

The Resilience, Adaptation and Well-Being Project



Family Crisis Oriented Personal Evaluation Scales

F-COPES

F-COPES:

Family Crisis Oriented Personal Evaluation Scales

Overview

The Family Crisis Oriented Personal Evaluation Scales (F-COPES), developed by Hamilton McCubbin, David Olson, and Andrea Larsen (1981), was created to identify problem solving and behavioral strategies utilized by families in difficult or problematic situations. F-COPES draws upon the coping dimensions of the Resiliency Model of Family Adjustment and Adaptation in which the following factors are integrated: pile-up, family resources, and meaning/perception. F-COPES are available in English, Spanish, Hebrew, and French.

The instrument features 30 coping behavior items which focus on the two levels of interaction outlined in the Resiliency Model: (1) Individual to family system, or the ways a family internally handles difficulties and problems between its members; and (2) Family to social environment, or the ways in which the family externally handles problems or demands that emerge outside its boundaries, but affect the family unit and its members. It was hypothesized that families operating with more coping behaviors focused on both levels of interaction will adapt to stressful situations more successfully.

Development of F-COPES

The active process of family adaptation involving coping strategies within the family and family coping patterns in transactions with the community, have received limited attention in both research and theory building.

Family resources (Hill's B factor, 1958) include the family's use of social support networks, such as extended family members (Caplan, 1974), friends, and neighbors (Litwak & Szelenyi, 1969). The family's approach to problem solving (Aldous et al., 1971; Klein & Hill, 1979) is another factor that can be included as a family resource.

The meaning a family attaches to a stressful situation, or the family's appraisal of the situation, may also serve as part of the family's coping behavior. Incidents that eventually lead to breakdown dysfunction may depend upon the presence or absence of explanations which help the family to make sense of what happened, why it happened and how one's social environment can be arranged to overcome the undesirable situation. The application of social meaning to a situation renders stressful situations less irrational, less unacceptable, and more understandable in the context of the situation in which they occur (Gerhardt, 1979).

Investigations have revealed that the family coping strategy is not created in a single instant, but is progressively modified over time. Such behavior involves the management of various dimensions of family life simultaneously: maintaining satisfactory internal conditions for communication and family organization; promoting member independence and self-esteem; maintenance of family bonds of coherence and unity; maintenance and development of social supports in transactions with the community; and maintenance of some efforts to control the impact of the stressor and the amount of change in the family unit. These are examples in family life that may require simultaneous management.

F-COPES was designed to integrate family resources and the meaning perception factors identified in family stress theory (Burr, 1973; Hansen & Hill, 1964; H.I.

McCubbin & Patterson, 1982b, 1983a) into coping strategies. A review of the literature relating to coping theory and research, as well as other inventories, such as the Family Coping Inventory (FCI) and the Coping Health Inventory for Parents (CHIP), were first steps in the construction of the instrument. Consequently, 49 items were generated and later pretested using a convenience sample of 119 family members representing all stages of the life cycle.

Each respondent completed a questionnaire, rating items on a five-point Likert scale indicating the extent to which they agreed or disagreed. When these data were analyzed for clarity and variance, the number of items was reduced to 30. Following the initial data analysis, factor analytic procedures were used to determine the underlying dimensions. Eight scales emerged which were grouped into two dimensions: internal and external family coping patterns. The term internal family coping patterns or strategies defines the way individual family members handle difficulties by using resources residing within the nuclear system. External family strategies or coping patterns are the active behaviors the family employs to acquire resources outside the nuclear system.

Of the total 8 scales, there were three scales categorized under the heading of Internal Family Coping Patterns. (1) Confidence in Problem Solving consisted of four items reflecting the family's appraisal of problems and their sense of mastery in dealing with unexpected events. Its internal reliability was .70 (Cronbach's alpha). (2) Reframing Family Problems, also composed of four items, related to the family's perceptual orientation toward stressful experiences or whether the family viewed change positively, negatively or more neutrally. Its internal reliability was .64 (Cronbach's alpha). (3) Family Passivity, another 4-item scale, focused on inactive or passive behaviors a family might employ, such as avoidance responses based on a lack of confidence in one's ability to alter the outcome. This scale had an internal reliability of .66 (Cronbach's alpha).

Of the 8 total scales, five scales composed the External Family Coping Patterns section of the instrument. (1) Church /Religious Resources, a 4-item scale which reflected the family's involvement with religious activities and ideology in dealing with difficulties. The internal reliability for this scale was .87 (Cronbach's alpha). (2) Extended Family, a 4-item scale, focused on obtaining support by communicating and doing things with relatives. Its internal reliability equaled .86 (Cronbach's alpha). (3) Friends, a 4-item scale emphasizing involvement with friends to obtain social support had an internal reliability of .74 (Cronbach's alpha). (4) Neighbors contained three behavior items which centered around receiving help and support from individuals within the community. Its internal reliability was .79 (Cronbach's alpha). (5) Community Resources, the last in the total of eight scales, contained three behavior items which emphasized the utilization of neighborhood agencies and programs, such as counseling services and physicians. The internal reliability for Community Resources was .70 (Cronbach's alpha). The overall reliability for the entire instrument was .77 (Cronbach's alpha).

Conceptual Organization

Coping strategies were identified from the family coping literature and a pilot instrument consisting of 49 items was constructed. This process ensured the inclusion of key items highlighted in past research on the topic of coping, as well as introduced new strategies considered important by the research team.

A sample (N=119) was drawn from a university class with a combined population of undergraduate and graduate students. Factor analysis with varimax rotation was completed on the 49 items with eight strong factors emerging. The 49-item list was reduced to 30. The

eight factors had eigenvalues greater than one and each of the 30 items had a factor loading greater than .38. Cronbach's alpha was computed on each, factor separately and on the total scale. The alpha reliability for the entire scale was .77.

An additional sample (N=2740) was obtained and randomly split into two halves, described as Samples 1 and 2. In this study, factor analysis was used to further condense the number of factors to 5, and this structure has been used in all subsequent research.

