

Coping Action Patterns (CAP) Manual

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Coping Action Patterns

Coping Action Patterns are strategies selected by the individual to respond to and produce an acceptable adaptation to stressors and situations taking internal motives into account. They involve aspects of thinking, feeling, and behaving. This manual was written to codify procedures for scoring Coping Action Patterns in interview text, reflecting actual coping as it occurs or is reported. This is in distinction to having someone endorse items on a self-report questionnaire, which may not reflect as accurately the actual cognitions, affects and behaviors relevant to how the individual coped. It is derived from the following paper which identified the 12 patterns on which this part of the manual is based:

Skinner EA, Edge K, Altman J, Sherwood H. Searching for the structure of coping: a review and critique of category systems for classifying ways of coping. *Psychol Bull* 2003; 12:216-269.

Each Coping Action Pattern is a major type or family of coping in which the manifestations have a common aim or function and use similar means to effect the aim. In the manual each of these 12 Coping Action Patterns should have the following:

- Definition
- Aim or function
- Specific manifestations or lower order features
- Discrimination from other near-neighbor patterns
- Examples, including the lists of constituent categories

While the manual is currently sufficient, we consider it a work in progress, because from time-to-time we add new prototypical examples, as well as difficult examples, or helpful decision rules to clarify how to score difficult examples. These updates do not change the constructs being rated, but rather clarify how to handle difficult examples as our experience with them increases. These additions keep the core the same, while improving its reference and teaching value.

Dimensions. As noted by Skinner, Edge, Altman & Sherwood, 2003, CAP patterns have some dimensional qualities.

- Challenge or threat
- Resource: Self v. Context (object environment)
- Relatedness - competence - autonomy
- Target or aim: self v other

The first refers to the source or stimulus for coping, whether it is a challenge (generally more positive) or a threat (generally more negative). This distinction allows a hierarchical structure to be inferred with respect to adaptation, with the former CAP patterns generally more adaptive in consequence and the latter more negative. This is

inferred, but will be empirically tested. The second refers to whether the individual is turning inward or outward for the resource on which he or she relies in coping. The third refers to the motivational system that underlies the family of patterns (four CAP patterns for each of three systems). Finally the target refers to who will be directly affected by the coping: oneself, or another.

What is a stressor. The term stressor is used here in a broad meaning. Any event, person, need or problem, internal or external, can be a stressor. The relevant context or environment impinging on how one can deal with the stressor may also be included. While the term stressor appears to imply a discrete stressful event, in fact many stressors are only approximately defined, as the event itself or the context surrounding dealing with it may be somewhat fluid and evolve over time.

Is the coping pattern adaptive? Every CAP may be adaptive (or maladaptive) in some context. Identifying which CAP (and whether it is expressed in an affective, behavioral or cognitive modality) is descriptive, not evaluative. The specific CAP should not be rated based on its consequence, whether it was a successful or unsuccessful way to cope. When trying to differentiate two CAPs, whether the result is positive or negative should not be the determining factor.

Differentiating CAPs from cognitive errors.

CAPs confront an present or imminent stressor and attempt to deal with it. Whereas hypothetical thoughts are more likely to be cognitive errors than CAPs.

Scoring Procedure:

1. Identify the text [by use of beginning and ending brackets] which subsumes the coping action pattern

a. when identifying a CAP (or other rating, such as a cognitive error) within a CAP, use a different type of brackets around it to differentiate it from the CAP example containing it.

b. In the CAP text, underline the key word, phrase or sentences that led you to code the CAP you identified. This will make the consensus discussion easier.

2. Identify which of the 12 Action Patterns is reflected in the text. Use the abbreviations on the scoring sheet, e.g. SR, SR etc.

3. Add a suffix for the modality in which the CAP is primarily expressed, whether the pattern is primarily:

-a, Affective: expresses feelings, focuses on the emotional experience, or evaluative comments in the text

- b, Behavior: acts through personal or interpersonal behavior in the text
- c, Cognition: indicates thoughts, beliefs or ideas in the text

Note: sometimes it is easier to see the modality first, before identifying the CAP pattern, for instance discerning that something is a behavior, and then one identifies the type of pattern. So steps 2 and 3 can be done in the order that works best for the rater in each given example.

