

**LIFE STRESSORS AND SOCIAL RESOURCES
INVENTORY**

COPING RESPONSES INVENTORY

Annotated Bibliography

**Second Edition Update
(Publications from 1995 to 2010)**

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January 2011

LIFE STRESSORS AND SOCIAL RESOURCES INVENTORY

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Dear Colleague:

Because we are getting many requests for information about research with the Life Stressors and Social Resources (LISRES) Inventory and the Coping Responses Inventory (CRI), we have compiled this update of the second edition of the annotated bibliography.

The abstracts cover both our own and other investigators' research, insofar as we are aware of the work that has been done. Because we try to keep up with research on the LISRES and the CRI, we appreciate receiving information about ongoing work and copies of completed manuscripts as they become available, as well as more complete citations when unpublished manuscripts or portions of dissertations are published.

Some of the abstracts describe research conducted with initial versions of the CRI coping indices. In so far as possible, we note in the abstract when the work was based on initial versions of the CRI indices. The correlations between earlier and current versions of conceptually comparable CRI scales are statistically significant. In addition, the earlier indices of cognitive coping are highly associated with Logical Analysis and Positive Reappraisal; the earlier indices of behavioral coping are highly correlated with Seeking Support and Problem Solving, and the earlier indices of avoidance coping are highly correlated with Cognitive Avoidance and Emotional Discharge. Consequently, findings based on earlier versions of these scales are likely to generalize to the current versions.

Psychometric, normative, and other statistical information about the LISRES and CRI is given in the LISRES and CRI Manuals, which are published by Psychological Assessment Resources, Inc., P. O. Box 998, Odessa, FL 33556; 1-800-331-8378. The internet address is www.parinc.com.

We welcome inquiries about the LISRES and the CRI and are glad to answer questions and provide investigators with more information about research in progress. The best way to contact us is at our e-mail address: rmoos@stanford.edu.

A handwritten signature in cursive script that reads "Rudolf Moos".

Rudolf Moos
January 2011

Aguilar-Vafaie, M. E. (2008). Coping Health Inventory for Parents: Assessing coping among Iranian parents in the care of children with cancer and introductory development of an adapted Iranian Coping Health Inventory for parents. *Children's Health Care, 37*, 237-260.

In general, parents who relied more on maintaining social support, self-esteem, and psychological stability; maintaining family integration, cooperation, and optimism; and attempts to understand the health care situation had children who relied more on logical analysis, seeking support, and problem-solving coping (Farsi CRI-Y).

Aguilar-Vafaie, M. E., & Abiari, M. (2007). Coping Response Inventory: Assessing coping among Iranian college students and introductory development of an adapted Iranian Coping Response Inventory (CRI). *Mental Health, Religion, & Culture, 10* (5), 489-513.

Factor analyses of responses from Iranian college students supported the multidimensionality of coping in the Iranian context and identified seven factors, including positive reappraisal, seeking guidance and support, problem solving, cognitive avoidance, seeking alternative rewards, acceptance or resignation, and religious coping. The correlations among these factor scales were modest and the factor scales were modestly or minimally correlated with a measure of social desirability. The findings highlight common overall coping patterns in the American and Iranian context and emphasize the importance of religious coping for Iranians (Farsi CRI-A).

Al-Yagon, M. (2007). Socioemotional and behavioral adjustment among school-age children with learning disabilities. *Journal of Special Education, 40* (4), 205-217.

This study of mother-child dyads examined the role of maternal personal resources and coping skills in moderating the effect of learning disabilities on children's socio-emotional and behavioral adjustment. Compared to mothers of children without learning disabilities, mothers of children with learning disabilities were more likely to rely on avoidance coping and less likely to rely on approach coping. In addition, children with learning disabilities whose mothers relied more on avoidance coping reported more feelings of loneliness; this finding did not hold among children without learning disabilities (initial CRI-A).

Al-Yagon, M. & Margalit, M. (2009). Positive and negative affect among mothers of children with intellectual disabilities. *British Journal of Developmental Disabilities*, 55 (Part 2; No. 109), 109-127.

This study focused on the association of vulnerability and protective resources and positive and negative affect among mothers of children with developmental disabilities. One group of mothers was participating in an early intervention program and another group had children in a respite care program. The two groups of mothers were comparable in their reliance on approach and avoidance coping. However, even after controlling for intervention group, type of child disability, maternal stress and sense of coherence, and family cohesion and adaptability, mothers who relied more on approach coping experienced more positive affect, whereas mothers who relied more on avoidance coping experienced more negative affect (initial CRI-A).

Amodeo, M., Griffin, M. L., Fassler, I., Clay, C., & Ellis, M. A. (2007). Coping with stressful events: Influence of parental alcoholism and race in a community sample of women. *Health & Social Work*, 32 (4), 247-257.

Compared to women without alcoholic parents and Caucasian women, women with alcoholic parents and Black women relied more on avoidance coping, as did women who reported more childhood family conflict a lack of adolescent social support Women who had more self-esteem were more likely to rely on approach coping and less likely to rely on avoidance coping (CRI-A).

Anderson, C. L. (1997). The relationship of coping style, depression, and functional impairment in stroke patients and their caregivers (Doctoral dissertation, University of the Pacific, Stockton, CA). *Dissertation Abstracts International*, 58A (05), 1596.

This study focused on the coping strategies used by stroke patients and their caregivers. Among stroke patients, more reliance on avoidance strategies (cognitive avoidance, acceptance or resignation, and emotional discharge) and less on approach strategies (positive reappraisal and problem solving) was associated with more depression. Caregivers who relied more on cognitive avoidance and acceptance or resignation also reported more depression (initial CRI-A).

Arie, J. C. (1998). Motivation in elderly disaster victims during recovery from loss of home (Doctoral dissertation, Texas A & M University, Lubbock, 1997). *Dissertation Abstracts International*, 58A (11), 4459.

This study focused on whether older adults who experienced a tornado that destroyed their home appraised and coped with the disaster and its aftermath differently than younger adults did. Both older and younger individuals tended to focus on the pragmatic nature of their loss and problem-solving coping rather than on its symbolic meaning and emotion-focused coping (initial CRI-A).

Asarnow, J., Glynn, S., Pynoos, R. S., Nahum, J., Guthrie, D., Cantwell, D. P., & Franklin, B. (1999). When the earth stops shaking: Earthquake sequelae among children diagnosed for pre-earthquake psychopathology. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38, 1016-1023.

More reliance on cognitive and avoidance coping strategies significantly predicted post-traumatic stress disorder (PTSD) symptoms among children one year after experiencing an earthquake. In fact, pre-earthquake anxiety disorder and cognitive coping uniquely predicted PTSD symptoms at follow-up after adjusting for the level of objective exposure to the earthquake. Children with more PTSD symptoms may have relied on cognitive and avoidance strategies to cope with intrusive images and thoughts about the earthquake (CRI-Y).

Avants, S. K., Warburton, L. A., & Margolin, A. (2000). The influence of coping and depression on abstinence from illicit drug use in Methadone-maintained patients. *American Journal of Drug and Alcohol Abuse*, 26, 399-416.

Methadone patients showed relatively little reliance on logical analysis and positive reappraisal and relatively high reliance on cognitive avoidance, resigned acceptance, and emotional discharge coping. Patients who relied more heavily on these avoidance strategies were more depressed. Patients who relied more on emotional discharge, and more on avoidance coping overall, were more likely to drop out of treatment. Patients who showed less use of cognitive avoidance, resigned acceptance, and overall avoidance coping were more likely to achieve abstinence during treatment. An increase in approach coping and a decline in avoidance coping during treatment were associated with longer abstinence during treatment, which, in turn, was associated with a higher likelihood of abstinence at 6-month follow-up (CRI-A).

Avants, S., K., Warburton, L. A., & Margolin, A. (2001). How injection drug users coped with testing HIV-seropositive: Implications for subsequent health-related behaviors. *AIDS Education and Prevention, 13*, 207-218.

Individuals who were injection drug users were asked how they coped when they first learned that they were HIV positive. Reliance on avoidance coping was associated with high levels of recent HIV risk behavior, whereas reliance on approach coping was associated with medication adherence (CRI-A).

Bagdi, A. (1999). Children's perceptions of stressful events and how they cope with them: An Indian experience (Doctoral dissertation, Syracuse University, Syracuse, NY, 1998). *Dissertation Abstracts International, 60B* (01), 126.

Children in India were able to identify sources of environmental stressors and to describe their coping responses to these stressors (CRI-Y).

Banyard, V. L., & Graham-Bermann, S. A. (1998). Surviving poverty: Stress and coping in the lives of housed and homeless mothers. *American Journal of Orthopsychiatry, 68*, 479-489.

Low-income mothers who had their own housing and homeless mothers in emergency family shelters did not differ in reliance on cognitive or behavioral approach coping; however, homeless mothers, especially younger mothers, relied more on avoidance coping than did mothers who had housing. Reliance on avoidance coping was associated with more depression among both housed and homeless mothers (initial CRI-A).

Baptista, N. I. (2000). The use of selected coping strategies as predictors of academic performance in medical school (Doctoral dissertation, Michigan State University, East Lansing, MI, 1999). *Dissertation Abstracts International, 61B* (02), 762.

Medical students who reported academic difficulties relied more on avoidance coping than did students who did not report academic difficulties. The findings also showed that women students, and younger students, were more likely to rely on avoidance coping to manage stressful situations than were men and older students (CRI-A).

Barker-Collo, S. L. (2001). Relationship of the Dissociative Experiences Scale to demographics, symptomatology, and coping strategies in a New Zealand student sample. *Journal of Trauma & Dissociation, 2*, 81-101.

This study examined the connections between dissociation, coping, and symptoms among New Zealand students of Pakeha/European, Maori, or Asian cultural identity. Maori women relied more on cognitive avoidance coping than Maori men or than women and men of Pakeha or Asian cultural identity. This finding was thought to be consistent with the more passive, subservient role of Maori women. Consistent with the idea of conceptual similarity between dissociation and avoidance coping, these constructs were positively correlated for Pakeha and Asian individuals. Finally, there were strong positive associations between avoidance coping and symptoms for individuals of all three cultural identities (CRI-A).

Barry, C. T., Taylor, H. G., Klein, S., & Yeates, K. O. (1996). Validity of neurobehavioral symptoms reported in children with traumatic brain injury. *Child Neuropsychology, 2*, 213-226.

Among children with moderate to severe traumatic brain injury, more neurobehavioral symptoms were associated with less frequent parental social interactions (LISRES-A).

Belciug, M. P. (2001). Coping responses in patients with spinal cord injury and adjustment difficulties. *International Journal of Rehabilitation Research, 24*, 157-159.

This study focused on patients with a spinal cord injury in a physical rehabilitation program who were referred for psychological consultation because of problems in coping. On average, these patients scored well above average in all four areas of avoidance coping and somewhat below average on logical analysis, positive reappraisal, and problem-solving coping. These patients likely were in the initial realization and retaliation phases of adaptation to their disability (CRI-A).

Beukes, M., Walker, S., & Esterhuysen, K. (2010). The role of coping responses in the relationship between perceived stress and disordered eating in a cross-cultural sample of female university students. *Stress and Health, 26*, 280-291.

More reliance on avoidance coping was positively associated with a drive for thinness, bulimia, and body dissatisfaction among young White South African women. In addition, reliance on avoidance coping mediated part of the association between perceived stress and these women's drive for thinness, bulimia, and body dissatisfaction. Among Black women, more reliance on avoidance coping was associated with bulimia (English and Afrikaans CRI-A).

Bhattacharya, T. (1999). The post-coronary heart disease patients and their coping strategies. *Indian Journal of Clinical Psychology, 26*, 234-238.

There were no differences in the coping responses of patients with coronary heart disease who were medically managed versus those who were surgically managed. There was some evidence that patients who were high on an external locus of control were more likely to rely on positive reappraisal coping (CRI-A)

Biddle, V. S., Sekula, L. K., Zoucha, R., & Puskar, K. R. (2010). Identification of suicide risk among rural youth: Implications for the use of HEADSS. *Journal of Pediatric Health Care, 24* (3), 152-167.

Youngster's coping was measured as part of an intervention to promote mental health and assess suicide risk among rural youth (CRI-Y).

Blalock, J. A. & Joiner, T. E. (2000). Interaction of cognitive avoidance coping and stress in predicting depression/anxiety. *Cognitive Therapy and Research, 24*, 47-65.

A confirmatory factor analysis of coping responses resulted in two factors labeled cognitive avoidance coping (cognitive avoidance and acceptance/resignation) and behavioral avoidance coping (seeking alternative rewards and emotional discharge). Among women, but not among men, more negative life events and high reliance on avoidance coping predicted increases over a three week interval in depression and anxiety. The use of cognitive avoidance strategies may be associated with a negative self-concept and perceived inability to influence events, which may contribute to feelings of helplessness and depression (CRI-A).

Blanchard, C. G., Toseland, R. W., & McCallion, P. (1996). The effects of problem-solving interventions with spouses of cancer patients. *Journal of Psychosocial Oncology, 14*, 1-21.

This study examined the effectiveness of a brief coping with cancer intervention program for spouses of cancer patients compared to usual care. There was a decline in avoidance coping and a rise in cognitive and behavioral approach coping from before to after the intervention among spouses in both the intervention and usual care groups. These changes held in an assessment conducted six months later (initial CRI-A).

Bloom, S. J. (2009, February). The impact of group support on adolescent response to divorce (doctoral dissertation, Adler School of Professional Psychology, Chicago, IL, 2008). *Dissertation Abstracts International*, 69B (08).

Teens who used group support to help adjust to the effects of parental divorce did not have different coping responses than teens who did not use group support. Overall, teens who relied more on approach coping reported more close friends and more self-worth (CRI-Y)

Boden, M. T., & Moos, R. (2009). Dually diagnosed patients' responses to substance use disorder treatment. *Journal of Substance Abuse Treatment*, 37, 335-345.

Compared to patients with only substance use disorders, patients who had substance use and psychiatric disorders relied more on avoidance coping and less on approach coping at treatment discharge. Overall, patients who perceived their treatment program as more supportive, clear, spiritually oriented, and satisfying reported more reliance on approach and less on avoidance coping at discharge. In turn, more reliance on approach and less on avoidance coping was associated with better 1-year and 5-year alcohol and psychiatric symptom outcomes (CRI-A).

Bogdonoff, D. A. (2002). Resilience as a predictor of abstinence in the recovery from alcohol dependence (Doctoral dissertation, California School of Professional Psychology and Alliant International University, San Diego, CA). *Dissertation Abstracts International*, 63B (09), 4361.

This study focused on individuals recovering from alcohol dependence who were attending one of two mutual support groups, SMART Recovery or 12-step. Compared to individuals in 12-step groups, individuals in SMART Recovery groups were more likely to rely on approach coping, specifically logical analysis, seeking support, and problem solving. Overall, individuals who scored higher on approach coping had stronger beliefs in their resiliency and had higher drinking-related internal locus of control; in contrast, individuals who scored higher on avoidance coping had less confidence that they could control their substance use. With respect to demographic factors, women relied more on seeking guidance and problem solving than men did, and individuals who had more education relied less on avoidance coping, specifically cognitive avoidance, acceptance/resignation, and emotional discharge (CRI-A).

Boutte Burke, M. D. (1999). Mothers' adjustment to marital separation (Doctoral dissertation, Stanford University, Palo Alto, CA). *Dissertation Abstracts International*, 60A (04), 1023.

Among married mothers with children, those who relied more on cognitive avoidance and emotional discharge coping as they experienced marital separation were more likely to be depressed (CRI-A).

Bowers, R., & Smith, P. S. (2004). Wit, humor, and Elizabethan coping: Sir John Harington and *The Metamorphosis of Ajax*. *Humor*, 17 (3), 181-218.

Sir John Harington was a jester at the court of Elizabeth I, published a satirical expose of toilets and toileting titled *The Metamorphosis of Ajax*, and was an inveterate wit and social commentator. Based on his writing and information about his behavior, two judges (an Elizabethan scholar and a clinical psychologist) rated how Sir John coped with Queen Elizabeth's anger on his return from Ireland. The findings showed that Sir John had above average reliance on approach coping, especially logical analysis, positive reappraisal, and seeking support, and on seeking alternative rewards. It is concluded that Sir John's coping strategies were quite effective and, more generally, that proxy ratings of coping may provide interesting insights into the coping strategies of historical figures (CRI-A).

Bradley, B. C. (2006; July). Life stressors and family resources as predictors of psychosocial adaptation in school age children and adolescents of mothers with breast cancer (Doctoral dissertation, Medical University of South Carolina, Charleston, SC, 2005). *Dissertation Abstracts International*, 67B (01).

This study focused on the association between life stressors and social resources of mothers with breast cancer and their child's psychosocial adaptation. Mothers who experienced less spouse/partner support reported that the child had more externalizing symptoms. Children whose mothers reported more friends self-reported fewer internalizing symptoms (LISRES-A).

Bremer, L. A. (2004). Spirituality as a moderating variable in facilitating the association between coping and social functioning among the severely mentally ill (Doctoral dissertation, Rutgers the State University of New Jersey, New Brunswick, NJ). *Dissertation Abstracts International*, 64B (09), 4604.

This study focused on the role of spirituality and coping in social functioning among individuals with severe mental illness. More spirituality was associated with problem centered behavioral coping, which was associated with better social functioning. In addition, individuals who prayed or were active in their faith had higher coping scores (CRI-A).

Brennan, P. L., & Moos, R. (1995). Life context, coping responses, and adaptive outcomes: A stress and coping perspective on late-life problem drinking. In T. Beresford and E. Gombert (eds.). *Alcohol and Aging* (pp. 230-248). New York: Oxford University Press.

A stress and coping model is applied to study individuals with late-life drinking problems. The authors compare late-onset and early-onset problem drinkers, examine how life stressors and social resources influence coping responses and treatment seeking, and focus on the relationships between life context and coping, treatment seeking, and outcomes. The chapter also considers the life contexts and functioning of remitted and nonremitted problem drinkers, factors predicting remission and abstinence, and gender differences in problem drinkers' life contexts and functioning (LISRES-A, CRI-A).

Brennan, P., & Moos, R. (1996). Late-life drinking behavior: The influence of personal characteristics, life context, and treatment. *Alcohol Health and Research World*, 20, 197-204.

This paper reviews research that compares the life contexts of late-middle aged and older problem and non-problem drinkers, and examines the mutual interrelationships between life context factors and drinking behavior (LISRES-A).

Brennan, P. L., & Moos, R. 1996). Late-life problem drinking: Personal and environmental risk factors for 4-year functioning outcomes and treatment seeking. *Journal of Substance Abuse*, 8, 167-180.

Late-life problem drinkers who experienced more baseline spouse and friend stressors had more drinking problems and depression at a 4-year follow-up. In addition, more negative life events, more chronic health stressors, and more avoidance coping at baseline predicted more depression at follow-up. More negative life events and more chronic health-related and spouse stressors were associated with more treatment seeking at the 4-year follow-up, as was more reliance on avoidance coping. In addition, more friend-related stressors and less friends' approval of drinking tended to enhance treatment seeking among problem drinkers who relied less on avoidance coping; these findings did not hold for problem drinkers who relied more on avoidance coping (LISRES-A, CRI-A)

Brennan, P., Schutte, K., Moos, B., & Moos, R. (2011). Twenty-year alcohol consumption and drinking problem trajectories of older men and women. *Journal of Studies on Alcohol and Drugs, 72*.

This study identified baseline predictors of older adults' 20-year alcohol consumption and drinking problem trajectories. Among men, more baseline health problems and more reliance on avoidance coping predicted a decline in drinking problems over the 20-year follow-up (LISRES-A, CRI-A).

Brennan, P., Schutte, K., & Moos, R. (1999). Reciprocal relations between stressors and drinking behavior: A three-wave panel study of older women and men. *Addiction, 94*, 737-749.

This study examined reciprocal relations between stressors and drinking behavior among late-middle-aged and older women and men. A community sample of women and men provided information about their life stressors and drinking behavior at three times: initial assessment, 1 year later, and 4 years later. Stressors did not predict later alcohol consumption, but they did foreshadow later drinking problems. More initial drinking problems resulted in more subsequent financial and spouse stressors for both women and men. Contrary to expectation, more frequent alcohol consumption presaged fewer negative life events, health stressors, and financial stressors for women, and fewer health stressors for men. The findings suggest that, among older adults, there may be a harmful feedback cycle whereby problematic drinking and life stressors exacerbate each other, but also a benign feedback cycle in which moderate alcohol consumption and life stressors reduce each other (LISRES-A).

Brennan, P., Schutte, K., & Moos, R. (2005). Pain and the use of alcohol to manage pain: Prevalence and 3-year outcomes among older problem and nonproblem drinkers. *Addiction, 100*, 788-797.

Compared to non-problem drinking older men, problem drinking older men who relied on alcohol to manage pain were more likely to report chronic health problems 3 years later (LISRES-A).

Brennan, P., Schutte, K., & Moos, R. (2006). Long-term patterns and predictors of successful stressor resolution in late life. *International Journal of Stress Management, 13*, 253-272.

Compared to older adults who never resolved focal stressors over a 10-year interval, those who always did consistently showed less negative stressor appraisal, less reliance on avoidance coping, and less use of exploratory relative to directed coping responses. Less use of exploratory relative to directed coping and having more social resources and fewer health problems at baseline predicted more stressor resolution over the next 10 years (LISRES-A, CRI-A).

Brennan, P. L., Schutte, K. K., & Moos, R. (2010). Patterns and predictors of late-life drinking trajectories: A 10-year longitudinal study. *Psychology of Addictive Behaviors, 24* (2), 254-264.

Heavier reliance on avoidance coping at baseline predicted a faster rate of decline in alcohol consumption over the subsequent ten years. Prospective mediation analyses suggested that this may have occurred because this and other baseline predictors heighten risk of developing new health problems which, in turn, motivate reduced alcohol consumption (CRI-A).

Brennan, P. L., Schutte, K. K., & Moos, R. (2010). Retired status and older adults' 10-year drinking trajectories. *Journal of Studies on Alcohol and Drugs, 71* (2), 165-168.

Baseline poorer health predicted a steeper 10-year decline in the frequency of alcohol consumption (LISRES-A).

Burgess, E. S., & Haaga, D. A. (1998). Appraisals, coping responses, and attributions as predictors of individual differences in negative emotions among pediatric cancer patients. *Cognitive Therapy and Research, 22* (5), 457-473.

Adolescents with cancer rated the strategies they used to cope with cancer or a cancer-related hassle. Adolescents who perceived a stressor as malleable were more likely to engage in both cognitive and behavioral coping. Compared to boys, girls relied more on cognitive and behavioral strategies to cope with both cancer and cancer-related hassles. Among boys, more reliance on cognitive coping was associated with more anger, anxiety, and depressive symptoms; more reliance on behavioral coping was associated with more anger. Among girls, reliance on problem-solving and seeking alternative rewards was associated with fewer depressive symptoms (CRI-Y).

Burnett, H. J. (2001). A study of the relationship between police stress and moral reasoning, coping mechanisms, and selected demographic variables (Doctoral dissertation, Andrews University, Berrien Springs, MI). *Dissertation Abstracts International*, 62B (02), 1125.

There was a modest relationship between the level of stressors law enforcement officers perceived in their work and their reliance on emotion-focused coping responses (CRI-A).

Burns, A. B., Brown, J.S., Sachs-Ericsson, N., Plant, E. A., Curtis, J. T., Fredrickson, B. L., & Joiner, T. E. (2008). Upward spirals of positive emotion and coping: Replication, extension, and initial exploration of neurochemical substrates. *Personality and Individual Differences*, 44, 360-370.

Positive affect and avoidance/resignation coping were associated with more reliance on positive coping (approach coping and seeking alternative rewards). In turn, positive coping was associated with an increase in positive affect (CRI-A).

Burns, W. B. (2001). Family-owned and non-family-owned business: Stress and coping (Doctoral dissertation, Iowa State University, Ames, IA). *Dissertation Abstracts International*, 61B (10), 5605.

There were no significant differences between how managers of family-owned and non-family-owned businesses coped with stressful situations (CRI-A).

Calicchia, J. A., & Graham, L. B. (2006). Assessing the relationship between spirituality, life stressors, and social resources: Buffers of stress in graduate students. *North American Journal of Psychology*, 8 (2), 307-320.

Young adults who reported fewer spouse/partner and extended family stressors, and more extended family and friend resources and positive life events experienced greater existential well-being. More physical health and friend stressors were associated with more spiritual well-being, as were more social resources from children and extended family members (LISRES-A).

Callahan, E. J. (1996). Identifying coping mechanisms of parents of children with special needs (Doctoral dissertation, Pace University, New York, NY). *Dissertation Abstracts International*, 57B (02), 1462.

In this study of parents of children with special needs (mental retardation), parents who relied more on cognitive avoidance, acceptance/resignation, seeking alternative rewards, and emotional discharge in coping with a stressful situation involving their child, were likely to feel more depressed. Parents who relied more on seeking guidance and support and problem solving, and less on emotional discharge, were likely to feel more self-confident (initial CRI-A).

