.00
<b>Females N=354</b>					
Ventilating feelings	.13**	.15**	.17***	.11**	.06
Developing self-reliance	-.04	-.05	.02	-.05	-.01
Developing social support	.01*	.11*	.04	.05	.14**
Solving family problems	-.21***	-.14**	-.10*	-.10*	-.16**
Seeking spiritual support	-.19***	-.21***	-.11*	-.14**	-.14**
Investing in close friends	.13**	.16***	.03	.14**	.18***
Seeking professional support	.05	.11*	.08	.08	.05
Engaging in demanding activity	-.18***	-.16**	-.07	-.07	-.13**

\*\*\* p < .001

\*\* p < .01

\* p < .05

For female adolescents, there are similar positive associations between ventilating feelings and use of cigarettes, beer, wine, and liquor ( $r = .11$  to  $.17$ ); between the coping pattern of developing social support and use of cigarettes, beer, and marijuana ( $r = .13$  to  $.18$ ). As is the case for males, these positive associations between friend support and substance use suggest the socializing role that peers may have in influencing adolescents to use substances.

The coping patterns that have significant negative associations with substance use for males are: solving family problems (cigarettes, beer, liquor:  $r = -.13$ ); and engaging in demanding activity (cigarettes:  $r = -.12$ ). For females, coping focused on solving family problems ( $r = -.10$  to  $-.21$ ) and coping by seeking spiritual support ( $r = -.11$  to  $-.21$ ) are negatively associated with use of all five substances and coping by engaging in demanding activity is negatively associated with use of cigarettes, beer, and marijuana ( $r = -.13$  to  $-.18$ ). The importance of family problem solving may reflect that, through these active interactions, parental control as a mechanism of socialization is steering the adolescent away from using substances. Or it may be that an active effort on the part of an adolescent to work things out with parents and siblings may be reducing intrafamily strains which, left unmanaged, could be associated with substance use.

Overall, it would appear that there are two classes of coping patterns: complementary coping patterns and competing coping patterns (H.I. McCubbin, Needle, & Wilson, 1985). Ventilating feelings, investing in close friends, and developing social support appear to complement substance use; whereas, coping directed at solving family problems, seeking spiritual support, and engaging in demanding activity compete against substance use.

### Test-Retest Reliability

No additional studies to report at this time.

### Additional Validity Checks

Use of each of the five substances was regressed on the coping patterns for males and separately for females in an effort to determine the overall coping strategy which best predicted substance use for each gender. The results of the regressions are presented in Tables 17.3 and 17.4. It is important to note that age (entered into each regression first) accounts for over half of the variance in all of these regressions. However, in addition, certain coping patterns explained an additional amount of the variance in use of all five substances.

**Table 17.3**  
**Multiple Regression of Substance Use on Coping for Males**

<b>Coping Patterns</b>	<b>r</b>	<b>Beta</b>	<b>R<sup>2</sup></b>
<b>Cigarettes</b>			
Age	.30	.222	.09
Investing in close friends	.21	.211	.11
Engaging in demanding activity	-.11	-.172	.15
Ventilating feelings	.21	.154	.17
Solving family problems	-.16	-.083	.18
F = 14.891 (5,351, p < .00)			
<b>Beer</b>			
Age	.51	.442	.26
Investing in close friends	.25	.165	.29
Solving family problems	-.14	-.121	.30
Ventilating feelings	.24	.121	.32
F = 40.614 (4,352, p < .00)			
<b>Wine</b>			
Age	.17	.139	.03
Seeking spiritual support	-.13	-.133	.04
Investing in close friends	.13	.132	.06
F = 7.32 (3,353, p < .00)			
<b>Liquor</b>			
Age	.44	.362	.20
Investing in close friends	.29	.225	.25
Solving family problems	-.18	-.142	.27
Ventilating feelings	.24	.134	.29
F = 35.117 (4,352, p < .00)			
<b>Marijuana</b>			
Age	.38	.322	.15
Investing in close friends	.20	.153	.17
Ventilating feelings	.20	.112	.18
Seeking Spiritual support	-.10	-.096	.19
F = 20.054 (4,352, p < .00)			

For male adolescents, 18 percent of the variance in cigarette use was explained by four coping patterns: investing in close friends, engaging in demanding activity, ventilating feelings, and solving family problems.