4. Finally, add the specific coping manifestation or feature reflected in the content of the text. Whenever a relevant term is contained in the list of manifestations in the appropriate Action Pattern, use it. This is often the common term by which others would describe the coping. This will help justify the CAP pattern rated, and will facilitate any consensus discussion.

Keep in mind that the text immediately prior and subsequent to the text can help clarify which pattern is being used. For instance, when the CAP text in question could be a cognition or a behavior, but the following text is clearly a behavior, if the two seem different, then this observation would help determine that the first text in question was better rated as a cognition.

Scoring Conventions.

Certain scoring conventions or rules are needed to ensure comparability of how ratings are made. While to some extent these are arbitrary, they are based on experience suggesting how to improve the reliability of the rating procedures.

1. *Scoring whenever an example is interrupted and then immediately revisited.* When the subject is describing an event and how he or she coped with it, sometimes there may be an interruption to another event and coping, but the subject then returns to the first event and coping.

a. The return to the topic is not scored as a second instance of the coping. Rather the first and second parts are scored as one example. This is to ensure that we do not overscore the same event-coping pattern due to interruptions.

b. An exception to this is the case where the subject returns to discuss the same pattern of coping, but has switched to a different stressor or situation in which he used his coping pattern. This second example is scored separately because the different stressor indicates there were two separate examples of using the same pattern.

2. *Whenever a subject describes an attempt to cope with a stressor but is blocked from carrying it out:* the score can be based on attempts to cope that were blocked by circumstances, but

not on intention alone, without some attempt to carry it through.

3. *When an example is a pure cognition, thinking something through it may be Problem Solving (PS) or it may just be expressing a wish for a solution.* Intention alone or expressing a wish isn't enough to be rated as a CAP. We want to discriminate actual coping from hypothetical ideas.

a. If something is clearly a hypothetical answer with no clear intention or evidence that the patient can carry it out. Don't score it. Example, if the therapist asks how the subject could think differently about a problem, and the subject replies with an idea, but there is no clear example of having done it or planning to do it. These are simply trial balloons, not actual coping examples.

4. *Examples where the interviewer is describing the coping but the subject only adds assent.* In those situations where the interviewer states some details of the patient's coping pattern, if the subject acknowledges it but doesn't actually describe the pattern him or herself, it is not scored. This is to avoid over-scoring patterns that the therapist is highlighting, but the patient hasn't actually stated at that point in the text. This is common in psychotherapy, where the therapist may recount an old example in the discussion, which the subject acknowledges, but is not something the subject brought up.

5. *Coping versus descriptive reporting.* Describing something must include some aspect of a decision or goal, motive or aim for doing it, otherwise it may be pure description without actually touching on coping. Many stories have led in sections of details of who did what and in what order. However, these often lack sufficient details about aims, motives etc. to qualify as CAPs on their own. Rather they set the stage for the CAP examples the subject wishes to focus upon.

6. *Self-descriptions.* Whenever the subject describes him or herself with such conventions as "I'm the type of person who always speaks his mind" we do not score this as an actual CAP. The reason is severalfold. First, since it is a general description, there is no clear example that proves it. Second it may be difficult to distinguish whether it is a cognition or a description of a behavior. Third, it may be an admixture of several categories such as Self-reliance and planning which a real example would differentiate more clearly. Thus we consider such general self-descriptions as "just talk, not coping per se".

7. *Hypothetical examples.* When talking about the future, sometimes subjects describe hypothetical examples, such as "If I were ever mugged, I'd never give the thief my purse." While this has the appearance of coping (SR-cognitive), in point of fact we have no idea of whether things would unfold this way or not (e.g., "talk is cheap"). We do not score these examples except in the case where the individual is conducting

problem-solving (planning), information-seeking.

A. We would score planning an action to an upcoming event as problem-solving.

B. We would score wishful thinking (“One day my prince will come, so I don’t have to try to meet men”) as Escape-affective, as this fits that definition quite clearly.