F-COPES Scales

- I. **Acquiring Social Support.** Nine items measure a family's ability to actively engage in acquiring support from relatives, friends, neighbors and extended family. Items: 1, 2, 5, 8, 10, 16, 20, 25, 29.
- II. **Reframing.** This dimension with eight items, assesses the family's capability to redefine stressful events in order to make them more manageable. Items: 3, 7, 11, 13, 15, 19, 22, 24.
- III. **Seeking Spiritual Support.** Four items focus on the family's ability to acquire spiritual support. Items: 14, 23, 27, 30.
- IV. **Mobilizing Family to Acquire and Accept Help.** The family's ability to seek out community resources and accept help from others is measured by these four items. Items: 4, 6, 9, 21.
- V. **Passive Appraisal.** Four items assess the family's ability to accept problematic issues minimizing reactivity. (*These items must be reversed when scoring.) Items: 12*, 17*, 26*, 28*.

Reliability

Cronbach's alpha was computed for each factor separately and for the total scale on Sample #1. The same procedures were calculated on the second sample which replicated the findings. The overall alpha reliability for Sample #1 is .86. For Sample #2 the overall alpha reliability is .87. The five individual factors' alpha reliabilities are listed in Table 15.1.

Table 15.1
F-COPES: Alpha Reliabilities and Test-Retest for Final Scale

| | Cronbach's Alpha | | Combined Scales (N=2582) | Test-Retest (N=116) |
|--|-----------------------|-----------------------|-----------------------------|------------------------|
| | Sample #1 (N=1338) | Sample #2 (N=1244) | | |
| Acquiring Social Support | .84 | .83 | .83 | .78 |
| Reframing | .82 | .81 | .82 | .61 |
| Seeking Spiritual Support | .79 | .81 | .80 | .95 |
| Mobilizing Family to Acquire & Accept Help | .71 | .70 | .71 | .78 |
| Passive Appraisal | .64 | .62 | .63 | .75 |
| Total Scale | .86 | .87 | .86 | .81 |

Validity

With this additional sample (N=2740), the results were replicated along with reliability and validity checks. Husbands, wives and adolescents were pooled and the total sample was randomly split into two halves, Sample #1 and Sample #2. Factor analyses using varimax rotation were completed first on Sample #1 which identified 5 strong factors. The factor structure for Sample 2 replicated the initial factor analyses.

Test-Retest Reliability

A test-retest reliability study was conducted during November and December of 1981. The time lapse between the first and second administration was four to five weeks. The questionnaire was administered by undergraduate, graduate and high school students who were taking courses in psychology and family studies. Researchers attempted to select participants who were not involved in family studies coursework in an effort to prevent contamination problems with item responses. Those administering the questionnaires were also instructed not to inform participants that they would be asked to complete the same questionnaire four weeks later.

Test-retest reliability coefficients were also obtained in January and February, 1982. The time lapse between the first and second administration was four weeks. Eight students in a Family

Stress class were asked to administer the questionnaire to participants who were not involved in family studies courses. Participants were asked to answer items in reference to the family they presently lived in. Similar procedures as described in the earlier test-retest study were implemented in the administration.

There were 116 subjects. Approximately two-thirds of the sample was female and one-third was male. The majority of the sample was married and most was parents. The mean age of respondents was 30 years. More than three-quarters of the sample responded from the reference point of their family of procreation, or the unit they lived in at the time of the test.

The factors Reframing and Passive Appraisal show slightly lower test-retest scores in comparison with the other factors. These findings suggest that the more concrete behavioral items, such as Soliciting Social Support, provide more response consistency over time than those factors which relate to more cognitive adjustment.

Additional Validity Checks

No additional studies to report at this time.

Scoring Procedures

A total Coping score may be obtained by summing the number circled by the respondent (i.e., 1=Never, 2=Seldom, 3=Sometimes, 4=Frequently, and 5=Always) for each item in the F-COPES instrument. However, for four select items (12, 17, 26, and 28), 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. Note: Item number 18 was not included in analysis due to a low factor loading.

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

Note once again that item number 18 was not included in analysis due to a low factor loading.

| | |
|---------------------------------------|--------------------------------|
| Subscale 1: Acquiring Social Support | 1, 2, 5, 8, 10, 16, 20, 25, 29 |
| Subscale 2: Reframing | 3, 7, 11, 13, 15, 19, 22, 24 |
| Subscale 3: Seeking Spiritual Support | 14, 23, 27, 30 |
| Subscale 4: Mobilizing Family Support | 4, 6, 9, 21 |
| Subscale 5: Passive Appraisal | 12*, 17*, 26*, 28* |

Norms and/or Comparative Data

Comparative data were developed and are presented in Tables 15.2 through 15.7. Data were obtained from adolescents who were in residential treatment for deviancy and social adjustment problems. Tables 15.8 and 15.9 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 F-COPES, 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 F-COPES are presented in Table 15.10.

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 manuai@macc.wisc.edu. There will be a charge for these additional materials.
2. When referencing this instrument, the proper citation is: McCubbin, H.L, Olson, D., & Larsen, A. (1981). Family Crisis Oriented Personal Scales (F-COPES). In H.I. McCubbin, A.I. Thompson, & M.A. McCubbin (1996). Family assessment: Resiliency, coping and adaptation-Inventories for research and practice. (pp. 455-507). Madison: University of Wisconsin System.
3. A modified version of F-COPES was used in a study of Midwestern farm families. If you would like to see a copy of this instrument and its psychometric data, please write to the project. There will be a charge for this additional material.