**Table 17.4**  
**Multiple Regression of Substance Use on Coping for Females**

<b>Coping Patterns</b>	<b>r</b>	<b>Beta</b>	<b>R<sup>2</sup></b>
<b>Cigarettes</b>			
Age	.42	.297	.18
Solving family problems	-.2	-.161	.21
Developing social support	.15	.252	.25
Engaging in demanding activity	-.20	-.201	.28
Seeking spiritual support	-.19	-.137	.29
Investing in close friends	.18	.099	.30
Ventilating feelings	.24	.088	.31
F = 22.075 (7,348, p < .00)			
<b>Beer</b>			
Age	.48	.378	.23
Seeking spiritual support	-.21	-.205	.26
Investing in close friends	.21	.121	.29
Engaging in demanding activity	-.18	-.215	.31
Developing social support	.16	.185	.33
Ventilating feelings	.27	.094	.34
Seeking professional support	.07	.086	.35
F = 27.039 (7,348, p < .00)			
<b>Wine</b>			
Age	.37	.323	.14
Ventilating feelings	.26	.157	.16
Seeking spiritual support	-.12	-.085	.17
F = 24.342 (3,352, p < .00)			
<b>Liquor</b>			
Age	.50	.449	.25
Investing in close friends	.20	.144	.27
Seeking spiritual support	-.15	-.140	.28
Ventilating feelings	.25	.077	.29
F=36.282 (4,351, p < .00)			
<b>Marijuana</b>			
Age	.37	.271	.14
Investing in close friends	.22	.156	.17
Engaging in demanding activity	-.16	-.181	.20
Developing social support	.18	.240	.22
Solving family problems	-.19	-.143	.24
Seeking Spiritual support	-.15	-.127	.25
F=19.725 (6,349, p < .00)			



For males, 32 percent of the variance in beer use and 29 percent of the variance in liquor use was explained by the coping patterns of investing in close friends, solving family problems and ventilating feelings. For marijuana use by adolescent males, 19 percent of the variance was explained by the coping patterns of investing in close friends, ventilating feelings, and seeking spiritual support.

More of the variance in female adolescent substance use was explained by these coping patterns. All six of the coping patterns were significant explanatory variables in the regression equations for cigarette use (31 percent of variance explained) and beer use (35 percent of variance explained). Seventeen percent of the variance in wine use was explained by coping directed at ventilating feelings and seeking spiritual support. These same two coping patterns, plus investing in close friends, explained 29 percent of the variance in liquor use. Marijuana use was explained (25 percent of the variance) by five of the six coping patterns.

Thus, it would appear that for adolescents, particularly female adolescents, coping may play a role in mitigating against the use of substances (i.e., competing patterns of solving family problems, seeking spiritual support, and engaging in demanding activity) and conversely, that coping may play a role in facilitating use of substances (i.e., through the complementary patterns of investing in close friends, ventilating feelings, and developing social support).

These analyses offer evidence for the reliability and validity of A-COPE as an instrument for measuring adolescent coping with life problems. These findings suggest that adolescent coping behavior can be validly assessed from the perspective that adolescent coping is often directed at multiple demands (i.e., the pile-up) and coping need not only be considered stressor-specific.

### Scoring Procedures

A total Adolescent Coping score may be obtained by summing the number circled by the respondent (i.e., 1=Never, 2=Hardly Ever, 3=Sometimes, 4=Often, and 5=Most of the Time) for each item in the A-COPE instrument. However, for nine items (7, 8, 19, 24, 26, 28, 42, 46, and 49), the scores must be reversed (i.e., 1=5, 2=4, 3=3, 4=2, 5=1). This will ensure that all items are weighted in the same positive direction for both the analysis and the interpretation of results.

Subscale scores are obtained by summing the number circled by the respondent i.e., 1=Never, 2=Hardly Ever, 3=Sometimes, 4=Often, and 5=Most of the Time) for the items in each subscale. The list below will help you determine which items belong to each subscale. Items that require reversal before summing are marked with an asterisk in the right hand column of the following list.