Carney, S. L. (2003). The relationship between help-seeking attitudes and coping responses patterns in adult African-American males (Doctoral dissertation, Tennessee State University, Nashville, TN). *Dissertation Abstracts International*, 64B (04), 1887.

African-American men had flexible coping styles. However, their attitudes toward seeking professional psychological help were not associated with their coping responses (CRI-A).

Carrico, A. W., Gifford, E. V., & Moos, R. (2007). Spirituality/religiosity promotes acceptance-based responding and twelve-step involvement. *Drug and Alcohol Dependence*, 89, 66-73.

Spirituality/religiosity at baseline among patients in treatment for substance use disorders predicted enhanced acceptance-based responding (one aspect of which involved reliance on approach coping) at a 1-year follow-up which, in turn, predicted increased involvement in 12-step self-help groups at a 2-year follow-up. Overall, spirituality/religiosity promotes the use of self-regulation coping skills that contribute to ongoing 12-step self-help group involvement (CRI-A).

Causey, D. L. (1993.) Negotiating the transition to junior high school: The contributions of coping strategies and the school environment (Doctoral dissertation, Bowling Green State University, Bowling Green, OH). *Dissertation Abstracts International*, 54B (11), 5958.

Among 7th grade students experiencing the transition from elementary school to junior high school, approach coping strategies were associated with more perceived coping effectiveness and better adaptation to the new school, whereas avoidance strategies were associated with poorer effectiveness and worse adaptation. Increased reliance on approach coping was related to more positive perceptions over time in how well a specific transition-related stressor was handled, whereas increased reliance on avoidance coping was related to more problems in adapting to the new school setting (adapted CRI-Y).

Causey, D. L., & Dubow, E. F. (1992). Development of a self-report coping measure for elementary school children. *Journal of Clinical Child Psychology*, 21, 47-59.

The paper describes the development of a self-report coping scale for 9-to 12-year-old children. Two subscales, seeking social support and problem solving, measure approach coping. These subscales showed moderate cross-situational consistency (for an academic and a peer-related stressor). With respect to validity, seeking support and problem-solving coping were related to self-worth and self-esteem. There also were moderate positive relationships between students' self-reported coping strategies and their peers' ratings of how often the students used these coping strategies (adapted CRI-Y).

Ceperich, S. D. (1997). Coping interventions for high school-based suicide prevention (Doctoral dissertation, Arizona State University, Tempe, AZ). *Dissertation Abstracts International*, 58A (05), 1599.

To try to reduce high school students' risk for suicide, students were assigned to one of two treatment groups that received six sessions in problem solving skills or teaching other coping strategies through lessons about mental health, and a no treatment control group. The treatment conditions had no differential effects on students' coping skills. However, more reliance on problem solving and less on emotional discharge was associated with higher self-esteem and less depression, hopelessness, and risk for suicide. In addition, more reliance on emotional discharge and less on seeking alternative rewards was associated with more substance use (CRI-A).

Cheek, J. R. (2002). Utilizing music techniques to treat teacher burnout: A school counselor's response to school reform (Doctoral dissertation, Texas Tech University, Lubbock, TX). *Dissertation Abstracts International*, 63A (02), 507.

Teachers who participated in school-based counseling groups using cognitive behavioral techniques and music therapy reported comparable levels of life stressors and social resources as did teachers in groups using cognitive behavioral interventions alone (LISRES-A).

Chrustowski, P. G. (2002). The relationship of thought suppression versus expression to anxiety and its effects on the accessibility of anxiety-related cognitive constructs (Doctoral dissertation, Wayne State University, Detroit, MI, 2001). *Dissertation Abstracts International*, 62A (12), 4070.

Individuals who were higher on trait anxiety were more likely to rely on cognitive avoidance coping. However, there was no association between cognitive avoidance coping and susceptibility to anxiety induction (CRI-A).

Chung, T. (1998). Change in alcoholic patients' coping responses: Relation to temperament and outcome (Doctoral Dissertation, Rutgers University, New Brunswick, New Jersey). *Dissertation Abstracts International*, 59B (02), 867.

This study examined the determinants and impact on treatment outcome of changes in alcoholic patients' coping responses. In general, patients showed an increase in behavioral approach and a decline in both cognitive and behavioral avoidance coping between baseline (treatment intake) and a 12-month follow-up. Type B alcoholic patients (more impulsive and hyperactive) relied more on avoidance coping. A decline in the use of avoidance coping between baseline and follow-up was associated with better alcohol-related outcomes and better psychological and family functioning. An increase in behavioral approach coping was related to less severe alcohol problems at follow-up (CRI-A)

Chung, T., Langenbucher, J., Labouvie, E., Pandina, R. J., & Moos, R. (2001). Changes in alcoholic patients' coping responses predict 12-month treatment outcomes. *Journal of Consulting and Clinical Psychology*, 69, 92-100.

This study examined changes in coping responses and outcomes among patients with alcohol use disorders following admission to treatment. In general, patients' approach coping increased and avoidance coping declined. Type B patients used more avoidance coping than Type A patients did, but these two subtypes did not differ in rate of change of coping. An increase in behavioral approach coping between treatment intake and a 1-year follow-up predicted less severe alcohol problems; a decrease in cognitive avoidance coping predicted fewer alcohol, psychological, and interpersonal problems (CRI-A).

Coelho, R., Amorim, I., & Prata, J. (2003). Coping styles and quality of life in patients with non-insulin-dependent diabetes mellitus. *Psychosomatics*, 44, 312-318.

Diabetic patients were more likely to regard diabetes and the consequent changes in lifestyle as a threat than as a challenge. Diabetic patients tended to rely more on avoidance than on approach coping styles, and, overall avoidance coping styles (especially cognitive avoidance and emotional discharge) were associated with worse quality of life (Portuguese CRI-A).

Cooper, M. L., Frone, M. R., Russell, M., & Peirce, R. S. (1997). Gender, stress, coping, and alcohol use. In R. Wilsnack & S. Wilsnack (eds.), *Gender and alcohol. Individual and social perspectives* (pp. 199-224). New Brunswick, NJ: Rutgers University Press.

This study examined stress and coping as mediators of gender differences among adolescents in alcohol use. Two factors were derived; approach coping (cognitive and behavioral) and avoidance coping (avoidance coping and two anger expression scales). Among teen agers, girls reported more approach and avoidance coping than boys did, and among adults, women reported more approach coping than men did. Avoidance coping was related to more alcohol consumption, heavy drinking, and drinking problems in both samples. The authors thought that the gender difference in avoidance coping, that is, that girls and women tend to rely more on avoidance coping than boys and men do, might explain the heavier alcohol involvement among males than among females. However, controlling for gender differences in avoidance coping did not reduce gender differences in alcohol involvement (initial CRI-Y)

Cozzens-Hebert, M. L. (2002). Coping and depression in residentially placed female adolescents (Doctoral dissertation, Seton Hall University, xxxxxx). *Dissertation Abstracts International*, 63 (01), 519B.

In this study of young girls in residential care, a high level of stressors was associated with more approach and avoidance coping, and, in turn, avoidance coping was associated with more depression. Girls who had been multiply abused were less likely to use adaptive coping strategies (CRI-Y)

Crean, H. F. (1995). Adjustment in Hispanic middle school students: An integrative model of risk and protective factors (Doctoral dissertation, University of Texas, Austin, TX, 1994). *Dissertation Abstracts International*, 55A (07), 1874.

Hispanic youngsters who experienced fewer acute stressors and more social support, and who relied more on approach coping strategies, had higher school competencies and fewer psychological symptoms. Youngsters who reported more conflict with one parent had more psychological symptoms; support from the other parent tended to be associated with fewer symptoms. Teacher support was associated with fewer externalizing symptoms among girls whose parents' marriage was characterized by high conflict; teacher support had relatively little effect for girls whose parents' marriage was harmonious (English and Spanish LISRES-Y, CRI-Y).

Crean, H. F. (2004). Social support, conflict, major life stressors, and adaptive coping strategies in Latino middle school students: An integrative model. *Journal of Adolescent Research*, 19 (6), 657-676.

Inner city Latino middle school students who experienced more acute stressors and social conflict had more psychological symptoms and less school competence. In addition, youngsters who experienced more social support and relied more on approach coping strategies reported fewer psychological symptoms; social support was positively associated with school competencies. Moreover, approach coping strategies mediated part of the association between social support and conflict and psychological symptoms and school competencies (English and Spanish LISRES-Y, CRI-Y).

Croyle, K. L., Troster, A. I., Fields, J. A., Straits-Troster, K. A., Lyons, K. E., & Pahwa, R. (2003). Presurgical coping, depression, and quality of life in persons with Parkinson's disease. *Journal of Clinical Psychology in Medical Settings*, 10 (2), 101-107.

Patients with Parkinson's disease rely mainly on avoidant and behavioral strategies to cope with the acute stressor of approaching neurosurgery. More use of behavioral strategies was associated with less depression and, in turn, less depression was associated with better quality of life. Overall, behavioral strategies, especially seeking alternative rewards, seem to be associated with better mood, assuming that their salutary effects are not overwhelmed by less helpful cognitive coping techniques (CRI-A).

Cummings, S. M., Long, J. K., Peterson-Hazan, S., & Harrison, J. (1998). The efficacy of a group treatment model in helping spouses meet the emotional and practical challenges of early stage caregiving. *Clinical Gerontologist, 20*, 29-45.

Caregivers who participated in a psycho-educational support group showed an increase in reliance on approach versus avoidance coping skills (CRI-A).

Curtiss, G., Klemz, S., & Vanderploeg, R. D. (2000). Acute impact of severe traumatic brain injury on family structure and coping responses. *Journal of Head Trauma Rehabilitation, 15*, 1113-1122.

Six months after their husband experienced a traumatic brain injury, wives reported on their coping responses to a pre-injury stressor and to the stressor of the injury itself. Wives in families characterized by disengagement and rigidity relied more on seeking guidance and problem solving after the injury, probably because of the increased demands the injury placed on them. Wives in more cohesive families reduced their reliance on seeking alternative rewards and emotional discharge, perhaps because they were trying to control their reactions to the traumatic event (CRI-A).

Cushway, D., & Tyler, P. (1996). Stress in clinical psychologists. *International Journal of Social Psychiatry, 42*, 141-149.

This paper summarizes the findings of a series of studies of work-related stressors and coping among British clinical psychologists. In general, approach coping strategies were reported most frequently and were associated with less distress, whereas avoidance strategies are associated with more distress. Psychologists' most frequently reported coping methods include talking to friends and colleagues at work, active planning and problem solving, and engaging in other activities such as exercise and leisure. According to the authors, avoidance sometimes can be adaptive, but is less likely to be so when it involves denial (CRI-A)

Cushway, D., Tyler, P. A., & Nolan, P. (1996). Development of a stress scale for mental health professionals. *British Journal of Clinical Psychology, 35*, 279-295.

Clinical psychologists and mental health nurses reported on their work-related stressors, such as heavy workload, client-related problems, organizational problems, relationship conflicts with other professionals, lack of resources, professional self-doubt, and home-work conflict. Clinical psychologists relied more on behavioral approach strategies to cope with these stressors than mental health nurses did. Higher scores on several of the stressor indices were associated with more reliance on cognitive and behavioral approach coping and on avoidance coping (initial CRI-A)

Davey, G., Burgess, I., & Raches, R. (1995). Coping strategies and phobias: The relationship between fears, phobias, and methods of coping with stressors. *British Journal of Clinical Psychology, 34*, 423-434.

Among a group of normal young adults, more reliance on avoidance coping strategies and less on cognitive reappraisal coping were associated with more social fears and phobias. In addition, compared with normal controls, patients with phobias and panic disorders reported more reliance on avoidance coping. The latter findings support the idea that patients with phobias and panic disorders tend to avoid contact with information that might disconfirm their fears (CRI-A).

Delmonico, L. J. (1997). Stressful life events and resiliency: Coping responses, social support resources, hardiness, and perceived childhood family relationships in adult children of alcoholics (Doctoral dissertation, California School of Professional Psychology, San Diego, CA). *Dissertation Abstracts International, 58B* (01), 413.

Compared with adult children of non-alcoholics, adult children of alcoholics had fewer social resources, were more likely to rely on avoidance coping, and were more likely to be depressed. Overall, adults who experienced less social support and relied more on avoidance coping were more likely to be depressed. These risk factors appeared to mediate the relationship between being an adult child of an alcoholic and a higher likelihood of depression (initial CRI-A).

deMatos, M. G., Tome, G., Borges, A. I., Manso, D., Ferreira, P., & Ferreira, A. (2008). Anxiety, depression, and coping strategies: Improving the evaluation and the understanding of these dimensions during pre-adolescence and adolescence. *Journal of Cognitive and Behavioral Psychotherapies, 8* (2), 169-184.

Compared with their younger counterparts, older youngsters reported more use of approach coping strategies. In addition, more reliance on approach coping strategies was associated with fewer depressive symptoms (adapted Portuguese CRI-Y).

Dennis, M. L., Foss, M. A., & Scott, C. K. (2007). An eight-year perspective on the relationship between the duration of abstinence and other aspects of recovery. *Evaluation Review, 31* (6), 585-612.

This study focused on adults who received substance use disorder treatment, were followed at 6 months and then annually for eight years, and achieved a minimum of 1 month abstinence prior to the 8-year follow-up. Individuals were divided into four groups based on their length of abstinence; that is 30 days to 1 year, 1-3 years, 3-5 years, and 5+ years. At year 8, reliance on four coping strategies (logical analysis, seeking guidance, cognitive avoidance, emotional discharge) was most common among individuals in the early stages of abstinence (e.g., abstinent for 30 days to 1 year) and tended to decrease with increasing length of abstinence. Thus, as the duration of abstinence increased (and the number of mental health and other problems decreased), use of these coping strategies declined (CRI-A).

Derisley, J., Libby, S., Clark, S., & Reynolds, S. (2005). Mental health, coping, and family functioning in parents of young people with obsessive-compulsive disorders and with anxiety disorders. *British Journal of Clinical Psychology, 44*, 439-444.

Parents of children with obsessive-compulsive disorders relied more on cognitive avoidance and behavioral avoidance coping than did parents of non-clinical children. Parents of children with anxiety disorders relied more on behavioral approach and cognitive avoidance coping than parents of non-clinical children (CRI-A).

DeVries, H.M., Hamilton, D.W., Lovett, S., & Gallagher-Thompson, D. (1997). Patterns of coping preferences for male and female caregivers of frail older adults. *Psychology and Aging, 12*, 263-267.

Women and men caregivers rated their reliance on and the helpfulness of approach and avoidance coping strategies. Women were more likely to rely on cognitive and behavioral approach coping. An item analysis indicated that women were more likely to use a coping pattern involving perspective taking, self-affirmation, and seeking out social and recreational support (initial CRI-A)

Dungan, D. E. (2001). Five days of stress and coping in the lives of college students (Doctoral dissertation, Texas Tech University, Lubbock, TX). *Dissertation Abstracts International, 62B* (10), 4827.

College students tended to rely more on approach than on avoidance coping strategies. Approach coping was not associated with either depression or anxiety; however, students who relied more on avoidance coping reported more depression (CRI-A)

Eckhardt, J. R. (1999). Coping style and symptoms of posttraumatic stress disorder among women with primary breast cancer (Doctoral dissertation, California School of Professional Psychology, Berkeley, 1998). *Dissertation Abstracts International*, 59B (09), 5078.

This study focused on women with primary breast cancer who were assessed one to 18 months after the diagnosis. Reliance on avoidance coping was associated with avoidance/numbing PTSD symptoms, but also, unexpectedly, with hyperarousal and re-experiencing symptoms. More reliance on avoidance coping was also associated with more overall PTSD symptoms (initial CRI-A).

Ely, N. L. (2003). Approach-avoidance coping as a predictor of consistent contraceptive use in young adults (Doctoral dissertation, Pacific Graduate School of Psychology, Palo Alto, CA). *Dissertation Abstracts International*, 64B (01), 402.

This study sought to identify factors related to contraceptive decision-making among adolescents and young adults. The findings showed that individuals who reported a more internal health locus of control relied more on approach coping, whereas those who reported a more external health locus of control relied more on avoidance coping. In addition, individuals who relied more on approach coping tended to report more condom-use self-efficacy and reported more consistent contraceptive use (CRI-A)

Engelhardt, J. B., Toseland, R. W., O'Donnell, J. C., Richie, J. T., Jue, D., & Banks, S. (1996). The effectiveness and efficiency of outpatient geriatric evaluation and management. *Journal of the American Geriatrics Society*, 44, 847-856.

This study compared the effectiveness of a specialized geriatric evaluation and management program with usual primary care. The two groups did not differ significantly on any of the indices of psychosocial well-being, including the social resources available from family and friends (LISRES-A).

Enger, K. (2004). Effects of a service dog on the families of individuals with spinal cord injuries (Doctoral dissertation, Chicago School of Professional Psychology, Chicago, IL, 2003). *Dissertation Abstracts International*, 64B (11), 5779.

Women who were living in a committed relationship with a spinal cord injured man who was using a service dog identified significant areas of life stressors, but tended to rate their social resources as average or slightly better (LISRES-A).

Erickson, S., Feldman, S.S., & Steiner, H. (1997). Defense reactions and coping strategies in normal adolescents. *Child Psychiatry and Human Development*, 28, 45-56.

Youth who had immature defenses (that is, relied more on projection, denial, regression, and the like) were more likely to use avoidance coping and less likely to use approach coping. Reliance on mature and prosocial defenses was not associated with coping responses. Youth who used more mature defenses, fewer immature defenses, and less avoidance coping were better adjusted. The findings show that the domains tapped by defense styles and coping responses mainly tap distinct areas of functioning (CRI-Y).

Erickson, S. J., & Feldstein, S. W. (2007). Adolescent humor and its relationship to coping, defense strategies, psychological distress, and well-being. *Child Psychiatry and Human Development*, 37, 255-271.

This study of young adolescents (aged 12-15) focused on the development of the Humor Styles Questionnaire and its concurrent validity. As expected, approach coping was associated with higher scores on self-effacing humor and lower scores on aggressive humor. In contrast, avoidance coping was associated with higher scores on self-defeating humor (CRI-Y).

Evans, D. M., & Dunn, N. J. (1995). Alcohol expectancies, coping responses and self-efficacy judgements: A replication and extension of Cooper et al.'s 1988 study in a college sample. *Journal of Studies on Alcohol*, 56, 186-193.

To assess the contribution of coping style to alcohol use and alcohol-related problem behaviors, young adults were asked about their coping in response to common and recurrent situational demands involving alcohol and administered to college students. Use of avoidant coping strategies was associated with greater alcohol consumption and endorsement of alcohol-related problem behaviors whereas problem-focused coping strategies were not related to the alcohol variables. Coping responses were related to alcohol-related problem behaviors, with avoidance coping contributing significantly to the variance. Consistent with social learning theory, students who relied on avoidance coping drank more and experienced more alcohol-related problems (initial CRI-A)

Eyles, D. J., & Bates, G. W. (2005). Development of a shortened form of the Coping Responses Inventory – Youth with an Australian sample. *North American Journal of Psychology*, 7 (2), 161-170.

Factor analysis based on Australian youngsters' coping responses identified four factors labeled logical analysis and problem solving, seeking guidance and support, cognitive avoidance and emotional expression, and seeking alternative rewards. Girls had higher scores on each of these factors except seeking alternative rewards (CRI-Y).

Farrell, S. P. (2000). The impact of stress, adherence, and cognitive errors on metabolic control in youths with Type I diabetes. (Doctoral dissertation, University of Wisconsin, Milwaukee, 1999). *Dissertation Abstracts International*, 60B (05), 3586.

This study examined the role of cognitive errors (negatively biased thinking) in the relationship between diabetes specific and general stressors, adherence behavior, and metabolic control among youth with Type I diabetes. Among girls, negative cognitive errors were associated with both diabetes specific and general stressors; general stressors were then associated with less adherence behavior and poorer metabolic control. Among boys, more diabetes-specific stressors led to more general stressors, which, in turn, were associated with less adherence and poorer metabolic control (LISRES-Y).

Farrell, S. J. (2002). An examination of homelessness from a stress perspective (Doctoral dissertation, University of Ottawa, Canada, 2001). *Dissertation Abstracts International*, 63B (05), 2580.

This study of homeless individuals showed that neuroticism was related to avoidance coping (resigned acceptance and emotional discharge), which, in turn, was related to psychological stress and psychopathology. More than 50% of the individuals stated that something good had come out of being homeless, including the development of new skills and self reliance, freedom from abusive rules and regulations, benefits such as the opportunity to meet new people, and learning experiences such as learning how to access needed services and how to prepare for the future (CRI-A).

Farrell, S. P., Hains, A. A., Davies, W. H., Smith, P., & Parton, E. (2004). The impact of cognitive distortions, stress, and adherence on metabolic control in youths with Type 1 diabetes. *Journal of Adolescent Health, 34*, 461-467.

Boys and girls with Type 1 diabetes reported an average level of overall life stressors. Youngsters who reported more cognitive distortions (in hypothetical academic, social, and athletic situations) also experienced more overall stressors. Overall stressors were associated with poorer adherence to diabetes self-care (both glucose level checks and overall self-reported adherence) and, in turn, less self-care was associated with poorer metabolic control (LISRES-Y)

Feenstra, J. S., Banyard, V. L., Rines, E. N., & Hopkins, K. R. (2001). First-year students' adaptation to college: The role of family variables and individual coping. *Journal of College Student Development, 42* (2), 106-113.

In this cross-sectional study of adaptation to the first year of college, students who relied more on approach coping reported better academic, social, emotional, and overall adjustment to college. In addition, approach coping mediated part of the relationship between family-level coping and better adjustment to college. Thus, the findings support the idea that better family-level coping contributes to more reliance on approach coping which, in turn, fosters better adaptation to college (initial CRI-A)

Fernandes, I., & Perez-Ramos, m. (2002). Estrategias de coping dos psicólogos frente ao stress no trabalho em hospitais (Coping strategies of psychologists toward stress in the hospital setting). *PSICO, 33*, 77-95.

Brazilian psychologists working in non-psychiatric hospitals favored approach over avoidance coping in confronting work-related stressors. Also, there was a significant association between unmarried status and reliance on avoidance coping (CRI-A).

Fiedler, N., Lange, G., Tiersky, L., DeLuca, J., Policastro, T., Kelly-McNeil, K., McWilliams, R., Korn, L., & Natelson, B. (2000). Stressors, personality traits, and coping of Gulf War veterans with chronic fatigue. *Journal of Psychosomatic Research, 48*, 525-535.

Compared to healthy veterans and veterans with chronic fatigue and no psychiatric illness, veterans with chronic fatigue and psychiatric illness reported more cognitive avoidance and emotional discharge coping. The chronic fatigue groups reported more acceptance and resignation than healthy veterans did. In general, veterans who were higher on neuroticism and alexithymia relied less on approach and more on avoidance coping. Veterans who experienced more combat-related stressors and more traumatic events in childhood relied more on avoidance coping (CRI-A).

Fingerman, K. L., Gallagher-Thompson, D., Lovett, S., & Rose, J. (1996). Internal resourcefulness, task demands, coping, and dysphoric affect among caregivers of the frail elderly. *International Journal of Aging and Human Development*, *42*, 229-248.

Among primary caregivers of frail older adults, more reliance on avoidance coping was associated with more depression (initial CRI).

Finney, J., & Moos, R. (1995). Entering treatment for alcohol abuse: A stress and coping model. *Addiction*, *90*, 1223-1240.

This study applied a stress and coping model to examine the process of entering treatment among problem drinkers. Problem drinkers were more likely to enter treatment if they experienced more negative life events and/or more chronic stressors. Social resources were not associated with treatment entry. However, the relationships between the severity of drinking problems and stressors and treatment entry were stronger among individuals with more resources than among those with fewer resources (initial LISRES).

Finney, J., Moos, R., & Humphreys, K. (1999). A comparative evaluation of substance abuse treatment: II. Linking proximal outcomes of 12-step and cognitive-behavioral treatment to substance abuse outcomes. *Alcoholism: Clinical and Experimental Research*, *23*, 537-544.

Patients who at hospital discharge relied more on approach compared to avoidance coping were more likely to be free of substance use problems at a 1-year follow-up. Approach coping at follow-up was strongly related to better concurrent substance use outcomes. Patients who had both outpatient care and 12-step group involvement after inpatient treatment relied more heavily on approach coping at follow-up than did patients who received only outpatient care. This finding supports the idea that continued care, especially informal care, may help to maintain the gains in coping made during intensive treatment (CRI-A).

Finney, J.W., Noyes, C., Coutts., A., & Moos, R. (1998). Evaluating substance abuse and treatment process models: I. Changes on proximal outcome variables during 12-step and cognitive behavioral treatment. *Journal of Studies Alcohol*, 59, 371-380.

