

Common Problems and Coping Strategies Reported in Childhood and Early Adolescence

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This research investigated problems commonly experienced by children and young adolescents, and the strategies they use to cope with these events. Six hundred seventy-six children, ages 9–13 years, were asked to identify a problem they recently experienced and to describe the strategies they used to cope with it. In addition, they were also asked to complete a scale describing how they coped with a common problem (being grounded by parents). In general, we found that children reported four common stressors: parents, siblings, school, and friends. These stressors were the same across age and sex; however, the coping strategies employed differed by age and type of problem. Both age and sex effects were found in reported use of coping strategies to deal with being grounded by parents. The results of this study suggest that more research must be performed to offset the lack of data in the area of children's normative coping. The implications of the findings for clinical assessment and treatment of children are discussed.

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INTRODUCTION

The identification of perceived stressors and coping responses of children has important clinical implications in children's mental health. However, in comparison with the adult literature, relatively little research has been conducted in the area. Of the studies with children that do assess general coping, many use standard stressors perceived by adults as potentially stressful to children. For example, Jenkins *et al.* (1989) assessed children's coping with parental quarrels. In this study the subjects were read a story about parents quarreling, and asked what the child in the story should do and what they would do in that situation. The researchers reported that children dealt with this type of stressor by directly intervening, offering comfort to parents after the quarrel, and trying to see the positive side of such a quarrel. In another study, depressed and suicidal children were shown pictures of three stressful situations: a disciplinary crisis between a parent and child, a parent quarrel that ends with the father leaving, and a mother's death (Asarnow *et al.*, 1987). Using the Coping Strategies Test, Asarnow *et al.* (1987) found that suicide ideators cited fewer active coping strategies than nonsuicidal subjects but that there was no difference in the number of adaptive strategies generated.

Band and Weisz (1988) used a structured interview to evaluate how children ages 6, 9, and 12 years coped with the loss or separation of a friend via a move or change in schools, getting in trouble from a parent or teacher, receiving a grade the child did not like on an exam or report card, physical injury, getting a shot at the doctors, and a peer making derogatory remarks. They reported age and situational differences in coping. Older children used strategies that maximized accommodation to the situation (secondary control strategies) and found this more effective than younger children. Primary control strategies, coping strategies that attempted to impact the situation, were used when dealing with the specific stressors of loss of a friend, peer difficulties, and/or academic difficulties, while secondary control strategies were used to deal with medical stressors and conflicts with authority.

Curry and Russ (1985) examined children's coping in a dental situation as they reasoned this was a common stressful experience of childhood. Using both child self-report and behavioral observations, they reported that children 8-10 years of age used a number of cognitive and behavioral coping strategies. Further, these strategies were across several categories of coping. Although they did not find differences in coping by sex or race, they did report several significant differences in coping by age. Primarily, they found that older children used a greater number and variety of cognitive coping responses, tended to focus on positive aspects of the situation, and sought less information.

Only two studies had subjects generate their own stressful situations and describe how they dealt with the problems (Compas *et al.*, 1988; Wertlieb *et al.*, 1987). Compas *et al.* (1988) interviewed children and young adolescents aged 10–14 years and asked them to identify a stressful everyday situation and academic event that happened over the previous three months. The subjects were then asked to rate how much control they had over the cause of each event, to generate a list of possible coping strategies, and to indicate which strategies they had actually used. The types of problems selected by the subjects were not reported. Their results focused on the types of coping strategies generated. In general, coping strategies appeared to be matched to their perceived control in a situation. Problem-focused strategies were used more frequently to deal with situations in which the subjects rated themselves as having more control. Older children and adolescents used more emotion-focused strategies than younger children.

Wertlieb *et al.* (1987) asked children aged 6 and 9 years to identify five stressors they had experienced, and how they dealt with each situation. Again, no information was provided on the types of problems the children identified. Wertlieb *et al.* (1987) found that older children used more emotion-management strategies than the younger children, although the number of strategies generated was the same. The most common coping strategies overall were direct action, problem-solving strategies.