Subscale 1:	Ventilating Feelings	19*, 22, 26*, 28*, 49*, 51
Subscale 2:	Seeking Diversions	2, 9, 11, 33, 37, 43, 48, 53
Subscale 3:	Developing Self-Reliance and Optimism	15, 25, 32, 40, 45, 47
Subscale 4:	Developing Social Support	4, 14, 18, 30, 35, 52
Subscale 5:	Solving Family Problems	1, 12, 31, 39, 41, 50
Subscale 6:	Avoiding Problems	8*, 24*, 36, 42*, 46*
Subscale 7:	Seeking Spiritual Support	21, 23, 44
Subscale 8:	Investing in Close Friends	16, 29
Subscale 9:	Seeking Professional Support	6, 34
Subscale 10:	Engaging in Demanding Activity	10, 13, 27, 54
Subscale 11:	Being Humorous	3, 20
Subscale 12:	Relaxing	5, 7*, 17, 38

### **Norms and/or Comparative Data**

In Table 17.5, t-tests of differences between the means for males and females on each of the A-COPE coping patterns are presented. There are four coping patterns for which females had significantly ( $p < .005$ ) higher mean scores: developing social support ( $t = 9.62$ ), solving family problems ( $t = 4.01$ ), investing in close friends ( $t = 3.05$ ), and developing self-reliance ( $t = 2.75$ ). It is interesting to note that the first three of these patterns focus on involvement in relationships as a way to cope with life problems. Males had a mean score significantly higher than females on one coping pattern: being humorous ( $t = 2.65$ ).

Data were obtained from adolescents who were in residential treatment for deviancy and social adjustment problems. Tables 17.6 and 17.7 may be viewed as comparative data for African American and Caucasian adolescent boys separated into those who come from nuclear families and those who come from single-parent families.

### **Instrument Utilization for Research**

To facilitate the review of research involving the use of A-COPE, a summary table of related publications is provided. This table includes the authors, subjects, reliabilities, and notations on findings. The results of our review of A-COPE are presented in Table 17.8.

---

### **Notes**

1. The earlier writings on this instrument included a comprehensive description of the instrument's development. For the sake of brevity we limited the chapter to the basic information that users have requested and needed. If you desire a copy and are unable to find our earlier publications, either the 1987 or the 1991 edition, please write to us at the Center for Excellence in Family Studies, Family Stress, Coping and Health Project, University of Wisconsin-Madison, 1300 . Linden Drive, Madison, WI 53706 or send email to [manual@macc.wisc.edu](mailto:manual@macc.wisc.edu). There will be a charge for these additional materials.
2. When referencing this instrument, the proper citation is: Patterson, J. & McCubbin, H.I. (1983). Adolescent-Coping Orientation for Problem Experiences (A-COPE). In H.I. McCubbin, A.I. Thompson, & M.A. McCubbin (1996). Family assessment: Resiliency, coping and adaptation-Inventories for research and practice. (pp. 537-583). Madison: University of Wisconsin System.

**Table 17.5**  
**T-test of Differences Between Means for Males and Females on A-COPE Coping Patterns**

Coping Patterns	No. of Items	Males (N = 185)			Females (N = 241)			t
		Scale Mean	SD	Mean Per Item	Scale Mean	SD	Mean Per Item	
Ventilating feelings	6	16.29	4.20	2.72	16.74	4.37	2.79	0.41
Seeking Diversions	8	22.82	6.09	2.85	22.51	6.42	2.81	0.51
Developing self-reliance	6	19.91	3.62	3.32	20.91	3.82	3.49	2.75*
Developing social support	6	17.51	4.17	2.93	21.39	3.92	3.57	9.62*
Solving family problems	6	16.15	4.10	2.69	17.89	4.85	2.98	4.01*
Avoiding Problems	5	11.61	3.93	2.32	11.03	4.09	2.21	1.48
Seeking spiritual support	3	9.14	2.54	3.05	9.19	2.17	3.06	0.21
Investing in close friends	2	6.25	2.42	3.13	6.99	2.56	3.50	3.05*
Seeking professional support	2	3.44	1.53	1.72	3.61	1.77	1.81	1.06
Engaging in demanding action	4	12.17	3.04	3.04	12.01	3.35	3.00	0.51
Being Humorous	2	6.87	1.78	3.44	6.40	1.86	3.20	2.65*
Relaxing	4	14.32	3.20	3.58	14.35	3.17	3.59	0.10

