

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 AFILE 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 ^a (N=467)		Alpha Reliability ^{a,b}
	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

^a Patterson & McCubbin's 1981 study participants were healthy high school aged adolescents.

^b 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

Coping Patterns	Cigarettes r	Beer r	Wine r	Liquor r	Marijuana r
Males N=335					
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
Females N=354					
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

Coping Patterns	r	Beta	R²
Cigarettes			
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)			
Beer			
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)			
Wine			
Age	.17	.139	.03
Seeking spiritual support	-.13	-.133	.04
Investing in close friends	.13	.132	.06
F = 7.32 (3,353, p < .00)			
Liquor			
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)			
Marijuana			
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

Coping Patterns	r	Beta	R²
Cigarettes			
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)			
Beer			
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)			
Wine			
Age	.37	.323	.14
Ventilating feelings	.26	.157	.16
Seeking spiritual support	-.12	-.085	.17
F = 24.342 (3,352, p < .00)			
Liquor			
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)			
Marijuana			
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. 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 ¹	169.43	25.23	167.86	24.45	168.72	26.31
Ventilating Feelings ²	14.71	4.32	17.19	4.80	15.92	4.71
Seeking Diversions ²	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 ⁵	18.44	5.75	17.28	4.92	17.87	5.38
Avoiding Problems ⁴	10.98	3.91	15.10	4.77	13.00	4.81
Seeking Spiritual Support ²	8.04	3.16	5.90	2.71	7.00	3.13
Investing in Close Friends ¹	8.05	1.83	7.72	2.02	7.89	1.93
Seeking Professional Support ³	5.30	2.16	5.22	2.07	5.12	1.90
Engaging in Demanding Activity ¹	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 ¹	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.

¹ Total of 166 cases: 85 African-American Adolescents; 81 Caucasian Adolescents.

² Total of 166 cases: 84 African-American Adolescents; 82 Caucasian Adolescents.

³ Total of 168 cases: 86 African-American Adolescents; 82 Caucasian Adolescents.

⁴ Total of 165 cases: 84 African-American Adolescents; 81 Caucasian Adolescents.

⁵ 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

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

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

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

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

Author(s)	Sample	N Count	Alpha Reliability	Validity Notes
Nakamura, N., & Kanematsu, Y. (1994)	Diabetic Japanese teenagers	64	.85	<ul style="list-style-type: none"> • Ventilation was positively related to high stress; good blood glucose control positively related to getting professional counseling • Adolescent coping, in general, related to indices of good blood glucose control.
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"> • Drug using adolescents reported they tend to use alcohol & marijuana as a way of coping with problems & overcoming anxiety more than non-users did.
Parizino, G. (1994)	N/A	N/A	N/A	<ul style="list-style-type: none"> • Master's Thesis
Patterson, J.M., & McCubbin, H.I. (1987)	Students in 10 th , 11 th , & 12 th grades, junior & senior high school students, & adolescents whose families enrolled in HMO	1,206	N/A	<ul style="list-style-type: none"> • 12 coping patterns identified • Gender differences in coping were confirmed • Adolescent coping was validated in relationship to substance use & abuse for both males and females
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"> • 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 & positively related to use of cigarettes, beer & liquor; social support as coping was also related to alcohol use for males.
Patton, A.C., Ventura, J.N., & Savedra, M. (1986)	Adolescents with cystic fibrosis	17	N/A	<ul style="list-style-type: none"> • Adolescents with CF reported low-level activity most helpful. • Professional support, close friendships, spiritual support least helpful
Polak, R.S. (1995)	N/A	N/A	N/A	<ul style="list-style-type: none"> • Master's Thesis
Ricio, D. (1996)	N/A	N/A	N/A	<ul style="list-style-type: none"> • Master's Thesis
Ryan-Wenger, N.M. (1994)	Analysis of children's coping measures	N/A	.76	<ul style="list-style-type: none"> • Review of A-COPE

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

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

A-COPE

ADOLESCENT-COPING ORIENTATION FOR
PROBLEM EXPERIENCES

Hindi Version

Annexure VI(b)

