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ABSTRACT

Kidcope, a check list developed to assess the prevalence of coping strategies among children and adolescents, was used to assess the prevalence of 10 coping strategies and their relative efficacy in a sample of 77 inner-city African American eighth graders (54% female). Compared to the white adolescents who comprised the original Kidcope sample of A. Spirito and others (1988), African American adolescents were found to use more coping strategies. Although few sex differences were found in coping strategies, these also differ for inner-city adolescents. In addition, the choice of coping strategies was associated with adolescents' perceptions of control over the problems they described. This study's findings extend the generalizability of the "goodness of fit" coping model (B. E. Compas et al., 1988) and indicate the value of studying adolescents in varying cultural contexts. (Contains one table and nine references.) (Author/SLD)

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Coping Strategies of Inner-City Adolescents: Response to Recent Personal Conflicts

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Abstract

Kidcope was used to assess the prevalence of 10 coping strategies and their relative efficacy in a sample of inner-city African American eighth graders. Compared to white adolescents who comprised Spirito et al.'s (1988) original Kidcope sample, African American adolescents were found to use more coping strategies. Although few sex differences were found in coping strategies, these also differ for inner-city minority adolescents. Additionally, choice of coping strategies was associated with adolescents' perception of control over the problem they describe. This study's findings extend generalizability of the "goodness-of-fit" coping model (Compas et al., 1988) and indicate the value of studying adolescents in varying cultural contexts.

Coping Strategies of Inner-City Adolescents: Response to Recent Personal Conflicts

Kidcope was developed for use with children and adolescents to assess prevalence of 10 coping strategies and their relative efficacy (Spirito, Stark, & Williams, 1988).

Because this brief checklist allows flexibility in choice of problem situations it has been applied to a range of coping research questions including natural disasters (Jeney-Gammon, Daugherty, Finch, & Belter, 1993), response to sibling's cancer (Mandan-Swain, Sexson, Brown, & Ragab, 1993), pediatric chronic illness (Spirito, Stark, Gil, & Tyc, 1995), and adolescent suicide (Spirito, Overholser, & Stark, 1989). Although good concurrent validity and test-retest reliability have been demonstrated (Spirito et al., 1988), Kidcope findings have been based primarily on information obtained from white, middle class suburban samples. Yet other techniques for measuring coping strategies (i.e., interview, Ways of Coping checklist) have yielded ethnic differences. For example, minority adolescents use different social supports than do white students (Munsch & Wampler, 1993). In another study, African American adolescents used more coping strategies than did whites, and more often believed a stressful situation could be changed (Halstead, Johnson, & Cunningham, 1993). In an effort to better understand the coping strategies of minority youth, the present research introduced Kidcope into an on-going longitudinal study of early intervention in an inner-city public school system.

Method

Kidcope was included in individual interviews with a subsample of 77 eighth grade students (mean age = 160.8 mos) randomly selected to represent variations in early

intervention model. The sample was 54% female and 98% African American, with most students (78%) qualifying for subsidized lunch based upon low family income. None of the students had been retained in grade, and 75% had attended prekindergarten or Head Start prior to entering kindergarten in this urban school system. The 15-item younger version of Kidcope was administered at the end of the personal interview. Students were instructed to describe in writing a situation (not related to being sick or being in the hospital) that had bothered them during the last month. They then indicated on a 5-point scale (*not at all* to *very much*) whether the situation had made them nervous, sad, or angry, and whether they could control the situation. After indicating (*yes, no*) whether any of the 15 Kidcope strategy statements had been used to deal with the problem, students rated how much each statement had helped on a 3-point scale (*not at all* to *a lot*). Completed Kidcope measures were sealed in individual envelopes by students to maintain confidentiality of responses.

Results

As shown in Table 1, the three coping strategies used most frequently by these eighth graders were wishful thinking, problem solving, and emotional regulation. They were least likely to use self-criticism. Compared to Spirito et al.'s (1988) white samples, this African American sample used significantly more coping strategies overall [$\chi^2(1) = 49.78, p < .01$] and used all but 2 (cognitive restructuring, resignation) of the 10 strategies significantly more often than did white adolescents. The top three strategies used by whites (cognitive restructuring, wishful thinking, problem solving) overlapped with those

used by African American adolescents, and the least likely strategy of whites (blaming others) was also used infrequently by African Americans.