This study involved a comparison of patients' changes in three distinct types of substance abuse treatment programs: 12-step, cognitive-behavioral (CB), and eclectic. Patients in all three types of programs relied more on approach coping and less on avoidance coping at discharge from treatment than at intake. In general, there was no differential change in coping among patients in the three sets of programs, except that patients in 12-step programs improved more on problem-solving than did patients in CB programs. These findings suggest that some of the proximal outcomes (such as coping) thought to be specific to CB treatment actually are general proximal outcomes of both 12-step and CB treatment (CRI-A).

Fiore, M. F. (1998). Interpersonal stress, coping, and adjustment in an adolescent inpatient sample (Doctoral dissertation, University of North Carolina, Chapel Hill). *Dissertation Abstracts International*, 59B (08), 4460.

This study examined coping responses among hospitalized emotionally disturbed teenagers at admission to treatment and twice more at six-week intervals. There was limited evidence for small increases in logical analysis, positive reappraisal, and problem solving, and for a small decline in cognitive avoidance over time. There also were suggestive findings that a decline in cognitive avoidance coping was associated with fewer self-reported internalized symptoms and an improvement in therapists' ratings of the patients' global functioning (CRI-Y)

Fitzpatrick, C. M., Levine, E. G., Heide, F., Zelman, D., & Targ, E. (2000). Re-examining the construct of fatalism in women with breast cancer: Stoic resignation versus spiritually focused acceptance. *Psycho-Oncology*, 9 (Supplement 5), 90.

In this study of women with primary and metastatic breast cancer, a coping style labeled fatalism (appraising cancer as a minor threat, perceived lack of control over the illness, and acceptance of the outcome) was unexpectedly associated with spirituality and religious activity, and with less depression and anxiety and higher quality of life. In conjunction with spirituality, fighting spirit, and low distress, reliance on active cognitive coping predicted higher levels of fatalism (adapted initial CRI-A).

Forns, M., Amador, J. A., Kirchner, T., Gomez, J., Muro, P., & Martorell, B. (2005). Psychometric properties of the Spanish version of the Moos Coping Response Inventory for Youth. *Psychological Reports, 97* (3), 777-789.

Factor analyses of Spanish young adults' coping responses broadly identified approach and avoidance coping domains, which had alphas of .81 and .64, respectively. However, seeking alternative rewards was more strongly associated with the approach than with the avoidance factor. As expected, adolescents who relied more on avoidance coping strategies also reported more externalizing, internalizing, and total psychological symptoms (Spanish CRI-Y).

Forns, M., Balluerka, N., Gomez-Benito, J., Kirchner, T., & Amador, J. A. (2010). Multilevel approach to stressors, coping, and psychopathological symptoms. *Psychological Reports, 106* (1), 262-278.

Adolescents were relatively consistent over four years in the reliance on approach and avoidance coping responses. Adolescents who relied more on avoidance coping tended to report more symptoms; however, the association between approach coping and symptoms depended on the type of stressor (personal, interpersonal, non-personal) (Spanish CRI-Y).

Forys, K., McKellar, J., & Moos, R. (2007). Participation in specific treatment components predicts alcohol-specific and general coping skills. *Addictive Behaviors, 32*, 1669-1680.

Patients with substance use disorders who relied more on approach coping and less on avoidance coping at baseline had less alcohol and drug use and fewer drinking problems at a 1-year follow-up. Patients who participated more in life skills counseling during treatment relied more on approach coping at 1 year (CRI-A).

Franks, H. M., & Roesch, S. C. (2006). Appraisals and coping in people living with cancer: A meta-analysis. *Psycho-Oncology, 15*, 1027-1037.

The conceptualization of approach and avoidance coping responses was used in a meta-analysis to examine the association between appraisal and coping in people with cancer. Appraisals of challenge were associated with approach coping, whereas appraisals of harm and/or loss were associated with avoidance coping. The association between challenge appraisal and approach coping was stronger among women with breast cancer than other types of cancer and for women who had been more recently diagnosed (CRI-A concepts).

Fredrickson, B. L., & Joiner, T. (2002). Positive emotions trigger upward spirals toward emotional well-being. *Psychological Science, 13* (2), 172-175.

Logical analysis coping was used as a measure of broad-minded coping in part because it was correlated with a measure of broadened thinking and with measure of interpersonal trust and optimism, which are personal resources associated with broadened thinking. In the study, young adults were assessed twice five weeks apart. Initial positive affect predicted improved broad-minded coping, and initial broad-minded coping predicted increased positive affect. Moreover, positive affect and broad-minded coping serially enhanced one another (CRI-A).

Fukunishi, I., Hosaka, T., Negishi, M., Moriya, H., Hayashi, M., & Matsumoto, T. (1997). Avoidance coping behaviors and low social support are related to depressive symptoms in HIV-positive patients in Japan. *Psychosomatics, 38*, 113-118.

Patients who were HIV-positive relied more on cognitive and behavioral approach coping than healthy controls did. Among the HIV-positive patients, those who relied more on avoidance coping were more depressed. Overall, reliance on avoidance coping and lack of social support each increased the risk of depressive symptoms among the HIV-positive patients (adapted Japanese initial CRI-A)

Fullard, D, A, (1999). The personality characteristics and treatment outcomes for thirty-three (33) adult male inmates in a high-impact incarceration program (Doctoral dissertation, The Union Institute, Cincinnati, OH, 1998). *Dissertation Abstracts International, 59B* (09), 5081.

Involvement in a rigorous “boot camp” program organized by the New York City Department of Corrections high Impact Incarceration Program on Rikers Island resulted in significant increases in participants’ reliance on logical analysis, positive reappraisal, seeking support, problem-solving, and seeking alternative rewards, and in significant decreases in cognitive avoidance and acceptance/resignation (CRI-A).

Gall, T. L., Evans, D. R., & Bellerose, S. (2000). Transition to first-year university: Patterns of change in adjustment across life domains and time. *Journal of Social and Clinical Psychology, 19*, 544-567.

A group of first-year university students was assessed four times during their first year with respect to life events, social support, well-being, and how they coped with events in the academic, living situation, and dating domains. With respect to both the academic and living situation domains, students tended to rely less on avoidance coping over time. In general, more reliance on cognitive and behavioral approach coping and less on reliance coping was related to more well-being (initial CRI-A).

Gallagher, B. V., & Gardner, F. L. (2008). An examination of the relationship between early maladaptive schemas, coping, and emotional response to athletic injury. *Journal of Clinical Sport Psychology, 1* (1), 47-67.

Maladaptive schemas and avoidance coping were associated with higher levels of negative mood among injured athletes (CRI-A).

Geibel, S. J. (2005). The relationship between approach and avoidance coping strategies and substance abuse relapse in adult substance abusers (Doctoral dissertation, Saybrook Graduate School, San Francisco, CA, 2000). *Dissertation Abstracts International, 66B* (02), 1169.

Individuals with substance use disorders who relied more on approach coping were more likely to be in remission at a 12-month post-treatment follow-up, whereas individuals who relied more on avoidance coping were more likely to have relapsed. The combination of cognitive avoidance and unconscious avoidance of negative affect may be especially closely associated with relapse (CRI-A).

Gerson, M. S. (1998). The relationship between hardiness, coping skills, and stress in graduate students (Doctoral dissertation, Adler School of Professional Psychology, Chicago, IL). *Dissertation Abstracts International, 59B* (06), 3056.

Individuals who reported more life stressors also reported more reliance on logical analysis, cognitive avoidance, acceptance and resignation, and emotional discharge coping. In addition, higher scores on hardiness were associated with more effective coping skills (CRI-A).

Gifford, E. V., Ritsher, J. B., McKellar, J., & Moos, R. (2006). Acceptance and relationship context: A model of substance use disorder treatment outcome. *Addiction, 101*, 1167-1177.

This paper focuses on a model that specifies that acceptance-based behavior and constructive social relationships lead to recovery, and that treatment programs with supportive, involved relationships facilitate the development of these factors. The findings showed that treatment program alliance predicted acceptance-based responding (measured in part by approach coping), and social relationship quality (measured in part by friend resources). In turn, acceptance-based responding predicted better 2-year and 5-year outcomes of substance use disorder treatment (LISRES-A, CRI-A).

Giovanola, S. (2001). Psychological differentiation, depression, and patterns of coping with stress in HIV-positive mothers (Doctoral dissertation, Columbia University, New York, NY). *Dissertation Abstracts International*, 62B (02), 1078.

Among HIV-positive mothers, coping responses were not related to field dependence-independence (initial CRI-A).

Goode, K. T., Haley, W. E., Roth, D. L., & Ford, G. R. (1998). Predicting longitudinal changes in caregiver physical and mental health: A stress process model. *Health Psychology* 17 (2), 190-198.

Caregivers reported on self-care and behavioral problems of their family member with Alzheimer's disease, their perception of the stressfulness of these problems, the confidence in their ability to manage the problem (self-efficacy), their coping strategies, and their mental and physical health at baseline and at a 1-year follow-up. Caregiver's stressors increased over time; however, on average, their percent approach coping remained stable. Caregivers who reported an increase in approach coping experienced a decline in depressive symptoms in the context of both family member self-care and behavioral problems. In addition, higher initial levels of approach coping exerted a protective effect on caregiver's health-related symptoms (CRI-A).

Gorman, K. S. (1999). Early stages of feminist identity, avoidant coping, and anorexic tendencies in undergraduate women. (Doctoral dissertation, University of Kentucky, Lexington, 1998). *Dissertation Abstracts International*, 59B (09), 5065.

In this study of young college-age women, avoidance coping was associated with body dissatisfaction, drive for thinness, and bulimia even after two indices (passive acceptance and revelation) linked to the development of feminist identity were controlled. Avoidance coping also predicted anorexic tendencies (CRI-A).

Grant, T. M. (2007, March). The relationship of risk factors to the level of criminal offenses for persons diagnosed with psychiatric disorders involved in the criminal justice system (Doctoral dissertation, Howard University, Washington, DC, 2006). *Dissertation Abstracts International*, 67B (09).

Life stressors and social resources were examined as risk factors associated with adults diagnosed with psychiatric disorders becoming involved in the criminal justice system (LISRES-A).

Griffith, M. A., Dubow, E. F., & Ippolito, M. F. (2000). Development and cross-situational differences in adolescents' coping strategies. *Journal of Youth and Adolescence*, 29, 183-204.

This study of 7th, 9th, and 12th grade students found that youngsters relied more on approach than avoidance coping to manage school and peer stressors, but relied more on avoidance than approach coping to manage family-related stressors. Overall, approach coping increased across the three grade levels, especially in relation to peer and family stressors. Compared to boys, girls tended to report more approach and more avoidance coping. Across stressors, reliance on approach coping predicted more favorable outcomes and reliance on avoidance coping predicted less favorable outcomes. Coping strategies were more strongly predictive of stressor-specific adjustment than of general adjustment, as indicated by anxiety (CRI-Y).

Gunther, M. G. (2007, October). Multiple abusive relationships: Frequency and differences in trauma symptoms and coping responses (Doctoral dissertation, Alliant International University, Fresno, CA). *Dissertation Abstracts International*, 68B (04).

This study focused on identifying differences in coping responses between individuals who were involved in a single abusive relationship and those who had been involved in multiple abusive relationships (CRI-A).

Habarth, J. M., Graham-Bermann, S. A., & Bermann, E. A. (2009). Coping in context: Community and natural resources in low-income women's environments. *Environment and Behavior*, 41 (2), 205-232.

Compared to European American mothers, African American mothers reported more reliance on approach coping strategies. Over both groups, mothers who experienced more stressful events and events of greater intensity were more likely to rely on avoidance coping. In contrast, mothers who had more access to community resources (such as child care and police protection) relied more on approach and less on avoidance coping (CRI-A).

Hack, T. F., & Degner, L. F. (2004). Coping responses following breast cancer diagnosis predict psychological adjustment three years later. *Psycho-Oncology*, 13, 235-247.

Women who responded to their breast cancer diagnosis with avoidance coping responses (especially acceptance/resignation and emotional discharge) were more likely to report fatigue and to be depressed, anxious, angry, and confused three years later. They also reported less vigor and friendliness (CRI-A).

Haley, W. E., Roth, D. L., Coleton, M. I., Ford, G. R., West, C. A. C., Collins, R. P., & Lobe, T. L. (1996). Appraisal, coping, and social support as mediators of well-being in black and white family caregivers of patients with Alzheimer's disease. *Journal of Consulting and Clinical Psychology, 64*, 121-129.

Compared to black caregivers of patients with Alzheimer's disease or another progressive dementia, white caregivers reported more reliance on both approach and avoidance coping, with more logical analysis, guidance-support, resigned acceptance, and emotional discharge. More reliance on avoidance coping and less on approach coping were related to higher depression and less life satisfaction. Rather than having a direct effect on depression, caregiving stressors and Caucasian race were associated with more avoidance coping, which, in turn, was associated with more depression and less life satisfaction. Caregiver stressors and race were also associated with more approach coping, which was related to less depression and more life satisfaction (CRI-A).

Hall, J. C. (2007). An exploratory study of differences in self-esteem, kinship social support, and coping responses among African-American ACOAs and Non-ACOA's. *Journal of American College Health, 56* (1), 49-54.

Compared to African-Americans who were not adult children of alcoholics, those who were adult children of alcoholics reported more reliance on coping by positive reappraisal and seeking alternative rewards (CRI-A).

Hamdan-Mansour, A. M., Kim, Y., Puskar, K., & Amer, H. M. (2008). Psychometric qualities of the Coping Response Inventory – Youth Form. *Issues in Mental Health Nursing, 29*, 371-385.

Analysis of coping responses based on rural high school students identified two factors labeled approach and avoidance coping that were consistent with the CRI conceptualization, except that seeking alternative rewards loaded more highly on the approach than on the avoidance factor. With respect to convergent and predictive validity, the approach coping score was positively related to perceived social support and the avoidance coping score was positively related to adolescents' depression and alcohol use (CRI-Y).

Hamdan-Mansour, A. M., Puskar, K., & Sereika, S. M. (2007). Perceived social support, coping strategies, and alcohol use among rural adolescents/USA sample. *International Journal of Mental Health & Addiction, 5*, 53-64.

Adolescents who relied more on avoidance coping and less on approach coping were more likely to engage in light and heavy alcohol use (CRI-Y).

Harnish, J. D., Aseltine, R. H., & Gore, S. (2000). Resolution of stressful experiences as an indicator of coping effectiveness in young adults: An event history analysis. *Journal of Health and Social Behavior, 41*, 121-136.

This study of a large sample of young adults examined the impact of coping strategies on the duration of stressful experiences in four domains: interpersonal conflicts, role strains, role transitions, and illness. Compared to role transitions, interpersonal conflicts, role strains, and illness-related stressors lasted longer (that is, were less likely to be resolved within a defined period of time). Interpersonal conflict was most likely to elicit avoidance coping, role transitions were most likely to elicit positive reappraisal, and role transitions and role strain were most likely to elicit active behavioral coping. More important, active behavioral coping was associated with a higher likelihood of resolving the stressor (shorter duration), whereas avoidance coping was associated with less likelihood of stressor resolution (longer duration). Active cognitive coping tended to be associated with longer role strain and illness stressors (CRI-A).

Hart, P. M., Wearing, A. J., & Headey, B. (1995). Police stress and well-being: Integrating personality, coping, and daily work experiences. *Journal of Occupational & Organizational Psychology, 68*, 133-156.

In this study of over 500 police officers, extroversion was associated with the use of problem-focused coping, which contributed to positive work experiences and more well-being. In contrast, neuroticism was associated with emotion-focused coping, which contributed to negative work experiences and higher levels of psychological distress (CRI-A).

Harvey-Lintz, T., & Tidwell, R. (1997). Effects of the 1992 Los Angeles civil unrest: Posttraumatic stress disorder symptomatology among law enforcement officers. *Social Science Journal, 34*, 171-183.

Among law enforcement officers who experienced the Los Angeles riots, those who relied more on avoidance coping were more likely to experience distress. Compared with officers who did not develop PTSD symptoms, those who did were much more likely to rely on avoidance coping. Moreover, officers who relied more on cognitive avoidance, acceptance or resignation, and emotional discharge, and less on seeking guidance and support and seeking alternative rewards, were more likely to experience posttraumatic stress disorder symptoms (CRI-A).

Heffernan, K. (1997). Binge eating, substance use, and coping styles in a lesbian sample (Doctoral dissertation, Rutgers the State University of New Jersey, New Brunswick). *Dissertation Abstracts International*, 58B (07), 3924.

This dissertation provides more specific findings from the study reported in Heffernan (1998) abstracted below. One additional finding was that an avoidant coping style was not related to binge eating (LISRES-A and CRI-A).

Heffernan, K. (1998). The nature and predictors of substance use among lesbians. *Addictive Behaviors*, 23, 517-528.

In this sample of more than 250 lesbian women, social resources with partner and friends were slightly higher than average, indicating that these women were not lacking in social support. Life stressors and social resources did not predict substance use; however, a dispositional avoidance coping style was positively associated with heavier drinking, getting high from drinking, and getting drunk (LISRES-A, CRI-A)

Hiebert-Murphy, E. D. (1997). Adjustment among mothers whose children have been sexually abused: The role of a history of child sexual abuse, social support, and coping strategies (Doctoral dissertation, University of Manitoba, Canada, 1995). *Dissertation Abstracts International*, 57B (10), 6576.

This dissertation provides more detail on the published article abstracted next. In brief, mothers of children who were sexually abused, and who themselves were sexually abused in childhood and/or adolescence, who lacked support from family and friends, and who relied more on avoidance coping strategies, experienced more emotional distress and less self-esteem. In addition, lack of social support was associated with more reliance on avoidance coping (CRI-A).

Hiebert-Murphy, D. (1998). Emotional distress among mothers whose children have been sexually abused: The role of a history of child sexual abuse, social support, and coping. *Child Abuse and Neglect*, 22, 423-435.

Mothers who relied more on avoidance coping strategies experienced more emotional distress when they learned about their child having been sexually abused. This finding held even after controlling for both the mother's child sexual abuse history and her current social support (CRI-A).

Hiebert-Murphy, D. (2001). Partner abuse among women whose children have been sexually abused: An exploratory study. *Journal of Child Sexual Abuse, 10*, 109-118.

Mothers of children who have been sexually abused often have experienced partner abuse themselves. Mothers who experienced partner abuse were more likely to use avoidance coping strategies in managing the disclosure of their child's sexual abuse (CRI-A)

Holahan, C. J., Holahan, C. K., Moos, R. H, & Brennan, P. (1997). Psychosocial adjustment in patients reporting cardiac illness. *Psychology and Health, 12*, 345-359.

In a sample of late-middle-aged patients with cardiac illness, patients with more family, work, and social network support had fewer depressive symptoms, and used more percent approach coping. In turn, more percent approach coping was associated with fewer depressive symptoms. Social support was related to fewer depressive symptoms because it enhanced individuals' reliance on adaptive coping strategies (LISRES-A, CRI-A)

Holahan, C. J., & Moos, R. (1994). Life stressors and mental health: Advances in conceptualizing stress resistance. In Avison, W. R., & Gotlib, I. H. (eds.). *Stress and mental health: Contemporary issues and prospects for the future* (pp. 213-238). New York: Plenum.

This chapter reviews research on stress-resistance, describes a coping-based model of stress-resistance, and describes some research on the interrelationships between life stressors and social resources (initial LISRES-A)

Holahan, C.J., Moos, R., & Bonin, L.A. (1999). Social context and depression: An integrative stress and coping framework. In T. Joiner & J.C. Coyne (eds.). *The interactional nature of depression* (pp. 39-63). Washington D.C.: American Psychological Association.

This chapter provides an integrated conceptual framework of the stress and coping process and sets out a resources model of coping. These conceptual approaches are illustrated in part by findings from research on the associations among life stressors and social resources and coping responses (LISRES-A, CRI-A).

Holahan, C. J., Moos, R. H., & Bonin, L. (1997). Social support, coping, and psychological adjustment: A resource model. In G. R. Pierce, B. Lakey, & I. G. Sarason (eds.). *Sourcebook of Theory and Research on Social Support and Personality* (pp.169-186). New York: Plenum.

This chapter describes a resources model of coping in which personal resources, such as self-confidence and optimism, and social resources, such as support from family members and friends, are associated with subsequent adaptation both directly, and indirectly through coping strategies. The model is illustrated by several empirical studies based in part on measures drawn from the LISRES-A and CRI-A.

Holahan, C. J., Moos, R.H., Holahan, C. K., & Brennan, P. L. (1995). Social support, coping, and depressive symptoms in a late-middle-aged sample of patients reporting cardiac illness. *Health Psychology, 14*, 152-163.

This study examined a 1-year predictive model of depressive symptoms in a sample of late-middle-aged patients with cardiac illness. Baseline social support from family, work, and friends was significantly related to more approach coping and fewer depressive symptoms at a 1-year follow-up; more approach coping was also associated with fewer depressive symptoms. The negative aspects of social relationships were as strongly related to poor adjustment as the positive aspects of support were related to better adjustment. These findings applied to both women and men (LISRES-A, CRI-A).

Holahan, C. J. Moos, R. H., Holahan, C. K., & Brennan, P. L. (1996). Social support, coping strategies, and psychosocial adjustment to cardiac illness: Implications for assessment and prevention. *Journal of Prevention and Intervention in the Community, 13*, 33-52.

A stress resistance perspective is used to focus on psychosocial adjustment among individuals with chronic cardiac illness. More social support at baseline was associated with fewer depressive symptoms and more approach coping at a 1-year follow-up. The relationship between social support and depression was mediated by approach coping. The protective benefits of social resources and adaptive coping strategies were equally advantageous to women as to men with cardiac illness (LISRES-A, CRI-A).

Holahan, C. J., Moos, R., Holahan, C. K., & Brennan, P. L. (1997). Social context, coping strategies, and depressive symptoms: An expanded model with cardiac patients. *Journal of Personality and Social Psychology, 72*, 918-928.

Cardiac patients were followed prospectively over four years to examine a coping resources model which includes both positive and negative aspects of social relationships. Positive social context at baseline was associated with fewer depressive symptoms and more approach coping at 4 years. More depressive symptoms at baseline were associated with less approach coping at 4 years. By contributing to more reliance on approach coping, a positive social context at baseline contributed to fewer depressive symptoms at 4 years (LISRES-A, CRI-A).

Holahan, C. J., Moos, R., Holahan, C. K., Brennan, P. L., & Schutte, K. K. (2005). Stress generation, avoidance coping, and depressive symptoms: A 10-year model. *Journal of Consulting and Clinical Psychology, 73*, 658-666.

Older adults who relied more on avoidance coping at baseline tended to experience both more chronic and more acute life stressors 4 years later. In addition, older adults who relied more on avoidance coping at baseline experienced more depressive symptoms 10 years later. An integrative model showed that more reliance on avoidance coping at baseline predicted more life stressors at 4 years, and, in turn, life stressors at 4 years predicted more depressive symptoms at 10 years (LISRES-A, CRI-A).

Holahan, C. J., Moos, R., Holahan, C. K., Cronkite, R., & Randall, P. K. (2001). Drinking to cope, emotional distress, and alcohol use and abuse: A 10-year model. *Journal of Studies on Alcohol, 62*, 190-198.

Avoidance coping was associated with alcohol consumption and drinking problems among community adults at each of four assessments over a 10-year interval, and drinking to cope added significant additional variance in predicting these two criteria. Baseline drinking to cope also predicted increases in alcohol consumption and drinking problems in the following year. Moreover, changes in drinking to cope were positively linked to changes in both alcohol consumption and drinking problems over the interval. Individuals who had a stronger propensity to drink to cope at baseline showed a stronger link between anxiety and depressive symptoms and drinking outcomes (initial CRI-A).

Holahan, C. J., Moos, R., Holahan, C. K., Cronkite, R., & Randall, P. K. (2001). Drinking to cope and alcohol use and abuse: A 10-year model. *Journal of Abnormal Psychology, 62*, 190-198.

Approach and avoidance coping were associated with alcohol consumption and drinking problems among patients who had been in treatment for depression. Drinking to cope added significant additional variance in predicting these two criteria at each of four assessments over a 10-year interval. Moreover, change in drinking to cope was associated with changes in both alcohol consumption and drinking problems over the interval. In addition, individuals who relied more on drinking to cope at baseline showed a stronger connection between depressive symptoms and both alcohol consumption and drinking problems (initial CRI-A).

Holahan, C. J., Moos, R., Moerkbak, M. L., Cronkite, R., Holahan, C. K., & Kenney, B. A. (2007). Depressive symptom similarity between spouses over 10 years: The underlying role of coping. *Journal of Family Psychology, 21*, 551-559.

Husbands and wives in a sample of 184 married couples showed moderate stability in approach and avoidance coping and spousal similarity in approach and avoidance coping over 1-, 4-, and 10-year follow-ups. Husband-wife similarity in percent approach coping and avoidance coping strengthened their similarity in depressive symptoms (initial CRI-A).

Holahan, C.J., Moos, R., & Ragan, J. (2000). Community studies. In G. Fink (ed.), *Encyclopedia of stress* (Vol. I, pp. 501-507). New York: Academic Press.

This chapter provides an overview of some research on life stressors and how their effects may be moderated by social resources and coping responses (LISRES-A, CRI-A).