\*p< .005

**Table 17-6**  
**Single-Parent Families Means and Standard Deviations A-COPE**

Scale	African-American Adolescents		Caucasian Adolescents		Total	
	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev
Overall <sup>1</sup>	169.43	25.23	167.86	24.45	168.72	26.31
Ventilating Feelings <sup>2</sup>	14.71	4.32	17.19	4.80	15.92	4.71
Seeking Diversions <sup>2</sup>	28.05	6.58	28.33	6.20	28.18	6.38
Developing Self-reliance & Optimism	22.01	4.13	20.01	4.46	21.02	4.40
Developing Social Support	19.86	4.49	19.11	4.14	19.49	4.32
Solving Family Problems <sup>5</sup>	18.44	5.75	17.28	4.92	17.87	5.38
Avoiding Problems <sup>4</sup>	10.98	3.91	15.10	4.77	13.00	4.81
Seeking Spiritual Support <sup>2</sup>	8.04	3.16	5.90	2.71	7.00	3.13
Investing in Close Friends <sup>1</sup>	8.05	1.83	7.72	2.02	7.89	1.93
Seeking Professional Support <sup>3</sup>	5.30	2.16	5.22	2.07	5.12	1.90
Engaging in Demanding Activity <sup>1</sup>	14.97	3.81	13.46	3.36	14.23	3.66
Being Humorous	5.84	2.09	6.21	2.03	6.51	2.06
Relaxing <sup>1</sup>	15.92	3.02	15.93	2.84	15.97	3.18

Note: There were a total of 167 cases: 85 African-American Adolescents; 82 Caucasian Adolescents.

<sup>1</sup> Total of 166 cases: 85 African-American Adolescents; 81 Caucasian Adolescents.

<sup>2</sup> Total of 166 cases: 84 African-American Adolescents; 82 Caucasian Adolescents.

<sup>3</sup> Total of 168 cases: 86 African-American Adolescents; 82 Caucasian Adolescents.

<sup>4</sup> Total of 165 cases: 84 African-American Adolescents; 81 Caucasian Adolescents.

<sup>5</sup> Total of 157 cases: 80 African-American Adolescents; 77 Caucasian Adolescents.

**Table 17.7**  
**Nuclear Families Means and Standard Deviations A-COPE**

Scale	African-American Adolescents		Caucasian Adolescents		Total	
	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev
Overall	170.10	24.84	168.20	26.31	168.71	26.31
Ventilating Feelings	14.16	2.32	16.49	4.48	15.86	4.11
Seeking Diversions*	28.40	5.85	29.70	7.23	20.33	6.82
Developing Self-reliance & Optimism	22.62	5.04	20.29	5.60	20.92	5.49
Developing Social Support	18.90	3.14	18.11	3.97	18.32	3.74
Solving Family Problems	20.52	5.99	17.58	6.07	18.37	6.11
Avoiding Problems	11.20	3.33	14.85	3.70	13.86	3.92
Seeking Spiritual Support*	7.08	1.91	6.52	3.37	6.67	3.02
Investing in Close Friends	8.00	2.21	7.85	1.85	7.89	1.93
Seeking Professional Support	5.40	2.27	5.00	1.78	5.11	1.90
Engaging in Demanding Activity	14.32	3.37	13.47	3.77	13.70	3.62
Being Humorous	6.10	1.79	6.67	2.17	6.51	2.06
Relaxing	17.16	1.90	15.53	3.47	15.97	3.18

Note: There were a total of 37 cases: 10 African-American Adolescents; 27 Caucasian Adolescents.  
 \* There were a total of 36 cases: 10 African-American Adolescents; 26 Caucasian Adolescents.