Wertlieb *et al.* (1987) concluded that further investigation of and reporting on the type of problems children perceive as stressful, and typing these specific situations into use of specific coping strategies, appears a logical next step in this research (Wertlieb *et al.*, 1987). Stark *et al.* (1989) have assessed and reported on common problems cited by adolescents. In addition, they used a brief coping checklist (Spirito *et al.*, 1988) to assess the coping strategies adolescents used to deal with their problem and how effective they found each strategy. In general, Stark *et al.* (1989) found that adolescents most commonly report four types of problems: school, parents, friends, and boy/girlfriend problems. Boys reported more school problems and girls reported more interpersonal problems. Analysis of the coping strategies employed indicated gender differences in strategies employed and perceived efficacy of some strategies. Specifically, boys were found to engage in wishful thinking more frequently and rated resignation as more efficacious than did girls, while girls reported using social support more frequently than boys (Stark *et al.*, 1989). There were no differences found in the perceived efficacy of a coping strategy according to problem type.

The purpose of the present investigation is to extend our previous work of identifying common stressors and coping strategies employed from adolescence to childhood. The identification of common stressors, as defined by children, will allow researchers and clinicians to begin to create

a data base of norms against which to compare children referred for treatment of emotional difficulties. The examination of normative coping strategies for dealing with such problems will likewise aid in the clinical treatment of referred children.

METHOD

Subjects

The sample consisted primarily of suburban white children from the middle to upper middle socioeconomic classes. The children were attending the fourth grade through eighth grade in an elementary and middle school in a town with a median income of \$27,923. There were 39 9-year-olds, 95 10-year-olds, 136 11-year-olds, 163 12-year-olds, 162 13-year-olds, and 81 14-year-olds.

Assessment Measure

Kidcope

The Kidcope was chosen as the assessment instrument for several reasons. First, it allows ease of comparison across age groups from our previous work with adolescents. The use of a single scale across these age groups also enables us to begin to investigate the emergence of sex and age differences in a cross-sectional manner. Further, it is our goal to develop a scale that is clinically useful in its results and implementation. The Kidcope (Spirito *et al.*, 1988) is a checklist designed to assess cognitive and behavioral coping strategies. The version used in this study was designed for younger children by simplifying the language and shortening the items of the adolescent version. The younger version has 15 items that are broken down into ten coping strategies labeled distraction, social withdrawal, wishful thinking, self-criticism, blaming others, problem solving, emotional regulation, cognitive restructuring, social support, and resignation (see Table II for a list of items). Subjects rate each of the coping items according to whether they used a particular coping strategy (Frequency Scale) and how effective (Efficacy Scale) they believed the coping strategy was for them. (For ease of presentation purposes, only data with Frequency Scale are reported in this paper.) The Frequency scale is answered yes, indicating the strategy was used, or no, indicating the strategy was not used.

Procedure

The children were administered the Kidcope by their teacher in the classroom during a break in their regular class schedule. The children were instructed to write down a problem that they had experienced during the prior month. Then the students were asked to circle any of the coping strategies they used to help deal with the problem and how helpful they felt each strategy was. Subjects also responded to two additional questions measuring anxiety ("Did the situation make you nervous or anxious?") and depression ("Did the situation make you sad or depressed?"). Responses to anxiety and depression questions were rated *not at all*, *a little*, *somewhat*, *pretty much*, and *very much*, and coded 0-4, respectively.

All children completed an additional version of the Kidcope in which standardized problem scenarios were presented. The sequence of administration of the standard scenarios and the self-generated problem(s) was varied to control for order effects.

Fourth-grade students were presented with the following vignettes:

(a) You've been trying to do better in school. You've been doing your homework, studying for tests and paying attention in class. Even so, sometimes you get bad grades. Now you are wondering what you're going to get on your report card and what your parents will say.

(b) At home, your brother or sister always seems to bother you. You get bothered doing homework, playing in your room or just sitting watching TV. You almost always end up getting into a fight. Your parents yell at you even though you don't start it. You tell your parents it's unfair but they don't listen to you.

Fifth- through eighth-grade students were presented with the scenario described below:

You always do your chores at home (like cleaning your room) but not exactly when your parents want them done. You think that as long as the chores get done it's no big deal but your parents always want them done right away. You have a lot of arguments with your parents about this topic. On Friday, you still haven't finished your chores, you argue with your parents, they get fed up and ground you for the weekend. You think the grounding is unfair.