Holahan, C. J., Moos, R., & Schaefer, J. A. (1996). Coping, resilience, and growth: Conceptualizing adaptive functioning. In M. Zeidner & N. S. Endler (eds.), *Handbook of Coping: Theory, Research, Applications*, (pp. 24-43). New York: Wiley.

This chapter presents an overall perspective on coping processes, describes the conceptual rationale underlying distinctions between approach and avoidance coping responses, and reviews some evidence on coping-based models of adaptive functioning (CRI-A).

Holahan, C. J., Schutte, K. K., Brennan, P. L., Holahan, C. K., Moos, B. S., & Moos, R. H. (2010). Late-life alcohol consumption and 20-year mortality. *Alcoholism: Clinical and Experimental Research*, 34 (11), 1961-1971.

Health problems, reliance on avoidance coping, and poorer quality of friend support at baseline were associated with a higher likelihood of 20-year mortality among late-middle-age and older adults. In addition, abstainers tended to report more health problems and reliance on avoidance coping, and poorer quality of friend support at baseline than did light, moderate, or heavy drinkers. Nevertheless, even after these and other factors were controlled, baseline abstainers and heavy drinkers had a higher likelihood of 20-year mortality (LISRES-A, CRI-A).

Holahan, C.J., Valentiner, D.P., & Moos, R.H. (1995). Parental support, coping strategies, and psychological adjustment: An integrative model with late adolescents. *Journal of Youth and Adolescence*, 24, 633-648.

This study examined interrelationships among parental support, adaptive coping strategies, and psychological adjustment among young adults. Social support from both mother and father and a non-conflicted relationship between parents were positively associated with students' psychological adjustment. Students with high parental support were better adjusted and less distressed than were those with low parental support. A structural equation model showed that parental support was associated with psychological adjustment both directly and indirectly through a higher percent of approach coping strategies (LISRES-Y, CRI-Y).

Holahan, C. K., Moerbak, M., & Suzuki, R. (2006). Social support, coping, and depressive symptoms in cardiac illness among Hispanic and non-Hispanic White cardiac patients. *Psychology and Health*, 21 (5), 615-631.

Among Hispanic and non-Hispanic White cardiac patients, those who reported more social support and fewer role limitations relied more on approach rather than avoidance coping. In turn, reliance on approach coping was associated with fewer depressive symptoms (LISRES-A, CRI-A).

Horan, W. P., Ventura, J., Mintz, J., Kopelowicz, A., Wirshing, D., Christian-Herman, J., Foy, D., & Liberman, R. P. (2007). Stress and coping responses to a natural disaster in people with schizophrenia. *Psychiatry Research, 151*, 77-86.

Compared to healthy controls, schizophrenia patients reported less approach coping in the aftermath of an earthquake in Southern California. Schizophrenia patients who reported more intrusive and avoidance reactions to the earthquake relied more on both approach and avoidance coping, probably because they experienced more distress. Patients who relied more on avoidance coping had higher residual stress symptoms at a 5-week follow-up (CRI-A).

Humphreys, K., Mankowski, E., Moos, R. & Finney, J. (1999). Enhanced friendship networks and active coping mediate the effect of self-help groups on substance abuse. *Annals of Behavior Medicine, 21*, 54-60.

This study examined mediators of the positive effects of participation in self-help groups on substance abuse patients' treatment outcome. Approach coping at baseline modestly predicted self-help group involvement, whereas friendship resources did not. However, self-help group involvement strongly predicted increases in approach coping and the quality of friendships (LISRES-A) at follow-up. In addition, both enhanced friendship networks and approach coping mediated part of the effect of 12-step group involvement on reduced substance use (LISRES-A, CRI-A).

Humphreys, K., Moos, R., & Cohen, C. (1997). Social and community resources and long-term recovery from treated and untreated alcoholism. *Journal of Studies on Alcohol, 58*, 231-238.

A group of previously untreated alcoholic individuals were followed to predict remission and psychosocial outcome over 8 years. The quality of relationships with spouse/partner, extended family, and friends was measured at baseline. High quality family relationships at baseline were associated with less depression and a higher likelihood of remission at the 8-year follow-up. High quality friendships at baseline predicted a lower likelihood of remission at 8 years, probably because these friendships were associated with heavy drinking. Social and community resources that are easily available for long periods are most likely to have a lasting influence on the course of alcoholism (initial LISRES-A).

Humphreys, K., Moos, R., & Finney, J.W. (1995). Two pathways out of drinking problems without professional treatment. *Addictive Behaviors, 20*, 427-441.

This 3-year longitudinal study examined two recovery pathways among problem drinking individuals who had never received professional treatment. Almost half of these individuals became moderate drinkers or stably abstinent. At baseline, individuals who subsequently became abstinent were of low socioeconomic status, had severe drinking problems, and believed their drinking was a very serious problem. Once they began their recovery, they relied heavily on Alcoholics Anonymous as a maintenance factor. In contrast, individuals who became moderate drinkers had higher socioeconomic status and more social support from their spouse/partner, extended family members, and friends at baseline than did individuals who became abstinent or continued to have drinking problems. More partner and extended family resources at baseline independently predicted a moderate drinking path to recovery (initial LISRES-A).

Humphreys, K., Moos, R., & Finney, J. W. (1996). Life domains, alcoholics anonymous, and role incumbency in the 3-year course of problem drinking. *Journal of Nervous and Mental Disease, 184*, 475-481.

Among problem drinkers, more alcohol consumption at baseline was associated with more financial stressors at 1 year, which in turn, were associated with more drinking problems at 3 years. More friend resources at the 1-year follow-up were associated with less alcohol consumption and fewer drinking problems at the 3-year follow-up. Support from extended family members and friends had a stronger beneficial influence on individuals who were unmarried and/or unemployed (initial LISRES-A)

Humphreys, K., & Noke, J. (1997). The influence of posttreatment mutual help group participation on the friendship networks of substance abuse patients. *American Journal of Community Psychology, 25*, 1-16.

This longitudinal study examined the effect of participation in 12-step self-help groups on friendship networks among patients with substance use disorders. The findings showed that involvement in 12-step groups enhanced patients' friendship resources at a 1-year follow-up, even after controlling for friendship resources at baseline (initial LISRES-A).

Humphreys, K., Timko, C., & Moos, R. (2004). Gender differences in the influence of being married on help-seeking and alcohol abuse. In P. Rosenqvist, J. Blomqvist, A. Koski-Jannes, & L. Ojesjo (eds.), *Addiction in the life course perspective* (pp. 103-116). Helsinki, Finland: Nordic Council for Alcohol and Drug Research.

Compared to married women with alcohol use disorders, married men with alcohol use disorders rated their marital relationship as more supportive and positive (LISRES-A).

Hunter, P. (2007, October). Development and validation of the Coping, Alcohol/Drugs, and Trauma Scale (CATS) (Doctoral dissertation, University of North Dakota, Fargo, ND, 2006). *Dissertation Abstracts International*, 68B (04).

There was good convergent validity between avoidance coping indices and two factor dimensions (trauma thoughts and alcohol and drug behaviors, and social facilitation and alcohol and drug beliefs) of the Coping, Alcohol/Drugs, and Trauma Scale (CATS). In addition, there was some support for divergent validity of these two dimensions of the CATS and the approach coping indices (CRI-A).

Hussong, A. M., Bauer, D. J., Huang, W., Chassin, L. Sher, K. J., & Zucker, R. A. (2008). Characterizing the life stressors of children of alcoholic parents. *Journal of Family Psychology*, 22 (6), 819-832.

Based on information about life stressors from three studies, the authors created measures of stressors in several life domains (physical health, family, financial, work/academic, spouse/partner, and peers). Compared to children of non-alcoholic parents, children of alcoholic parents consistently reported more stressors in the family domain, experienced stressors more repetitively, and rated their stressors as more severe (LISRES-A concepts).

Ilgen, M., & Moos, R. (2006). Exacerbation of psychiatric symptoms during substance use disorder treatment. *Psychiatric Services*, 57, 1758-1764.

Compared to patients whose psychiatric symptoms improved during treatment, a matched group of patients whose psychiatric symptoms deteriorated relied more on emotional discharge coping at intake to treatment (CRI-A).

Ilgen, M., Wilbourne, P., Moos, B., & Moos, R. (2008). Rates of problem-free drinking over 16 years among individuals with alcohol use disorders. *Drug and Alcohol Dependence, 92*, 116-122.

Individuals who relied more on emotional discharge coping at baseline were more likely to engage in problematic alcohol use at a 1-year follow-up (initial CRI-A).

Jacobsen, P. B., Sadler, I. J., Booth-Jones, M., Soety, E., Weitzner, M. A., & Fields, K. K. (2003). Predictors of posttraumatic stress disorder symptomatology following bone marrow transplantation for cancer. *Journal of Consulting and Clinical Psychology, 70*, 235-240.

Among patients who underwent bone marrow transplantation, less social support and higher avoidance coping one month prior to the transplant predicted more PTSD symptom severity seven months after the transplant. In addition, there was a significant interaction between social support and avoidance coping, such that patients high in avoidance coping and low in social support had the most severe PTSD symptoms. The findings fit a social-cognitive model of trauma recovery in which the cognitive processing of a traumatic event through social interactions is seen as an important component of psychological recovery. More specifically, supportive social relationships can encourage individuals who might otherwise rely on avoidance coping to cognitively process traumatic events. In contrast, more use of avoidance coping and reduced social support provides individuals with fewer opportunities to process or habituate to trauma-related thoughts and memories. Thus, there is a greater likelihood that the traumatic material will remain active and capable of precipitating intrusive thoughts and other symptoms of PTSD (CRI-A).

James, R. (1995). The role of socialization, gender, and ethnicity in substance abuse among Anglo and Mexican-American adolescents. (Doctoral dissertation, University of Denver, Denver, Colorado). *Dissertation Abstracts International, 56* (04), 1249A.

Compared to 9th grade students who used alcohol and/or drugs, students who abstained from alcohol and drugs reported greater reliance on cognitive approach coping and less reliance on avoidance coping. Students who were more acculturated reported less family conflict and less reliance on avoidance coping (adapted CRI-Y).

Johnson, J., Finney, J., & Moos, R. (2005). Predictors of 5-year mortality following inpatient/residential group treatment for substance use disorders. *Addictive Behaviors, 30*, 1300-1316.

Among individuals in treatment for substance use disorders, high family and friend relationship resources at baseline unexpectedly predicted a higher likelihood of 5-year mortality. Individuals' reliance on avoidance coping at baseline did not predict 5-year mortality (LISRES-A, CRI-A).

Johnson, J., Finney, J., & Moos, R. (2006). End-of-treatment outcomes in cognitive-behavioral and 12-step substance use treatment programs: Do they differ and do they predict 1-year outcomes? *Journal of Substance Abuse Treatment, 31*, 41-50.

Patients with substance use disorders who were treated in cognitive-behavioral programs, and those treated in 12-step facilitation programs, relied more on positive reappraisal and problem-solving coping at discharge and 1-year follow-up than at baseline. They also relied less on cognitive avoidance and emotional discharge at discharge and 1-year follow-up than at baseline. Patients who obtained continuing care (participation in 12-step self-help groups or participation in these groups and in treatment) were more likely to maintain their gains in problem-solving coping. More reliance on problem-solving coping and on positive reappraisal, and less reliance on cognitive avoidance and emotional discharge at 1-year follow-up was associated with better substance use outcomes (CRI-A).

Johnson, J., Gooding, P. A., Wood, A. M., Tarrier, N. (2010). Resilience as positive coping appraisals: Testing the schematic appraisals model of suicide (SAMS). *Behaviour Research and Therapy, 48*, 179-186.

Logical analysis coping did not explain the level of severity of suicidal thoughts among individuals who had experienced lifetime or recent suicidal thoughts and behaviors (CRI-A).

Johnson, M. P., & Baker, S. R. (2004). Implications of coping repertoire as predictors of men's stress, anxiety, and depression following pregnancy, childbirth, and miscarriage: A longitudinal study. *Journal of Psychosomatic Obstetrics and Gynecology*, 25, 87-98.

Expectant fathers completed measures of stress, mood, and coping during their partner's pregnancy, following miscarriage or childbirth, and one year later. Men relied more on cognitive and behavioral approach coping during the pregnancy, but, following miscarriage or childbirth, they relied more on cognitive and behavioral avoidance strategies. Compared to expectant fathers who experienced a miscarriage, those who experienced a birth relied more on cognitive and behavioral approach coping and less on cognitive and behavioral avoidance coping. In addition, men who relied more on approach and less on avoidance coping experienced less stress, anxiety, and depression at the 1-year follow-up (CRI-A).

Jolly, J. K. (2000). Nonverbal creative abilities in cognition as predictors of coping response patterns in schizophrenia and in schizoaffective and bipolar disorders (Doctoral dissertation, University of San Francisco, San Francisco, CA). *Dissertation Abstracts International*, 60B (11), 5803.

There was substantial heterogeneity in coping styles among individuals diagnosed with severe psychiatric disorders such as schizophrenia and schizoaffective and bipolar disorders. In addition, there were significant associations between these individuals' nonverbal creative abilities and their coping strategies (CRI-A).

Jones, J. L. (2002). Past employment history and coping responses of individuals with orthopedic disabilities seeking vocational rehabilitation services (Doctoral dissertation, Southern Illinois University, Carbondale). *Dissertation Abstracts International*, 63B (09), 4145.

In this study of individuals with orthopedic disabilities who were seeking vocational rehabilitation services, there were no relationships between their former employment history (successful or unsuccessful) and their current coping responses (CRI-A).

Josie, K. L., Peterson, C. C., Burant, C., Drotar, D., Stancin, T., Wade, S. L., Yeates, K., & Taylor, H. G. (2008). Predicting family burden following childhood traumatic brain injury: A cumulative risk approach. *Journal of Head Trauma Rehabilitation, 23* (6), 357-368.

Children with moderate or severe traumatic brain injury were assessed at baseline and at 6-month and 12-month follow-ups in an attempt to identify risk factors predictive of the family burden associated with the injury. The findings showed that Baseline physical health and work-related stressors were associated with family burden at baseline and at 6-month and 12-month follow-ups (LISRES-A).

Kao, Y-t. (2000). A study of Taiwanese adolescent stress: Stress sources, coping skills, and social supports (Doctoral dissertation, Indiana University, Bloomington, 1999). *Dissertation Abstracts International, 60A* (11), 3921.

In this study of youngsters in Taiwan, compared to boys, girls relied more on both cognitive approach and cognitive avoidance coping. Youth who reported more stressors also reported more coping and more support. Youth who reported more school-related stressors relied more on cognitive avoidance coping, whereas youth who reported more boyfriend/girlfriend and body image stressors relied more on both cognitive and behavioral avoidance coping. Finally, youth who reported more daily living stressors relied more on cognitive and behavioral avoidance coping and less on behavioral approach (Chinese CRI-Y)

Karademas, E., Karamvakalis, N., & Zarogiannos, A. (2009). Life context and the experience of chronic illness: Is the stress of life associated with illness perceptions and coping? *Stress and Health: Journal of the International Society for the Investigation of Stress, 25* (5), 405-412.

Life stressors were measured by asking chronically ill individuals to rate the level of stress they experienced in the past few weeks in seven life domains. Overall individuals who experienced more life stress reported more negative consequences of their health condition and more palliative coping to try to reduce its unpleasantness; they also reported less personal control over the condition and thought that treatment would be less effective in managing the condition (LISRES-A concepts).

Karpowicz, M. K. (2004). Divorcing parents' outcomes based on their coping responses, life stressors, and social resources before child-focused mediation (Doctoral dissertation, Walden University, Minneapolis, MN, 2003). *Dissertation Abstracts International*, 64B (12), 6368.

Compared to high-conflict divorcing parents who were unsuccessful in child-focused mediation, those who were successful reported more work resources and spouse support, and relied less on the coping strategies of seeking alternative rewards and emotional discharge (LISRES-A, CRI-A).

Kawasaki, N. N. (1997). The Japanese American internment camp experience: Intergenerational patterns in experiences with racism, coping strategies, and psychological symptoms (Doctoral dissertation, Ohio State University, Columbus). *Dissertations Abstracts International*, 58B (05), 2682.

This study focused on Japanese Americans who were in an internment camp during World War II together with a parent, those who were not interned but had a parent who was interned, and those who were not interned and whose parents were not interned. Participants were asked to describe an experience of racism and then to describe how they handled that experience. In general, there were no differences in coping among the three groups. There also were no significant differences in how second generation (Nisei) and third generation (Sansei) Japanese Americans coped with racism. Unexpectedly, individuals who reported relying on more coping strategies overall also reported more symptoms, perhaps because individuals who experienced more racism were more likely to rely on avoidance coping (CRI-A).

Kelly, J. F., Finney, J. F., & Moos, R. (2005). Substance use disorder patients who are mandated to treatment: Characteristics, treatment process, and one- and five-year outcomes. *Journal of Substance Abuse Treatment*, 28, 213-223.

There were no significant group differences in social involvement and coping skills between patients with substance use disorders who were mandated to treatment by the criminal justice system, those who were involved with the criminal justice system but were not mandated to treatment, and those who were in treatment and not involved with the criminal justice system (LISRES-A, CRI-A).

Kelly, J., & Moos, R. (2003). Dropout from 12-step self-help groups: Prevalence, predictors, and counteracting treatment-related effects. *Journal of Substance Abuse Treatment*, 24, 241-250.

Individuals with substance use disorders who were more involved socially at baseline were less likely to have dropped out of 12-step self-help groups at 1-year follow-up after treatment (LISRES-A).

Kercher, L. S. (2000). Alcohol expectancies, coping responses, and self-efficacy judgments: Predictors of alcohol use and alcohol-related problems for Anglo-American and Mexican-American college students (Doctoral dissertation, California School of Professional Psychology, San Diego). *Dissertation Abstracts International*, 61B (04), 2205.

Among Mexican-American college students, a stronger ethnic identity was associated with more reliance on approach coping. More reliance on avoidance coping was associated with more alcohol use and less self-efficacy. These findings did not hold among Anglo-American college students (CRI-A).

King, C. A. (2009, July). Relationships among intensity of stressors, chronic stressors, perceived autonomy support, coping, and nurses' affective commitment to their current jobs (Doctoral dissertation, University of Texas, Austin, Tx, 2008). *Dissertation Abstracts International*, 70A (01).

Nurses who relied more on approach coping strategies had more affective commitment to their current job. In addition, for nurses who relied less on approach coping, the association between their chronic stressors and affective commitment to the job depended more on their level of perceived autonomy support (CRI-A).

Kinkade, K. (2003). The association of self-leadership and coping style for urban, economically disadvantaged women (Doctoral dissertation, University of Louisville, Louisville, KY). *Dissertation Abstracts International*, 64A (05), 1539.

This study focused on the association between self-leadership and coping style among urban, economically disadvantaged women who were or were not enrolled in vocational training or higher education. Several indices of coping predicted membership in these groups; in addition, compared to the non-college group, the college group obtained higher scores on logical analysis, positive reappraisal, and problem solving (CRI-A).

Kirchner, T., Forns, M., Amador, J. A., & Munoz, D. (2010). Stability and consistency of coping in adolescence: A longitudinal study. *Psicothema*, 22 (3), 382-388.

This study focused on the temporal stability (over 17 months) and cross-situational consistency (over two stressors) in predicting Spanish adolescents' coping strategies. Girls showed somewhat more temporal stability in coping than boys did. Among girls, avoidance coping showed as much temporal stability as situational consistency. Among boys, avoidance coping showed more stability than consistency, and approach coping showed both low stability and low consistency. Overall, prior coping tended to predict future coping better among girls than among boys (Spanish CRI-Y).

Kirchner, T., Forns, M., & Mohino, S. (2007). Psychological adjustment in a forensic sample: Relationships with approach and avoidance coping typologies. *Journal of Forensic Science*, 52 (3), 712-716.

Compared to young Spanish prison inmates who obtained above-average or below-average scores on both approach and avoidance coping, inmates who obtained high scores on avoidance and low scores on approach coping reported more depression, anxiety, paranoid thoughts, and social introversion. Thus, it may be the combined use of many avoidance and few approach coping strategies that is related to poorer psychological functioning, rather than high reliance on avoidance coping in and of itself (Spanish CRI-A).

Kirchner, T., Forns, M., & Mohino, S. (2008). Identifying the risk of deliberate self-harm among young prisoners by means of coping typologies. *Suicide and Life Threatening Behavior*, 38 (4), 442-448.

Young male offenders were classified into four coping groups: high on both approach and avoidance, high on approach and low on avoidance, low on approach and high on avoidance, and low on both approach and avoidance. Compared to individuals who were high on both approach and avoidance coping, those who were high on avoidance and low on approach coping were 9 times more likely to have engaged in deliberate self-harming behavior, and those who were high on approach and low on avoidance coping were 13 times more likely to have engaged in such behavior (Spanish CRI-A).

Kirchner, T., Forns, M., Munoz, D., & Pereda, N. (2008). Psychometric properties and dimensional structure of the Spanish version of the Coping Responses Inventory – Adult Form. *Psicothema*, 20 (4), 902-909.

Compared to Spanish men, Spanish women obtained higher scores on seeking guidance, cognitive avoidance, and emotional discharge, and on overall approach and avoidance coping. There was good convergent validity between the coping indices and comparable measures drawn from the Coping Styles Indicator (CSI). Approach coping was correlated with fewer symptoms, as measured by the total score of the SCL-90, whereas avoidance coping was correlated with more symptoms (Spanish CRI-A).

Kirchner, T., & Mohino, S. (2003). Estrategias de coping y conducta autolesiva en jóvenes reclusos (Coping strategies and self-harm among prison inmates). *Revista de Psiquiatría de la Facultad de Medicina de Barcelona, 30*, 77-85.

Prison inmates in Spain were asked about their coping responses. Compared to inmates who had not harmed themselves, those who had relied more on avoidance coping, especially acceptance/resignation and emotional discharge. The authors conclude that the CRI may be useful for training inmates to adopt more effective coping strategies (Spanish CRI-A).

Kohn, C. S., Mertens, J. R., & Weisner, C. M. (2002). Coping among individuals seeking private chemical dependence treatment: Gender differences and impact on length of stay in treatment. *Alcoholism: Clinical and Experimental Research, 26*, 1228-1233.

This study examined gender differences in baseline coping strategies and coping strategies as predictors of length of stay in chemical dependency treatment. Compared to men, women relied more on cognitive avoidance, resigned acceptance, and emotional discharge, but also on seeking support and guidance. After the severity of depressive symptoms and drug problems was controlled, there were no longer any gender differences on emotional discharge coping. More reliance on seeking alternative rewards and less on emotional discharge predicted a longer length of stay in treatment. The findings indicate that it may be useful to identify and decrease reliance on emotional discharge early in treatment, possibly through the use of anger management, cognitive restructuring, or motivational interviewing, as well as to encourage participation in alternative activities (CRI-A).

Krause, E. D., Kaltman, S., Goodman, L. A., & Dutton, M. A. (2008). Avoidant coping and PTSD symptoms related to domestic violence exposure: A longitudinal study. *Journal of Traumatic Stress, 21* (1), 83-90.

In this study of women who had recently been exposed to intimate partner violence, more reliance on avoidance coping was associated with childhood sexual abuse, the severity of intimate partner violence, lack of social support, and PTSD symptoms. Reliance on avoidance coping at baseline was associated with concurrent PTSD symptoms and PTSD symptoms at a 1-year follow-up, even after controlling for childhood sexual abuse and current social support (adapted CRI-A).

Krause, N. (1996). Neighborhood deterioration and self-rated health in later life. *Psychology and Aging, 11*, 342-352.

This study focused on the relationship between older adults' physical neighborhood environment and their relationships with family and friends and physical health. Deteriorated neighborhood conditions were associated with more stressors in relationships with friends, and this effect emerged primarily in those environments that had reached a critical threshold of decay. In addition, older adults who reported more interpersonal stressors with their friends experienced more physical health problems, suggesting that friend-related stressors may mediate the impact of neighborhood deterioration on physical health (adapted LISRES-A indices).

Kurian-Philip, A. (2007). Acculturation, life stressors, and social resources of Asian Indian adolescents in America: An exploratory study of adolescents from two regions of India (Doctoral dissertation, Temple University, Philadelphia, PA). *Dissertation Abstracts International, 68B* (06), 4176.

Compared to integrated or assimilated adolescents from Northern India (Gujarat), those from Southern India (Kerala) reported higher levels of sibling stressors. In contrast, integrated Northern India adolescents reported more extended family resources. Southern Indian adolescents who identified themselves as separated in terms of acculturation style reported more sibling resources. Overall, as adolescents experienced more sibling, extended family, and/or school stressors, they reported more distant relationships with their parents (LISRES-Y).

Laffaye, C., Cavella, S., Drescher, K., & Rosen, C. (2008). Relationships among PTSD symptoms, social support, and support source in veterans with chronic PTSD. *Journal of Traumatic Stress, 21* (4), 394-401.