Future issues to be dealt with. A point for future decision concerns the apparent effects of coping.

At some point, we could additionally score each CAP with a secondary rating of whether the CAP appeared to have a successful outcome or not in the accompanying text. We may then subsequently test whether

a. higher level CAPS in each of the three dimensions are more likely associated with positive outcomes, and vice versa for the lower level CAPS

b. when higher level CAPS are unsuccessful, the text is likely to be followed by a lower level CAP to try to cope with the problem.

If the effectiveness rating were done by the same rater, there is the potential drawback of confounding coping response with effect, for instance, leading to sorting out an apparent negative from the observer’s point of view, while the subject defines it as a positive. An example of the latter, is the subject who orchestrates a failure to escape an obligation, and then is satisfied about it. Thus for now we will not implement such an additional rating.

In the future, we could have a two-stage process. In the first stage a rater would make the CAP ratings as this manual describes. In the second stage, a rater, blind to other data about the subject, would apply a 3-point valence or effectiveness rating (positive, no basis for rating, negative) to the CAP basing the rating solely on the effects noted in the proximate text. This would then be usable without confounding the original descriptive purpose of the CAPs.

Scoring Examples:

This is an example of *Escape-affective manifestation* from a woman talking about a holiday where she stayed home and did very little:

I: Okay. Did you watch any specific movies or shows? I(s)...

S: No.

I: Nothing that you remember? Is there anything that you like to watch on TV?

S: [E-a: mental disengagement] I like things that s... don't require any brain work right now. I mean sitcoms

It is followed by a cognitive manifestation from the same pattern: *Escape-cognition*.

I: You enjoyed your time.

S: Definitely.

I: Well, that's great.

S: I mean, Friday came around and I, I got a little depressed, knowing that I had to go back to work.[E-c: wishful thinking] Uhm, and thoughts started to come into my mind, you know what, maybe, maybe I'm... I'll quit. Maybe, maybe I'm not, I'm not made out to work full-time. Uh, you know, I like being at home. Uh, I like to live in this dream world fantasy, where I don't have to deal with reality. And really, if I had a way not to go back to work, I w... I wouldn't. Like people say, you know, if I had money, I w... I would work anyway, just to keep myself busy. I would be in total opposite. I would say, okay, I don't have to work, I'm staying home.

It was then followed by a discussion which lead to a final comment that mixes cognition and behavior, but was scored *Escape-behavior* because of the emphasis on her behavior.

I: uh, how long do you think you would be happy the same way as you were during this week? Not seeing people, not doing anything outside. Just being at your home.

S: For two, three weeks.

I: Okay.

S: [clears throat]

I: But after that?

S: I think I'd get a little bored.

I: Yeah. I think so, too.

S: [E-b: mental disengagement] I just... I needed this time to just really ease my mind. And I slept a lot!

Directions for CAP Training

Training to use the CAP method proceeds in three phases: the introductory phase, expert consensus phase, and trainee consensus and reliability determination phases. The first two phases take about two to two and a-half months of weekly 1.5 hour meetings. The third phase takes 1-2 months. Consensus ratings from phases 2 and 3 are usable ratings for data analyses on the projects from which they are taken.

Phase 1, the introductory phase. The trainer distributes the CAP manual and give an introductory lecture on the method. Materials covered include summarizing the work of Skinner et al. (2003), describing the 12 coping categories and the concept of the three hierarchical structures in which they fit. The distinction between affective, behavioral and cognitive manifestations of any CAP is described. Using the teaching examples from the manual, the trainer goes over each category and discusses the examples, addressing questions as they come up. How to score a transcript and then transfer scores to the scoring sheet is described. Finally, the trainer describes how to use the manual. Trainees are encouraged not to try to memorize it, but rather to use it as a reference, referring as needed to the definitions, examples, and discrimination sections to help make a differential list of tentative possibilities for a given text to be scored, and then to chose the best fit.