**Table 17.8**  
**Adolescent-Coping Orientation for Problem Experiences (A-COPE): Select Published Reports**

<b>Author(s)</b>	<b>Sample</b>	<b>N Count</b>	<b>Alpha Reliability</b>	<b>Validity Notes</b>
Cameron, M.E. (1993)	N/A	N/A	N/A	<ul style="list-style-type: none"> <li>• Doctoral Dissertation</li> </ul>
Carty, L. (1991)	Adolescents with peer counseling compared to control group with no peer counseling	340	.70	<ul style="list-style-type: none"> <li>• Those with long term peer counseling had significantly different coping patterns: develop social support &amp; seek spiritual support</li> </ul>
Coleman, J. (1992)	N/A	N/A	N/A	<ul style="list-style-type: none"> <li>• Doctoral Dissertation</li> </ul>
Duongn, D. (1994)	N/A	N/A	N/A	<ul style="list-style-type: none"> <li>• Doctoral Dissertation</li> </ul>
Dusek, J.B., & Danko, M. (1994)	Adolescents 15-17 years of age	107	N/A	<ul style="list-style-type: none"> <li>• Three factors identified in A-COPE: problem focused, emotion focused &amp; cognitive coping</li> </ul>
Fanshawe, J.P., & Burnett, P.C. (1991)	Adolescents: Secondary school students in Australia	1699	N/A	<ul style="list-style-type: none"> <li>• Revised format (54) items with 1-7 scale</li> <li>• Four scales validly &amp; reliably assess self-reported coping mechanisms of adolescents: a) negative avoidance, b) becoming angry &amp; taking anger out on others, c) positive avoidance, &amp; d) communicating with family about how problems can be lessened.</li> </ul>
Farris, J. (1995)	N/A	N/A	N/A	<ul style="list-style-type: none"> <li>• Master's Thesis</li> </ul>
Grey, M., Cameron, M.E., & Thurber, F.W. (1991)	Children with insulin-dependent diabetes mellitus (8-18 years) & their parents	103	N/A	<ul style="list-style-type: none"> <li>• Children with high scores on social role performance (poor adjustment) were more likely to use ventilation, avoidance as coping</li> <li>• High self worth associated with use of humor, spiritual support and avoidance</li> <li>• Poor metabolic control (Hgba), associated with investing in close friends, avoidance &amp; daydreaming</li> </ul>
Gunter, L.A. (1993)	N/A	N/A	N/A	<ul style="list-style-type: none"> <li>• Doctoral Dissertation</li> </ul>
Hall, L.S. (1993)	N/A	N/A	N/A	<ul style="list-style-type: none"> <li>• Doctoral Dissertation</li> </ul>
Halvarsson, K. (1995)	N/A	N/A	N/A	<ul style="list-style-type: none"> <li>• Doctoral Dissertation</li> </ul>
Howard, V.C. (1992)	N/A	N/A	N/A	<ul style="list-style-type: none"> <li>• Master's Thesis</li> </ul>
Hutchinson, S.W. (1990)	First time mothers (14-18 years of age)	17	N/A	<ul style="list-style-type: none"> <li>• No correlation between mothers' perception of newborn infant &amp; use of coping behavior</li> </ul>

**Table 17.8 (continued)**  
**Adolescent-Coping Orientation for Problem Experiences (A-COPE): Select Published Reports**