Table 15.2
F-COPES Comparative Data

| Raw | Adults | | Adolescents | | Cumulative Percent |
|---------|--------|--------|-------------|--------|-----------------------|
| | Male | Female | Male | Female | |
| 145-119 | 99 | 99 | | | 99 |
| 118 | | 97 | 99 | 99 | 97 |
| 117 | 97 | 96 | 98 | | 96 |
| 116 | 96 | 95 | | 98 | |
| 115 | | 94 | | | 95 |
| 114 | 95 | 93 | 97 | | |
| 113 | 94 | 92 | | 96 | 94 |
| 112 | 93 | 91 | 96 | 95 | 93 |
| 111 | 92 | 90 | 95 | | 92 |
| 110 | 91 | 89 | 94 | 94 | 90 |
| 109 | 90 | 88 | 92 | 93 | 89 |
| 108 | 88 | 87 | 91 | 92 | 88 |
| 107 | 87 | 85 | 88 | | 87 |
| 106 | 85 | 83 | 87 | 91 | 85 |
| 105 | 83 | 80 | 86 | 89 | 83 |
| 104 | 81 | 77 | 85 | 86 | 80 |
| 103 | 79 | 74 | 82 | 85 | 75 |
| 102 | 77 | 71 | 80 | 84 | 75 |
| 101 | 75 | 69 | 77 | 82 | 73 |
| 100 | 72 | 66 | 73 | 81 | 70 |
| 99 | 70 | 62 | 72 | 80 | 67 |
| 98 | 67 | 58 | 70 | 76 | 64 |
| 97 | 63 | 55 | 69 | 73 | 61 |
| 96 | 60 | 52 | 68 | 70 | 58 |
| 95 | 57 | 47 | 66 | 66 | 54 |
| 94 | 54 | 44 | 63 | 62 | 51 |
| 93 | 51 | 40 | 59 | 58 | 47 |
| 92 | 48 | 37 | 54 | 53 | 44 |
| 91 | 43 | 35 | 50 | 52 | 41 |
| 90 | 39 | 31 | 45 | 44 | 36 |
| 89 | 36 | 28 | 42 | 40 | 33 |
| 88 | 34 | 25 | 38 | 38 | 30 |
| 87 | 31 | 22 | 34 | 35 | 28 |
| 86 | 28 | 20 | 32 | 35 | 25 |
| 85 | 24 | 18 | 28 | 29 | 22 |
| 84 | 22 | 15 | 25 | 24 | 19 |
| 83 | 20 | 14 | 22 | 23 | 18 |
| 82 | 18 | 13 | 21 | 20 | 16 |
| 80 | 14 | 11 | | 18 | 14 |
| 79 | 13 | 9 | 16 | 16 | 13 |
| 78 | 11 | 8 | 14 | 13 | 12 |

Table 15.2 (continued)
F-COPES Comparative Data

| Raw | Adults | | Adolescents | | Cumulative Percent |
|-----------------|---------------|---------------|--------------------|---------------|---------------------------|
| | Male | Female | Male | Female | |
| 77 | 10 | | 13 | 12 | 10 |
| 76 | 9 | 7 | 12 | 10 | 9 |
| 75 | 8 | | 10 | 9 | 8 |
| 74 | | 5 | | 7 | 7 |
| 73 | 7 | | 9 | | 6 |
| 72 | | | | | |
| 71 | | | | | |
| 70-69 | | | | | 5 |
| Mean | 93.118 | 95.644 | 91.716 | 91.248 | 93.34 |
| SD | 14.051 | 13.244 | 13.254 | 12.602 | 13.62 |
| Range | 109.0 | 103.0 | 89.0 | 84.0 | 112.0 |
| Kurtosis | 2.129 | 2.431 | .861 | 1.772 | 2.076 |
| Skewness | -0.594 | -0.698 | -0.004 | -0.431 | -0.593 |
| Mode | 92 | 96 | 91 | 91 | |

Table 15.3
Subscale Comparative Data Acquiring Social Support

| Raw | Parents | | Adolescents | | Cumulative Percent |
|-----------------|----------------|---------------|--------------------|---------------|-------------------------------|
| | Male | Female | Male | Female | |
| 45-40 | | 99 | 99 | 99 | 99 |
| 39 | 99 | 98 | | 98 | 98 |
| 38 | 98 | 97 | 98 | 97 | 97 |
| 37 | 97 | 95 | 96 | 95 | 96 |
| 36 | 96 | 93 | 94 | 94 | 94 |
| 35 | 93 | 90 | 92 | 92 | 92 |
| 34 | 90 | 86 | 90 | 91 | 89 |
| 33 | 86 | 80 | 86 | 88 | 84 |
| 32 | 81 | 71 | 83 | 82 | 79 |
| 31 | 76 | 70 | 77 | 81 | 74 |
| 30 | 71 | 65 | 72 | 75 | 69 |
| 29 | 66 | 58 | 66 | 63 | 62 |
| 28 | 60 | 50 | 55 | 54 | 55 |
| 27 | 53 | 44 | 47 | 48 | 48 |
| 26 | 46 | 37 | 42 | 39 | 41 |
| 25 | 40 | 32 | 33 | 32 | 35 |
| 24 | 35 | 27 | 29 | 26 | 30 |
| 23 | 31 | 23 | 24 | 21 | 26 |
| 22 | 26 | 20 | 19 | 18 | 22 |
| 21 | 22 | 17 | 17 | 17 | 19 |
| 20 | 18 | 14 | 15 | 13 | 16 |
| 19 | 16 | 12 | 12 | 9 | 13 |
| 18 | 12 | 9 | 11 | 7 | 11 |
| 17 | 10 | 8 | 8 | 6 | 9 |
| Mean | 26.514 | 27.813 | 27.188 | 27.374 | 27.193 |
| SD | 6.453 | 6.512 | 6.282 | 5.959 | 6.439 |
| Range | 36 | 35 | 36 | 34 | 36 |
| Kurtosis | -0.340 | -0.032 | 0.399 | 0.715 | -0.103 |
| Skewness | -0.302 | -0.434 | -0.341 | -0.401 | -0.366 |
| Mode | 27 | 29 | 29 | 30 | 29 |

Table 15.4
Subscale Comparative Data Reframing

| Raw | Adults | | Adolescents | | Cumulative Percent |
|-----------------|---------------|---------------|--------------------|---------------|-------------------------------|
| | Male | Female | Male | Female | |
| 39-40 | 99 | 98 | 99 | | 98 |
| 38 | 96 | 96 | 97 | 99 | 97 |
| 37 | 94 | 94 | 95 | 97 | 94 |
| 36 | 92 | 91 | 94 | 96 | 92 |
| 35 | 88 | 87 | 91 | 93 | 88 |
| 34 | 83 | 82 | 90 | 90 | 84 |
| 33 | 77 | 77 | 85 | 85 | 78 |
| 32 | 70 | 69 | 77 | 82 | 71 |
| 31 | 58 | 59 | 70 | 76 | 61 |
| 30 | 46 | 49 | 62 | 66 | 50 |
| 29 | 35 | 38 | 51 | 56 | 39 |
| 28 | 27 | 28 | 41 | 42 | 30 |
| 27 | 21 | 20 | 32 | 32 | 22 |
| 26 | 16 | 15 | 25 | 25 | 17 |
| 25 | 11 | 12 | 21 | 19 | 12 |
| 24 | 9 | 9 | 13 | 12 | 9 |
| 23 | 6 | 7 | 9 | 6 | 6 |
| 22 | | | | | |
| 21 | | | | | |
| 20 | | | | | |
| 19 | | | | | |
| 18 | | | | | |
| 17 | | | | | |
| Mean | 30.422 | 30.416 | 29.286 | 29.105 | 30.235 |
| SD | 4.913 | 4.863 | 4.645 | 4.28 | 4.848 |
| Range | 32 | 32 | 27 | 30 | 32 |
| Kurtosis | 4.044 | 3.019 | 0.892 | 2.390 | 3.192 |
| Skewness | -1.268 | -1.010 | -0.274 | -0.437 | -1.025 |
| Mode | 31 | 30 | 30 | 29 | 30 |