ए-कोप

किशोरावस्था में समस्या-अनुभव का सामना करने के लिए अभिविन्यास

उद्देश्य: ए-कोप किशोरावस्था के उन बर्तावों को रिकार्ड करने के लिए बनाया गया है जो कि उनके लिए समस्याओं या कठिन परिस्थितियों का सामना करने में सहायक है।

कोपिंग का अर्थ एक व्यक्ति या समूह के व्यवहार से है जो जीवन की कठिनाईयों का सामना करने के लिए उपयोग किया जाता है।

निर्देश

- नीचे दिए गए प्रत्येक बयान को पढ़ें जो समस्याओं का सामना करने के लिए व्यवहार का वर्णन है।
- निर्णय किजिए कि कितनी बार आप प्रत्येक वर्णित व्यवहार करते हैं, जब आप परेशानी में होते हैं। हांलाकि आप मनोरंजन के लिए ही कुछ व्यवहार करते हैं। कृपया बताइए कि कितनी बार आप हर व्यवहार को परेशानी से निपटने के लिए करते हैं।
- हर एक बयान के लिए निम्नलिखित प्रतिक्रियाओं में से एक को चुनें—
कभी नहीं – 1, मुश्किल से कभी – 2, कभी कभी – 3, अक्सर – 4, ज्यादातर – 5
- कृपया सुनिश्चित हों और एक बयान के लिए एक प्रतिक्रिया को ही चुनें।

तनाव या कठिनाई आने पर आप कितनी बार निम्नलिखित व्यवहार करते हैं:

	कभी नहीं	मुश्किल से कभी	कभी कभी	अक्सर	ज्यादातर
1. माता-पिता के अनुरोध और नियमों के अनुसार चलते हैं।	1	2	3	4	5
2. अध्ययन करते हैं।	1	2	3	4	5
3. मजाकिया बनने की कोशिश करते हैं।	1	2	3	4	5
4. लोगों से माफी मांगते हैं।	1	2	3	4	5
5. गाने या रेडियो सुनना।	1	2	3	4	5
6. जो बात आपको परेशान करती है उसके बारे में शिक्षक या काउंसलर (सलाहकार) से बात करना।	1	2	3	4	5
7. खाना खाते हैं।	1	2	3	4	5
8. जितना संभव हो उतना घर से दूर रहने की कोशिश करना।	1	2	3	4	5
9. डॉक्टर द्वारा सुझाई दवाइयों का सेवन करना।	1	2	3	4	5
10. स्कूल की गतिविधियों में ज्यादा सक्रिय होना।	1	2	3	4	5
11. शॉपिंग (खरीदारी) के लिए जाना, अपनी पसंद की चीजें खरीदना।	1	2	3	4	5
12. माता-पिता से समस्या के बारे में बात करना।	1	2	3	4	5
13. अपने आप में सुधार लाने की कोशिश करना (जैसे कि शरीर को आकार में लाना, अच्छे ग्रेड प्राप्त करना आदि)।	1	2	3	4	5
14. रोना।	1	2	3	4	5
15. अपने जीवन में अच्छी चीजों के बारे में सोचने की कोशिश करना।	1	2	3	4	5
16. बॉयफ्रेंड के साथ समय गुजारना।	1	2	3	4	5
17. कार (या अन्य किसी वाहन) पर सैर को जाना।	1	2	3	4	5
18. दूसरों को अच्छी बातें बोलना।	1	2	3	4	5