Male veterans diagnosed with posttraumatic stress disorder (PTSD) rated stressors and resources emanating from their spouse, relatives, veteran friends, and nonveteran friends at baseline and 6 months later. Baseline ratings showed higher interpersonal resources from veteran friends and spouses, followed by nonveteran friends and relatives. They also showed fewer interpersonal stressors from veteran friends than from nonveteran friends, spouses, and relatives. Individuals who tended to experience more stressors and fewer resources from these sources reported more PTSD symptoms. In addition, more PTSD symptoms at baseline predicted more subsequent erosion in interpersonal resources from veteran and nonveteran friends (LISRES-A).

Lawler, C., Ouimette, P., & Dahlstedt, D. (2005). Posttraumatic stress symptoms, coping, and physical health status among university students seeking health care. *Journal of Traumatic Stress, 18* (6), 741-750.

Young adults who attended a primary health care clinic were asked how they coped with their health problem and how they coped with the symptoms or problems associated with an identified traumatic stressor. Individuals who used more health-specific avoidance strategies, and those who used more trauma-specific approach and avoidance strategies, had poorer functional status, and more medical conditions and posttraumatic (PTSD) stress symptoms. The association between PTSD symptoms and poor physical health was mediated in part by greater use of health-specific and trauma-specific avoidance coping strategies (CRI-A).

Lee, K. (2003). Maternal coping skills as a moderator between depression and stressful life events: Effects on children's behavioral problems in an intervention program. *Journal of Child and Family Studies, 12* (4), 425-437.

Among mothers who participated in the Infant Health and Development Program (IHDP), those who were single, less educated, and had less income relied more on avoidance coping. In turn, mothers who relied more on avoidance coping reported more depressive symptoms, especially when they experienced more stressful life events. Moreover, their infant children had more behavioral problems. Importantly, compared to mothers who did not participate in the intervention, mothers in the IHDP intervention group who relied most on avoidance coping reported less depression and their infant children had fewer behavior problems (initial CRI-A).

Lee, Y-R. (1995). Korean and North American Caucasian caregivers of dementia patients: A cross-cultural comparison of caregiver burden (Doctoral dissertation, University of Texas, Austin). *Dissertation Abstracts International, 56A* (06), 2418.

This cross-cultural study of Korean and Caucasian American caregivers of dementia patients found that American caregivers relied more on approach coping and that approach coping was associated with a high level of formal support (measured by the frequency of outside services provided in the home), more gratification from providing parent care, and less emotional distress; this latter association was stronger among American than among Korean caregivers (initial CRI-A).

Lemke, S., & Moos, R. (2002). Prognoses of older patients in mixed-age alcoholism treatment programs. *Journal of Substance Abuse Treatment, 22*, 33-43.

Compared with younger and middle-aged patients, older patients in mixed age alcoholism treatment programs reported higher levels of friend support (LISRES) and more reliance on approach coping. All three groups of patients showed an increase in reliance on approach coping during treatment. In addition, patients who enjoyed more support from friends at treatment entry showed more improvement during treatment (CRI-A).

Lemke, S., & Moos, R. (2003). Outcomes at 1 and 5-years for older patients with alcohol use disorders. *Journal of Substance Abuse Treatment, 24*, 43-50.

Older patients with alcohol use disorders who had gone through residential treatment were compared with matched groups of young and middle-aged patients on their 1-year and 5-year outcomes and predictors of outcomes. For all three groups combined, patients who relied more on approach coping at discharge from the acute episode of treatment reported less alcohol consumption, fewer drinking problems, and less distress at both 1-year and 5-year follow-ups. Friend support did not predict the outcomes (LISRES-A, CRI-A)

Lemke, S., & Moos, R. (2003). Treatment and outcomes of older patients with alcohol use disorders in community residential programs. *Journal of Studies on Alcohol, 64*, 219-226.

Patients who had more supportive relationships with other patients, as rated by staff, reported less psychological distress at a 1-year follow-up after treatment, and less alcohol use, alcohol-related problems, and psychological distress at a 4-year follow-up (LISRES-A).

Levi, R. B., Drotar, D., Yeates, K. O., & Taylor, H. G. (1999). Posttraumatic stress symptoms in children following orthopedic or traumatic brain injury. *Journal of Clinical Child Psychology, 28*, 232-243.

The authors used information about maternal education and family income to develop a socioeconomic index of social disadvantage to help compare families of children with moderate or severe traumatic brain injury with families of children with orthopedic injuries. Higher levels of social disadvantage were associated with both children's and their parents' reports of more posttraumatic stress symptoms among children six and twelve months after the injury (LISRES-A)

Levin, C., Ilgen, M., & Moos, R. (2007). Coping strategies moderate the relationship between self-efficacy and 5-year alcohol treatment outcomes. *Psychology of Addictive Behaviors, 21*, 108-113.

This study examined the relationship between abstinence self-efficacy and cognitive components of coping for men in substance use disorder treatment programs who were assessed to treatment entry, discharge, and 5-year follow-up. For patients with low self-efficacy, reliance on avoidance coping was associated with poorer alcohol use outcomes, but, as self-efficacy increased, the negative influence of avoidance coping diminished. However, positive reappraisal coping was largely unrelated to outcomes (CRI-A).

Liu, Y-L. (1996). The relationship of perceived social support from family and peers to Taiwanese adolescents' coping with different stressors (Doctoral dissertation, University of Texas, Austin). *Dissertation Abstracts International, 57B* (09), 5979.

This study focused on the influence of family and peer support on Taiwanese adolescents' ability to cope with stressors from school, parents, peers, self, and the opposite sex. In general, in each of these five situations, family and peer support were associated with more reliance on approach coping and less reliance on avoidance coping (adapted CRI-A)

Lugo-Stalker, M. I. (2002). Cross-cultural differences in coping styles in juvenile offenders (Doctoral dissertation, University of Hartford, Hartford, CN). *Dissertation Abstracts International, 63B* (01), 536.

In this study of teen-aged youth in a detention center, the youths' racial background (African-American, Hispanic, or Caucasian) was not associated with their approach or avoidance coping responses (CRI-A).

Magley, V. J. (1999). The structure and function of coping with sexual harassment (Doctoral dissertation, University of Illinois, Urbana-Champaign, IL). *Dissertation Abstracts International, 60B* (09), 4944.

The underlying structure of women's coping with sexual harassment was described by four clusters of coping, that is, cognitive approach, behavioral approach, cognitive avoidance, and behavioral avoidance. As the frequency of harassment increases, women tended to rely more on avoidance strategies, especially behavioral avoidance. However, when the harassment was appraised as severe, women tended to engage in behavioral approach strategies (CRI-A concepts).

Mankowski, E., Humphreys, K., & Moos, R. (2001). Individual and contextual predictors of involvement in twelve-step self-help groups after substance abuse treatment. *American Journal of Community Psychology, 29*, 537-563.

Social support from friends at treatment intake did not predict substance abuse patients' subsequent involvement in 12-step groups (LISRES-A).

Marban, E.M. (1999). Premorbid levels of stress in male incest and non-incest offenders (Doctoral Dissertation, Miami Institute of Psychology of the Caribbean Center for Advanced Studies, Miami, FL., 1998). *Dissertation Abstracts International, 59B* (09), 5097.

Men who committed sexual offenses against their biological relatives (incest offenders) did not differ overall on premorbid life stressors from men who committed offenses against a stepchild (non-incest offenders). However, incest offenders did have significantly more extended family stressors (that is, stressors with mother, father, and other relatives). This finding may reflect the impact of early coercive parental styles on incest offenders (LISRES-A)..

Margalit, M., Al-Yagon, M., & Kleitman, T. (2006). Family subtyping and early intervention. *Journal of Policy and Practice in Intellectual Disabilities, 3* (1), 33-41.

This study identified subgroups of mothers whose infants had a developmental disability. There were four clusters of mothers characterized by cohesive or non-cohesive families and high or low maternal sense of coherence. A composite measure of approach and avoidance coping strategies did not differentiate among the four groups (initial CRI-A).

Markham, T. (2005). Effects of positive emotional refocusing on emotional intelligence and autonomic recovery from stress in high school students (Doctoral dissertation, Saybrook Graduate School, San Francisco, CA, 2004). *Dissertation Abstracts International, 65B* (09), 4889.

Highly anxious youngsters who experienced more positive life events showed greater increases in coherence during stress recovery after training in positive emotional refocusing (LISRES-Y).

Martin, W. F. (1996). The relationship of negative stressors, social support, and coping to adolescent atopic dermatitis (Doctoral dissertation, Virginia Commonwealth University, Richmond). *Dissertation Abstracts International*, 58B (03), 1585.

Adolescents with atopic dermatitis reported above average reliance on approach and avoidance coping skills. More reliance on both approach and avoidance coping was associated with more severe atopic dermatitis, perhaps because the youngsters needed to manage a more severe stressor. Neither approach nor avoidance coping moderated the influence of stressors on the severity of the dermatitis (CRI-Y).

Martinez, L. T. (1995). The relationship between stress and delinquency among Hispanic youth living in a rural environment: The role of moderator variables (Doctoral dissertation, Chicago School of Professional Psychology, Chicago, IL). *Dissertation Abstracts International*, 56B (07), 4035.

Among Hispanic high school students, those who reported more sibling, extended family, friend, school-teacher, and school-student stressors also were more involved in violent behavior. There was evidence that parent, sibling, friend, and school resources, and approach coping, moderated some of the associations between life stressors and youth involvement in violent behavior and crime (LISRES-Y, CRI-Y).

Masten, R., Tusiak, M., Zalar, B., & Ziher, S. (2009). Stress, coping, and social support in three groups of university students. *Psychiatria Danubina*, 21 (1), 41-48.

Slovene young adult students of medicine, sport, and psychology did not differ significantly in their coping strategies (Slovenian CRI-A).

Mastin, D. F. (1998). The psychosocial impact of sleepiness in a large African-American family with several narcoleptic members (Doctoral dissertation, University of Southern Mississippi, Hattiesburg). *Dissertation Abstracts International*, 59B (07), 3703.

In this study of members of a large African-American family with a history of narcolepsy-cataplexy, and non-family controls, there were no differences in coping skills between sleepy and non-sleepy family members, or between family members and non-family controls (initial CRI-A).

McCaul, K. D., Sandgren, A. K., King, B., O'Donnell, S., Branstetter, A., & Foreman, G. (1999). Coping and adjustment to breast cancer. *Psycho-Oncology*, 8, 230-236.

Women with newly diagnosed breast cancer were assessed soon after they learned of the diagnosis and again four months later. There was a decline in cognitive and behavioral approach coping during this interval. More important, greater reliance on avoidance coping was associated with poorer quality of life and more distress (initial CRI-A)

McKay, J. R., McLellan, A. T., Alterman, A. I., Cacciola, J. S., Rutherford, M. J., & O'Brien, C. P. (1998). Predictors of participation in aftercare sessions and self-help groups following completion of intensive outpatient treatment for substance abuse. *Journal of Studies on Alcohol*, 59, 152-162.

Indices of approach and avoidance coping were used to predict participation in aftercare and self-help groups in a randomized trial of standard versus individualized relapse prevention. Standard aftercare involved two group therapy sessions per week oriented toward addictions counseling and 12-step recovery practices. Individualized relapse prevention involved one individual and one group session per week oriented toward identifying high-risk situations and improving coping responses. Patients who relied more on avoidance coping participated more in standard aftercare and less in individualized relapse prevention (CRI-A).

McKee, L. G., Bonn-Miller, M., & Moos, R. (2011). Depressive symptoms, friend and partner relationship quality, and posttreatment abstinence. *Journal of Studies on Alcohol and Drugs*, 72 (1), 141-150.

This study examined the role of friend and partner relationship quality one year following substance use disorder treatment in the association between depressive symptoms at discharge from treatment and abstinence from substance use two years after treatment. Fewer depressive symptoms at treatment discharge predicted better quality of relationships with friends and partner at 1-year follow-up. Furthermore, friend and partner relationship quality at one year predicted abstinence from substance use at two years. Friend relationship quality at one year mediated part of the association between fewer depressive symptoms at treatment discharge and 2-year abstinence (LISRES-A).

McKellar, J., Harris, A., & Moos, R. (2006). Predictors of outcome for patients with substance use disorders five years after treatment dropout. *Journal of Studies on Alcohol*, 67, 685-693.

Patients who reported more interpersonal stressors with friends were likely to have more substance use problems at a follow-up 5 years after treatment (LISRES-A).

McKellar, J., Ilgen, M., Moos, B., & Moos, R. (2008). Predictors of change in alcohol-related self-efficacy over 16 years. *Journal of Substance Abuse Treatment, 35*, 148-155.

Greater improvement between baseline and a 1-year follow-up in friend-related resources and avoidance coping was associated with higher 1-year alcohol-related self-efficacy among individuals with alcohol use disorders (LISRES-A, CRI-A).

McLeod, S. A. (1999). Gender role conflict and coping as mediators of the association between acculturation and health among Latino adolescents and adults (Doctoral dissertation, California School of Professional Psychology, Los Angeles). *Dissertation Abstracts International, 60B* (05), 2353.

Among Latino women, more reliance on problem-focused coping was associated with fewer symptoms, whereas more reliance on emotion-focused and avoidance coping was associated with more symptoms. These findings did not hold for Latino men (CRI-A).

McPeck, J. F. (1997). The role of family functioning, coping response style, abuse of trauma, and gender: An exploratory study of court-placed adolescents (Doctoral dissertation, Wayne State University, Detroit, MI). *Dissertation Abstracts International, 58B* (03), 1567.

There were no significant gender differences in approach or avoidance coping responses between delinquent girls and boys or between their mothers and fathers. Moreover, avoidance coping did not predict whether or not the adolescent had a conduct disorder (initial CRI-A).

Meehan, H. L., Bull, S. J., Wood, D. M., & James, D. V. (2004). The overtraining syndrome: A multicontextual assessment. *The Sport Psychologist, 18* (2), 154-171.

Competitive endurance athletes were asked how they coped with their diagnosis of overtraining syndrome. Together with sports-related stress, nonsports-related stress and coping responses (many of which were avoidance strategies) appear to make an important contribution to the experience of athletes who have overtraining syndrome (CRI-A).

Mertens, J. R., Moos, R., & Brennan, P. L. (1996). Alcohol consumption, life context, and coping predict mortality among late-middle-aged drinkers and former drinkers. *Alcoholism: Clinical and Experimental Research, 20*, 313-319.

This study examined alcohol consumption, life context, and coping as predictors of 4-year mortality among late-middle-aged current and former drinkers. Individuals who died within the four years had more severe stressors at baseline, were more likely to have had illness stressors, participated less in activities with friends, and relied more on resigned acceptance and seeking alternative rewards. These baseline life context and coping factors were also independent predictors of 4-year mortality. The findings suggested that abstainers' life context and coping may be more important predictors of mortality than their abstention from alcohol (LISRES-A, CRI-A).

Michael, K. C., Torres, A., & Seeman, E. A. (2007). Adolescents' health habits, coping styles, and self-concept are predicted by exposure to interparental conflict. *Journal of Divorce and Remarriage, 48* (1-2), 155-174.

Young adults who experienced a high level of family conflict were more likely to rely on cognitive avoidance coping strategies (CRI-A).

Milne, D. L., Baker, C., Blackburn, I., James, I., & Reichelt, K. (1999). Effectiveness of cognitive therapy training. *Journal of Behavior Therapy and Experimental Psychiatry, 30*, 81-92.

This project evaluated a training program for mental health professionals in cognitive therapy, both with respect to the professionals' competence and with respect to whether their increased competence generalized to patient change in coping skills. Professionals showed increases in their competence in cognitive therapy, and their patients reported more reliance on positive appraisal and problem solving and less reliance on cognitive avoidance and emotional discharge (CRI-A).

Milne, D., Ellis, F., & Shaw, A. (1997). Conducting "development research" in the new National Health Service: An illustration from two forms of inpatient care for those with severe mental illness. *Clinical Psychology and Psychotherapy, 4*, 259-268.

This project involved a comparative evaluation of a traditional inpatient psychiatric unit and a new community-based residential unit for the treatment of patients with severe mental illness. There were no significant differences in coping between patients in the two treatment settings; however, patients in both settings increased in their reliance on cognitive and behavioral approach coping and showed a decline in reliance on avoidance coping from intake to a 3-month follow-up (CRI-A).

Milne, D., Eminson, S., Wood, H., Hamilton, L., & Giobson, K. (1995). Monitoring performance in a community mental health centre. *International Journal of Health Care Quality Assurance*, 8, 38-41.

In this quality assurance project focused on clients in a community health center, less severely ill clients showed an improvement in coping over the first three months of treatment. At post-test, these clients also had better coping skills than did more anxious and depressed clients. Among the more anxious clients, there also was a rise in logical analysis and a decline in cognitive avoidance over the three month treatment interval (CRI-A).

Moggi, F., Ouimette, P., Finney, J., & Moos, R. (1999). Dual diagnosis patients in substance abuse treatment: Relationships among general coping and substance-specific coping and one-year outcomes. *Addiction*, 94, 1805-1816.

This study examined general coping skills and substance-specific coping skills and their relationship to treatment climate, continuing care, and one-year posttreatment functioning among patients with both substance use and psychiatric disorders. Patients modestly improved on general and substance-specific coping skills between treatment intake and a 1-year follow-up. Patients who were in programs with a “dual diagnosis treatment climate” and who participated in more 12-step self-help groups gained more in adaptive coping (the percent of approach coping divided by all coping). More reliance on approach coping at intake and discharge predicted freedom from significant psychiatric symptoms at a 1-year follow-up (CRI-A).

Moghaddam, F. M., Taylor, D. N., Ditto, B., Jacobs, K., & Bianchi, E. (2002). Psychological distress and perceived discrimination. *International Journal of Intercultural Relations*, 26, 381-390.

This study examined the relationship between perceived discrimination, coping, and psychological distress among women who emigrated from India to Canada. The study focused on these women because they potentially experienced “triple discrimination”, by virtue of being women, immigrants, and members of a low status visible minority group. There were positive associations between avoidance coping and the women’s anger, depression, anxiety, and diastolic blood pressure. Women who relied more on cognitive approach coping were lower on anger. Women who stated that they felt badly treated because of their race and scored low on avoidance coping had especially low scores on anger, probably because they were forthright and direct (CRI-A).

Mohamad, M. S., (2009). Daily hassles, coping strategies, and substance use among Egyptian manufacturing workers. *Journal of Muslim Mental Health*, 4 (1), 17-29.

Positive coping strategies were associated with reduced likelihood of using substances (psychotropic medications, illegal drugs, alcohol), whereas negative coping strategies were associated with a higher likelihood of using substances (CRI-A).

Mohino, S., Kirchner, T., & Forns, M. (2004). Coping strategies in young male prisoners. *Journal of Youth and Adolescence*, 33 (1), 41-49.

In general, young men in a Spanish correctional facility preferred approach over avoidance coping and cognitive over behavioral strategies. Problem solving was the most used approach strategy and acceptance-resignation was the most used avoidance strategy. Compared to men who had been in prison for a shorter time, those who had been in prison longer were more likely to rely on positive reappraisal and less likely to rely on seeking support and emotional discharge. With respect to appraisal, the majority of the men stated that they saw their focal problem as a threat, did not know it would occur, and did not have enough time to prepare. Knowing a problem was going to occur led to more reliance on problem solving and thinking of the problem as a challenge led to more use of logical analysis and overall approach coping. Men who relied more on positive reappraisal and problem solving were more likely to think that something good had resulted from coping with the problem (Spanish CRI-A).

Mohino, S., Kirchner, T., & Forns, M. (2008). Personality and coping in young inmates: A cluster typology. *Psychopathology*, 41, 157-164.

Male prison inmates were classified into primary, secondary, and inhibited psychopathic groups, and a controlled or relatively healthy psychopathic group. In general, the controlled or healthy group relied more on problem-solving coping and less on cognitive avoidance, acceptance/resignation, and emotional discharge. The inhibited psychopathic group relied least on problem solving and tended to rely most on acceptance/resignation and emotional discharge (Spanish CRI-A).

Moorey, S., Frampton, M., & Greer, S. (2003). The cancer coping questionnaire: A self-rating scale for measuring the impact of adjuvant psychological therapy on coping behavior. *Psycho-Oncology*, 12, 331-344.

Among women with breast cancer, the Cancer Coping Questionnaire, a scale designed to measure coping strategies taught in adjuvant psychological therapy, was positively correlated with logical analysis, information seeking, problem solving, and emotional discharge coping (CRI-A).

Moos, R. (1995). Development and applications of new measures of life stressors, social resources, and coping responses. *European Journal of Psychological Assessment, 11*, 1-13.

This article presents a framework that examines how individuals' social and coping resources help them manage acute and chronic stressors. Several longitudinal studies are discussed that involved assessments of life context and coping and their association with adaptation among distressed and healthy adults. The findings show that it is important to assess acute life events as well as ongoing stressors and social resources in specific life domains, and that life context and coping indices predict clinically relevant outcomes such as stable remission from alcohol abuse and depression. Implications for clinical assessment and intervention with patients are described (LISRES-A, CRI-A)

Moos, R. (1997). Assessing approach and avoidance coping skills and their determinants and outcomes. *Indian Journal of Clinical Psychology, 24*, 58-64.

To illustrate some of the research applications of measuring coping responses, findings are presented from longitudinal studies of adaptation among distressed and healthy individuals. One consistent finding is that individuals who rely more on approach and less on avoidance coping tend to experience better health and well-being. Applications of the work for clinicians and program evaluators are noted and issues for future research on stress and coping theory are considered (CRI-A, CRI-Y).

Moos, R. (1997). Coping Responses Inventory: A measure of approach and avoidance coping skills. In Zalaquett C.P. & Wood R.J. (eds.), *Evaluating stress: A book of resources* (pp. 51-65). Lanham, MD: Scarecrow.

This chapter covers the rationale, development, and psychometric characteristics of the CRI Adult and Youth Forms, as well as information on administration and scoring. Also covered are applications and examples for clinicians and program evaluators, uses in treatment assignment and evaluation, and research applications and validity (CRI-A, CRI-Y).

Moos, R. (2002). Life stressors, social resources, and coping skills in youth: Applications to adolescents with chronic disorders. *Journal of Adolescent Health, 30S*, 22-29.

After setting out a conceptual framework that focuses on how personal and social resources aid adolescents in managing stressors, this paper describes methods by which to assess adolescents' family environments and specific life stressors and social resources, and the approach and avoidance coping responses adolescents use to manage life stressors. The paper then reviews research that employs these concepts and methods to focus on the family and life contexts, and coping skills, of youth with chronic medical disorders, including juvenile rheumatic disease (LISRES-Y, CRI-Y).

Moos, R. (2006). Understanding social contexts and coping: Connections with intervention programs. In R. R. Bootzin & P. E. McKnight (eds.), *Strengthening research methodology: Psychological measurement and evaluation* (pp. 47-62). Washington, DC: American Psychological Association.

This chapter presents an integrative conceptual model of the interplay between the environmental system, coping, and adaptation. The environmental system encompasses eight primary domains of life stressors and social resources. The coping domain is organized into eight areas that reflect cognitive and behavioral approach strategies and cognitive and behavioral avoidance strategies. There is a description of several propositions about the interconnections between these domains and a discussion of applications to assessment and intervention (LISRES-A, LISRES-Y, CRI-A, CRI-Y)..

Moos, R., Brennan, P., & Schutte, K. (1998). Life context factors, treatment, and late-life drinking behavior. In E. Gombert, A.M. Hegedus, & R.A. Zucker (eds.). *Alcohol problems and aging* (pp. 261-279). Washington, DC: National Institute on Alcohol Abuse and Alcoholism.

This chapter describes some of the findings of a longitudinal program of research on the connections between life context and coping factors and the course of problem drinking among older adults (LISRES-A, CRI-A).

Moos, R., Brennan, P., Schutte, K., & Moos, B. (2005). Older adults' health and changes in late-life drinking patterns. *Aging and Mental Health, 9*, 49-59.

Older adults who reported more medical conditions, physical symptoms, and negative life events at baseline tended to drink less alcohol and were more likely to abstain from alcohol 3-4 years and 9-10 years later (LISRES-A).

Moos, R., Brennan, P., Schutte, K., & Moos, B. (2006). Older adults' coping with negative life events: Common processes of managing health, interpersonal, and financial/work events. *International Journal of Aging and Human Development*, 62, 39-59.

Older adults evidenced common processes of managing health, interpersonal, and financial/work stressors. Individuals who appraised events as challenging and relied more on approach coping were more likely to report some benefit from those events. Individuals who experienced more chronic stressors and favored avoidance coping were more likely to be depressed and to have late-life drinking problems. Chronic stressors, as well as approach and avoidance coping, were predictably associated with overall outcomes in all three event domains (LISRES-A, CRI-A).

Moos, R., Brennan, P., Schutte, K., & Moos, B. (2010). Older adults' health and late-life drinking patterns: A 20-year perspective. *Aging & Mental Health*, 14, 33-43.

A sample of late-middle-aged community residents participated in a survey of health and alcohol consumption at baseline and 10 years and 20 years later. Chronic and acute health-related problems increased and alcohol consumption and drinking problems declined over the 20-year interval. Ongoing and acute health problems were associated with a higher likelihood of abstinence; acute health events were also associated with less alcohol consumption (LISRES-A).