Table 15.5
Subscale Comparative Data Seeking Spiritual Support

| Raw | Parents | | Adolescents | | Cumulative Percent |
|-----------------|----------------|---------------|--------------------|---------------|-------------------------------|
| | Male | Female | Male | Female | |
| 20 | | 100 | 100 | 100 | 100 |
| 19 | 89 | 86 | 97 | 95 | 89 |
| 18 | 79 | 73 | 92 | 89 | 78 |
| 17 | 66 | 57 | 86 | 78 | 64 |
| 16 | 48 | 40 | 71 | 65 | 48 |
| 15 | 37 | 28 | 56 | 48 | 36 |
| 14 | 26 | 19 | 41 | 37 | 25 |
| 13 | 18 | 13 | 28 | 25 | 17 |
| 12 | 13 | 9 | 17 | 16 | 12 |
| 11 | 7 | 5 | 6 | | 7 |
| 10 | | | | 9 | 5 |
| 9 | | | | | 4 |
| 8-4 | | | | | |
| Mean | 15.958 | 16.576 | 14.868 | 15.146 | 16.067 |
| SD | 3.143 | 2.889 | 2.775 | 2.993 | 3.048 |
| Range | 16 | 16 | 15 | 16 | 16 |
| Kurtosis | 1.790 | 2.838 | 0.870 | 0.867 | 1.833 |
| Skewness | -1.184 | -1.39 | -0.697 | -0.817 | -1.164 |
| Mode | 17 | 17 | 15 | 16 | 17 |

Table 15.6
Subscale Comparative Data Mobilizing of Family to Acquire and Accept Help

| Raw | Parents | | Adolescents | | Cumulative Percent |
|-----------------|----------------|---------------|--------------------|---------------|-------------------------------|
| | Male | Female | Male | Female | |
| 20-19 | 99 | 99 | | | 99 |
| 18 | 98 | 97 | | | 98 |
| 17 | 96 | 94 | 99 | 99 | 96 |
| 16 | 94 | 89 | 98 | 98 | 93 |
| 15 | 86 | 81 | 95 | 95 | 85 |
| 14 | 80 | 71 | 86 | 92 | 77 |
| 13 | 69 | 57 | 80 | 83 | 66 |
| 12 | 57 | 44 | 68 | 74 | 54 |
| 11 | 43 | 31 | 61 | 62 | 41 |
| 10 | 33 | 23 | 49 | 52 | 31 |
| 9 | 23 | 16 | 37 | 45 | 23 |
| 8 | 16 | 13 | 28 | 32 | 17 |
| 7 | 11 | 9 | 15 | 24 | 11 |
| 6 | 7 | 6 | 11 | 14 | 7 |
| 5-4 | | | | | |
| Mean | 11.827 | 12.665 | 10.631 | 10.225 | 11.965 |
| SD | 3.276 | 3.312 | 3.256 | 3.260 | 3.370 |
| Range | 16 | 16 | 16 | 15 | 16 |
| Kurtosis | -0.236 | -0.075 | -0.424 | -0.622 | -0.320 |
| Skewness | -0.143 | -0.400 | -0.031 | 0.05 | -0.219 |
| Mode | 12 | 14 | 8 | 12 | 12 |

Table 15.7
Subscale Comparative Data Passive Appraisal

| Raw | Adults | | Adolescents | | Cumulative Percent |
|-----------------|---------------|---------------|--------------------|---------------|-------------------------------|
| | Male | Female | Male | Female | |
| 20-16 | 99 | | | | 99 |
| 15 | 98 | 99 | 99 | 99 | 98 |
| 14 | 97 | 97 | 97 | 95 | 97 |
| 13 | 94 | 95 | 92 | 92 | 94 |
| 12 | 91 | 91 | 82 | 83 | 90 |
| 11 | 84 | 85 | 72 | 71 | 82 |
| 10 | 76 | 77 | 61 | 62 | 74 |
| 9 | 66 | 67 | 45 | 49 | 63 |
| 8 | 56 | 57 | 27 | 40 | 53 |
| 7 | 41 | 46 | 19 | 26 | 40 |
| 6 | 28 | 35 | 14 | 14 | 29 |
| 5 | 16 | 22 | 6 | 7 | 17 |
| 4 | 8 | 13 | 3 | 3 | 9 |
| Mean | 8.476 | 8.195 | 9.859 | 9.590 | 8.554 |
| SD | 2.951 | 3.059 | 2.727 | 2.830 | 3.014 |
| Range | 16 | 16 | 16 | 12 | 16 |
| Kurtosis | 0.024 | -0.002 | 0.192 | -0.756 | -0.175 |
| Skewness | 0.576 | 0.586 | 0.058 | 0.101 | 0.469 |
| Mode | 8 | 6 | 9 | 8 | 8 |

Table 15.8
Nuclear Families Means and Standard Deviations

| Scale | African-American Families | | Caucasian Families | | Total | |
|--|---------------------------|---------|--------------------|---------|-------|---------|
| | Mean | Std Dev | Mean | Std Dev | Mean | Std Dev |
| Overall | 96.86 | 10.58 | 95.38 | 13.56 | 95.91 | 12.17 |
| Acquiring Social Support | 28.98 | 4.14 | 27.10 | 8.60 | 27.77 | 7.19 |
| Reframing | 31.04 | 3.22 | 32.89 | 3.60 | 32.23 | 3.60 |
| Seeking Spiritual Support* | 14.48 | 3.95 | 13.26 | 4.37 | 13.77 | 4.06 |
| Mobilizing Family to Acquire & Accept Help** | 14.72 | 4.39 | 12.95 | 3.11 | 13.63 | 3.58 |
| Passive Appraisal | 8.64 | 3.69 | 9.07 | 4.02 | 8.91 | 3.77 |

NOTE: There were a total of 14 cases; 5 African-American families and 9 Caucasian families.