<b>Author(s)</b>	<b>Sample</b>	<b>N Count</b>	<b>Alpha Reliability</b>	<b>Validity Notes</b>
Jones, E.E. (1993)	N/A	N/A	N/A	<ul style="list-style-type: none"> <li>• Master's Thesis</li> </ul>
Jorgensen, R.S., & Dusek, J.B. (1990)	College undergraduates (18 years old): psychosocial adjustment & coping strategies	331	.76	<ul style="list-style-type: none"> <li>• Second-order factor analyses: 2 new factors were identified (salutary effort &amp; stress palliation)</li> </ul>
Kluwin, T., Blennerhassett, L., & Sweet, C. (1990)	Hearing-impaired students in 9 <sup>th</sup> , 10 <sup>th</sup> , & 11 <sup>th</sup> grade	324	N/A	<ul style="list-style-type: none"> <li>• Identified 3 underlying factors for hearing-impaired children</li> <li>• Three scales (personal solutions, seeking diversions, &amp; emotional response) significantly related to subscales of Meadow-Kendall</li> <li>• Discriminant analysis: different coping strategy types developed using 3 new subscales</li> </ul>
McCubbin, H.I., Kapp, S., & Thompson, A.I. (1993)	Families of youth at risk involved in residential treatment	100	.67-.76	<ul style="list-style-type: none"> <li>• Youth coping was significantly related to program completion. Relaxation, friend support &amp; ventilation negatively related to program completion. In contrast, professional support, spiritual support &amp; passive appraisal positively related to program completion. Youth coping also related to successful 3month post-treatment adaptation.</li> </ul>
McCubbin, H.I., & Needle, R., & Wilson, M. (1985)	Adolescents who were part of a longitudinal study drawn from an HMO sample	505	.61-.75	<ul style="list-style-type: none"> <li>• Adolescent coping was significantly related to adolescent health risk behaviors. Specifically, incendiary family problem solving was positively related to cigarette, alcohol, &amp; marijuana use. The same finding was true for adolescent use of ventilation &amp; close friendships.</li> </ul>
Meneese, W.B. (1989)	N/A	N/A	N/A	<ul style="list-style-type: none"> <li>• Doctoral Dissertation</li> </ul>
Nakamura, N. (1993)	N/A	N/A	N/A	<ul style="list-style-type: none"> <li>• Master's Thesis</li> </ul>

**Table 17.8 (continued)**  
**Adolescent-Coping Orientation for Problem Experiences (A-COPE): Select Published Reports**

<b>Author(s)</b>	<b>Sample</b>	<b>N Count</b>	<b>Alpha Reliability</b>	<b>Validity Notes</b>
Nakamura, N., & Kanematsu, Y. (1994)	Diabetic Japanese teenagers	64	.85	<ul style="list-style-type: none"> <li>• Ventilation was positively related to high stress; good blood glucose control positively related to getting professional counseling</li> <li>• Adolescent coping, in general, related to indices of good blood glucose control.</li> </ul>
Needle, R., Su, S., Doherty, W., Lavee, Y., & Brown, P. (1988)	Adolescents who sought or were referred to treatment for substance use (25), users who did not seek treatment (25), & non-users (24)	74	.83	<ul style="list-style-type: none"> <li>• Drug using adolescents reported they tend to use alcohol &amp; marijuana as a way of coping with problems &amp; overcoming anxiety more than non-users did.</li> </ul>
Parizino, G. (1994)	N/A	N/A	N/A	<ul style="list-style-type: none"> <li>• Master's Thesis</li> </ul>
Patterson, J.M., & McCubbin, H.I. (1987)	Students in 10 <sup>th</sup> , 11 <sup>th</sup> , & 12 <sup>th</sup> grades, junior & senior high school students, & adolescents whose families enrolled in HMO	1,206	N/A	<ul style="list-style-type: none"> <li>• 12 coping patterns identified</li> <li>• Gender differences in coping were confirmed</li> <li>• Adolescent coping was validated in relationship to substance use &amp; abuse for both males and females</li> </ul>
Patterson, J., & McCubbin, H.I. (1987)	Sample of junior & senior high school students. In addition, 709 adolescents were recruited from an HMO	1176	.50-.76	<ul style="list-style-type: none"> <li>• A-COPE was factor analyzed resulting in 12 subscales ranging from relaxing to ventilating feelings. A-COPE was significantly but inversely related to substance use; ventilating feelings was significantly &amp; positively related to use of cigarettes, beer &amp; liquor; social support as coping was also related to alcohol use for males.</li> </ul>
Patton, A.C., Ventura, J.N., & Savedra, M. (1986)	Adolescents with cystic fibrosis	17	N/A	<ul style="list-style-type: none"> <li>• Adolescents with CF reported low-level activity most helpful.</li> <li>• Professional support, close friendships, spiritual support least helpful</li> </ul>
Polak, R.S. (1995)	N/A	N/A	N/A	<ul style="list-style-type: none"> <li>• Master's Thesis</li> </ul>
Ricio, D. (1996)	N/A	N/A	N/A	<ul style="list-style-type: none"> <li>• Master's Thesis</li> </ul>
Ryan-Wenger, N.M. (1994)	Analysis of children's coping measures	N/A	.76	<ul style="list-style-type: none"> <li>• Review of A-COPE</li> </ul>



