

COPE

We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This questionnaire asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.

Choose your answers thoughtfully, and make your answers as true **FOR YOU** as you can. Please answer every item. There are no “right” or “wrong” answers, so choose the most accurate answer for **YOU** – not what you think “most people” would say or do. Indicate what **YOU** usually do when **YOU** experience a stressful event.

COPE might help you to identify:

- *What you generally do and feel when you experience stressful events;*
 - *What coping strategies you generally apply when in stressful situations;*
 - *Which strategies are helpful for you to manage stress; and,*
 - *Which coping strategies are effective and may need to be replaced with healthier strategies.*
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Please respond to each question using the following rating scale:

1 = I usually **don't do this at all**

2 = I usually **do this a little bit**

3 = I usually **do this a medium amount**

4 = I usually **do this a lot**

To complete COPE place your score for each statement (1-4) in the white space beside the corresponding statement. Upon completion total each column and refer to the scoring sheet to better understand your results.

1 I usually don't do this at all **2** I usually do this a little bit **3** I usually do this a medium amount **4** I usually do this a lot

4 I usually do this a lot

	1 I hardly do this at all	2 I do this a little bit	3 I do this a medium amount	4 I do this a lot
1. I've been turning to work or other activities to take my mind off things.				
2. I've been concentrating my efforts on doing something about the situation I'm in.				
3. I've been saying to myself "This isn't real."				
4. I've been using alcohol or other drugs to make myself feel better.				
5. I've been getting emotional support from others.				
6. I've been giving up trying to deal with it.				
7. I've been taking action to try to make the situation better.				
8. I've been refusing to believe that it has happened.				
9. I've been saying things to let my unpleasant feelings escape.				
10. I've been getting help and advice from other people.				
11. I've been using alcohol or other drugs to help me get through it.				
12. I've been trying to see it in a different light, to make it seem more positive.				
13. I've been criticizing myself.				
14. I've been trying to come up with a strategy about what to do.				
15. I've been getting comfort and understanding from someone.				
16. I've been giving up the attempt to cope.				
17. I've been looking for something good in what is happening.				
18. I've been making jokes about it.				
19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.				
20. I've been accepting the reality of the fact that it has happened.				
21. I've been expressing my negative feelings.				
22. I've been trying to find comfort in my religion or spiritual beliefs.				
23. I've been trying to get advice or help from other people about what to do.				
24. I've been learning to live with it.				
25. I've been thinking hard about what steps to take.				
26. I've been blaming myself for things that happened.				
27. I've been praying or meditating.				
28. I've been making fun of the situation.				

A B C D E F G H I J K L M N

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After answering all the questions, add up the scores of each column. See below for definitions of the subscales or your favorite adaptation strategies:

SUBSCALE DEFINITIONS

Tick the box for your five highest scores:

A Self-distraction - Via a wide variety of activities that serve to distract the person from thinking about the behavioural dimension or goal with which the stressor is interfering. Tactics that reflect mental disengagement include using alternative activities to take one's mind off a problem, daydreaming, escaping through sleep, or escape by immersion in TV. This coping strategy may be useful in the short-term or in situations where one has no control over the situation but may cause problems if used over the long-term.

B Active coping - Active coping is the process of taking active steps to try to remove or circumvent the stressor or to ameliorate its effects. Active coping includes initiating direct action, increasing one's efforts, and trying to execute a coping attempt in stepwise fashion. Often referred to as problem-solving and found to be helpful coping strategy over the long-term when one has some control over the situation.

C Denial - Refusal to believe that the stressor exists or of trying to act as though the stressor is not real. This does not tend to be helpful coping strategy.

D Substance use - Turning to drugs or alcohol to manage emotions related to stressor. This does not tend to be helpful coping strategy and may lead to other significant problems if used over the long-term.

E Use of emotional social support - Is getting moral support, sympathy, or understanding. The tendency to seek out emotional social support is a double-edged sword. It would seem to be functional, in many ways. That is, a person who is made insecure by a stressful transaction can be reassured by obtaining this sort of support. This strategy can thereby foster a return to problem-focused coping. On the other hand, sources of sympathy sometimes are used more as outlets for the ventilation of one's feelings. There is evidence that using social support in this way may not always be very adaptive.

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F Use of instrumental social support - Includes seeking advice, assistance, or information from others. This is problem-focused coping.

G Behavioural disengagement - Reducing one's effort to deal with the stressor, even giving up the attempt to attain goals with which the stressor is interfering. Behavioural disengagement is reflected in phenomena that are also identified with terms such as helplessness. In theory, behavioural disengagement is most likely to occur when people expect poor coping outcomes.

