

Coping Orientation to Problems Experienced Inventory (Brief-COPE)

The Brief-COPE is a 28 item self-report questionnaire designed to measure effective and ineffective ways to cope with a stressful life event. "Coping" is defined broadly as an effort used to minimise distress associated with negative life experiences.

The scale is often used in health-care settings to ascertain how patients are emotionally responding to a serious circumstance. It can be used to measure how someone is coping with a wide range of adversity, including a cancer diagnosis, heart failure, injuries, assaults, natural disasters, financial stress or mental illness. The scale is useful in counselling settings for formulating the helpful and unhelpful ways someone responds to stressors.

The scale can determine someone's primary coping styles with scores on the following three subscale:

- Problem-Focussed Coping
- Emotion-Focussed Coping
- Avoidant Coping.

In addition, the following facets of coping are reported: Self-distraction, Denial, Substance Use, Behavioural disengagement, Emotional Support, Venting, Humour, Acceptance, Self-Blame, Religion, Active Coping, Use of Instrumental Support, Positive Reframing, and Planning.

Validity and Reliability

The Brief-Cope was developed as a short version of the original 60-item COPE scale (Carver et al., 1989), which was theoretically derived based on various models of coping. The Brief-COPE was initially validated on a 168 participant community sample who had been impacted by a hurricane (Carver, 1997).

Two alternative ways of delineating factors have been reported in the literature. A study with heart failure patients (Eisenberg et al., 2012) indicated two major factors: (1) Avoidant Coping, and (2) Approach Coping.

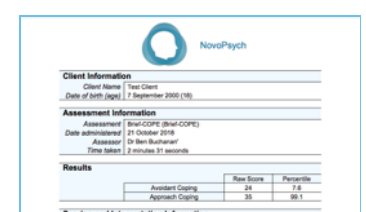
Subsequent analysis by Dias et al. (2012) divided the scale into three factors; (1) Problem-focused coping, (2) Emotion-focused coping, and (3) Avoidant coping. The three factor model is used for scoring purposes within NovoPsych.

Assessment Categories:
Formulation
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Poulus et al. (2020) validated the scale among 316 esports athletes and found the following means and standard deviations for each subscale.

- Problem focussed – 2.47 (0.63)
- Emotional focussed – 2.23 (0.49)
- Avoidant coping – 1.64 (0.45)

This data is used to compute percentile ranks, indicating the typical range of scores for non-clinical respondents. In addition, NovoPsych (Hegarty & Buchanan, 2021 (<https://novopsych.com.au/news/the-value-of-novopsych-data-new-norms-for-the-brief-cope/>)) compiled a sample of responses from patients receiving psychological intervention in outpatient settings (n = 3635) to produce normative data for use in computing clinical percentiles. For more information on the NovoPsych norms, see here (<https://novopsych.com.au/news/the-value-of-novopsych-data-new-norms-for-the-brief-cope/>).

Scoring and Interpretation

Scores are presented for three overarching coping styles as average scores (sum of item scores divided by number of items), indicating the degree to which the respondent has been engaging in that coping style.

1. = I haven't been doing this at all
2. = A little bit
3. = A medium amount
4. = I've been doing this a lot

A normative percentile is presented based on data from a non-clinical sample of athletes (Poulus et al., 2020). Interpretation by way of normative percentile helps contextualise results in comparison to typical responses of regular individuals.

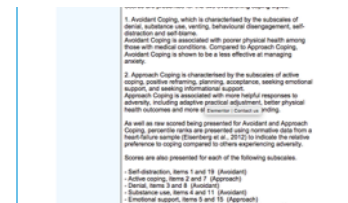
In addition, a clinical percentile is presented which compares responses to clients receiving outpatient mental health services (Hegarty & Buchanan, 2021 (<https://novopsych.com.au/news/the-value-of-novopsych-data-new-norms-for-the-brief-cope/>)). A percentile of 50, for example, represents an average score for a client in psychological therapy, whereas a percentile of 90 indicates that the respondents scored higher than 90 percent of other individuals in treatment.