**Table 17.8 (continued)**  
**Adolescent-Coping Orientation for Problem Experiences (A-COPE): Select Published Reports**

<b>Author(s)</b>	<b>Sample</b>	<b>N Count</b>	<b>Alpha Reliability</b>	<b>Validity Notes</b>
Sawin, K.J., & Marshall, J. (1992)	Adolescents who sustained spinal cord injury	32	N/A	<ul style="list-style-type: none"> <li>• Coping through avoidance was inversely related to job competence &amp; scholastic competence.</li> <li>• Coping by investing in others positively related to romantic appeal (interpersonal competencies); coping by investing in friendships positively related to social acceptance</li> </ul>
Schell, K. (1994)	N/A	N/A	N/A	<ul style="list-style-type: none"> <li>• Doctoral Dissertation</li> </ul>
Smith, A. (1994)	N/A	N/A	N/A	<ul style="list-style-type: none"> <li>• Doctoral Dissertation</li> </ul>
Williams Cedmin, J. (1992)	N/A	N/A	N/A	<ul style="list-style-type: none"> <li>• Doctoral Dissertation</li> </ul>

# A-COPE

ADOLESCENT-COPING ORIENTATION FOR  
PROBLEM EXPERIENCES

---

*French Version*



## A-COPE

### ADOLESCENT-COPING ORIENTATION FOR PROBLEM EXPERIENCES<sup>2</sup>

Joan M. Patterson      Hamilton I. McCubbin

**But:**

Ce questionnaire sert à enregistrer les comportements que les adolescents trouvent utiles pour faire face à des problèmes ou des situations difficiles qui leur arrivent, à eux ou aux membres de leurs familles.

On appelle ici manières de FAIRE FACE les manières d'agir—les tiennes ou celles que tu partages avec d'autres—que tu utilises pour t'arranger avec des situations difficiles et te sentir soulagé(e) de la peine qu'entraînent les changements ou les événements difficiles de la vie.

**Comment répondre:**

- ◆ Lis chacune des réactions ci-dessous qui décrivent une manière de faire face à des problèmes.
- ◆ Demande-toi combien de fois tu as chacune des réactions suivantes quand tu te trouves face à des difficultés ou que tu te sens tendu(e). Même s'il t'arrive de faire ces choses (par exemple, te balader) seulement pour le plaisir, indique uniquement le nombre de fois que tu les utilises comme moyen de faire face à des problèmes.
- ◆ Entoure une seule réponse pour chaque réaction:  
1 - Jamais    2 - Presque Jamais    3 - Parfois    4 - Souvent    5 - La plupart du temps
- ◆ Assure-toi que tu n'en as oublié aucune.

Remarque: chaque fois que les mots parents, mère, père, frère ou sœur sont utilisés, ils valent aussi pour beaux-parents, belle-mère, etc.

**Quand tu rencontres des difficultés ou que tu te sens tendu(e), as-tu souvent ces réactions:**

	Jamais	Presque jamais	Parfois	Souvent	La plupart du temps
1. Suivre ce que veulent tres parents	1	2	3	4	5
2. Lire	1	2	3	4	5
3. Essayer d'etre drôle et prendre le tout à la légère	1	2	3	4	5
4. S'excuser auprès des autres	1	2	3	4	5
5. Ecouter de la musique—disques, radio, etc.	1	2	3	4	5
6. Parier de ce qui t'ennuie à un professeur ou un conseiller scolaire	1	2	3	4	5
7. Manger	1	2	3	4	5