RESULTS

Common Problem Data

The most commonly reported problems by the children are listed in Table I. The categories were derived by two undergraduate research assistants randomly reviewing approximately 50 individual responses of the students and then arranging them into distinct groups, such as problems in school, problems with siblings, etc. A category for general or miscellaneous

Table I. Percentage of Children Reporting Specific Problems in Previous Month

Problem area	9-10 Years (N = 111)	11 Years (N = 154)	12 Years (N = 169)	13 Years (N = 163)	14 Years (N = 82)
School	21.1	9.1	16.6	12.9	9.8
Siblings	18.6	12.3	10.1	10.4	13.4
Parent/child conflict	17.0	18.2	14.8	18.4	23.2
Friends	13.7	14.3	14.2	13.5	8.5
Parent/parent conflict	1.8	5.2	5.3	2.5	1.2
Household	8.5	1.3	2.4	1.8	1.2
Family health	5.3	3.2	3.6	3.7	1.2
Pets	5.3	1.9	1.8	0.6	1.2
Extracurricular activities	1.8	2.6	7.1	6.7	3.7
Boyfriend/girlfriend	0.9	1.3	3.0	3.7	7.3
Free time	1.8	3.2	1.2	2.5	1.2
Compound problem	0.9	5.8	3.0	8.6	12.2
Miscellaneous	1.3	21.6	16.9	14.7	15.9

problems was also included. The two reviewers then independently rated every fifteenth response (100 in total) and obtained 85% agreement using the formula of agreements divided by agreements plus disagreements.

The specific types of problems described under the categories of school, siblings, parents, and friends were also examined. For school problems, 46% were concerned about "bad" grades, 25% reported there was "too much" homework or schoolwork, 9% reported they disliked school, 8% were concerned about an upcoming test or school project, 6% were concerned about staying back, 3% were having difficulties with a teacher, and 3% reported behavior problems in school. For problems with a sibling, 51% were about fighting/yelling/bothering, an additional 9% of the conflicts were physical fights, 8% involved teasing, and 9% reported the sibling took the respondent's possessions without asking. Situations of a parent treating the sibling better than the respondent occurred 15% of the time, and 7% said the sibling "told on them" to their parents. Only 1% reported being concerned about a sibling, e.g., an older sister moving away to college.

The concerns with parents were more heterogeneous than those involving school and siblings. Groundings (23%) and other punishments (24%) plus punishments specifically related to school (9%) were most commonly reported. Fighting and disagreements with parents were also noted frequently (35%). Disagreements over friends, boyfriends/girlfriends, clothing, and curfews were most common. Other problems reported less frequently (9%) included a parent being in a bad mood, pressure about school grades or performance in a sport, and parents not giving the respondent enough responsibility. Having a fight with a friend (46%) was most commonly reported as a problem with a peer. Having a friendship betrayed

(9%), losing a friend (12%) due to a fight, moving away, etc., and "drifting away" or no longer liking or being liked by friends (13%) were also common. Being teased or picked on by other children was reported as a problem by 20% of the sample.

Common Problems by Age

A chi-square analysis was performed to determine if there were any differences in the frequency with which specific problems were reported across age groups. In order to have enough subjects in each cell, the chi-square analysis was restricted to the four most commonly reported problems (school, siblings, parents, friends). No significant difference emerged in the frequency of problems reported across age groups ($\chi^2[15, N = 414] = 16.68, p > .10$). There were also no differences in the frequency of reporting the four most common problems across age when examined separately for boys ($\chi^2[15, N = 202] = 8.43, p > .10$) and girls ($\chi^2[15, N = 205] = 15.89, p > .10$).

Common Problems by Sex

Sex differences were examined for the sample as a whole and for each age group. Chi-square analyses revealed a statistically significant difference between males and females in the frequency of the four most common problems reported for the total sample ($\chi^2[3, N = 407] = 22.92, p < .001$). By age groups, there were no significant differences found between 9-year-old boys and girls ($\chi^2[3, N = 39] = 0.47, p > .10$), 10-year-old boys and girls ($\chi^2[3, N = 63] = 1.61, p > .10$), 13-year-old boys and girls ($\chi^2[3, N = 88] = 6.21, p > .10$), or 14-year-old boys and girls ($\chi^2[3, N = 44] = 1.22, p > .10$). Significant differences by sex were found for the 11-year-olds ($\chi^2[3, N = 80] = 10.18, p < .02$) and 12-year-olds ($\chi^2[3, N = 93] = 9.89, p < .02$). The 11-year-old boys more frequently reported problems with school (26.7% vs. 5.8%) and parents (37.7% vs. 25.7%), while 11-year-old girls more frequently reported problems with siblings (31.4% vs. 17.8%) and friends (37.1% vs. 17.8%). The 12-year-old boys more frequently reported problems with school (39.2% vs. 19.0%) while 12-year-old girls more frequently reported problems with friends (40.5% vs. 13.7%) than boys. In the 12-year-old category, boys and girls equally reported problems with siblings (19.6% vs. 14.3%) and parents (27.5% vs. 26.2%).