For the ensuing meetings, trainees are given an interview to score in which the text for each CAP has been highlighted, but not scored. They then score the transcript, keeping track of their differential choices for each CAP text. The trainer discusses each example with them based on a "criterion rating" previously scored by a consensus of experts. After four transcripts have been rated like this, trainees will have gained sufficient experience and understanding to go on to phase 2.

Phase 2, the consensus training with expert phase. In the second phase, the trainees will score virgin transcripts which have not had CAP text highlighted. Prior to each consensus session, each trainee rates the transcript for the session. The trainees meet as a group with the expert and together the group will form a consensus rating. In this phase they will learn to identify CAP relevant text itself on their own, in addition to improving their skill at identifying the individual CAP categories and ABC mode in which each CAP is expressed. They learn to work with others, negotiating the final answers, in a context in which there is no previously scored criterion rating to refer to. This phase takes from 2-4 transcripts, doing 1 per week. The resulting consensus rating of each transcript is usable for any data analysis purposes on the project from which it was obtained. At the end, trainees are able to begin working with other trainees in consensus, and have their inter-rater reliability determined.

Phase 3, the trainee consensus and reliability determination phase. In this phase, trainees are paired off to do an individual rating on a transcript. The inter-rater reliability is then determined vis a vis a second rater (generally another trainee). The two raters then meet to discuss their ratings and make a consensus rating for each CAP. The reliability criterion for being trained is when the rater pairs consistently score above

intraclass $R(2,1) > .70$ (equivalent to .84 pearson r) for their reliability of the 12 CAP scores for each session. The consensus ratings from these transcripts are then used for any data analyses on the project from which they were taken.

During phase 3 and continuing into any subsequent post training rating, there are periodic meetings to discuss difficult text scoring issues that arise. Here the relevant transcript examples are presented and the differential is discussed with an expert. These calibration sessions serve to keep raters from drifting toward favorite ratings in the face of difficult examples.

Post training individual and consensus scoring and calibration. All raters, new and expert, require occasional consensus ratings to ensure calibration to the manual and minimize the potential of rater drift. Thus, on any project, when the transcripts are chosen for rating, each rater is assigned to do one consensus rating session every 4th or 5th transcript. For the consensus session, the two raters first hand in their scores and inter-rater reliability is determined. They then make a consensus rating which is then used for any subsequent data analyses, in lieu of the individual ratings. In the case that reliability falls below the general criterion level of intraclass $R(2,1) .70$, the two raters make a second consensus rating on another transcript.

For purposes of most studies, then, there is one consensus rating for every 3-4 transcripts in which only individual ratings are made.

Again, periodic calibration sessions are held with an expert at which all raters can discuss the difficult examples. Sometimes these meetings result in useful additions of non-prototypical examples which can be added to the manual to improve its coverage.

Description of the 12 Categories (CAPs) within the 3 Domains

The 12 Coping Action Patterns and abbreviations

I. Competence

- PS Problem solving
- IS Information-seeking
- H Helplessness
- E Escape

II. Use of Self and Social Resources

- SR Self-reliance
- SS Support-seeking
- D Delegation
- I Isolation

III. Autonomy Patterns

- A Accommodation
- N Negotiation
- S Submission
- O Opposition

I. Coordination of Actions and Contingencies

1. Problem-solving [PS]

Definition.

Dealing with a stressor by attempting to understand and solve it as a problem and effect a desirable solution.

Aims:

Problem-solving seeks to understand a stressor in order to adjust one's actions to it and thereby effect a desired outcome

Manifestations: strategizing, planning, instrumental action

Cognitive. Strategizing, planning, forming hypotheses of what to do

Behavioral. Taking instrumental action to effect an outcome, repairing, mastering, testing an hypothesis about what to do; giving advice as to how to solve a problem

Affective (emotional). Feeling confident in one's efforts, determined, encouraged

Discrimination.

Problem-solving and Self-reliance may appear to overlap. Problem-solving is associated with a focus on the details and aspects of a particular problem, involving the aim of determining what would bring a particular result. Problem-solving may not actually lead to a complete solution because of the difficulty of the problem itself or because necessary elements are not yet in place. PS may or may not involve implementing the planned solution. Self-reliance, by turn, focuses on what one needs to do with ones' thoughts, feelings or actions to solve a problem. Thus the person relies on him or herself to do something in thought feeling or action.