Moos, R., Brennan, P., Schutte, K. & Moos, B. (2010). Social and financial resources and high-risk alcohol consumption among older adults. *Alcoholism: Clinical and Experimental Research*, 34 (4), 646-654.

Over a 20-year interval, there was evidence of both social causation and social selection processes in relation to high-risk alcohol consumption among late-middle-age and older adults. In support of social causation, higher levels of some social resources, such as quality of relationship with spouse and financial resources, were associated with a subsequent increased likelihood of high-risk alcohol consumption. In support of social selection, high-risk alcohol consumption was associated with a subsequent better spousal relationship higher levels, but poorer relationships with extended family members (LISRES-A).

Moos, R., Brennan, P., Schutte, K., & Moos, B. (2010). Spouses of older adults with late-life drinking problems: Health, family, and social functioning. *Journal of Studies on Alcohol and Drugs*, 71 (4), 506-514.

Three groups of spouses were compared at baseline and a 10-year follow-up: Spouses of older adults who had no drinking problems at baseline or follow-up, spouses of older adults who had drinking problems at baseline but not follow-up, and spouses of older adults who had drinking problems at both baseline and follow-up. At baseline, compared with spouses of problem-free individuals, spouses of older adults whose drinking problems later remitted reported more health-related problems. Spouses of continuing problem drinkers reported less spouse/partner support. Overall, spouses who reported more partner stressors and more reliance on avoidance coping at baseline experienced more depressive symptoms at 10 years (LISRES-A, CRI-A).

Moos, R., Cronkite, R., & Moos, B. (1998). The long-term interplay between family and extra-family resources and depression. *Journal of Family Psychology*, 12, 326-343.

A three-wave prospective panel model identified some relationships between family and extra-family resources and less depression in a sample of treated depressed patients. More reliance on approach coping was associated with less concurrent depression but, in general, did not have an independent influence on subsequent depression, and did not mediate any of the associations between family and extra-family resources and depression (initial CRI-A).

Moos, R., Finney, J., & Moos, B. (2000). Inpatient substance abuse care and the outcome of subsequent community residential and outpatient care. *Addiction*, 95, 833-846.

Patients with substance use disorders who developed more supportive relationships with their peers in a community treatment program were less likely to experience significant psychological distress or to have been arrested at a 1-year follow-up (LISRES-A).

Moos, R., & King, M. (1997). Participation in community residential treatment and substance abuse patients' outcomes at discharge. *Journal of Substance Abuse Treatment*, 14, 71-80.

Staff in community treatment programs rated the quality of residents' relationships with their peers. Residents who had more supportive peers were more likely to complete the program, to move to a stable residence and to be employed at discharge, and to engender staff confidence in their recovery (LISRES-A).

Moos, R., King, M., Burnett, E., & Andrassy, J., (1997). Community residential program policies, services, and treatment orientations influence patients' participation in treatment. *Journal of Substance Abuse, 9*, 171-187.

Community treatment programs that had higher expectations for residents' functioning, clearer policies, and more structured programming, were more accepting of residents' problem behavior, and were more oriented toward therapeutic community, cognitive-behavioral, psychodynamic, and marital/family treatment had residents who developed more supportive relationships with each other. In turn, residents who had more supportive relationships with their peers had better outcomes at discharge from the program (LISRES-A).

Moos, R., McCoy, L., & Moos, B. (2000). Global assessment of functioning (GAF) ratings: Determinants and role as predictors of 1-year service use and treatment outcome. *Journal of Clinical Psychology, 56*, 449-461.

In a study of treatment outcome among substance abuse patients, clinicians' assessments of patients' global functioning at treatment intake did not predict the quality of patients' relationships with friends at a 1-year follow-up (LISRES-A).

Moos, R., & Moos, B. (1997). Life Stressors and Social Resources Inventory: A measure of adults' and youths' life contexts. In Zalaquett C.P. & Wood R.J. (eds.), *Evaluating stress: A book of resources* (pp. 177-190). Lanham, MD: Scarecrow.

This chapter presents the rationale, development process, and psychometric characteristics of the LISRES Adult and Youth Forms, as well as information on administration and scoring. Also covered are applications and examples for clinicians and program evaluators, uses in treatment assignment and evaluation, and research applications and validity (LISRES-A, LISRES-Y).

Moos, R., & Moos, B. (1999). Life context and coping as determinants of healthy adjustment and dysfunction. *Indian Journal of Clinical Psychology, 26*, 24-34.

An integrated conceptual framework is presented to focus on how personal and social resources aid people in confronting acute and chronic stressors. To illustrate important issues in stress and coping, examples are presented from longitudinal studies of adaptation among individuals who suffer from depression or alcohol abuse and among healthy adults. Implications of the work for future research are considered in terms of the dynamics of stress and coping, the stress and coping process among youth, and the connection between adversity and personal growth (LISRES, CRI).

Moos, R., & Moos, B. (2003). Long-term influence of duration and intensity of treatment on previously untreated individuals with alcohol use disorders. *Addiction, 98*, 325-337.

This study used a measure of social functioning that tapped the number and quality of friendships, participation in social activities with family members and friends, and membership in clubs and social organization. Individuals with alcohol use disorders who participated in 27+ weeks of treatment in the first year after problem recognition achieved better social functioning at 1-year follow-up than did individuals who did not enter treatment (LISRES-A).

Moos, R., & Moos, B. (2003). Risk factors for nonremission among initially untreated individuals with alcohol use disorders. *Journal of Studies on Alcohol, 64*, 555-563.

Compared to individuals with alcohol use disorders who were remitted at a 1-year follow-up, those who remained non-remitted tended to report less family support and more emotional discharge coping at baseline (initial LISRES-A, initial CRI-A).

Moos, R., & Moos, B. (2004). Long-term influence of duration and frequency of participation in Alcoholics Anonymous on individuals with alcohol use disorders. *Journal of Consulting and Clinical Psychology, 72*, 81-90.

This study used a measure of social functioning that tapped the number and quality of friendships, participation in social activities with family members and friends, and membership in clubs and social organization. Individuals with alcohol use disorders who participated in Alcoholics Anonymous (AA) for 33+ weeks in the first year after problem recognition achieved better social functioning at 1-year and 8-year follow-ups than did individuals who did not participate in AA and those who participated in AA for a shorter interval (initial LISRES-A).

Moos, R., & Moos, B. (2005). Sixteen-year changes and stable remission among treated and untreated individuals with alcohol use disorders. *Drug and Alcohol Dependence, 80*, 337-347.

Individuals with alcohol use disorders who initiated help-seeking tended to report fewer negative events and more positive events, and to rely more on information seeking and problem solving and less on avoidance coping over the subsequent 15 years. Individuals who reported more social resources, fewer chronic stressors, and less reliance on avoidance coping at a 1-year follow-up were more likely to achieve stable remission (that is, remission at both 8-year and 16-year follow-ups) (LISRES-A, CRI-A).

Moos, R., & Moos, B. (2006). Rates and predictors of relapse after natural and treated remission from alcohol use disorders. *Addiction, 101*, 212-222.

Individuals with alcohol use disorders who relied less on avoidance coping and experienced fewer negative events at baseline were more likely to achieve 3-year remission; this was especially true of individuals who remitted without help. Among individuals who were remitted at 3 years, those who relied more on avoidance coping were more likely to relapse by 16 years. These findings held for individuals who initially obtained help and for those who did not (LISRES-A, CRI-A).

Moos, R., & Moos, B. (2006). Treated and untreated individuals with alcohol use disorders: Rates and predictors of remission and relapse. *International Journal of Clinical and Health Psychology, 6*, 513-526.

Individuals with alcohol use disorders who, at a 1-year follow-up, reported more social resources, fewer chronic stressors, and less reliance on avoidance coping were more likely to achieve stable remission at 8-year and 16-year follow-ups (LISRES-A, CRI-A).

Moos, R., & Moos, B. (2007). Protective resources and long-term recovery from alcohol use disorders. *Drug and Alcohol Dependence, 86*, 46-54.

Indices of personal and social resources drawn from social learning (coping responses), behavior economic (financial resources), and social control (quality of family, friend, and work relationships) were assessed at baseline and 1, 3, 8, and 16 years later among individuals who initiated help-seeking for alcohol-related problems at baseline. Individuals who relied more on approach coping at 1 year had fewer alcohol-related problems and better social functioning at 3 years and 8 years; those who had more financial, family, and friend resources at 1 year experienced better social functioning at 3 years and 8 years. Similarly, approach coping at 1 year predicted less alcohol consumption at 16 years; more family resources at 1 year predicted better 16-year social functioning (LISRES-A, CRI-A).

Moos, R., & Moos, B. (2007). Treated and untreated alcohol use disorders: Course and predictors of remission and relapse. *Evaluation Review, 31*, 564-584.

Individuals with alcohol use disorders who relied more on approach coping and less on avoidance coping, and had more financial resources and more resources from friends, at a 1-year follow-up were more likely to be in remission at 8 year and 16 year follow-ups (LISRES-A, CRI-A).

Moos, R., Moos, B., & Andrassy, J. (1999). Treatment orientation and treatment outcome in community residential programs. *Psychiatric Services, 50*, 1577-1583.

Staff in community treatment programs rated the supportive of residents' relationships with their peers. Resident support was higher in therapeutic community and rehabilitation-oriented programs than in 12-step and undifferentiated programs (adapted LISRES-A).

Moos, R., Moos, B., & Timko, C. (2006). Gender, treatment, and self-help in remission from alcohol use disorders. *Clinical Medicine & Research, 4*, 163-174.

Compared to men with alcohol use disorders, women had more social resources and were likely to experience better alcohol-related and life context outcomes. Over a 16-year follow-up period, women increased more in number of friends and problem-solving coping and declined more in chronic stressors. Continuing depression and reliance on avoidance coping were more closely associated with lack of remission among men than among women (LISRES-A, CRI-A)

Moos, R., Schaefer, J., Andrassy, J., & Moos, B. (2001). Outpatient mental health care, self-help groups, and patients' 1-year treatment outcomes. *Journal of Clinical Psychology, 57*, 1-15.

Patients with substance use disorders who had more support from friends at intake to treatment were more likely to be free of substance use problems and of clinically significant distress and psychiatric symptoms, and to be residentially stable at a 1-year follow-up. In addition, a longer duration of outpatient care was more strongly associated with abstinence and freedom from significant psychiatric symptoms at the 1-year follow-up among patients who had fewer friendship resources than among those who had more such resources. This finding suggests that patients who lack social resources may need to depend more on continuing treatment (LISRES-A).

Moos, R., Schutte, K., Brennan, P., & Moos, B. (2004). Ten-year patterns of alcohol consumption and drinking problems among older women and men. *Addiction, 99*, 829-838.

In this study of older adults, men who reported more negative life events and relied more on avoidance coping were more likely to experience drinking problems. Women who reported more financial stressors and relied more on avoidance coping also were more likely to report drinking problems (LISRES-A, CRI-A).

Moos, R., Schutte, K., Brennan, P., & Moos, B. (2005). The interplay between life stressors and depressive symptoms among older adults. *Journal of Gerontology: Psychological Sciences, 60B*, P199-206.

Older adults who reported more spouse/partner, child, extended family, friend, financial, and health stressors, and more negative life events, tended to rely less on approach coping strategies. There was evidence for both social causation and social selection processes over a 10-year interval. More life stressors were associated with subsequent increases in depressive symptoms (social causation), and more depressive symptoms were associated with subsequent increases in stressors (social selection or stress generation). The findings reflect a mutual influence process in which life stressors and depressive symptoms can alter each other (LISRES-A, CRI-A).

Moos, R., Schutte, K., Brennan, P., & Moos, B. (2010). Late-life and life history predictors of older adults' high-risk alcohol consumption and drinking problems. *Drug and Alcohol Dependence, 108*, (1-2), 13-20.

Older adults who had more financial resources at baseline were more likely to engage in high-risk alcohol consumption and to incur drinking problems at 10-year and 20-year follow-ups (LISRES-A).

Moos, R., Schutte, K., Brennan, P., & Moos, B. (2011). Personal, family, and social functioning among older couples concordant and discordant for high-risk alcohol consumption. *Addiction, 106*.

This study compares the personal, family, and social functioning of older husbands and wives concordant or discordant for high-risk alcohol consumption. Compared to husbands in the low-risk concordant group, husbands in the high-risk concordant and discordant groups reported less support from extended family members at follow-up. Husbands and wives in the high-risk concordant and discordant groups tended to report declines over a 10-year follow-up in extended family support and friend support (LISRES-A).

Noojin, A. B., Causey, D. L., Gros, B. J., Bertolone, S., & Carter, B. D. (1999). The influence of maternal stress resistance and family relationships on depression in children with cancer. *Journal of Psychosocial Oncology, 17* (2), 79-97.

Mothers who relied more on approach coping and less on avoidance coping tended to feel more efficacious about their coping skills. In addition, their children, who had cancer, were less depressed (initial CRI-A).

Norris, J. A. (1998). Promoting social competence and reducing violence and negative social interactions in a multicultural school setting (Doctoral dissertation, Rutgers the State University of New Jersey, New Brunswick, NJ). *Dissertation Abstracts International*, 59A (05), 1420.

Youngsters who participated in any one of three instructional approaches to reduce violence and negative social interactions (labeled multicultural education, social decision making, problem solving) showed an increased awareness and appreciation of diversity and positive social interaction (CRI-Y).

O'Rourke, N., & Cappeliez, P. (2002). Perceived control, coping, and expressed burden among spouses of suspected dementia patients: Analysis of the goodness-of-fit hypothesis. *Canadian Journal on Aging*, 21 (3), 385-392.

This study focused on spouses who were caregivers of family members with suspected Alzheimer's disease. Spouses who were characterized by low perceived control and more reliance on problem-focused coping experienced more caregiver burden; this is consistent with the goodness-of-fit hypothesis. In general, however, caregivers reported a high degree of control and there was no overall interaction between perceived control and coping in predicting caregiver burden (CRI-A).

O'Rourke, N., & Wenaus, C. A. (1998). Marital aggrandizement as a mediator of burden among spouses of suspected dementia patients. *Canadian Journal of Aging*, 17, 384-400.

In this study of burden among caregivers of dementia patients, the caregiver's tendency to discount negative experiences in the marriage was independent of reliance on approach or avoidance coping. More functional impairment of the patient was associated with more behavioral approach coping, whereas a longer duration of symptoms was associated with more avoidance coping. Finally, avoidance coping was associated with caregiver burden (initial CRI-A).

Osorno, R., Gomez-Benito, J., Segura, B., Forns, M., & Kirchner, T. (2010). Funcionamiento diferencial de los reactivos del coping responses inventory para adolescents mexicanos y espanoles (Differential item functioning of Coping Responses Inventory with Mexican and Spanish adolescents). *Revista Mexicana de Psicologia*, 27 (2), 151-157.

Compared to Mexican adolescents, Spanish adolescents were shown to rely more on approach and less on avoidance coping strategies (Spanish CRI-Y).

Ottenbreit, N. D., & Dobson, K. S. (2004). Avoidance and depression: The construction of the Cognitive-Behavioral Avoidance Scale. *Behavior Research and Therapy*, 42, 293-313.

Based on a sample of students, the total score on a new scale of avoidance coping, the Cognitive-Behavioral Avoidance Scale (CBAS), showed good convergent validity with total CRI avoidance among both women and men. There also was evidence of divergent validity for the CBAS, in that it was moderately negatively correlated with total CRI approach coping for both women and men (CRI-A).

Ouimette, P. C., Ahrens, C., & Moos, R., Finney, J. W. (1997). Posttraumatic stress disorder in substance abuse patients: Relationship to 1-year posttreatment outcomes. *Psychology of Addictive Behaviors*, 11, 34-47.

Patients with dual diagnoses of posttraumatic stress disorder and substance abuse (SUD-PTSD) were compared with (1) patients with only substance use diagnoses (SUD-only) and (2) patients with substance use and psychiatric diagnoses other than PTSD (SUD-PSY) on outcomes 1 year after substance abuse treatment. SUD-PTSD patients did not improve on partner resources and reported fewer friend resources at follow-up, whereas SUD-PSY and SUD-only patients improved on friend resources. At intake, SUD-PTSD patients reported less positive reappraisal and more cognitive avoidance and emotional discharge coping than SUD-only patients. PTSD was associated with more substance use problems at a 1-year follow-up, in part because of its relationship to more emotional discharge coping (LISRES-A, CRI-A).

Ouimette, P.C., Ahrens, C., Moos, R., & Finney, J. (1998). During treatment changes in substance abuse patients with posttraumatic stress disorder: Relationships to specific interventions and program environments. *Journal of Substance Abuse Treatment*, 15, 555-564.

This study compared during treatment changes among patients with substance use disorders and posttraumatic stress disorder (SUD-PTSD), to patients with only substance use disorders (SUD only), and patients with other AXIS I diagnoses (SUD-PSY). All three groups of patients increased in approach coping (positive reappraisal and problem solving) and declined in avoidance coping (cognitive avoidance and emotional discharge) from treatment intake to discharge. SUD-only patients increased more on problem solving and declined more on cognitive avoidance and emotional discharge than the other two groups did. Patients who received more counseling tended to increase more in approach coping. In addition, among SUD-PTSD patients, more involvement in 12-step groups during treatment was associated with larger increases in positive reappraisal and problem-solving and a larger decline in emotional discharge between intake and completion of the acute treatment episode (CRI-A).

Ouimette, P., Finney, J., Gima, K., & Moos, R. (1999). A comparative evaluation of substance abuse treatment: III. Examining mechanisms underlying patient-treatment matching hypotheses for 12-step and cognitive-behavioral treatments for substance abuse. *Alcoholism: Clinical and Experimental Research*, 23, 545-551.

Reliance on approach versus avoidance coping at hospital discharge was associated with better 1-year substance use outcomes. However, neither coping at treatment intake nor coping at discharge differentially predicted substance abuse patients' outcomes after 12-step or CB treatment (CRI-A).

Ouimette, P., Finney, J., & Moos, R. (1999). Two year posttreatment functioning and coping of patients with substance abuse and posttraumatic stress disorder. *Psychology of Addictive Behaviors*, 13, 105-114.

This study compared the 2-year posttreatment course of substance abuse patients with posttraumatic stress disorder (SUD-PTSD), patients with only substance use disorder (SUD only), and patients with other comorbid psychiatric diagnoses (SUD-PSY). SUD-PTSD patients did not change on level of friend resources from intake to 1 year, whereas both the SUD-only and SUD-PSY groups improved on friend resources. SUD-PTSD patients reported significantly less support from friends than SUD-only and SUD-PSY patients. SUD-PTSD patients used less positive reappraisal and problem-solving coping and more cognitive avoidance and emotional discharge coping than the SUD-only group at the 1-year follow-up; they also relied more on emotional discharge coping than SUD-PSY patients. Greater use of avoidance coping styles and less use of approach coping at 1-year partially accounted for the association of PTSD with 2-year substance use (LISRES-A, CRI-A).

Ouimette, P. C., Humphreys, K., Moos, R., Finney, J., Cronkite, R., & Federman, E. (2001). Self-help group participation among substance use disorder patients with posttraumatic stress disorder. *Journal of Substance Abuse Treatment*, 20, 25-32.

Patients with both posttraumatic stress disorder and substance use disorder who reported more friend-related interpersonal resources at entry to treatment tended to be more involved in 12-step self-help groups at one and two year follow-ups. In turn, involvement in these groups was associated with better treatment outcome (LISRES-A).

Ouimette, P.C., Moos, R., & Finney, J. (1998). Influence of outpatient treatment and 12-step group involvement on one-year substance abuse treatment outcomes. *Journal of Studies on Alcohol, 59*, 513-522.

Substance abuse patients who received outpatient follow-up care and/or participated in 12-step self-help groups showed more improvement in spouse/partner and friend resources from treatment intake to a 1-year follow-up than did patients who obtained no formal or informal continuing care. Compared to patients who received outpatient care for only up to three months, patients who received such care for nine months or more showed a greater rise in friend resources (LISRES-A).

Oxlad, M., Miller-Lewis, L., & Wade, T. D. (2004). The measurement of coping responses: Validity of the Billings and Moos coping checklist. *Journal of Psychosomatic Research, 57*, 477-484.

Analysis of responses from young adults identified four coping factors that were labeled positive reappraisal, seeking support, seeking information, and avoidance. In general, more reliance on positive reappraisal and less on avoidance was associated with more optimism, better mental health, and less depression, anxiety, and hopelessness (initial CRI-A).

Paterson, D. L., Gayowski, T., Wannstedt, C. F., Wagener, M. M., Marino, I. R., Vargas, H., Laskus, T., Rakela, J., & Singh, N. (2000). Quality of life in long-term survivors after liver transplantation: Impact of recurrent viral hepatitis C virus hepatitis. *Clinical Transplantation, 14*, 48-54.

More reliance on avoidance coping was associated with lower quality of life among long-term survivors of liver transplantation (initial CRI-A).

Patterson, K. T. (2001). The effect of gender on a predictive model of violent behaviors in rural youth using a contextual framework (Doctoral dissertation, University of Pittsburgh, Pittsburgh, PA). *Dissertation Abstracts International, 62B* (05), 2259.

In a sample of rural youth, young women relied more on avoidance coping than young men did (CRI).

Phillip, C. W. (2010, June). Emotional intelligence and adaptive coping in adolescents with learning disabilities (Doctoral dissertation, Regent University, Virginia Beach, VA, 2009). *Dissertation Abstracts International, 70A* (12).

Youngsters who scored higher on emotional intelligence were more likely to rely on approach coping strategies (CRI-Y).

Pilson, B. (1996). Identifying sets of beliefs instrumental in maintaining recovery from substance abuse (Doctoral dissertation, Tulane University, New Orleans, LA). *Dissertation Abstracts International*, 57A (03), 1325.

Men with substance use disorders who relied more on seeking guidance and support were more likely to achieve sustained remission (CRI-A).

Pit-Ten Cate, I. M., & Loots, G. M. P. (2000). Experiences of siblings of children with physical disabilities: An empirical investigation. *Disability and Rehabilitation*, 22 (9), 399-408.

Siblings of children with physical disabilities were asked how they coped with a stressful or unpleasant situation associated with their disabled sibling. In general, siblings reported that they had anticipated the stressor and felt they had enough time to prepare for it. Siblings also relied more on approach than on avoidance coping strategies. Compared to brothers of disabled children, sisters relied more on logical analysis, seeking guidance and support, and emotional discharge coping (Dutch CRI-Y).

Powers, D. V., Gallagher-Thompson, D., & Kraemer, H. (2002). Coping and depression in Alzheimer's caregivers: Longitudinal evidence of stability. *Journal of Gerontology: Psychological Sciences*, 57B (3), P205-P211.

Coping and depression were measured in caregivers of Alzheimer patients on four occasions approximately six months apart. The coping strategies were relatively stable over time, although cognitive and behavioral coping did show a significant increase over time. Based on an average over the four assessments, caregivers who relied more on avoidance coping experienced more depressive symptoms (initial CRI-A).

Puente, C. P., Furlong, L. V., Gutierrez, J. L. G., & Hernandez, E. G. (2005). Estrategias de afrontamiento y personalidad resistente en pacientes de cuidados paliativos: Un estudio preliminar (Coping strategies and hardy personality in palliative care patients: A preliminary study). *Clinica y Salud*, 16 (1), 65-89.

Patients in palliative care who had accepted their terminal disease tended to rely on positive reappraisal, problem-solving, and seeking alternative rewards (adapted Spanish CRI-A).

Purkable, T. L. (2003). Emotional intelligence, leadership style, and coping mechanisms of executives (Doctoral dissertation, Catholic University of America, Washington, DC). *Dissertation Abstracts International*, 63B (12), 6133.

Government contracting executives who were high on emotional intelligence relied less on emotional discharge coping, indicating that executives who are able to use emotions to help understand a situation are less likely to express their feelings indiscriminately. Executives who were better able to regulate their emotions tended to rely more on problem solving coping and also on cognitive avoidance coping, indicating that individuals who are able to temporarily distance themselves from a problem may solve that problem more creatively (CRI-A).

Puskar, K. R., & Grabiak, B. R. (2008). Rural adolescents' coping responses: Implications for behavioral health nurses. *Issues in Mental Health Nursing*, 29, 523-535.

Compared to rural adolescent boys, rural adolescent girls relied more on approach (logical analysis, positive reappraisal, and seeking guidance and support) and avoidance (cognitive avoidance, acceptance/resignation, and emotional discharge) coping strategies (CRI-Y).

Puskar, K., Grabiak, B. R., Bernardo, L. M., & Ren, D. (2009). Adolescent coping across time: Implications for psychiatric mental health nurses. *Issues in Mental Health Nursing*, 30, 581-586.

After a behavioral intervention designed to teach youngsters how to cope with anger, those who received the intervention tended to rely less on cognitive avoidance and emotional discharge, but also to rely less on logical analysis, positive reappraisal, problem solving, and seeking guidance and support (CRI-Y).

