**“Tools for Strengths’ Based Assessment and Evaluation.” - Prepublication draft**

**Kidcope**

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**PURPOSE** : To screen cognitive and behavioral coping in children and adolescents..

**DESCRIPTION**: The Kidcope (Spirito, Stark, & Williams, 1988) is a brief, clinical checklist designed to screen cognitive and behavioral coping in children and adolescents. Two versions of the KidCOPE exist one for younger children (ages 7 to 12 years) and one for older children and adolescents (ages 13-18 years). The version for adolescents (included in this text) consists of 11-items and uses a 4-point, Likert-type response scale. The version for children is composed of 15 items and uses a dichotomous response scale (no vs. yes). Each version assesses the use and perceived efficacy of helpful and not so helpful coping strategies including distraction, social withdrawal, cognitive restructuring, self-criticism, blaming, problem solving, emotional regulation, wishful thinking, social support and resignation. Because the function of each particular coping strategy varies by situation, each strategy is analyzed separately (Spirito, 1996; Spirito et al., 1988). A widely used measure, the KidCOPE was originally developed for children with chronic illness (cystic fibrosis, leukemia, etc), it has been adapted for use with coping with HIV (Orban et al., 2010), war (Paardekooper de Jong, & Hermanns., 1999), natural disaster (Jeney-Gammon, Daugherty, Finch, & Belter, 1993), accidents (Stallard, Velleman, Langsford, & Baldwin, 2001) and psychiatric issues (Spirito, Overholser, & Stark, 1989). To this end, the KidCOPE may be used to assess general and specific stressors across a wide range of diverse populations.

**HOW ADMINISTERED**: *For younger children* instructions and items should be read to the child while the interviewer completes the scales based on the child’s responses. *For older children* self-administration is appropriate. However, instructions and the first item may be completed with an interviewer. Completion for both groups takes between 5 and 7 minutes.

**SCORING:** The version included in this text (for older children) is scored on a 5-point scale from 0 (“not at all”) to 5 (“almost all the time” and “very much”). Each item is scored according to frequency (“how often did you do this?”) and efficacy (“How much did it help?”). Scores for the two subscales (frequency and efficacy) are the sum of the 11 items. Please note question 7 has to parts (7a and 7b). For this question, the highest score for either 7a or 7B is coded as the score for that item.

**RELIABILITY:** Initial psychometric evaluation of the KidCOPE was completed using 4 groups of “typical” kids (n = 60, 91, 142 and 72) a group of kids from a diabetes camp (n = 34) and a group of kids from a pediatric psychiatric outpatient program (n = 38). Coefficients measuring temporal stability for 3 day, 1-week, 2-weeks, and 10 weeks indicate adequate results for short term (3-7 days) however reduced significantly with longer intervals (2-10 weeks) (Spirito, Stark, & Williams, 1988). The reason for this was contributed to the idea that coping is a process that changes over time and according to situational demands (Spirito, Stark, & Williams, 1988).

**VALIDITY:** Multiple studies have addressed issues relevant to validity the KidCOPE across various demographic populations (e.g., Cheng & Chan, 2003; Spirito, Stark, & Williams, 1988; Vigna et al., 2010). Rather consistently, positive correlations are reported between the KidCOPE items and similar constructs while inverse (negative) correlations are reported between the KidCOPE and dissimilar constructs (Cheng & Chan, 2003; Spirito, Stark, & Williams, 1988; Vigna et al., 2010). Psychometric evaluation using confirmatory factor analysis, however, produces mixed results of between one and 4 factors (Cheng & Chan, 2003; Spirito et al., 1994; Vernberg et al., 1996; Vigna et al., 2010) indicating underlying structures may not be stable. Because each item is measured separately, this does not distract from the usefulness of the scale to identify specific coping mechanisms. However, further evaluation is needed to better understand underlying factors.

**NORMS/REFERENCE STANDARDS:** Specific cut-off scores and population norms are not available for this instrument.

**OTHER CONSIDERATIONS:** The KidCOPE has been translated into multiple languages including Spanish, Sudanese, Ugandan, German, Chinese, Dutch, and Slovakian.

**PRIMARY REFERENCE**

* Spirito, A., Stark, L. J., & Williams, C. (1988). Development of a brief coping checklist for use with pediatric populations. *Journal of Pediatric Psychology*, 13(4), 555-574.

**AVAILABILITY:** The KidCOPE is available on the public domain and may be used by practitioners and researchers at no charge. For more information please contact the instrument author Anthony Spirito, Ph. D. Butler Hospital Box G-BH Providence, RI 02912 or at e-mail address Anthony\_Spirito@Brown.edu.

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**KidCOPE-Older Children**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | How often did you do this? | | | | How much did it help? | | | | |
| **INSTRUCTIONS:** Please read each item and circle which phrase applies (if any). Then answer both questions to the right of each item, circling the best answer. | Not at all | Sometimes | A lot of the time | Almost all the time | Not at all | A little | Somewhat | Pretty much | Very Much |
| 1. I thought about something else; tried to forget it; and/or went and did something like watch TV or play a game to get it off my mind. | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 4 |
| 2. I stayed away from people; kept my feelings to myself; and just handled the situation on my own. | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 4 |
| 3. I tried to see the good side of things and/or concentrated on something good that could come out of the situation. | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 4 |
| 4. I realized I brought the problem on myself and blamed myself for causing it. | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 4 |
| 5. I realized that someone else caused the problem and blamed them for making me go through this. | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 4 |
| 6. I thought of ways to solve the problem; talked to others to get more facts and information about the problem and/or tried to actually solve the problem. | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 4 |
| 7a. I talked about how I was feeling; yelled, screamed, or hit something. | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 4 |
| 7b. Tried to calm myself by talking to myself, praying, taking a walk, or just trying to relax | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 4 |
| 8. I kept thinking and wishing this had never happened; and/or that I could change what had happened. | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 4 |
| 9. Turned to my family, friends, or other adults to help me feel better. | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 4 |
| 10. I just accepted the problem because I knew I couldn't do anything about it. | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 4 |

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