Problem-solving and information-seeking both require information and can be hard to distinguish in some circumstances. Whenever the individual is seeking out facts or observable information this is information seeking. Problem-solving would only be scored when the emphasis is on using the facts or information to consider and solve a problem. The problem-solving can include trying to understand something about oneself or another person with the aim of guiding an action. Thus, neither fact gathering alone nor trying to gain insight about oneself or another for its own sake is rated as problem-solving.

Example 1.: PS-b. In this example the participant takes on her spouse's problem and tells him what to do (PS for others). 440-173 page 5. She describes what she thought about what needed to be done, but clearly did tell him these ideas, that is giving him advice of what to do, so it is more a behavioral than a cognitive example.

S: Uh-huh. Um, okay, well, there is actually a recent story. Um, to me it's an interesting one because it involves a female social worker, um, and part of our

relationship over time has been trying to get him [husband] to understand perhaps the female side of things. So, we have a social worker who's being sent to a conference in Vancouver at the end of October and it's her first time presenting a paper... ..Um, now, he was irritated by her because he - she did not communicate a lot of her activities to him, such as some of the details about when she would go and she - she went ahead and registered for this conference without checking with him, uh, because he - he's in charge of the funds for this, so ... he was very, very angry, um, at the way she handled things.

Now, um, his first impulse was to call her in and in a way reprimand her and tell her things are not done this way, especially she's, uh, being paid for. *[PS-b. And I guess my role was to try and calm him down and help him realize, because I had actually spoken to this - this young woman once, uh, and she's new at some of this and so - and she's scared. She's scared and I think she wanted to get things settled and confirmed and know that she was going.*

And so my - my role in this situation was that first to try and calm him down, try and get him to see that, uh, things are sometimes done for - for reasons and that this was a new experience for this young social worker and to remind him of his own kids and how they might function this way. Um, and that - but also that his role was to let her know that there was another way of doing things and that he would appreciate being consulted and being asked in the future.]

Uh, and again I heard him do this. He did it on the phone. Um, he called her and he was very reasonable with her and he - he, uh, he expressed the fact that he could understand that she was excited about this or anxious possibly and went ahead and I heard him using, you know, I guess some of the advice [laughs] that I had given him.

Example 2.: PS-c. 549-260, page 7-8. In this example, a mother is describing a situation in which her daughter stayed out past her curfew and the parents called the police. It includes IS-b, when she asked the police for what they found out, PS-c, when she considered what to do later on, and PS-b, when she finally spoke with her daughter about her actions. Thus she differentiates the planning (c) from the implementation of talking to the daughter (b).

S: And, um, the police came, took note of everything, said in most of the cases it's just the teenager either forgetting to go home or out of spite or whatever. Anyway, they left or they took note and took a photograph and the whole thing and they left at eleven thirty-five. And just as they were getting out Ariane arrived. [laughs] And she looked at me and said, "Oh, this is so ridiculous." [laughs] She ran into her room.

I: Why do you think she said that?

S: Because she thought it was ridiculous. She thought it was - she feels that it was totally out of proportion that I would call the police because she's a couple of hours late.

Anyway, the policeman then asked whether they could speak to her and I thought they were wonderful. They went into her room and spoke with her for about ten minutes and when they came out the younger one said, "She really doesn't communicate very well." I said, "No, she doesn't." [IS-b: And I said, "Is there anything that you feel took place?" And he said, "Well, she said that she was angry with you and therefore she didn't come home."] And, uh, so the other one said, "Don't turn it into a big deal," which I wasn't going to, but anyway. [PS-c: She stayed in her room, I went to bed, but I said to myself I've got to discuss this. It needs to be discussed.]

[PS-b: So the next morning I said, "Ariane I just want you to know..." I had the whole night to think about this. I said, "I just want you to know why I called the police." I said, "I was worried sick because Leslie had seen you go onto the bus. You was wearing - you were wearing a new jacket worth three hundred bucks," and I said, "And you were only home at eleven thirty. You've never done that before. I was worried sick and I'm so glad that nothing happened."