Table II. The Phi Coefficients and Percentage of Agreement for Self-Generated Problems on the Frequency Scale of the Kidcope Over One- and Two-Week Periods

Kidcope items	One week		Two weeks	
	<i>r</i>	%	<i>r</i>	%
Distraction	.13	64	.49	88
I just tried to forget it				
I did something like watch TV or played a game to forget it				
Social withdrawal	.45	73	.37	68
I stayed by myself				
I kept quiet about the problem				
Cognitive restructuring	.39	77	.16	68
I tried to see the good side of things				
Self-criticism	.63	84	.38	80
I blamed myself for causing the problem				
Blaming others	.79	94	.37	75
I blamed someone else for causing the problem				
Problem solving	.62	91	.18	78
I tried to fix the problem by thinking of answers				
I tried to fix the problem by doing something or talking to someone				
Emotional regulation	.61	85	.49	81
I yelled, screamed, or got mad				
I tried to calm myself down				
Wishful thinking	.80	97	.31	90
I wished the problem had never happened				
I wished I could make things different				
Social support	.59	85	.64	83
I tried to feel better by spending time with others like family, grownups, or friends				
Resignation	.20	67	.46	78
I didn't do anything because the problem couldn't be fixed				

Coping Strategy Data

Reliability

Test-retest reliability was assessed for the Kidcope at one week and two week intervals. Thirty-eight percent of the fourth graders were reassessed on their self-generated problem one week following the initial test. Forty-five percent of the sample of fourth graders were retested on their self-generated problem after two weeks. The phi coefficients are reported in Table II. A high percentage of subjects endorsed the same item on retesting. As predicted, in seven of ten cases the one-week test-retest correlations were higher than the two-week test-retest correlations.

Coping Strategy Data—Self-Generated Problem

Coping strategy use was investigated with the independent variables of age, sex, and common problems using a multivariate analyses of variance (MANOVA). The Kidcope frequency items served as the dependent variables. In order to have a large enough sample to perform the analyses, only the four most frequently reported problems (school, siblings, parents, friends) were used in the analyses. A MANOVA did not reveal any significant differences on the three-way interaction of Age \times Sex \times Problem (Hotelling's $t[3,389] = 0.99, p > .10$), Sex \times Problem (Hotelling's $t[3,389] = 1.28, p > .10$), Age \times Problem (Hotelling's $t[3,389] = 1.00, p > .10$), or Sex \times Age, (Hotelling's $t[3,389] = 1.00, p > .10$). The main effect for sex was also nonsignificant (Hotelling's $t[3,389] = 0.84, p > .10$). However, significant main effects were found for problem (Hotelling's $t[3,389] = 2.52, p < .001$) and age (Hotelling's $t[3,389] = 2.67, p < .001$). Subsequent univariate analyses and post hoc testing with Duncan's multiple range test revealed a number of differences, which are presented in Table III.

Coping strategy use was also examined according to age and sex, and to whether the problem reported was described as producing distress. The distressed group was formed from subjects who rated their level of nervousness and sadness as either 3 (*pretty much*) or 4 (*very much*), while the

Table III. Summary of Post Hoc Analyses Indicating Coping Strategies Used More Frequently by Age and Type of Self-Generated Problem^a

Kidcope items	Age	F	Problem	F
Distraction	9 > 10, 11, 12, 14 11 > 12, 13 12 > 14; 13 > 14	3.13	—	
Cognitive Restructuring	9 > 11, 12, 13, 14 10 > 11, 12, 13, 14	6.99	School > siblings School > parents	3.39
Self-criticism	—		School > siblings School > parents School > friends	3.39
Blaming others	10 > 9; 11 > 9 12 > 9, 10, 11, 14 13 > 9, 10, 11, 14	8.45	Friends > school Siblings > school Friends > school Siblings > parents	8.15
Problem solving	9 > 14; 10 > 14 11 > 14; 13 > 14	2.28	—	
Emotional regulation	9 > 14; 12 > 14 13 > 14;	2.52	Siblings > parents Siblings > school	2.80
Wishful thinking	9, 10, 11, 12, 13 > 14	5.51	—	