Puskar, K. R., Sereika, S. M., Lamb, J., Tusaie-Mumford, K., McGuinness, T. (1999). Optimism and its relationship to depression, coping, anger, and life events in rural adolescents. *Issues in Mental Health Nursing*, 20, 115-130.

Rural adolescents who were more optimistic and less pessimistic were more likely to rely on the approach coping strategies of positive reappraisal, seeking support, and problem solving, and less likely to rely on the avoidance strategies of cognitive avoidance, resigned acceptance, and emotional discharge (CRI-Y).

Risa, K. J., Nepon, L., Justias, J. C., Panwlaker, A., Berman, S. M., Cinti, S., Wagener, M. M., & Singh, N. (2002). Alternative therapy use in HIV-infected patients receiving highly active antiretroviral therapy. *International Journal of STD & AIDS, 13*, 706-713.

Almost 40% of the patients on highly active antiretroviral therapy also used alternative therapies. Compared to individuals who did not use alternative therapies, those who did reported more problem-focused coping, but also less satisfaction with their emotional support and more psychological distress (CRI-A).

Roberts, N. H. D. (2003). Bowen family systems theory and its place in counseling psychology (Doctoral dissertation, New Mexico State University, Alamogordo, NM). *Dissertation Abstracts International, 63B* (12), 6105.

This study focused on Bowen Family Systems Theory, which predicts that perceptions of a balance of moderate intimacy and autonomy in the family of origin should be associated with more social resources and fewer stressors in adulthood. In support of the theory, the findings showed that, compared to individuals who reported low intimacy and low autonomy in their family of origin, those who reported moderate intimacy and autonomy in the family of origin experienced fewer stressors and more social resources as young adults (adapted LISRES-A).

Rodriguez, C. M. (2009). Coping style as a mediator between pregnancy desire and child abuse potential. *Journal of Reproductive and Infant Psychology, 27* (1), 61-69.

Among expectant mothers, passive coping styles (especially cognitive avoidance and emotional discharge) mediated the association between low pregnancy desire and greater child abuse potential (CRI-A).

Roesch, S. C., Adams, L., Hines, A., Palmores, A., Vyas, P., Tran, C., Pekin, S., & Vaughn, A. A. (2005). Coping with prostate cancer: A meta-analytic review. *Journal of Behavioral Medicine, 28* (3), 281-293.

This meta-analytic review of coping among men with prostate cancer categorized coping into approach and avoidance strategies. The findings showed that men with prostate cancer who relied more on approach and less on avoidance coping were better off physically and psychologically than men who used less approach and more avoidance coping. Approach coping was related to more self-esteem, positive affect, resumption of pre-cancer activities, social functioning, quality of life, and energy/vitality. It was associated with less anxiety, depression, and pain (CRI-A concepts).

Roy, D. A. (2004). Adolescent emotional intelligence and its relation to chronic antisocial behaviors (Doctoral dissertation, Walden University, Minneapolis, MN, 2003). *Dissertation Abstracts International*, 64B (07), 3585.

Antisocial and non-antisocial youngsters did not differ in their coping responses. However, there were some significant associations between youngsters' scores on emotional intelligence and interpersonal reactivity and their coping strategies (CRI-Y).

Sachar, T. (2005). Quality of life in retirement communities: An investigation of psychosocial development, coping, and caregiving factors (Doctoral dissertation, Lehigh University, Bethlehem PA). *Dissertation Abstracts International*, 65B (09), 4875.

Older adults living in retirement communities who relied less on emotional discharge coping scored higher on satisfaction with life (CRI-A).

Sakraida, T. J. (2002). Divorce transition, coping responses, and health-promoting behavior of midlife women (Doctoral dissertation, Catholic University of America, Washington, DC). *Dissertation Abstracts International*, 62B (12), 5646.

This dissertation provides more details about the study reported in Sakraida (2008) abstracted below (CRI-A).

Sakraida, T. J. (2008). Stress and coping of midlife women in divorce transition. *Western Journal of Nursing Research*, 30 (7), 869-887.

Women who were recently divorced were categorized into three groups: those who initiated the divorce, those who did not initiate the divorce, and those who made a mutual decision with their husband to divorce. Compared to the other two groups, the women who did not initiate the divorce appraised it quite differently; they were more likely to state that they did not know the problem was going to occur and did not have enough time to get ready to deal with it, were more likely to think of it as a threat and less likely to consider it a challenge, and were less likely to feel that something good came out of dealing with the problem and that it had turned out all right. In addition, these women were somewhat higher on resigned acceptance coping than were the women in the other two groups (CRI-A).

Satija, Y. K., Advani, G. B., & Nathawat, S. S. (1997). Is depression a result of faulty coping strategies? *Indian Journal of Clinical Psychology, 24*, 65-69.

This study compared demographically matched groups of depressed and non-depressed Indian psychiatric outpatients. Compared to the non-depressed patients, the depressed patients relied more on avoidance coping (cognitive avoidance, resigned acceptance, seeking alternative rewards, and emotional discharge) and less on approach coping (logical analysis, positive reappraisal, seeking guidance and support, and problem solving) (CRI-A).

Schaefer, J.A., & Moos, R. (1998). The context for personal growth: Life crisis, individual and social resources, and coping. In Tedeschi, R., Park, C., & Calhoun, L. (eds.). *Posttraumatic growth: Positive changes in the aftermath of crisis*. pp. 99-125). NJ: Erlbaum.

This chapter includes a description of how information about life stressors and social resources can be used to assess an individual's life domain and post-crisis environment, which may set the content for personal growth after a life crisis (LISRES-A).

Schmitz, J. M., Oswald, L. M., Damin, P., & Mattis, P. (1995). Situational analysis of coping in substance-abusing patients. *Journal of Substance Abuse, 7*, 189-204.

Patients with substance use disorders reported how they would cope with six types of situations (such as unpleasant emotions, physical discomfort, and interpersonal conflict) that pose a high risk for relapse. The open-ended responses were scored in terms of cognitive approach, behavioral approach, and avoidance. Each type of coping was used differentially across the six situations, indicating that patients' coping is at least partly dependent on situational parameters (adapted CRI-A).

Schonholtz, J. K. (2000). Psychosocial adjustment to breast cancer: The role of marital support and approach coping (Doctoral dissertation, Walden University, Minneapolis, MN). *Dissertation Abstracts International, 61B* (04), 2221.

Among women who were receiving chemotherapy for breast cancer, those who relied more on approach coping strategies showed better psychosocial adjustment. In addition, women who experienced more marital support were more likely to rely on approach coping (CRI-A).

Schutte, K., Brennan, P., Moos, R. (1998). Predicting the development of late-life late-onset drinking problems: A 7-year prospective study. *Alcoholism: Clinical and Experimental Research*, 22, 1349-1358.

This prospective study involved a comparison of two groups of older adults who, at a baseline assessment, were nonproblem drinkers: individuals who developed drinking problems over the course of the next 7 years and those who did not. Compared with stable nonproblem drinkers, late-onset problem drinkers at baseline reported greater friend approval of drinking and more reliance on avoidance coping strategies. Contrary to expectation, life stressors and lack of social resources did not predict drinking problem onset. However, compared with stable nonproblem drinkers, late-onset problem drinkers were more likely to have a history of responding to stressors and negative affect with increased alcohol consumption (LISRES-A, CRI-A).

Schutte, K., Brennan, P., & Moos, R. (2009). Treated and untreated remission from problem drinking in late life: Post-remission functioning and health-related quality of life. *Drug and Alcohol Dependence*, 99, 150-159.

This study compared the post-remission drinking behavior, life context, and coping of older, untreated and treated former problem drinkers over the course of six years to each other and to lifetime non-problem drinkers. Compared to treated remitters, untreated remitters tended to report more financial resources and fewer financial stressors, and to rely more on approach coping strategies. As expected, treated remitters tended to report more financial, spouse/partner, and friend stressors than lifetime non-problem drinkers did (LISRES-A, CRI-A).

Schutte, K. K., Byrne, F. E., Brennan, P. L., & Moos, R. (2001). Successful remission of late-life drinking problems: A 10-year follow-up. *Journal of Studies on Alcohol*, 62, 322-334.

This study examined the predictors of long-term remission among untreated late-life problem drinkers, and whether successfully remitted older problem drinkers attained levels life contexts comparable to those of lifetime non-problem drinkers at a 10-year follow-up. In general, long-term remitted problem drinkers attained life contexts similar to those of lifetime non-problem drinkers, although they continued to report more health and financial stressors, more reliance on avoidance coping strategies, and less social support from friends than did lifetime non-problem drinkers. As expected, non-remitted problem drinkers tended to report more health, financial, spouse/partner, and friend stressors, and more reliance on avoidance coping, than did lifetime non-problem drinkers. More spousal stressors and less spousal support predicted 10-year abstinence, suggesting that marital disruption may contribute to late-life problem drinkers' motivation to change their drinking behavior (LISRES-A, CRI-A).

Schutte, K., Nichols, K., Brennan, P., & Moos, R. (2003). A 10-year follow-up of older former problem drinkers: Risk of relapse and implications of successfully sustained remission. *Journal of Studies on Alcohol*, 64, 367-374.

This study focused on a 10-year follow-up of individuals who were former problem drinkers or lifetime non-problem drinkers. Compared to individuals who died by the 10-year follow-up, those who survived had relied more on approach coping at baseline. However, among the survivors, there were no differences in the percent of approach coping either at baseline or at 10 years between former problem drinkers who had relapsed, former problem drinkers who were stably remitted and abstinent, former problem drinkers who were stably remitted but non-abstinent, and lifetime non-problem drinkers (CRI-A).

Schwab, J. E. (1995). Coping in early adolescence (Doctoral dissertation, Pennsylvania State University, College Park, PA, 1994). *Dissertation Abstracts International*, 55B (07), 3038.

LISREL models based on data obtained at four assessment occasions over two years showed that the CRI-Y was a highly stable measure and appeared to be sufficiently sensitive to assess developmental changes in coping among early adolescents (CRI-Y).

Scott, M. C. (1998). The impact of exposure to community violence on children and adolescents (Doctoral dissertation, Adler School of Professional Psychology, Chicago, IL). *Dissertation Abstracts International*, 59B (02), 887.

This study examined the idea that adolescents who are exposed to chronic violence will not exhibit post-traumatic distress when they have adequate parental support. Overall, however, adolescents who experienced increased exposure to violence reported more depressive symptoms (LISRES-Y).

Secor, W. B. (2004). Stress and its alleviation: The perception and alleviation of stress, coping, and help-seeking behavior (approach/avoidance) among certified professional emergency medical personnel (Doctoral dissertation, Capella University, xxx, MN, 2003). *Dissertation Abstracts International*, 65B (01), 452.

This study focused on the extent to which certified emergency medical personnel relied on approach and avoidance coping to alleviate the physical, emotional, and behavioral stressors associated with their job (CRI-A).

Sharkansky, E.J., King, D.W., King, L.A., Wolfe, J., Erickson, D.J., & Stokes, L.R. (2000). Coping with Gulf War combat stress: Mediating and moderating effects. *Journal of Abnormal Psychology, 109*, 188-197.

This study focused on the relationship between relative use of approach versus avoidance coping with combat-related stressors among soldiers deployed to the Gulf War and psychological symptoms (PTSD and depression) immediately upon return to the United States and 18-24 months later. A higher proportion of approach coping was concurrently related to less PTSD and depression. As the level of combat exposure (the stressor) increased, approach coping was more strongly associated with fewer PTSD symptoms. Approach coping was also associated with less depression at follow-up. Overall, the findings suggest that soldiers who actively attempt to cope with combat-related stressors by analyzing and making efforts to solve the problem, seeking support, and positively reappraising the situation, fare better initially and in the long run than do those who cope by avoiding thinking about the situation, relying on distracting activities, letting off emotional steam, or resigning themselves to the situation (CRI-A).

Skaff, M. M., Finney, J. W., & Moos, R. (1999). Gender differences in problem drinking and depression: Difference vulnerabilities? *American Journal of Community Psychology, 27*, 25-54.

This study examined the relationship between life stressors and social resources and problem drinking and depression among women and men. Compared to men, women tended to experience more health-related stressors and more stressors from partners and relatives, but also more support from relatives and friends. Among women, more work and friend stressors and a lack of work support were associated with more depression; friend stressors also predicted drinking problems. Among men, stressors from relatives were associated with both depression and drinking problems, the most striking gender difference was the stronger impact of friendships for women (LISRES-A).

Smidi, H. (1999). A holistic model for the study of stressors and stress reactions among Egyptian executive managers (Doctoral dissertation, Saybrook Insitute, San Francisco, CA; 1998). *Dissertation Abstracts International, 60B* (04), 1899.

This study of male managers in Egyptian trade and industry positions showed that individuals who perceived more stressors relied more on avoidance coping, and that more reliance on avoidance coping and less on approach coping was associated with more somatic symptoms and distress (initial CRI-A).

Smith B. W. (1996). Coping as a predictor of outcomes following the 1993 Midwest flood. *Journal of Social Behavior and Personality*, 11, 225-239.

Individuals who had experienced the 1993 Midwest flood reported on their coping and health six weeks after the flood and again five months later. Individuals who relied more on approach coping experienced more positive affect and less psychological distress, while those whom relied more on avoidance coping experienced more negative affect, psychological distress, and physical symptoms. These findings held after controlling for demographic variables, religious involvement, and an index of exposure to the flood (initial CRI-A)

Smith, W. R., Strachan, E. D., & Buchwald, D. (2009). Coping, self-efficacy, and psychiatric history in patients with both chronic widespread pain and chronic fatigue. *General Hospital Psychiatry*, 31, 347-352.

This study focused on clinic patients who met criteria for chronic widespread pain and chronic fatigue. Avoidance or emotion-focused coping predicted increased pain-related functional impairment and, unexpectedly, was associated with less fatigue-related functional impairment (initial CRI-A).

Snow, D. L., Swan, S. C., Raghavan, C., Connell, C. M., & Klein, I. (2003). The relationship of work stressors, coping, and social support to psychological symptoms among female secretarial employees. *Work & Stress*, 17 (3), 241-263.

An analysis of secretarial employees' coping responses to work-related stress identified in four factors that were labeled cognitive, behavioral, and social support (which were combined into approach coping), and avoidance coping. Higher levels of work stressors were associated with more approach and more avoidance coping. More reliance on approach coping was associated with less distress, whereas more reliance on avoidance coping was associated with more distress. Avoidance coping partially mediated (explained) the association between work stressors and distress. In addition, more baseline social support was associated with more baseline reliance on approach coping, which predicted less psychological distress at follow-up (initial CRI-A)..

Soysa, C. K. (2002). Post-traumatic stress disorder in Sri Lankan children exposed to war: The roles of culture, the nature of the stressor, temperament, coping strategies, and perceived social support (Doctoral dissertation, Clark University, Worcester, MA). *Dissertation Abstracts International 63B* (03), 1576.

This study examined patterns of PTSD symptoms experienced by 9-16 year old children who lived in the war zone in Sri Lanka. As expected, more war zone exposure was associated with more PTSD symptoms. Avoidance coping mediated the relationship between war exposure and children's PTSD symptoms. In addition, avoidance coping seemed to have a stronger impact on child PTSD in the context of less exposure to war (adapted CRI-Y).

Spitzer, A., Bar-Tal, Y., & Golander, H. (1995). The moderating effect of demographic variables on coping effectiveness. *Journal of Advanced Nursing*, 22, 578-585.

In this study of patients with rheumatoid arthritis, avoidance coping was positively associated with psychological distress. There was some evidence that active cognitive coping was more effective for younger and single than for older and married individuals, and that active behavioral coping was more effective for individuals of low than for those of high economic status (initial CRI-A).

Stancin, T., Taylor, H. G., Thompson, G. H., Wade, S., Drotar, D., & Yeates, K. O. (1998). Acute psychosocial impact of pediatric orthopedic trauma with and without accompanying brain injuries. *Infection and Critical Care*, 45, 1031-1038.

Pre-injury family functioning and accompanying brain injuries were associated with more negative social effects on children with orthopedic traumatic fractures (adapted LISRES-A).

Steffen, A. M., Gallagher-Thompson, D., & Thompson, L. W. (1997). Distress levels and coping in female caregivers and non-caregivers with major depressive disorder. *Journal of Clinical Geropsychology*, 3, 101-110.

A sample of women with major depressive disorder was used to compare the coping strategies of family caregivers and non-caregivers. Women caring for an elder reported more use of both cognitive and behavioral approach coping than did non-caregivers. Non-caregivers tended to be younger and less severely depressed than caregivers; however, differences in coping responses were unrelated to age or depression, indicating that age and level of distress did not account for differences between the two groups. The findings suggest that caregivers who become depressed may be reacting to the chronic stress of caring for a family member and may function better than other depressed individuals (CRI-A).

Steiner, H., Erickson, S. J., Hernandez, N., & Pavelski, R. (2002). Coping styles as correlates of health in high school students. *Journal of Adolescent Health, 30*, 326-335.

High school students who relied more on approach coping and less on avoidance coping reported fewer health risk and sex-related risk behaviors and had fewer general health, eating and dietary, and mental health problems. More reliance on approach coping mitigated some of the negative effects of reliance on avoidance coping. The findings indicate that habitual coping styles are associated with important health outcomes among youth (CRI-Y).

Steiner, H., Pavelski, R., Pitts, T., & McQuivey, R. (1998). The Juvenile Wellness and Health Survey (JWHS-76): A screening instrument for general and mental health in high school students. *Child Psychiatry and Human Development, 29*, 141-155.

High school students who relied more on approach and less on avoidance coping had fewer mental health and eating problems and were lower on sexual and general high-risk behavior (CRI-Y).

Straits-Troster, K. A., Troster, A. I., Fields, J. A., Lyons, K., & Koller, W. C. (2000, July). Determinants of quality of life following thalamic stimulation for essential tremor. (Presented at the International Neuropsychological Society, Brussels, Belgium). *Journal of the International Neuropsychological Society, 6*, 413.

Patients with essential tremor were evaluated one month before and three months after thalamic deep brain stimulation. More chronic health stressors pre-surgery were associated with more depression at baseline and poorer physical functioning both before and after the surgery. More support from friends at baseline was associated with less depression at baseline and better psychosocial functioning at follow-up (LISRES-A).

Strelan, P., & Wojtysiak, N. (2009). Strategies for coping with interpersonal hurt: Preliminary evidence for the relationship between coping and forgiveness. *Counseling and Values, 53* (2), 97-111.

Young adults in Australia tended to rely on comparable coping strategies to deal with a general stressor and an interpersonal hurt. They tended to prefer avoidance strategies early in the forgiveness process (the impact stage), but moved toward reliance on approach strategies, such as searching for meaning and moving on, in the middle and later stages (CRI-A).

Stukas, A. A., Dew, M. A., Switzer, G. E., DiMartini, A., Kormos, R. L., & Griffith, B. P. (1999). PTSD in heart transplant recipients and their primary family caregivers. *Psychosomatics, 40*, 212-220.

This study focused on whether heart transplant recipients and their family caregivers showed similar rates of post-traumatic stress disorder (PTSD) and potential risk factors for PTSD during the first year posttransplant. Respondents described how they coped with what they considered to be the transplant recipient's most serious health problem since hospital discharge. Overall, individuals who relied more on avoidance coping experienced more PTSD-related symptoms (initial CRI-A).

Sung, K. M., Puskar, K. R., & Sereika, S. (2006). Psychosocial factors and coping strategies of adolescents in a rural Pennsylvania high school. *Public Health Nursing, 23* (6), 523-530.

In a sample of rural high school students, girls relied more on seeking guidance and support than boys did. Students who relied more on cognitive avoidance and emotional discharge reported more anger, anxiety, and depressive symptoms. Students who relied more on logical analysis and problem solving reported more anxiety and depressive symptoms, perhaps because they experienced more life stressors (CRI-Y).

Swindells, S., Mohr, J., Justis, J. C., Berman, S., Squier, C., Wagener, M. M., & Singh, N. (1999). Quality of life in patients with human immunodeficiency virus infection: Impact of social support, coping style, and hopelessness. *International Journal of STD and AIDS, 10*, 383-391.

Among patients with HIV infection, more reliance on problem-focused coping and less reliance on emotion-focused and avoidance coping were associated with higher quality of life. More reliance on avoidance coping was also associated with more pain and poorer physical functioning and lower perceived health. Older patients were more likely to rely on avoidance coping and experienced a greater decline in their quality of life over time; higher income was associated with more problem-focused coping. A higher level of social support, and satisfaction with social support, was associated with more reliance on problem-focused and less reliance on avoidance coping (initial CRI-A).

Sztaba, T. I. (1996). Expanding the depressive schema/stressor congruency hypothesis: Coping as a mediating variable (Doctoral Dissertation, University of Manitoba, Winnipeg, Canada, 1994). *Dissertation Abstracts International*, 56B 5187.

This study of college undergraduates examined a congruence hypothesis that depressed individuals would rely more on avoidance coping, especially in response to schema-congruent stressors (that is, stressors that elicit helplessness and dependency). More severe and chronic stressors, more sociotropy (dependency), more depression, and lower self-esteem were associated with a higher proportion of avoidance coping. Sociotropic individuals tended to rely more heavily on avoidance coping (and seeking support) with stressors that elicited dependency than with stressors that elicited criticism. In general, however, there was only minimal evidence for the congruence hypothesis (CRI-A)..

Taylor, H. G., Klein, N., Schatschneider, C., & Hack, M. (1998). Predictors of early school age outcomes in very low birth weight children. *Developmental and Behavioral Pediatrics*, 19, 235-243.

A measure of social risk that included several indices of family stressors and resources was associated with six to seven year old children's lower verbal and overall intelligence, and more hyperactivity and behavior problems (LISRES-A).

Taylor, H. G., Yeates, K. O., Wade, S. L., Drotar, D., Klein, S. K., & Stancin, T. (1999). Influences on first-year recovery from traumatic brain injury in children. *Neuropsychology*, 13, 76-89.

This study examined recovery over the first year following severe or moderate traumatic brain injury. An index that included financial resources was used as one part of an overall composite socioeconomic index to reflect pre-injury family functioning. There was limited evidence for improvement over the year and, more important, the socioeconomic index was one component of a set of factors that predicted perceptual, language, cognitive, and memory outcomes, as well as behavior problems and school performance (LISRES-A).

Taylor, H. G., Yeates, K. O., Wade, S. L., Drotar, D., Stancin, T., & Minich, N. (2002). A prospective study of short- and long-term outcomes after traumatic brain injury in children: Behavior and achievement. *Neuropsychology, 16* (1), 15-27.

This 4-year longitudinal study examined the behavior and achievement outcomes among children with severe traumatic brain injury (TBI), children with moderate TBI, and comparison children with orthopedic injuries. When family stressors were low, children with severe TBI showed more rapid gains in arithmetic skills and academic performance than the other two groups of children did. Thus, low family stressors tended to facilitate recovery among children with severe TBI (LISRES-A)

Taylor, P., & Cushway, D. (1995). Stress in nurses: The effects of coping and social support. *Stress Medicine, 11*, 243-251.

This study of general hospital nurses found that reliance on avoidance coping was associated with higher levels of distress and physical symptoms. There were only weak interactions between work-related stressors and nurses' coping strategies; however, nurses who were in conflict with other nurses and relied more on cognitive and behavioral approach coping tended to experience less distress (CRI-A)

Terry, D. J., Mayocchi, L., & Hynes, G. J. (1996). Depressive symptomatology in new mothers: A stress and coping perspective. *Journal of Abnormal Psychology, 105*, 220-231.

To test a stress and coping model of postpartum depression, data were collected from new mothers during the last trimester of pregnancy and twice after the birth (four weeks and five months). Three coping factors were identified: cognitive problem-focused coping, seeking information, and wishful thinking. New mothers whose infants were fussier relied more on seeking information and wishful thinking, whereas those who had more partner and family support relied less on wishful thinking. After controlling for prenatal depression, more wishful thinking among new mothers was related to more current depression and partner ratings of poor coping at four weeks and at five months. Less cognitive problem-focused coping was also associated with increased depression at five months. These relationships were more marked at four weeks if the infant was rated as having a difficult temperament, that is, when the mothers were under more stress (initial CRI-A)

Thomas, A. H. (1998). The relationship of prevention training and violence exposure to psychological trauma, coping skills, and attitudes toward violence for urban African-American adolescents (Doctoral dissertation, Howard University, Washington, DC, 1997). *Dissertation Abstracts International*, 58B (08), 4475.

This study focused on African-American youngsters who had either witnessed violence or engaged in violence in the prior 12 months. Half of each group participated in a prevention program designed to improve coping styles and well-being. Compared with youngsters who had witnessed violence, those who had engaged in violence relied more on seeking support. Compared with boys, girls were more like to rely on seeking support and problem solving. However, the prevention program did not have an effect on participants' coping skills (initial CRI-Y).

Thompson, V. L. S. (2006). Coping responses and the experience of discrimination. *Journal of Applied Social Psychology*, 36 (5), 1198-1214.