So rather than focus on her disobedience I focussed on the fact that I was happy nothing had happened to her, which I think was the right way to go.] And so, um, well, that's the story.

2. Information-seeking [IS]

Definition.

Information-seeking deals with a stressor by attempting to gather information which may aid in dealing with it. This includes information about the stressor itself or anything relating to effecting a positive outcome.

Aims:

Information-seeking aims to discover or develop additional contingencies for dealing with a stressor.

Manifestations:

Cognitive. Having an inquisitive attitude, being open, trying to gain insight into oneself or another, self-reflection

Behavioral. Reading, observation, asking questions, testing a situation

Affective (emotional). Interest, hope, optimism, emphasizing the desire to know something

Example 1: IS-c. In this example the person notices a problem then reflects inwardly to discover information about her own thoughts, feelings or other events that might relate to the problem (being irritable). If she then used the information in some way it might segue into problem solving, but she did not in the example below. Furthermore, if she then took her plan and talked herself into acting on the problem based on assessing her own capacity, it would be

self-reliance, which it also is not below.

S: Dr. B... Like there was a little, uh, misunderstanding, you know, going into her office, and she s... she told me she could see it in my, in my, uh, you know,

I: Demeanor.

S: my demeanor. And I feel like that during the day, too. Uh, I'm not even conscious of it, but all of a sudden, I'll be really irritable or, or, sad. And I, I won't know why. *[[IS-c Uhm, and then, I wrack my brain trying to figure, okay, you know, what's wrong? What happened this time? Trying to analyze everything around me again, and... and so on and so on.]]* [slight laugh] So, yeah.

Example 2: IS-b. In this example the parent hears something potentially upsetting from her 6-year-old daughter and, after initially feeling helpless, asks her about the ambiguous meaning of her comment regarding licking ice cream.

S: In August, um, [pause] my daughter made a comment, she was eating, I think it was ice cream or something, and she made a comment about how [pause] it was better if her vagina was licked. [H-c And I thought [pause] what's that about(!) and so, you know, you kind of freak out obviously and so at the moment I didn't ask her anything be-, I'm just kind of changed the conversation because I wasn't sure how to handle it] *[[IS-b and then later when we were home, just the two of us, I was giving her a bath and we had a talk about what she said and, and about uh who it was with and what happened and, you know, not, I was trying to kind of like play in-between to get some information but without sounding like anxious]].* I don't know how you do that when you're kind of freaked out.

Discrimination.

Problem-solving and information-seeking both require information and can be hard to distinguish in some circumstances. Whenever the individual is seeking out facts or observable information this is information seeking. Problem-solving would only be scored when the emphasis is on using the facts or information to consider and solve a problem. The problem-solving can include trying to understand something about oneself or another person with the aim of guiding an action. By contrast, trying to gain insight into oneself or another can be done for its own sake, and is scored as information-seeking, whereas a subsequent use of it in directing an action would be rated as problem solving.

Information-seeking and Support-seeking may both involve other people. In information seeking, the focus is one gathering needed information which will then allow one to consider a course of action. Support-seeking involves what one gets from the actions of others that improves skills. So, for example, asking a librarian a

reference question is information seeking, whereas, asking how to use a new information service in order to be able to do it oneself, is support-seeking.

3. Helplessness [H]

Definition:

Helplessness deals with a stressor by giving up trying to deal with it oneself, while expressing distress about the situation.

Aims:

Helplessness aims to express distress over the inability to deal with a stressor, in lieu of more direct action on the stressor, when the individual believes that no further effective action is possible by him or herself. A secondary aim in some cases is to have someone else step in and take charge of dealing with the stressor.