^aHigher scores indicate the coping strategy was used more often according to results of Duncan's multiple range test. Only *F* values significant at $p < .05$ levels are reported.

nondistressed group rated their level of nervousness and sadness as 0 (*not at all*), 1 (*a little*), or 2 (*somewhat*). A MANOVA did not reveal a statistically significant difference on the three-way interaction of Problem \times Distress \times Sex (Hotelling's $t[3,268] = 0.98, p > .10$) or Problem \times Distress \times Age (Hotelling's $t[3,273] = 0.74, p > .10$). None of the main effects or two-way interactions were significant, with the exception of the Problem \times Distress interaction (Hotelling's $t[3,273] = 1.54, p < .03$). Subsequent univariate analyses revealed a significant difference on the emotional regulation coping strategy ($F[3,265] = 4.58, p < .01$). Subjects who reported being distressed by a problem with their parents or friends were more likely to use emotional regulation strategies than nondistressed subjects.

Coping Strategy Data—Standard Problems

The older children (fifth grade and above) completed the Kidcope in response to the standard problem of being grounded by parents. A MANOVA revealed significant main effects for sex (Hotelling's $t[1,588] = 1.44, p < .04$) and age (Hotelling's $t[4,588] = 2.02, p < .001$). The Age \times Sex interaction was also significant (Hotelling's $t(4,588) = 1.44, p < .04$). Subsequent univariate analyses and post hoc testing with Duncan's multiple range test revealed a number of significant differences for the individual coping strategies. These are presented in Table IV. An interaction effect was found only on the "blaming others" item ($F[4,578] = 2.64, p < .04$). Ten-year-old males, 13-year-old males, and 14-year-old males were more likely to blame others than 10-, 11-, and 14-year-old females.

Table IV. Summary of Post Hoc Analyses Indicating Coping Strategies Used More Frequently for the Standardized Problem (Grounding by Parents)^a

Kidcope items	Age (years)	<i>F</i>	Sex	<i>F</i>
Cognitive Restructuring	10 > 14	2.77		
	11 > 14			
	12 > 14			
Blaming others	13 > 10, 11	2.38	M > F	4.23
Problem solving	11 > 13, 14	2.63	F > M	8.63
	12 > 14			
Emotional regulation	10 > 14; 11 > 14	3.14	—	
	12 > 14; 13 > 14			
Wishful thinking	10, 11, 12, 13 > 14	8.00	—	
	11 > 13			

^aHigher scores indicate the coping strategy was used more often. Only *F* values significant at $p < .05$ levels are reported.

Table V. Percentage of Time Each Coping Strategy Was Expected to be Used for Standardized School and Sibling Problems

Kidcope items	Frequency (%)	
	School problem	Sibling problem
Distraction	68	77
Social withdrawal	53	50
Cognitive restructuring	77	69
Self-criticism ^a	40	10
Blaming others ^a	9	57
Problem solving	89	84
Emotional regulation ^b	74	89
Wishful thinking	96	94
Social thinking	67	63
Resignation	21	23

^a $p < .01$.

^b $p < .001$.

Fourth graders differed on three of the coping strategies for the school and sibling problems. Chi-square analysis revealed that self-criticism was used more in dealing with a school problem than it was in dealing with a sibling problem ($\chi^2[1, N = 213] = 24.53, p < .001$). Blaming others and emotional regulation were more likely to be used with a sibling problem than a school problem ($\chi^2[1, N = 213] = 53.23, p < .001, \chi^2[1, N = 213] = 7.68, p < .01$, respectively; see Table V).

DISCUSSION

Common Problems

Very few studies have investigated the specific everyday events that children perceive as problems and the methods they use to cope with these problems. The present study used free-choice methods to determine common problems reported by children 9–14 years of age, and then assessed how the children coped with such stressors via a coping checklist. Our results indicate that children most frequently reported experiencing problems with school, siblings, parents, and friends. The problems identified by children in this study are similar to stressors reported by older adolescents (Stark *et al.*, 1989). Older teenagers have been found to report problems of school, parents, friends, and boy/girlfriends. Comparison of the two studies indicates developmental changes such as an increase in problems with

boy/girlfriend relationships and a decrease in problems with siblings as the child enters adolescence.