*Total of 12 cases; 5 African-American families and 7 Caucasian families.

**Total of 13 cases; 5 African-American families and 8 Caucasian families.

Table 15.9
Single-Parent Families Means and Standard Deviations

| Scale | African-American Families | | Caucasian Families | | Total | |
|--|---------------------------|---------|--------------------|---------|-------|---------|
| | Mean | Std Dev | Mean | Std Dev | Mean | Std Dev |
| Overall* | 101.15 | 16.94 | 91.62 | 13.50 | 96.46 | 15.96 |
| Acquiring Social Support* | 30.65 | 6.28 | 28.41 | 6.14 | 29.55 | 6.27 |
| Reframing | 31.81 | 5.86 | 28.43 | 5.72 | 30.17 | 6.00 |
| Seeking Spiritual Support | 15.55 | 3.98 | 13.86 | 3.95 | 14.25 | 4.16 |
| Mobilizing Family to Acquire & Accept Help** | 13.93 | 3.62 | 13.79 | 3.40 | 13.86 | 3.49 |
| Passive Appraisal | 10.20 | 3.97 | 8.70 | 3.16 | 9.47 | 3.65 |

NOTE: There were a total of 66 cases; 34 African-American families and 32 Caucasian families.

*Total of 65 cases; 33 African-American families and 32 Caucasian families.

**Total of 64 cases; 33 African-American families and 31 Caucasian families.

Table 15.10
Family Crisis "Oriented Personal Evaluation Scales (F-COPES):
Select Published Reports

| Author(s) | Sample | N Count | Alpha Reliability | Validity Notes |
|--|--|--------------------|------------------------------|--|
| Alcini O'Brien, B. (1992) | Parent dyads who had a son with a learning disability & parent dyads who had a son with no academic difficulties | 56 | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation • Similar results were found in both groups with the exception that parents in the comparison group reported greater use of social support than parents of children with disabilities. |
| Becker, P.T., Houser, B.J., Engelhardt, K.F., & Steinmann, M.J. (1993) | Families of 50-month old children with mental delay & no delay | 52 | N/A | <ul style="list-style-type: none"> • Greater discrepancy in family functioning: less use of reframing (mother), greater use of passive appraisal (mother & father); less use of social support (mother), less use of spiritual & social support, mobilizing family (father) • Mother's reframing & parent's score for passive appraisal explain significant percent of variance in family functioning. |
| Bertulfo, A.C. (1993) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Master's Thesis |
| Bloom, R. (1992) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Master's Thesis |
| Borchers, A. (1994) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Master's Thesis |
| Bramlett, R., Hall, J., Barnett, D., & Rowell, R. (1995) | Parents or guardians of kindergarten children at 10 public schools in a rural setting | 116 | .86 | <ul style="list-style-type: none"> • Results of regression analysis revealed that the outcome variable, parental stress, was predicted significantly by a combination of 2 F-COPES dimensions: reframing & passive appraisal; both correlated inversely. |
| Brannock, B. (1994) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Brooks, E. (1995) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Master's Thesis |
| Brown, P.A. (1995) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |

Table 15.10 (continued)
Family Crisis Oriented Personal Evaluation Scales (F-COPES):
Select Published Reports

| Author(s) | Sample | N Count | Alpha Reliability | Validity Notes |
|--|--|------------|----------------------|---|
| Captain, C. (1995) | Couples with one member having spinal cord injury, both English speaking & able to demonstrate 6th grade reading proficiency | 17 | .86 | <ul style="list-style-type: none"> • No change in coping scores between pre test & post test. Couples in communications program scored higher on verbalizing to acquire help & passive appraisal. |
| Chasse, F. (1995) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Master's Thesis |
| Chiverton, P. (1991) | Primary caregivers of Alzheimer's disease patients followed at the Older Adult and Memory Disorders Clinic at Strong Memorial Hospital or attending Alzheimer's Association support groups | 91 | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation • In the models of best fit, resources have a direct effect on mastery which has a direct effect on caregiver functioning. |
| Cockburn, J. (1995) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Comana, M. (1994) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Condori Ingaroca, L.J. (1994) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Crawford, G. (1994) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Cullen, J.C., MacLeod, J.A, Williams, P.D., & Williams, AR. (1991) | Families with mentally retarded (MR) persons living at home | 62 | N/A | <ul style="list-style-type: none"> • Mothers of infants had lower coping scores. • Mothers of school age & adult MR persons had higher coping scores. |
| DeReus, L. (1992) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Master's Thesis |
| Dietz-Omar, M.A (1991) | Comparison of family coping during pregnancy for stepfamilies & traditional nuclear families | 80 | N/A | <ul style="list-style-type: none"> • Significant differences were noted. Stepfamily wives used more internal family coping than did traditional. Traditional husbands & stepfamily wives used more external family coping. |

Table 15.10 (continued)
Family Crisis Oriented Personal Evaluation Scales (F-COPES):
Select Published Reports

| Author(s) | Sample | N Count | Alpha Reliability | Validity Notes |
|----------------------|--|--------------------|------------------------------|--|
| Dougherty, C. (1994) | Sudden cardiac arrest survivors (SCA) & 1 member of each family participated over a one year period | 30 | N/A | <ul style="list-style-type: none"> • Differences in total family coping strategies across time were significant for spouses: less family coping occurred with time. Both SCA survivors & spouses reported lower levels of family coping strategies than the normative sample. |
| Dougherty, C. (1995) | Individuals who spoke English, lived within a 50-mile radius of Seattle, had 1 person in home who agreed to participate & had experienced cardiac arrest from primary ventricular fibrillation | 46 | .87 | <ul style="list-style-type: none"> • Lower levels of family social support, spiritual support, family resources & total family coping reported. Higher levels of family passive appraisal or acceptance of problems reported. |
| Ducharme, F. (1994) | Marital partners; individuals were 65 years or older, living at home & had physical & mental capacity to be interviewed | 270 | .75 | <ul style="list-style-type: none"> • Reframing of problems was the only coping strategy found to contribute significantly to life satisfaction. |
| Dudley, J.A (1993) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Duong, D. (1994) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Failla, S. (1989) | Caregivers of children with cognitive and/or physical disabilities | 63 | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Foster, V. (1994) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Master's Thesis |