Manifestations:

Cognitive. Confusion as to what to do, Cognitive exhaustion, inability to think about a problem any further, self-doubt, belief that one can't do anything about a problem, non-problem solving rumination about problems

Behavioral. Acting helpless, flailing, random unconsidered attempts to cope, giving up trying anything

Affective (emotional). Exhaustion, discouragement, feeling guilty

Discrimination

Delegation and helpless may be confused. Delegation is an attempt to get others to take care of something for oneself. The simplest form involves a request: "Could you do it for me?" By contrast, Helplessness forgoes any attempt to cope, not even trying to get someone else to do it for you. The response of others may also differentiate the CAPs somewhat, in that delegation often elicits a response - yes or no - whereas helplessness may elicit suggestions as to what the subject can do for him or herself.

Example 1: H-a. In this example the person describes being emotionally exhausted.

S: *[H-a. It was just, I was, I was already overwhelmed with the people who were ill [pause] which is the three grandparents but then when all this came with my daughter, I just kind of lost it.*

I: Okay. Mm-hmm.

S: *Basically that's you know how I, I very slowly sank into a depression. And it's, I was just overwhelmed with, with everything and then I just saw that I couldn't cope. And I think with my daughter it was the biggest impact.]*

Example 2: H-c. In this example the person describes confusions as to what to do upon hearing something disturbing from her 6 year old daughter.

S: In August, um, [pause] my daughter made a comment, she was eating, I think it was ice cream or something and she made a comment about how [pause] it was better if her vagina was licked. [*H-c And I thought [pause] what's that about and so, you know, you kind of freak out obviously and so at the moment I didn't ask her anything be-, I'm just kind of change the conversation because I wasn't sure how to handle it*]. [IS-b and then later when we were home, just the two of us, I was giving her a bath and we had a talk about what she said and, and about uh who it was with and what happened and, you know, not, I was trying to kind of like play in-between to get some information but without sounding like anxious]. I don't know how you do that when you're kind of freaked out.

4. Escape [E]

Definition.

Escape deals with a stressor by disengaging and avoiding trying to deal with it whatsoever.

Aims.

Escape aims to protect the individual from the stressor and its context, when the individual believes that no contingencies are available that will both successfully deal with the stressor and avoid some feared aversive consequences.

Manifestations.

Cognitive. Cognitive avoidance, distracting oneself in thinking, denial, changing a topic to another topic to avoid discussing difficult material

Behavioral. Behavioral avoidance, fleeing, procrastination, distracting oneself by an action

Affective (emotional). Wishful thinking,

Discrimination. Escape differs from isolation, in that escape is a reaction to avoid a specific stressor, including fleeing an uncomfortable interpersonal situation. Isolation is a more general withdrawal from interpersonal contact to protect oneself. Isolation is generally staying away others as much possible.

Example 1: E-a. Note, the affective experience appears to drive the type of CAP, i.e. doing nothing (escape) to gain limited. pleasure

I: So, it's pleasurable. Okay. So, did you have any pleasurable time during your time off?

S: [E-a: mental disengagement] *Being at home and doing nothing was pleasurable enough for me.*

Example 2: E-a. Again the affective experience appears to permeate the description of escapist behaviors. The emphasis is on the feeling, rather than the details of the

behavior.

S: The most important thing in my life should be me. Why does everyone else seem to want to come before me? [E-a:distracted][*Why does everybody want a piece of me? You know, when I gamble, I feel alone. I feel rested. I feel peaceful. I've got to find something else to replace that. Nothing else gives me that escape, and that is what I crave. I crave to escape my world and things that are bothering me.* [ends reading]]

Example 2: E-c. The individual is avoiding coming to terms with the diagnosis, at the ideational level, and switches topics.

S: No. You can't win. It took a while for me to, uh, digest my diagnosis. It still... actually, that's what we were discussing with Dr. B, [sighing] [[*E-c cause I still have a hard time with that, uh, diagnosis or, or, or f... or accepting it. Uh, yeah.*]] Uhm, what else?

Example 3: E-c embedded in E-a. This is an example of Escape being shown in two modalities, one embedded in the other. The topic is gambling. The beginning and end of the example refers to the affective experience: a thrill, a high, excitement as an escape. Embedded is a cognitive element of wishful thinking, a wished for plan of what would result from winning. This serves as an escape from having to cope with debts in a more realistic way. Two different colors highlight the different coping patterns of the subject below.