	कभी नहीं	मुश्किल से कभी	कभी कभी	अक्सर	ज्यादातर
19. लोगों पर गुस्सा होना और उन पर चिल्लाना।	1	2	3	4	5
20. मजाक करना और मजाक की भावना रखना।	1	2	3	4	5
21. ज्योतिषी/पास्टर से बात करना।	1	2	3	4	5
22. परिवार के सदस्यों को शिकायत करके अपने अंदर का क्रोध निकालना।	1	2	3	4	5
23. मंदिर/गुरुद्वारा/चर्च/दरगाह आदि में जाना।	1	2	3	4	5
24. दवाईयों का सेवन करते हैं (डॉक्टर द्वारा न सुझाई गई)	1	2	3	4	5
25. अपने जीवन और जो आपको करना है उसको संगठित करना।	1	2	3	4	5
26. कसम खाना।	1	2	3	4	5
27. स्कूल के काम या अन्य स्कूल प्रोजेक्ट पर मेहनत करना।	1	2	3	4	5
28. जो कुछ गलत हो रहा है उसके लिए दूसरों को दोष देना।	1	2	3	4	5
29. आप जिसकी परवाह करते हैं उसके साथ रहना।	1	2	3	4	5
30. दूसरे लोगों की समस्याओं को हल करने में उनकी मदद करने की कोशिश करना।	1	2	3	4	5
31. जो बात आपको परेशान करती है उसके बारे में अपनी माता से बात करना।	1	2	3	4	5
32. अपने दम पर अपनी परेशानी का सामना करने की कोशिश करना।	1	2	3	4	5
33. अपनी हॉबी (शौक) पर काम करना (जैसे कि सिलाई, मॉडल निर्माण आदि)।	1	2	3	4	5
34. व्यवसायिक काउन्सलर की सलाह लेना (स्कूल शिक्षक या स्कूल काउन्सलर के अतिरिक्त)।	1	2	3	4	5
35. दोस्ती रखना या नए दोस्त बनाना।	1	2	3	4	5
36. अपने आप को समझाना कि समस्या का कोई महत्व नहीं है।	1	2	3	4	5

	कभी नहीं	मुश्किल से कभी	कभी कभी	अक्सर	ज्यादातर
37. फिल्म देखने जाना।	1	2	3	4	5
38. हालात कैसे होने चाहिए, उसके बारे में सपने देखना।	1	2	3	4	5
39. आप कैसा महसूस करते हैं उसके बारे में भाई या बहन से बात करना।	1	2	3	4	5
40. नौकरी करना और उस पर मेहनत करना।	1	2	3	4	5
41. अपने परिवार के साथ काम करना।	1	2	3	4	5
42. धूम्रपान (सिगरेट) करना।	1	2	3	4	5
43. टेलीविजन देखना।	1	2	3	4	5
44. प्रार्थना करना।	1	2	3	4	5
45. मुश्किल परिस्थितियों में अच्छाई देखने की कोशिश करना।	1	2	3	4	5
46. शराब/बीयर/वाइन का सेवन करना।	1	2	3	4	5
47. अपने फैसले खुद करने की कोशिश करना।	1	2	3	4	5
48. सोना।	1	2	3	4	5
49. लोगों को बुरी बातें बोलना, ब्यंग्यात्मक होना।	1	2	3	4	5
50. जो बात आप को परेशान करती है उसके बारे में अपने पिता से बात करना।	1	2	3	4	5
51. अपने दोस्तों से शिकायत करके अपने क्रोध को शांत करना।	1	2	3	4	5
52. आप कैसा महसूस करते हैं उसके बारे में अपने दोस्त से बात करना।	1	2	3	4	5
53. वीडियो गेम्स खेलना।	1	2	3	4	5
54. शारीरिक व्यायाम करना (जैसे कि दौड़ना, साइकिलिंग आदि)।	1	2	3	4	5

Annexure IV(b)

Tool 1: प्रतिभागियों की जनसांख्यिकीय विशेषताएँ

कोड

1. आयु:
2. धर्म: हिन्दू ईसाई मुस्लिम सिक्ख अन्य
3. निवास: ग्रामीण शहरी
4. प्रतिमाह परिवार की आय:
 - अ) 5000 रुपये से कम
 - ब) 5000 से 15000 रुपये
 - स) 15000 से 20000 रुपये
 - द) 20000 से 30000 रुपये
 - य) 20000 से ज्यादा
5. परिवार का प्रकार:

9. आयु:

आयु	माता	पिता

10. व्यवसाय:

व्यवसाय	माता	पिता

11. स्कूल का प्रकार:

सरकारी प्राईवेट सह-शिक्षा सिर्फ कन्या विद्यालय

12. वर्तमान में किस कक्षा की छात्रा हैं?.....

13. स्कूल में काउंसलर हैं: हाँ नहीं

14. माहवारी शुरू होने की उम्र, अगर शुरू हो गए हैं.....