Table 15.10 (continued)
Family Crisis Oriented Personal Evaluation Scales (F-COPES):
Select Published Reports

| Author(s) | Sample | N Count | Alpha Reliability | Validity Notes |
|---------------------------------|--|--------------------|------------------------------|---|
| Frame, M., & Shehan, C. (1994) | Married clergymen from a Florida conference, all who relocated in June 1992 & had been in their current locations four years or more | 212 | N/A | <ul style="list-style-type: none"> • Wives of clergymen had a significantly greater pile-up of demands & significantly fewer coping resources than did their husbands. |
| Gordin, M. (1992) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Master's Thesis |
| Grabow, J. (1994) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Greef, A.P. (1993) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Griffin-Carlson, M.S. (1994) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Hamid, A. (1993) | Biological mothers of a mentally retarded child | 136 | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation • Findings showed mother's education, religion, ethnic group, income, length of marriage & number of living children had significant relationships with family coping patterns. |
| Hankjn, D. (1995) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Hanline, M., & Daley, S. (1992) | Mothers of children 36 months of age or less (59 Hispanic; 66 African-American; 81 Caucasian) | 206 | N/A | <ul style="list-style-type: none"> • African-American families scored higher on mobilizing the family (F-COPES). • Family pride related to reframing in Hispanic families of children with disabilities. • Family pride related to spiritual support. • Hispanic families & Caucasian families with disabilities indicated greater use of social support, spiritual support & mobilizing to get help. |

Table 15.10 (continued)
Family Crisis Oriented Personal Evaluation Scales (F-COPES):
Select Published Reports

| Author(s) | Sample | N Count | Alpha Reliability | Validity Notes |
|---|---|--------------------|------------------------------|--|
| Harris, M., & Kotch, J. (1994) | Mother-infant dyads, women were biologic mothers of single births & main caretakers of their infant | 367 | N/A | <ul style="list-style-type: none"> • The intrafamily coping behaviors of reframing & passive appraisal were not significantly related to unintentional infant injury. • Mothers who reported families using such strategies more often reported less depression, stress & family conflict. |
| Hiam, M. (1992) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Hill, E. (1993) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Hilton, B.A. (1993) | Couples with woman newly diagnosed with Nonmetastatic breast cancer | 43 | N/A | <ul style="list-style-type: none"> • Anecdotal interview data: different coping behaviors not important to managing early-stage breast cancer |
| Holland, C. (1995) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Jacobson, J. (1992) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Master's Thesis |
| Kaba, E. (1995) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Kong, F., Perrucci, C.C., & Perrucci, R. (1993) | Workers displaced from candy factory | 70 | N/A | <ul style="list-style-type: none"> • LISREL analysis confirmed model & importance of social support |
| Kopstein, I. (1992) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Master's Thesis |
| Kosciulek, J. (1994) | Families in which one member had a head injury | 150 | .79 | <ul style="list-style-type: none"> • With the sample used, 43% of the variance in family adaptation was explained by the joint prediction of positive appraisal & family tension management. |
| Kunnie, T.Y. (1992) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |

Table 15.10 (continued)
Family Crisis Oriented Personal Evaluation Scales (F-COPES):
Select Published Reports

| Author(s) | Sample | N Count | Alpha Reliability | Validity Notes |
|---|--|--------------------|------------------------------|---|
| Lavee, Y., McCubbin, H.I., & Olson, D.H. (1987) | Caucasian, middle class, Protestant families in each family life stage, from rural & urban areas | 1140 | .72 - .78 | <ul style="list-style-type: none"> • LISREL analysis • Sense of coherence positively related to intrafamily strain • Coping integral part of final LISREL model |
| Leavitt, M.B. (1990) | Families coping with major vascular surgery & recovery | 42 | .86 | <ul style="list-style-type: none"> • Social support seeking dropped significantly after discharge. • Reframing increased • Mobilization to acquire & accept help increased |
| Lee, Y. (1995) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Leiter, M. (1990) | Staff members of hospital in Dartmouth, Nova Scotia | 122 | N/A | <ul style="list-style-type: none"> • LISREL analysis revealed that family coping resources were related to burnout in a manner consistent with a resource depletion view of the syndrome. The additional negative relationship with family coping indicated that a lack of such resources results in even higher levels of emotional exhaustion. |
| Lewis James, M. (1994) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Master's Thesis |
| Macbeth, D. (1992) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Malia, J. (1993) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Master's Thesis |
| Maserang, J. (1992) | Adult child caregivers | 65 | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation • No significant correlation between burden scores & the F-COPES was found. |

Table 15.10 (continued)
Family Crisis Oriented Personal Evaluation Scales (F-COPES):
Select Published Reports

| Author(s) | Sample | N Count | Alpha Reliability | Validity Notes |
|--|---|--------------------|------------------------------|---|
| McCubbin, H.I., Kapp, S., & Thompson, A.I. (1993) | Families of youth at risk involved in residential treatment | 100 | .61 - .86 | <ul style="list-style-type: none"> • Family coping emerges as an important predictor of adolescent completion of residential treatment. • Of particular importance were family efforts at reframing & passive appraisal. • Reframing was inversely related to program completion while passive appraisal was positively related to program completion. |
| McCutchan, J. (1993) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Mernc, A.P. (1994) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Minnes, P. (1988) | Mothers of mentally retarded children who attended an outpatient clinic in Toronto, Canada | 60 | N/A | <ul style="list-style-type: none"> • Three subscales of F-COPES were used to measure external family resources. • The results suggest that the more support parents have from clergy & church affiliation, the more stress they experience associated with life-span care for their child. |
| Moore, A.D., Stambrook, M., Peters, L.C., & Lubusko, A. (1991) | Head injured (injuries ranging from mild to severe) male patients in marital or common-law living arrangement | 46 | N/A | <ul style="list-style-type: none"> • Family coping positively was related to marital adjustment. |
| Moore, J. (1994) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Master's Thesis |