<b>Quand tu rencontres des difficultés ou que tu te sens tendu(e), as-tu souvent ces réactions:</b>	<b>Jamais</b>	<b>Presque jamais</b>	<b>Parfois</b>	<b>Souvent</b>	<b>Le plupart du temps</b>
9. Prendre des médicaments (prescrits par le médecin)	1	2	3	4	5
10. Prendre davantage part aux activités de l'école	1	2	3	4	5
11. Faire du shopping; acheter des choses que tu aimes	1	2	3	4	5
12. Essayer de discuter avec les parents; trouver des arrangements	1	2	3	4	5
13. Chercher à t'améliorer (retrouver la forme, obtenir de meilleures notes, etc.)	1	2	3	4	5
14. Pleurer	1	2	3	4	5
15. Essayer de penser aux choses agréables de ta vie	1	2	3	4	5
16. Sortir avec un(e) petit(e) ami(e)	1	2	3	4	5
17. Aller se promener	1	2	3	4	5
18. Dire des choses gentilles aux autres	1	2	3	4	5
19. Se mettre en colère et crier après les autres	1	2	3	4	5
20. Plaisanter et garder le sens de l'humour	1	2	3	4	5
21. Parler à un pasteur/prêtre, etc.	1	2	3	4	5
22. Te plaindre auprès de ta famille pour te calmer	1	2	3	4	5
23. Aller à l'église	1	2	3	4	5
24. Prendre des médicaments (non prescrits par le médecin)	1	2	3	4	5
25. Organiser ta vie et ce que tu as à faire	1	2	3	4	5
26. Dire des gros mots	1	2	3	4	5
27. Travailler dur à ses devoirs ou autres études scolaires	1	2	3	4	5
28. Reprocher aux autres ce qui ne va pas	1	2	3	4	5
29. Voir quelqu'un que tu aimes	1	2	3	4	5
30. Essayer d'aider les autres à résoudre leurs problèmes	1	2	3	4	5
31. Parler à ta mère de ce qui t'ennuie	1	2	3	4	5
32. Essayer, par toi-même, de trouver comment t'y prendre avec tes problèmes ou tensions	1	2	3	4	5

Tourne la page et continue →

<b>Quand tu rencontres des difficultés ou que tu te sens tendu(e), as-tu souvent ces réactions:</b>	<b>Jamais</b>	<b>Presque jamais</b>	<b>Parfois</b>	<b>Souvent</b>	<b>La plupart du temps</b>
33. T'adonner à ton hobby (cuisine, modèle réduit, etc.)	1	2	3	4	5
34. Obtenir le conseil d'un professionnel (en dehors de l'école)	1	2	3	4	5
35. Essayer d'entretenir ses amitiés ou se faire de nouveaux amis	1	2	3	4	5
36. Te dire que le problème n'est pas important	1	2	3	4	5
37. Aller au cinéma	1	2	3	4	5
38. Rêvasser sur la manière dont tu aimerais que les choses se passent	1	2	3	4	5
39. Parler à un frère ou une soeur de ce que tu ressens	1	2	3	4	5
40. Prendre un petit job ou travailler plus dur au sien	1	2	3	4	5
41. Avoir des activités avec ta famille	1	2	3	4	5
42. Fumer	1	2	3	4	5
43. Regarder la télévision	1	2	3	4	5
44. Prier	1	2	3	4	5
45. Essayer de voir ce qu'il y a de bien dans une situation difficile	1	2	3	4	5
46. Boire de la bière, du vin, des alcools	1	2	3	4	5
47. Essayer de prendre tes propres décisions	1	2	3	4	5
48. Dormir	1	2	3	4	5
49. Dire des choses méchantes aux autres; être sarcastique	1	2	3	4	5
50. Parler à ton père de ce qui t'ennuie	1	2	3	4	5
51. Te plaindre auprès de tes amis pour te calmer	1	2	3	4	5
52. Parler à un ami de ce que tu ressens	1	2	3	4	5
53. Jouer avec des jeux vidéo, au baby-foot, au flipper, etc.	1	2	3	4	5
54. Avoir une activité physique intense (joggin, vélo, etc.)	1	2	3	4	5