Insert Table 1 about here

Sex differences in frequency of coping strategies were minimal (see Table 1).

Females were significantly more likely than males to use problem solving [$\chi^2(1) = 5.95$, $p < .01$]. No significant differences in efficacy of strategies were found although a trend for males to find cognitive restructuring more useful was noted [$\chi^2(1) = 4.17$, $p = .12$]. While Spirito et al. (1988) also found few sex differences, white females had been more likely to use emotional regulation and white males had found resignation to be more useful.

Selection of coping strategies was further examined for the impact of perceived control over a situation. Eighth graders who believed the situation was *very much* within their realm of control were significantly more likely to use problem solving as their coping strategy [$\chi^2(1) = 4.20$, $p < .05$]. There was a trend for those who believed the situation was *not at all* under their control to use resignation [$\chi^2(1) = 2.99$, $p = .08$]. Those who thought the situation had been *pretty much* under their control used more self-criticism [$\chi^2(1) = 3.66$, $p < .05$] and social support [$\chi^2(1) = 4.09$, $p < .05$] to cope with the problem.

Finally, the relationship between selected coping strategy and a situation's affect on reported emotion (nervous, sad, angry) was examined. Cognitive restructuring was used

when the situation had not made the adolescent at all nervous [$\chi^2(1) = 3.90, p < .05$] or at all angry [$\chi^2(1) = 3.92, p < .05$]. However, when the situation had made them very nervous, social support [$\chi^2(1) = 3.56, p < .05$] and social withdrawal [$\chi^2(1) = 3.91, p < .05$] were more likely to be used. In situations which made them very angry, eight graders were more likely to blame others [$\chi^2(1) = 3.92, p < .05$] and try to cope by regulating their emotions [$\chi^2(1) = 5.95, p < .01$]. Although sadness was not significantly associated with variations in coping strategies, there was a trend for those who had felt very sad about the situation to use more self-criticism ($p = .08$), problem solving ($p = .10$), and social support ($p = .10$).

Discussion

This study provides useful information about the coping strategies of African American adolescents. Findings on frequency of Kidcope strategies parallel those of Halstead et al.'s (1993) Ways of Coping Checklist findings. African American adolescents appear to use more coping strategies than did white adolescents who comprised Spirito et al.'s (1988) Kidcope sample. Furthermore, although few sex differences were found in coping strategies, these also differ for inner-city minority adolescents. Further studies using Kidcope with ethnically diverse populations are clearly needed.

Another finding of special interest is the choice of coping strategies associated with adolescents' perception of control over the problem they describe. Results of this current study fit well with a "goodness-of-fit" coping model (Compas, Malcarne, & Fondacaro, 1988; Forsythe & Compas, 1987). This model predicts that problem-focused coping is

more adaptive in situations which are perceived as controllable. However, when situations are perceived as uncontrollable, an emotion-focused strategy would be more adaptive. This was precisely what inner-city adolescents appeared to be doing by using Kidcope's problem solving strategy more often when they believed they were in control of the situation. In contrast, they used resignation (an emotion-focused strategy) when they believed they had no control over the conflict. This study's findings extend generalizability of the "goodness-of-fit" coping model and indicate the value of studying adolescents in varying cultural contexts.

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Table 1

Percentage of Males ($n = 35$) and Females ($n = 42$) Reporting on the Frequency and Efficacy of Kidcope Strategies Used in Response to a Recent Personal Conflict^a

Kidcope items	Frequency (%)			Efficacy (%)		
	Total	Males	Females	Total	Males	Females
Distraction	74	77	71	32	34	28
Social withdrawal	56	60	52	25	20	30
Cognitive restructuring	75	69	81	49	65	37
Self-criticism	16	15	17	8	17	0
Blaming others	35	40	31	44	50	38
Problem solving ^b	80	69	90	54	58	51
Emotional regulation	78	74	81	43	46	41
Wishful thinking	96	97	95	59	61	58
Social support	73	69	76	61	58	63
Resignation	43	46	40	27	27	27

^a Percentages refer to adolescents who reported using the strategy (Frequency) and those who reported it helped "a lot" (Efficacy). ^b Chi-square analysis revealed a significant sex difference in frequency at the $p < .01$ level.



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