Table 15.10 (continued)
Family Crisis Oriented Personal Evaluation Scales (F-COPES):
Select Published Reports

| Author(s) | Sample | N Count | Alpha Reliability | Validity Notes |
|--|---|--------------------|------------------------------|--|
| Myers, H.F., Taylor, S., Alvy, K T., Arrington, A., & Richardson, M.A. (1992) | Families with children 6-8 years of age; predictors of behavior problems in inner- city African-American children | 441 | .86 | <ul style="list-style-type: none"> • Moderate association between maternal risk attributes & use of family reframing; & between family stress load & mobilizing family to seek help; both statistically significant • Regression analyses confirm importance of 5 coping strategies • Ethnic differences observed (African-American boys & girls) |
| Nash, M.A. (1994) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Nolan, M.T., Cupples, S.A., Brown, M., Pierce, L., Lepley, D., & Ohler, L. (1992) | Family members of patients on active list for cardiac transplantation | 38 | .96 | <ul style="list-style-type: none"> • Used. greater number of coping mechanisms • Higher on acquiring social support, reframing, mobilizing family to accept help • Lower in seeking spiritual support & passive appraisal |
| Olson, D., McCubbin, H.L, Barnes, H., Larsen, A., Muxen, M., & Wilson, M. (1983) | Families at different stages of the life cycle | 1140 | .86 | <ul style="list-style-type: none"> • Individuals tended to rely on internal resources rather than external supports offered by community. • Reframing was the coping strategy used most frequently. • Accurate predictor of family functioning & distress • Normative data on family coping across stages of life cycle |

Table 15.10 (continued)
Family Crisis Oriented Personal Evaluation Scales (F-COPES):
Select Published Reports

| Author(s) | Sample | N Count | Alpha Reliability | Validity Notes |
|---|--|--------------------|------------------------------|---|
| Omitz, A.W., & Brown, M.A. (1993) | Couples in which women reported severe premenstrual symptoms | 104 | .71 - .85 | <ul style="list-style-type: none"> • Reframing important for both men & women • High symptom women: faith in God, focus on solutions, face problems head on • Women more inclined to seek support, assistance, & accept gifts |
| Patterson, J.M., Jernell, J., Leonard, B.J., & Titus, J.C. (1994) | Home care-giving by parents of medically fragile children | 48 | N/A | <ul style="list-style-type: none"> • Mothers: believing in family strengths positively related to strain with home care providers • Fathers; seeking social support inversely related to strain with home care providers |
| Peterson, K (1993) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Philichi, L.M. (1989) | Families with children hospitalized in pediatric intensive care unit | 30 | N/A | <ul style="list-style-type: none"> • Family coping strategies not related to family functioning, significantly higher for families with hospitalized children • Coping was significantly related to mother's religious affiliation. |
| Pilon-Kacir, C.E. (1993) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Porter, D.S. (1993) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Master's Thesis |
| Powers, S.I., Dill, D., Hauser, S.T., Noam, G.G., & Jacobson, A.M. (1985) | Families of seriously ill adolescents (diabetic, psychiatric, non-patient) | 96 | N/A | <ul style="list-style-type: none"> • Psychiatric adolescents' greater use of family passivity & mothers' use of community resources & less confidence in problem solving • Diabetic adolescents' greater use of extended family, mothers' use of reframing, fathers' use of community resources |

Table 15.10 (continued)
Family Crisis Oriented Personal Evaluation Scales (F-COPES):
Select Published Reports

| Author(s) | Sample | N Count | Alpha Reliability | Validity Notes |
|---|---|--------------------|------------------------------|---|
| Reis, S., & Heppner, P. (1993) | Mother-daughter pairs (31) where daughter was currently in therapy as a result of acknowledgement of incest, compared to non-clinical pairs | 47 | N/A | <ul style="list-style-type: none"> • Incest groups engaged in fewer coping behaviors. |
| Samuelson, J. (1992) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Master's Thesis |
| Samuelson, J.J., Foltz, J., & Foxall, M.J. (1992) | Parents of preschool & school age children with myelomeningocele | 34 | .77 | <ul style="list-style-type: none"> • Mothers higher in coping than fathers • Spiritual coping high for both • Family passivity low |
| Scarborough, J. (1995) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Master's Thesis |
| Shin, H. (1995) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Smith, C.E. (1994) | Caregivers: home care-giving effectiveness for technology dependent adults | 111 | .81 | <ul style="list-style-type: none"> • Path analyses used to test relationships • Family coping had a direct effect on caregiver & patient quality of life. |
| Smith, C.E., Mayer, L.S., Parkhurst, C., Perkins, .B., & Pingleton, S.K. (1991) | Families of patients requiring mechanical ventilation at home | 20 | .895 | <ul style="list-style-type: none"> • Qualitative analysis with semi-structured interview • Caregivers reported effective coping |
| Stephenson, C. (1992) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Syuhaimie, A. (1992) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Thoma, M.E., Hockenberry-Eaton, M., & Kemp, V. (1993) | Families with children with cancer & healthy children | 38 | .82 | <ul style="list-style-type: none"> • No differences in family coping |
| Thomas, V. (1994) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |

Table 15.10 (continued)
Family Crisis Oriented Personal Evaluation Scales (F-COPES):
Select Published Reports

| Author(s) | Sample | N Count | Alpha Reliability | Validity Notes |
|---|--|--------------------|------------------------------|--|
| Varvaro, F. (1993) | Women who experienced post-coronary events of angina, myocardial infarction or coronary artery bypass surgery (42 were 38-64 years, 33 were 65 years or older) | 75 | N/A | <ul style="list-style-type: none"> • No significant relationship was found. |
| VonEitzen, C.E. (1993) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Master's Thesis |
| Vujakovich, M. (1992) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Master's Thesis |
| Wagner, J., & Menke, E.M. (1991) | Homeless, poor domiciled, & low-income domiciled mothers | 86 | .86 | <ul style="list-style-type: none"> • Coping patterns were similar for 3 groups of mothers. |
| Wallerstein, J.S. (1994) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Williams, P.D., Williams, A.R., & Griggs, C. (1990) | Mothers of children 2-30 months old, on apnea monitors or off apnea monitors 18 months or more | 25 | .80 | <ul style="list-style-type: none"> • Mothers scored lower on family coping than expected. • Language scores of children were positively related to reframing & negatively related to help-seeking. |
| Wilson, T. (1995) | N/A | N/A | N/A | <ul style="list-style-type: none"> • Doctoral Dissertation |
| Woods, N., & Lewis, F. (1995) | Women with chronic illness | 48 | N/A | <ul style="list-style-type: none"> • Analysis of 3 year longitudinal data model depicts family coping as a factor in family functioning. |
| Worden, J., & Silverman, P.S. (1993) | Bereaved families of widowed parents with school age children | 70 | .64 - .87 | <ul style="list-style-type: none"> • Clinically depressed patients low in cohesiveness & seeking help, used more passive coping |