During interpretation it is most helpful to look at the pattern of responding across the three subscales. Consistently low scores on all subscales may indicate either:

1. The respondent does not feel they have many stressors to cope with. For example, that life is stress free.
2. A lack of reflective capacity or resistance to disclose personal information.
3. The respondent does not have many coping skills.

The three overarching coping styles are outlined below.

- **Problem-Focused Coping** (Items 2, 7, 10, 12, 14, 17, 23, 25)
Characterised by the facets of active coping, use of informational support, planning, and positive reframing. A high score indicates coping strategies that are aimed at changing the stressful situation. High scores are indicative of psychological strength, grit, a practical approach to problem solving and is predictive of positive outcomes.
- **Emotion-Focused Coping** (Items 5, 9, 13, 15, 18, 20, 21, 22, 24, 26, 27, 28)



(<https://novopsych.com.au/wp-content/uploads/2021/03/brief-cope-scoring-online-norms.pdf>)

Sample Results
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Characterised by the facets of venting, use of emotional support, humour, acceptance, self-blame, and religion. A high score indicates coping strategies that are aiming to regulate emotions associated with the stressful situation. High or low scores are not uniformly associated with psychological health or ill health, but can be used to inform a wider formulation of the respondent's coping styles.

- **Avoidant Coping** (Items 1, 3, 4, 6, 8, 11, 16, 19)

Characterised by the facets of self-distraction, denial, substance use, and behavioural disengagement. A high score indicate physical or cognitive efforts to disengage from the stressor. Low scores are typically indicative of adaptive coping.

In addition to the three overarching subscales, scores are presented for the below 14 facets.

Individual examination of the questions can pinpoint adaptive or maladaptive styles of coping and be useful for eliciting a discussion with the respondent.

Scores are also presented for each of the following facets:

- Active coping, items 2 & 7 (Problem-Focused)
- Use of informational support, items 10 & 23 (Problem-Focussed)
- Positive reframing, items 12 & 17 (Problem-Focused)
- Planning, items 14 & 25 (Problem-Focused)
- Emotional support, items 5 & 15 (Emotion-Focused)
- Venting, items 9 & 21 (Emotion-Focused)
- Humor, items 18 & 28 (Emotion-Focused)
- Acceptance, items 20 & 24 (Emotion-Focused)
- Religion, items 22 & 27 (Emotion-Focused)
- Self-blame, items 13 & 26 (Emotion-Focused)
- Self-distraction, items 1 & 19 (Avoidant)
- Denial, items 3 & 8 (Avoidant)
- Substance use, items 4 & 11 (Avoidant)
- Behavioral disengagement, items 6 & 16 (Avoidant)

If the scale is administered more than once results will be graphed over time, indicating the degree to which coping strategies have changed.

Developer

Carver, C. S. (1997). You want to measure coping but your protocol is too long: Consider the brief cope. *International journal of behavioral medicine*, 4(1), 92-100.

References

Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: a theoretically based approach. *Journal of personality and social psychology*, 56(2), 267.

Dias, C., Cruz, J. F., and Fonseca, A. M. (2012). The relationship between multidimensional competitive anxiety, cognitive threat appraisal, and coping strategies: A multi-sport study. *Int. J. Sport Exerc. Psychol.* 10, 52–65. doi: 10.1080/1612197X.2012.645131

Hegarty, D., Buchanan, B. (2021, June 25). *The Value of NovoPsych Data – New Norms for the Brief-COPE*. NovoPsych. <https://novopsych.com.au/news/the-value-of-novopsych-data-new-norms-for-the-brief-cope/> (<https://novopsych.com.au/news/the-value-of-novopsych-data-new-norms-for-the-brief-cope/>)

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Poulus, D., Coulter, T. J., Trotter, M. G., & Polman, R. (2020). Stress and Coping in Esports and the Influence of Mental Toughness. *Frontiers in Psychology*, 11, 628.
<https://doi.org/10.3389/fpsyg.2020.00628>

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(<https://novopsych.com.au/assessment/personal-wellbeing-index-adult-5-pwi-a/>)

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