

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

Portuguese Version

F- COPEs

Escalas de avaliação pessoal orientadas para a crise em família

(H. C. McCubbin, D. H. Olson & A. S. Larsen, 1981)
Versão Portuguesa de A. P. Relvas, I. Alberto & C. Martins, 2008 (Adaptado)

Objectivo

O F- COPEs foi criado para inventariar atitudes e comportamentos de Resolução de Problemas que as famílias desenvolvem como resposta a problemas ou dificuldades.

Instruções

Por favor leia cada afirmação e decida em que grau descreve as atitudes e comportamentos da sua família ao confrontar-se com problemas ou dificuldades. Cada atitude ou comportamento descrito a seguir ocorre na sua família:

- (1) Nunca \approx 0% do tempo [Discordo muito]
- (2) Raramente \approx menos de 25% do tempo [Discordo moderadamente]
- (3) Por vezes \approx mais de 25% e menos de 50% do tempo [Não concordo nem discordo]
- (4) Frequentemente \approx 50% ou mais mas não todo o tempo [Concordo moderadamente]
- (5) Sempre \approx 100% do tempo [Concordo muito]

Por favor desenhe um círculo em redor de um dos números (1, 2, 3, 4, ou 5) de modo a classificar cada afirmação. Obrigado.

Quando na nossa família nos confrontamos com problemas ou dificuldades, comportamo-nos da seguinte forma:	Discordo muito	Discordo moderadamente	Não concordo nem discordo	Concordo moderadamente	Concordo muito
1. Compartilhamos as nossas dificuldades com os familiares	1	2	3	4	5
2. Procuramos o encorajamento e o apoio de amigos	1	2	3	4	5
3. Sabemos que temos capacidade para resolver os problemas mais importantes	1	2	3	4	5
4. Procuramos informações e conselhos de pessoas de outras famílias que passaram por problemas semelhantes	1	2	3	4	5
5. Procuramos conselhos de parentes próximos (avós, etc)	1	2	3	4	5
6. Procuramos auxílio de instituições criadas para ajudar famílias numa situação como a nossa	1	2	3	4	5
7. Sabemos que a nossa família tem recursos próprios para resolver os nossos problemas	1	2	3	4	5
8. Recebemos ofertas e favores de vizinhos (por exemplo comida, tomar conta do correio, etc.)	1	2	3	4	5
9. Procuramos informação e conselhos junto do médico de família	1	2	3	4	5
10. Pedimos aos nossos vizinhos que nos façam favores e nos dêem assistência	1	2	3	4	5
11. Encaramos os problemas de frente e procuramos soluções de forma activa e rápida	1	2	3	4	5
12. Vemos televisão	1	2	3	4	5
13. Mostramos que somos fortes	1	2	3	4	5

Quando na nossa família nos confrontamos com problemas ou dificuldades, comportamo-nos da seguinte forma:	Discordo muito	Discordo moderadamente	Não concordo nem discordo	Concordo moderadamente	Concordo muito
14. Frequentamos a igreja e vamos à missa	1	2	3	4	5
15. Aceitamos os acontecimentos perturbadores como parte integrante da vida	1	2	3	4	5
16. Partilhamos as nossas preocupações com os amigos íntimos	1	2	3	4	5
17. Sabemos que a sorte tem um papel importante na resolução dos nossos problemas familiares	1	2	3	4	5
19. Aceitamos que as dificuldades acontecem de forma inesperada	1	2	3	4	5
20. Convivemos com a família (jantares, encontros, etc.)	1	2	3	4	5
21. Procuramos conselho e ajuda profissional para resolver as dificuldades familiares	1	2	3	4	5
22. Acreditamos que podemos lidar com os nossos próprios problemas	1	2	3	4	5
23. Participamos em actividades religiosas	1	2	3	4	5
24. Definimos o problema familiar de uma forma mais positiva de maneira a que não nos sintamos demasiado desencorajados	1	2	3	4	5
25. Perguntamos aos nossos familiares o que sentem sobre os problemas com que nos defrontamos	1	2	3	4	5
26. Sentimos que apesar de tudo o que possamos fazer teremos dificuldade em lidar com os problemas	1	2	3	4	5
27. Procuramos o conselho de um padre	1	2	3	4	5
28. Acreditamos que se deixarmos passar o tempo o problema desaparecerá	1	2	3	4	5
29. Partilhamos os problemas com os nossos vizinhos	1	2	3	4	5
30. Temos fé em Deus	1	2	3	4	5