H Focus on and venting of emotions - The tendency to focus on whatever distress or upset one is experiencing and to ventilate those feelings. Such a response may sometimes be functional, for example, if a person uses a period of mourning to accommodate to the loss of a loved one and move forward. There is reason to suspect, however, that focusing on these emotions (particularly for long periods) can impede adjustment. The phenomenological salience of distress may exacerbate the distress; focusing on the distress may also distract people from active coping efforts and movement beyond the distress.

I Positive reframing - Reinterpret situations as challenges or opportunities rather than threats to improve performance and manage adversity. Coping aimed at managing distress emotions rather than at dealing with the stressor per se. Clearly, however, the value of this tendency is not limited to reduction of distress. That is, construing a stressful transaction in positive terms should intrinsically lead the person to continue (or to resume) active, problem-focused coping actions.

J Planning - Planning is thinking about how to cope with a stressor. Planning involves coming up with action strategies, thinking about what steps to take and how best to handle the problem. This activity clearly is problem focused, but it differs conceptually from executing a problem-focused action.

K Humour - Laughing produces dopamine (feel-good hormone), and engages diaphragmatic breathing. It has several benefits including: broadening the focus of attention, fostering creativity and flexibility in thinking and providing distance and perspective. This can provide a creative way to confront and cope with adversity, however, would be most helpful if paired with more problem-focused strategies in the longer-term.

L Acceptance – Accepts the reality of a stressful situation. It is arguable that acceptance is a functional coping response, in that a person who accepts the reality of a stressful situation would seem to be a person who is engaged in the attempt to deal with the situation. One might expect acceptance to be particularly important in circumstances in which the stressor is something that must be accommodated to, as opposed to circumstances in which the stressor can easily be changed.

M Religious coping - The tendency to turn to religion in times of stress for guidance and support. One might turn to religion when under stress for widely varying reasons: religion might serve as a source of emotional support, as a vehicle for positive reinterpretation and growth, or as a tactic of active coping with a stressor.

N Self-blaming – The tendency to see oneself as responsible for the problem. This coping strategy is an avoidance strategy and tends not to be useful.

The subscales which measure problem-focus coping include the following:

- Active coping
- Planning
- Use of instrumental social support

The subscales which measure emotion-focus coping include the following:

- Use of emotional social support
- Positive reframing
- Acceptance
- Self-distraction
- Religious coping
- Humour

These are the subscales which measure coping responses that are arguably less useful:

- Venting
- Behavioural disengagement
- Denial
- Substance use
- Self-blaming

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EXAMPLE

As an example, after totalling the columns, your top 5 subscales were the following:

- Planning (J - 6)
- Positive reframing (I - 6)
- Religious coping (M - 6)
- Active coping (B - 5)
- Self-distraction (A - 5)

You would see that you use both **problem-focus and **emotion-focus** coping strategies when experiencing stress. It appears that you presently do not tend to use coping strategies that are less useful.**

The image displays a completed COPE (Coping Orientation) scale. On the left is a grid where each cell contains a number from 1 to 6, representing the frequency of use for various coping strategies. To the right of the grid is a list of coping strategies, each preceded by a letter and a checkbox. The strategies are: A (Active coping), B (Self-distraction), C (Denial), D (Behavioral disengagement), E (Positive reframing), F (Religious coping), G (Active coping), H (Self-distraction), I (Denial), J (Behavioral disengagement), K (Positive reframing), L (Religious coping), M (Active coping), N (Self-distraction), O (Denial), P (Behavioral disengagement), Q (Positive reframing), R (Religious coping), S (Active coping), T (Self-distraction), U (Denial), V (Behavioral disengagement), W (Positive reframing), X (Religious coping), Y (Active coping), Z (Self-distraction). The bottom of the grid shows the column totals for each letter, with the top five being A=5, B=5, J=6, I=6, and M=6. To the right of the grid is a list of coping strategies with checkboxes. The strategies are: A (Active coping), B (Self-distraction), C (Denial), D (Behavioral disengagement), E (Positive reframing), F (Religious coping), G (Active coping), H (Self-distraction), I (Denial), J (Behavioral disengagement), K (Positive reframing), L (Religious coping), M (Active coping), N (Self-distraction), O (Denial), P (Behavioral disengagement), Q (Positive reframing), R (Religious coping), S (Active coping), T (Self-distraction), U (Denial), V (Behavioral disengagement), W (Positive reframing), X (Religious coping), Y (Active coping), Z (Self-distraction). The bottom of the grid shows the column totals for each letter, with the top five being A=5, B=5, J=6, I=6, and M=6.

Carver, C. S. (1997). *You want to measure coping but your protocol's too long: Consider the brief COPE*. International Journal of Behavioral Medicine, 4(1), 92-100.

Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). *Assessing coping strategies: A theoretically based approach*. Journal of Personality and Social Psychology, 56, 267-283.

Please save and send this completed form to your facilitator.