African American, European American, and Asian American adults tended to use comparable coping strategies when confronting discrimination, except that African Americans were more likely to rely on seeking guidance and support. Overall, individuals who experienced current discrimination were more likely to rely on avoidance strategies. In addition, more reliance on avoidance strategies was associated with a higher likely of re-experiencing (unwanted thoughts and images related to the experience of discrimination) and avoidance (behavioral inhibition, emotional numbness) symptoms (CRI-A).

Tiet, Q., Rosen, C., Cavella, S., Moos, R., Finney, J., & Yesavage, J. (2006). Coping, symptoms, and functioning outcomes of patients with post-traumatic stress disorder. *Journal of Traumatic Stress*, 19, 799-811.

Posttraumatic stress disorder (PTSD) patients who relied more on approach coping at baseline experienced better family and social functioning 10 months later. Those who relied more on cognitive avoidance coping experienced more PTSD symptoms, and more PTSD symptoms predicted more behavioral avoidance coping, but also more approach coping. Approach coping may enable patients with PTSD to establish and maintain better relationships with family and friends, despite continuing PTSD (CRI-A).

Timko, C., DeBenedetti, A., Moos, B., & Moos, R. (2006). Predictors of 16-year mortality among initially untreated individuals with alcohol use disorders. *Alcoholism: Clinical and Experimental Research, 30*, 1711-1720.

Individuals with alcohol use disorders who experienced more friend stressors and fewer spouse/partner resources and friend resources at baseline had a higher likelihood of mortality in the subsequent 16 years (LISRES-A).

Timko, C., Cronkite, R. C., & Moos, R. (in press). Parent negative life events and coping as mediators between parent depression and offspring depression and coping: A 23-year follow-up. *Family Relations, xx*, xxx-xxx.

Associations between parents' depression symptoms at baseline, and their adult offspring's depression symptoms and avoidance coping 23 years later, were partially explained by parents' reliance on avoidance coping in response to negative events at one year post-baseline (initial CRI-A).

Timko, C., Cronkite, R. C., Swindle, R., Robinson, R., & Moos, R. (2009). Characteristics of depressed and non-depressed adult offspring of depressed and matched non-depressed parents. *Journal of Affective Disorders, 113*, 56-65.

This study compared the functioning and life contexts of adults who were depressed or non-depressed offspring of depressed or matched non-depressed parents. In the depressed-parent group, depressed offspring reported a more severe recent stressor and more reliance on emotional discharge coping than non-depressed offspring did. In the non-depressed parent group, depressed offspring also relied more on emotional discharge coping than non-depressed offspring did (initial CRI-A).

Timko, C., Cronkite, R. C., Swindle, R., Robinson, R., Sutkowi, A., & Moos, R. (2009). Parental depression as a moderator of secondary deficits of depression in adult offspring. *Child Psychiatry and Human Development, 40*, 575-588.

This study examined whether having a depressed parent intensifies secondary deficits of offspring's depression. Overall, offspring who were more depressed experienced more impairment, including more anxiety, alcohol problems, and severe stressors, and more reliance on emotional discharge coping. Among offspring of depressed parents, more severe depression was associated with more problem-solving coping. Among offspring of non-depressed parents, more severe depression was associated with less problem-solving coping, perhaps because these offspring experienced more severe stressors (initial CRI-A).

Timko, C., Cronkite, R., Swindle, R., Robinson, R., Turrubiartes, P., & Moos, R. (2008). Functioning status of adult children of depressed parents: A 23-year follow-up. *Psychological Medicine, 38*, 343-352.

Adult offspring of depressed parents reported more severe stressors and relied more on active cognitive coping and seeking alternative rewards to cope than adult offspring of controls. Adult offspring of parents with a non-remitted course of depression over 23 years reported experiencing more severe stressors and using more cognitive approach coping compared to controls (initial CRI-A).

Timko, C., Desai, A., Blonigen, D., Moos, B., & Moos, R. (in press). Driving while intoxicated among individuals initially untreated for alcohol use disorders: One- and 16-year follow-ups. *Journal of Studies on Alcohol and Drugs, xx*, xxx-xxx.

The change between baseline and a 1-year follow-up in the quality of friendship support was associated with a lower likelihood of driving while intoxicated (DWI) at the 1-year follow-up. The change in problem-solving coping was associated with a lower likelihood of DWI at both 1-year and 16-year follow-ups (initial LISRES-A, CRI-A).

Timko, C., Finney, J., & Moos, R. (2005). The 8-year course of alcohol abuse: Gender differences in social context and coping. *Alcoholism: Clinical and Experimental Research, 29*, 612-621.

At baseline, compared to men with alcohol use disorders, women had more stressors and fewer social resources from family and relied more on avoidance coping. During the next 8 years, women, more so than men, increased their reliance on approach coping and reduced their use of avoidance coping. Women had better social resource and coping outcomes than men did at 1 year and 8 years. A longer duration of professional treatment during year 1 was associated with improved approach coping among men but not women. A longer duration of AA attendance during year 1 and the full 8 years was associated with more resources from friends and more reliance on approach coping. In turn, more friend resources and approach coping were associated with better drinking outcomes. Overall, decreases in avoidance coping were more strongly associated with better drinking outcomes among men than among women (initial LISRES-A, initial CRI-A).

Timko, C., Finney, J. W., Moos, R. & Moos, B. S. (1995). Short-term treatment careers and outcomes of previously untreated alcoholics. *Journal of Studies on Alcohol*, 56, 597-610.

Chronic stressors and ongoing social resources were assessed among previously untreated problem drinkers who were followed for three years after they sought an initial referral for alcoholism treatment. Compared with individuals who remained untreated, individuals who entered treatment or a 12-step self-help group had more negative life events at baseline. None of the other life stressors or social resources (spouse, relatives, friends, work) differentiated between treated and untreated groups at baseline. At 1 year, individuals who had not yet entered treatment but did so by the three year follow-up reported more negative events and more stressors from relatives. Individuals who obtained formal or informal help during the first year tended to show a decline in stressors and a rise in resources (LISRES-A).

Timko, C., Kaplowitz, M., & Moos, R. (2000). Children's health and child-parent relationships as predictors of problem drinking mothers' and fathers' long-term adaptation. *Journal of Substance Abuse*, 11, 103-121.

This 8-year longitudinal study examined the influence of child-parent relationships on the severity of problem drinking parents' alcohol use, psychological status, and marital stressors and resources. Better child-parent relationships at baseline and at 1-year and 3-year follow-ups were consistent predictors of mothers' reduced drinking and better psychological status on subsequent follow-ups. Associations between children's functioning and fathers' adaptation were few and inconsistent. The results suggest that an undesirable cycle may be established in which maternal drinking and children's dysfunction coexist in an ever worsening reciprocal relationship (initial LISRES-A).

Timko, C., Moos, R., Finney, J., & Kaplowitz, M. (1999). Long-term treatment careers and outcomes of previously untreated alcoholics. *Journal of Studies on Alcohol*, 60, 437-447.

This study examined treatment selection and outcomes over an 8-year follow-up period for individuals who had drinking problems and had not yet received formal treatment at baseline. Compared with individuals who remained untreated, individuals who entered and completed treatment in the first 3 years of follow-up, had better drinking outcomes at both the 3-year and 8-year follow-ups. Compared to baseline, individuals who obtained treatment had fewer partner and friendship stressors and negative events, and more partner and friendship resources at the 3-year follow-up. However, treated individuals did not differ from those who remained untreated on life stressor or social resources indices (LISRES-A).

Timko, C., Moos, R., Finney, J., & Lesar, M. (2000). Long-term outcomes of alcohol use disorders: Comparing untreated individuals with those in Alcoholics Anonymous and formal treatment. *Journal of Studies on Alcohol*, *61*, 529-540.

Previously untreated problem drinkers who obtained either formal and/or informal help relied more on approach coping than did individuals who remained untreated. In addition, individuals who obtained help increased their reliance on approach coping between baseline and 1-year and 3-year follow-ups (initial CRI-A)..

Timko, C., Moos, B., & Moos, R. (2009). Gender differences in 16-year trends in assault- and police-related problems due to drinking. *Addictive Behavior*, *34*, 744-750.

Individuals who, at baseline, were more impulsive and relied more on emotional discharge coping, and less on problem-solving coping, assaulted others more frequently during a first year of follow-up. Similarly, less problem-solving coping at baseline was related to having had trouble with the police more often at 1-year and 16-year follow-ups due to drinking. The association between self-efficacy and problem-solving coping and less frequent assault and police-related problems was stronger for men than for women (initial CRI-A).

Timko, C., Stovel, K., Baumgartner, M., & Moos, R. (1995). Acute and chronic stressors, social resources, and functioning among adolescents with juvenile rheumatic disease. *Journal of Research on Adolescence*, *5*, 361-385.

According to both self-reports and mothers' reports, adolescents with a juvenile rheumatic disease who experienced more acute negative events and chronic life stressors and a lack of stable social resources showed worse psychosocial functioning. Adolescents who had more supportive relationships with their parents adapted better to acute and chronic stressors. In this group of youth with a chronic physical illness, parental support was more beneficial when there were fewer additional stressors (LISRES-Y)

Toseland, R. W., Blanchard, C. G., & McCallion, P. (1995). A problem-solving intervention for caregivers of cancer patients. *Social Science and Medicine*, *40*, 517-528.

The study evaluated a brief problem-solving intervention designed to help spouses cope with the stress of caring for their partner with cancer. Caregivers reported high reliance on both active cognitive and on avoidance coping strategies, which may be valuable in coping with a potentially terminal illness and existential problems. There was some evidence for a pre-post intervention increase in approach coping and a decline in avoidance coping among the caregivers (initial CRI-A).

Tracy, S. W., Kelly, J. F., & Moos, R. (2005). The influence of partner status, relationship quality, and relationship stability on outcomes following intensive substance use disorder treatment. *Journal of Studies on Alcohol*, 66, 497-505.

Partner/spouse relationships that were characterized by more positive partner behaviors and fewer negative partner behaviors at intake were more likely to remain intact over the course of the first year after treatment for substance use disorders. Patients who experienced more partner-related stressors tended to have poorer 1-year substance use outcomes (LISRES-A).

Treharne, G. J., Lyons, A. C., Booth, D. A., & Kitas, G. D. (2007). Psychological well-being across 1 year with rheumatoid arthritis: Coping resources as buffers of perceived stress. *British Journal of Health Psychology*, 12, 323-345.

Baseline active cognitive coping moderated the effect of baseline stressors on 6-month life satisfaction among patients with rheumatoid arthritis. Active behavioral coping moderated the association between stressors and depression at baseline (initial CRI-A).

Troster, A. I., Fields, J. A., Straits-Troster, K. A., Lyons, K. E., Higginson, C. I., Chmidling, S., Pahwa, R., & Koller, W. C. (2000). Executive function, coping, mood state, and quality of life in Parkinson's disease patients being evaluated for pallidotomy. *Journal of the International Neuropsychological Society*, 6, 207.

Among patients with Parkinson's disease being evaluated for surgery (pallidotomy), reliance on avoidance (especially acceptance/resignation) versus approach coping with the upcoming surgery was associated with depression and poorer quality of life (CRI-A).

Tusaie-Mumford, K. R. (2002). Psychosocial resilience in rural adolescents: Optimism, perceived social support, and gender differences (Doctoral dissertation, University of Pittsburgh, Pittsburgh, PA). *Dissertation Abstracts International*, 63B (01), 183.

In this study of adolescents from rural areas, coping indices were used together with indices of depression and drug use to measure psychological resilience. Resilient youngsters were more optimistic, had more family support, and experienced fewer negative life events (CRI-Y).

Tyler, P., & Cushway, D. (1995). Stress in nurses: The effects of coping and social support. *Stress Medicine, 11*, 243-251.

In this study of general hospital nurses, there was a positive relationship between work-related stressors and behavioral approach coping. In addition, reliance on avoidance coping strategies was associated with lower well-being. In the context of high stressors, more reliance on approach coping was modestly related to less distress, but these interaction effects were quite weak (initial CRI-A).

Vedhara, K., & Nott, K. H. (1996). Psychosocial vulnerability to stress: A study of HIV-positive homosexual men. *Journal of Psychosomatic Research, 41*, 255-267.

This three-wave longitudinal study examined the role of stressful life events and mediating variables in the stress process among men with HIV. More reliance on avoidance coping was consistently associated with more emotional distress and less self-esteem (initial CRI-A).

Ventura, J. Nuechterlein, K. H., Subotnik, K. L., Green, M. F., & Gitlin, M. J. (2004). Self-efficacy and neurocognition may be related to coping responses in recent-onset schizophrenia. *Schizophrenia Research, 69* (2-3), 343-352.

Compared to normal individuals, demographically matched individuals with recent-onset schizophrenia relied less often on approach coping (especially logical analysis) to deal with a negative interpersonal event. Among individuals with schizophrenia, those who relied more on approach and problem-focused coping tended to have higher self-efficacy and to perform better on measures of sustained attention emphasizing perceptual processing and encoding (CRI-A).

Villavicencio Carillo, P., & Sebastian Herranz, J. (1999). Variables predictoras del ajuste psicologico en mujeres maltratadas desde un modelo de estres (A stress model for the prediction of variables of psychological adjustment in battered women). *Psicologia Conductual, 7*, 431-458.

Among battered women in Spain, two of the strongest predictors of poor psychological adjustment were a history of sexual abuse during childhood or adolescence and reliance on avoidance coping (CRI-A).

Wade, S., Taylor, H. G., Drotar, D., Stancin, T. (1996). Childhood traumatic brain injury: Initial impact on the family. *Journal of Learning Disabilities, 29*, 652-661.

This study compared families of children with severe and moderate traumatic brain injury with families of children who had orthopedic injuries in the first month following the injury. Families facing multiple stressors in addition to the injury were at greatest risk for adverse consequences (LISRES-A).

Wade, S. L., Taylor, H. G., Drotar, D., Stancin, T., & Yeates, K. O. (1996). Childhood traumatic brain injury: Initial impact on the family. *Journal of Learning Disabilities, 29*, 652-661.

A composite index of stressors helped to predict burden and negative impact on the family from having a child with a traumatic brain injury (LISRES-A).

Wade, S. L., Taylor, H. G., Drotar, D., Stancin, T., & Yeates, K. O. (1997). Childhood traumatic brain injury: Initial impact on the family. In E. Bigler (ed.). *Childhood traumatic brain injury: Diagnosis, assessment, and intervention* (pp. 115-131). Austin, Tx: Pro-Ed.

A summary index of chronic stressors was used to examine the influence of pre-existing stressful life circumstances the burden experiences by families of children who suffered a traumatic brain injury. Even after considering socio-demographic factors and the severity of the injury, families that had more chronic stressors experienced more family burden and more overall impact of the injury (LISRES-A).

Wade, S. L., Taylor, H. G., Drotar, D., Stancin, T., Yeates, K. O., & Minich, N. M. (2004). Interpersonal stressors and resources as predictors of parental adaptation following pediatric traumatic injury. *Journal of Consulting and Clinical Psychology, 72* (5), 776-784.

This study examined the relationship of pre-injury interpersonal stressors and resources to parental adaptation following pediatric traumatic brain injury (TBI) or orthopedic injury. Parents were assessed soon after the child's injury, 6- and 12-months later, and about 4 years post-injury. More spouse, family, and friend resources, and fewer spouse and family stressors, predicted less parental distress. High family resources and low family stressors had a stronger influence on reducing caregiver burden in the TBI than in the orthopedic injury group. Among parents in the severe TBI group, those with high levels of friend resources had greater reductions in injury-related stress between the 6- and 12-month follow-ups than those with low friend resources. Overall, support from friends enhanced parents' psychological adjustment, and the combination of high support and low stress mitigated the initial effects of severe TBI on the parent's injury-related stress (LISRES-A).

Walsh, J. J., & McGrath, F. P. (2000). Identity, coping style, and health behaviour among first generation Irish immigrants in England. *Psychology and Health, 15*, 467-482.

This study of first generation Irish immigrants into England found that more reliance on cognitive and behavioral approach coping were positively related to opportunities to express one's Irish identity and to health behavior. A strong sense of Irish identity, the centrality of an Irish identity, and opportunities to express Irish identity, were associated with behavioral approach coping, which, in turn, was associated with health behavior (CRI-A).

Wasik, B. H., Bryant, D. M., Sparling, J. J., & Ramey, C. T. (1997). Maternal problem solving. In R. T. Gross, D. Spiker, & C. W. Haynes (eds), *Helping low birth weight, premature babies: The Infant Health and Development Program* (pp. 276-289). Stanford, CA: Stanford University Press.

Parents in the intervention group in the Infant Health and Development Program, which was designed to help parents manage low birth weight premature babies, were enrolled in a home-based problem solving training program. However, there were no significant differences in coping responses between parents in the intervention group and those in a control group at a 36-month follow-up. Interestingly, mothers of boys reported more approach and more avoidance coping; older mothers relied more on approach coping and mothers who had more education and income relied less on avoidance coping (adapted CRI-A).

Wearing, A. J., & Hart, P. M. (1996). Work and non-work coping strategies: Their relation to personality, appraisal, and life domain. *Stress Medicine, 12*, 93-103.

This study of police officers found that extroversion was associated with problem-focused coping and positive work experiences, whereas neuroticism was associated with emotion-focused coping and work-related stressors (initial CRI-A).

Wegerle, G. L. (1997). Problem-focused (approach) and emotion-focused (avoidance) stress coping strategies utilized by United States Air Force personnel (Doctoral dissertation, University of Kansas, Wichita, KS, 1996). *Dissertation Abstracts International*, 58B (03), 1581.

There were significant differences in coping strategies by rank (enlistees versus officers) and gender among Air Force personnel. Specifically, officers relied more on logical analysis and less on acceptance/resignation and emotional discharge than enlistees did. Women relied more on positive reappraisal, seeking guidance, cognitive avoidance, acceptance/resignation, and emotional discharge than did men. Additional analyses showed that younger participants (ages 18-29) relied more on avoidance coping and less on seeking support than older groups, whereas more educated individuals relied more on approach and less on avoidance coping than less educated individuals did. Compared to those who were married, never married and divorced individuals reported more avoidance coping (CRI-A).

Weithmann, G., Hoffman, M., & Rothenbacher, H. (2000). Lebenskontexte von stationar und ambulant behandelten Personen mit Alkohol problemen: Eine untersuchung mit dem Life Stressors and Social Resources Inventory (LISRES) (Life contexts of in- and outpatients treated for alcohol problems: A study with the Life Stressors and social Resources Inventory (LISRES). *Sucht: Zeitschrift fur Wissenschaft und Praxis*, 46 (2), 142-152.

Compared to outpatients, inpatients with alcohol use disorders reported more financial and spouse/partner stressors and more negative life events; they also reported fewer financial, work-related, and spouse/partner resources (German LISRES-A).

Wells, K. J., Booth-Jones, M., & Jacobsen, P. B. (2009). Do coping and social support predict depression and anxiety in patients undergoing hematopoietic stem cell transplantation? *Journal of Psychosocial Oncology*, 27, 297-315.

High use of cognitive avoidance and acceptance/resignation coping was related to increased anxiety and depression among patients undergoing hematopoietic stem cell transplantation. Problem-solving coping was associated with less depression (CRI-A).

Welte, J. W., & Mirand, A. L. (1995). Drinking, problem drinking, and life stressors in the elderly general population. *Journal of Studies on Alcohol*, 56, 67-73.

The authors obtained data on medical conditions, physical symptoms, and cognitive and behavioral approach coping and avoidance coping from over 2,300 individuals aged 60 or older. Among lifetime drinkers and among current drinkers, there was a small but significant association showing that individuals who relied more on cognitive approach coping consumed less alcohol. There was no association between behavioral approach coping or avoidance coping and alcohol consumption levels. However, reliance on cognitive approach coping was associated with a lower likelihood of being a heavy drinker (initial CRI).

Wheatley, M. (2005). The development of behavioral coping skills in a repetitive and deliberately self-harming young woman. *Behavioural and Cognitive Psychotherapy*, 33 (2), 237-242.

The delivery of a behavioral coping skills program to a young woman who deliberately and repetitively harmed herself was evaluated in part by an assessment of her coping responses (CRI-A).

Widows, M. R. (2002). Individual differences in posttraumatic growth following bone marrow transplantation (Doctoral dissertation, University of South Florida, Tampa, FL). *Dissertation Abstracts International*, 62B (11), 5398.

This study focused on the extent to which personal and coping characteristics predicted posttraumatic growth among individuals who were treated with bone marrow transplantation. More reliance on approach coping was associated with a higher likelihood of posttraumatic growth. In addition, more reliance on avoidance coping prior to treatment was associated with posttraumatic growth above and beyond demographic and medical variables (CRI-A).

Wolfe, J., Sharkansky, E. J., Dawson, R., Martin, J. A., & Ouimette, P. C. (1998). Sexual harassment and assault as predictors of PTSD symptomatology among U.S. female Persian Gulf War military personnel. *Journal of Interpersonal Violence*, 13, 40-57.

There was a high prevalence of physical (33%) and sexual (7%) assault among female military personnel from the Persian Gulf War. Women who relied less on approach coping were more likely to experience assault. Moreover, even after considering physical/sexual assault, less reliance on approach coping was related to less instrumental support and to experiencing more life events and more PTSD symptoms (CRI-A).

Yanos, P. T., Knight, E. L., & Bremer, L. (2003). A new measure of coping with symptoms for use with persons diagnosed with severe mental illness. *Psychiatric Rehabilitation Journal*, 27 (2), 168-176.

This study involved the development of a measure of coping with five specific symptoms (anxiety, depression, mania, delusions, and hallucinations) designed for use with persons diagnosed with severe mental illness. This Coping with Symptoms Checklist (CSC) measures problem-centered, neutral, and avoidance coping in each symptom area. As predicted, CSC problem-centered coping was positively related to general approach coping and CSC avoidance coping was positively related to general avoidance coping (CRI-A).

Yeates, K. O., Taylor, H. G., Drotar, D., Wade, S. L., Klein, S., Stancin, T., & Schatschneider, C. (1997). Preinjury family environment as a determinant of recovery from traumatic brain injuries in school-age children. *Journal of the International Neuropsychological Society*, 3, 617-630.

This study focused on children with moderate and severe traumatic brain injuries. Pre-injury life stressors and social resources were assessed shortly after the injury (baseline), and child cognitive and behavioral outcomes were assessed at baseline and at 6-month and 12-month follow-ups. Even after demographic factors, age at injury, and injury severity were considered, children whose families experienced more chronic stressors obtained lower scores on visual motor integration and improved less in this area over time. In addition, these children had more pathology on the Child Behavior Checklist. Children whose families experiences more social resources had higher scores on a measure of adaptive behavior. The findings indicate that pre-injury family-related stressors and resources can moderate the effect of traumatic brain injury in children (LISRES-A).

Zanini, D. S. (2003). *Coping: Influencia de la personalidad y repercusiones en la salud mental de los adolescents* (Coping: Influence of personality and repercussions on the adolescents' mental health). Doctoral dissertation, University of Barcelona, Barcelona, Spain.

In general, compared to American adolescents, Spanish adolescents tended to rely more on approach coping responses, and on cognitive avoidance and acceptance/resignation. Compared to boys, girls were somewhat more likely to rely on logical analysis and emotional discharge. Adolescents who were more excitable, anxious, and tense tended to rely more on emotional discharge. In addition, among boys, reliance on emotional discharge and help seeking were associated with more behavior problems. Among girls, more reliance on cognitive avoidance, acceptance/resignation, and emotional discharge were related to more behavior problems (Spanish CRI-Y).

Zanini, D., Forns, M., & Kirchner, T. (2005). Coping responses and problem appraisal in Spanish adolescents. *Perceptual and Motor Skills, 100*, 153-166.

Compared to Spanish boys, Spanish girls relied more on logical analysis, seeking support, and emotional discharge, and on overall approach and avoidance coping. With respect to appraisal, adolescents tend to report that they had not previously confronted a similar problem, did not know that the problem would occur, did not have sufficient time to prepare for it, and tended to think of it as a threat. In general, however, these appraisals were not closely associated with the choice of coping responses. More reliance on positive reappraisal and problem solving, and less on acceptance resignation and emotional discharge, tended to be associated with more success in resolving the focal stressor (Spanish CRI-Y).

Zanowski, S. C. (2009, November). Spiritual coping, distress, and symptoms of posttraumatic stress disorder following traumatic injury (Doctoral dissertation, Marquette University, Milwaukee, WI). *Dissertation Abstracts International 70B* (05).

Among individuals who experienced a mutilating bodily injury, negative religious coping was associated with more psychological distress above and beyond the contribution of perceived severity of injury and social support, and of other approach and avoidance coping strategies (CRI-A).

Zeiss, A.M., Gallagher-Thompson, D., Lovett, S., Rose, J., & McKibbin, C. (1999). Self-efficacy as a mediator of caregiver coping: Development and testing of an assessment model. *Journal of Clinical Geropsychology, 5*, 221-230.

Reliance on logical analysis was positively related to a new measure of caregivers' problem-solving self-efficacy (initial CRI-A).