Table 15.10 (continued)
Family Crisis Oriented Personal Evaluation Scales (F-COPES):
Select Published Reports

| Author(s) | Sample | N Count | Alpha Reliability | Validity Notes |
|--|--|--------------------|------------------------------|--|
| Yates, B., Bensley, L., Lalonde, B., Lewis, F., & Woods, N. (1995) | Families with a mother with a chronic health condition. Part of 3-year longitudinal study on impact of mothers' chronic illness on family: Nonmetastatic breast cancer (51), diabetes (24), fibrocystic breast changes (30) | 105 | N/A | <ul style="list-style-type: none"> • Family introspection & reliance on kith & kin were significantly related to being happily married. |
| Youngblut, J.M., Brennan, P.F., & Swegart, L.A (1994) | Families with medically fragile children | 10 | N/A | <ul style="list-style-type: none"> • Mean scores on the F-COPES subscales indicate a moderately high level of use for strategies in these subscales: mobilize family, acquire social support, & seek spiritual support. |

F-COPES

FAMILY CRISIS ORIENTED PERSONAL
EVALUATION SCALES

English Version



F-COPES

FAMILY CRISIS ORIENTED PERSONAL EVALUATION SCALES ©

Hamilton I. McCubbin David H. Olson Andrea S. Larsen

Purpose

The Family Crisis Oriented Personal Evaluation Scales is designed to record problem-solving, attitudes and behaviors which families develop to respond to problems or difficulties.

Directions

First, read the list of "Response Choices" one at a time.
 Second, decide how well each statement describes your attitudes and behavior in response to problems or difficulties. If the statement describes your response very well, then circle the number 5 indicating that you strongly agree; if the statement does not describe your response at all, then circle the number 1 indicating that you strongly disagree; if the statement describes your response to some degree, then select a number 2, 3, or 4 to indicate how much you agree or disagree with the statement about your response.

Please circle a number (1, 2, 3, 4, or 5) to match your response to each statement. Thank you.

| <i>When we face problems or difficulties in our family we respond by:</i> | Strongly Disagree | Moderately Disagree | Neither Agree Nor Disagree | Moderately Agree | Strongly Agree |
|---|-------------------|---------------------|----------------------------|------------------|----------------|
| 1. Sharing our difficulties with relatives | 1 | 2 | 3 | 4 | 5 |
| 2. Seeking encouragement and support from friends | 1 | 2 | 3 | 4 | 5 |
| 3. Knowing we have the power to solve major problems | 1 | 2 | 3 | 4 | 5 |
| 4. Seeking information and advice from person in other families who have faced the same or similar problems | 1 | 2 | 3 | 4 | 5 |
| 5. Seeking advice from relatives (grandparents, etc.) | 1 | 2 | 3 | 4 | 5 |
| 6. Seeking assistance from community agencies and programs designed to help families in our situation | 1 | 2 | 3 | 4 | 5 |
| 7. Knowing that we have the strength with our own family to solve our problems | 1 | 2 | 3 | 4 | 5 |
| 8. Receiving gifts and favors from neighbors (e.g., food, taking in mail, etc.) | 1 | 2 | 3 | 4 | 5 |

When we face problems or difficulties in our family we respond by:

| | Strongly Disagree | Moderately Disagree | Neither Agree Nor Disagree | Moderately Agree | Strongly Agree |
|---|-------------------|---------------------|----------------------------|------------------|----------------|
| 9. Seeking information and advice from the family doctor | 1 | 2 | 3 | 4 | 5 |
| 10. Asking neighbors for favors and assistance | 1 | 2 | 3 | 4 | 5 |
| 11. Facing the problems "head-on" and trying to get solution right away | 1 | 2 | 3 | 4 | 5 |
| 12. Watching television | 1 | 2 | 3 | 4 | 5 |
| 13. Showing that we are strong | 1 | 2 | 3 | 4 | 5 |
| 14. Attending church services | 1 | 2 | 3 | 4 | 5 |
| 15. Accepting stressful events as a fact of life | 1 | 2 | 3 | 4 | 5 |
| 16. Sharing concerns with close friends | 1 | 2 | 3 | 4 | 5 |
| 17. Knowing luck plays a big part in how well we are able to solve family problems | 1 | 2 | 3 | 4 | 5 |
| 18. Exercising with friends to stay fit and reduce tension | 1 | 2 | 3 | 4 | 5 |
| 19. Accepting that difficulties occur unexpectedly | 1 | 2 | 3 | 4 | 5 |
| 20. Doing things with relatives (get-together, dinners, etc.) | 1 | 2 | 3 | 4 | 5 |
| 21. Seeking professional counseling and help for family difficulties | 1 | 2 | 3 | 4 | 5 |
| 22. Believing we can handle our own problems | 1 | 2 | 3 | 4 | 5 |
| 23. Participating in church activities | 1 | 2 | 3 | 4 | 5 |
| 24. Defining the family problem in a more positive way so that we do not become too discouraged | 1 | 2 | 3 | 4 | 5 |
| 25. Asking relatives how they feel about problems we face | 1 | 2 | 3 | 4 | 5 |
| 26. Feeling that no matter what we do to prepare, we will have difficulty handling problems | 1 | 2 | 3 | 4 | 5 |
| 27. Seeking advice from a minister | 1 | 2 | 3 | 4 | 5 |
| 28. Believing if we wait long enough, the problem will go away | 1 | 2 | 3 | 4 | 5 |
| 29. Sharing problems with neighbors | 1 | 2 | 3 | 4 | 5 |
| 30. Having faith in God | 1 | 2 | 3 | 4 | 5 |