The higher frequency of problems with siblings for young children may suggest that by mid-to-late adolescence the teen has gained coping methods that are effective in dealing with brother/sister problems. On the other hand, the steady stressor of problems with siblings may still exist while increased pressure to do well in school, more control conflicts with parents, peer pressures, and boy/girlfriend problems become more potent in the adolescent years (Petersen and Hamburg, 1986).

While most studies of common problems utilize an older group of subjects, research that does involve children does not typically attempt to investigate true normative events. Most studies of stress in children examine major life events (e.g., Chandler, 1985; Monaghan *et al.*, 1979). Lewis *et al.* (1984) assessed normative sources of distress in children, but a true frequency of occurrence was not undertaken. The problems that were judged by their sample of children to occur most frequently were similar to our findings in that they involved school, parents, and friends. Examining everyday stressors is significant and must be differentiated from major life events. Basic data is needed from normal children to establish norms and reference points. Studies with adults (e.g., Kanner *et al.*, 1981) have shown that minor problems ("hassles") are better predictors of concurrent and subsequent psychological symptoms than major life events. Similar studies with children may help facilitate our understanding of processes which contribute to childhood psychopathology.

Coping Strategies

The reliability of the Kidcope was examined as part of this study. On retest, the children were asked a second time how they coped with the problem they described one or two weeks earlier. The percentage of subjects who endorsed the same coping strategy on retesting was reasonably high for a process measure that assumes only limited stability within individuals over time (Lazarus and Folkman, 1984). In addition, the reliability coefficients are reasonably high considering how difficult it is to obtain reliability on a single item. As expected, most of the phi coefficients and percentages were higher over the one-week rather than the two-week retest period.

The frequency with which most of the coping strategies were used differed by age. In general, younger children (9-11 years) in the sample tended to use cognitive restructuring, problem solving, emotional regulation, and wishful thinking more than the older children (age 14)—regard-

less of whether they selected their own problem or responded to a standard problem. In a sample of 8–10-year-old children, Curry and Russ (1985) reported that the older subjects (10 years old) tended to focus more on the positive aspects of a stressor and use cognitive responses in coping. Wertlieb *et al.* (1987) also reported that in a sample of 6- and 9-year-old children a greater proportion of emotion management and problem solving was displayed by the older children (9 years old). In the older subsample of both of these studies, the reported coping strategies matched our findings (wishful thinking, cognitive restructuring, emotional regulation, and problem solving) with children in the same age group. Our results and those of Curry and Russ (1985) and Wertlieb *et al.* (1987) suggest that children around 9–11 years use a variety of coping strategies more often than the older or younger children.

The present study found few significant gender differences in the use of coping strategies. On the standard problem, i.e., being grounded by parents, males were more likely to blame others, while females were more likely to use problem solving than males. Curry and Russ (1985) also found no differences between the sexes. Based on these results, gender differences do not appear to differentiate young children's methods of coping with problems. However, Stark *et al.* (1989) found significant sex differences in older adolescents using the same coping checklist. These findings suggest developmental changes in coping may occur as a function of sex somewhere in midadolescence. More research, particularly longitudinal studies, is needed in order to make more definitive conclusions about when gender differences emerge in children's coping mechanisms.

The context in which coping strategies are utilized is important as we continue to validate measures of coping. Wertlieb *et al.* (1987) recommend tying coping strategies to the specific stressors of children. In the present study, findings revealed that blaming others most often occurred in relation to problems involving friends and siblings. Emotional regulation was most frequently reported in conjunction with problems concerning siblings. The finding of different strategies being used to deal with siblings is logical. That is, the tendency of children to express their feelings, lay blame, or give up on problems involving siblings can be recognized by almost all parents and child therapists, despite the lack of empirical validation. These results suggest that assessment measures such as the one used here might be able to reveal which coping methods children use in other situations, e.g., conflict with peers, and provide valuable information on effective and noneffective coping strategies. Connecting a particular problem with a particular coping strategy is the logical next step in validation studies so that the potential clinical applications may soon be realized.

The present study represents an initial step in delineating common stressors encountered during childhood. We found that children reported four common problems. Further, we discovered that these stressors were similar across male and female children. The coping strategies employed to deal with problems differed by age and not by sex. The delineation of naturally occurring problems and coping strategies could be useful in clinical practice. In addition, the investigation of the efficacy and specific context in which coping strategies are utilized needs to be examined more closely in future research. An empirically based developmental model detailing adaptive and maladaptive coping behavior across age, sex, and situations would be valuable for clinicians when assessing specific coping skill strengths and weaknesses in children referred for treatment.

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