I: when you gamble, you feel alone. Yeah? And this, is this positive? Or negative? How do you see it?

S: [E-a][[I see it as positive.

I: Okay. So, gambling allows you to be alone.

S: Yeah.

I: Okay. And this is the only reason you do it?

S: I do it because it [sighs]... I do it for a couple of reasons. It gives me a thrill to win. It makes me feel, uhm, good about myself when I win. But it, it gives...

I: Good because what? You, you show skills? Or, uh...?

S: I know it's luck. I just... it...

I: Okay.

- S: I, I go on like a, on a high when I win. I'm happy about absolutely everything.]
[E-c: fantasy plan][Also, money is very tight. So, whatever I do win, uhm, you know, you s... you start having these thoughts, you know, I'm going to pay this off, and I'm going to pay that off, and let me just win a little bit more and I'll... and I'll, I'll... You know, it's, it's the dream, or th... [unclear]...]]
- I: But it's also the excitement, just the excitement of,
- S: [Previous E-a continuing, no 2nd score] [[It's the excitement,
- I: of, uh...
- S: but it's also being able to just clue myself out to everything and...
- I: Okay, so it's... How would you describe that [unclear]?
- S: I would describe it as an escape.]]
- I: Okay.

II. Patterns of Using Self and Social Resources

1. Self-reliance [SR]

Definition.

The individual uses his or her own personal resources to deal with a stressor.

Aim.

Self-reliance functions to protect, preserve, [augment and/or expend] available [personal and] social resources to deal with a stressor.

emotional regulation

behavior regulation

expressing emotions

emotion approach

It can involve doing things for other people when it fits in with one's own aims.

New It can involve asking others to do something that is their own job, as an extension of meeting one's own aims (i.e., not delegating one's own tasks).

Manifestations.

Cognition: Positive self-talk with respect to one's own capacity to deal with a problem

Behavior: Shouldering a burden, shielding, protection, self-assertion

Affective (emotion): Self-soothing, concern for others, accepting responsibility,

venting one's feelings in order to regulate one's emotional responses to stressors, talking in order to experience relief

Discrimination

Self-reliance differs from Information-seeking, Support-seeking by an emphasis one acting on one's own either dealing with internal concerns or external situations. The emphasis is not on what one asks of others, or what one gets from others, but on what one says or does oneself.

Example 1: SR-a. In this example the subject is describing her reaction to a past stressful event. The emphasis is on the emotional catharsis.

S: [SR-a] *Oh, I aired it with my husband. When I got mad at Frances, as I was fixing dinner I said "I'll fix her alright, If she wants trouble she'll see who she's dealing with" [subject laughs]. My husband lagued when he heard me. I think he laughs because he knows that I'm just venting and then it blows over.*

Example 2: SR-b. In this example the subject describes doing something on her own out of necessity, to earn more money.

S: [SR-b: deals with necessity][*When my spouse and I got together, she was working at Future Shop, in the western part of the city, and I had just gotten my job doing data entry at, uh, at this data firm. And I had finally moved up into this position as a receptionist and I was making twenty-two thousand dollars a year. And it was nothing that... what I studied for. Uh, but I was doing it because we needed money.*]

Note: the following SR-C was recategorized at IS-c and moved to that category (q.v. for explanation).

Example 3: SR-c

S: Dr. B... Like there was a little, uh, misunderstanding, you know, going into her office, and she s... she told me she could see it in my, in my, uh, you know,

I: Demeanor.

S: my demeanor. And I feel like that during the day, too. Uh, I'm not even conscious of it, but all of a sudden, I'll be really irritable or, or, sad. And I, I won't know why.[*SR-c Uhm, and then, I wrack my brain trying to figure, okay, you know, what's wrong? What happened this time? Trying to analyze everything around me again, and... and so on and so on.*]] [slight laugh] So, yeah.

2. Support-seeking [SS]

Definition

Support-seeking deals with a stressor by seeking, finding or engaging social

resources which will aid in effecting a desired outcome.

Aim

Support-seeking use social resources to supplement or supplant one's own efforts in dealing with a stressor.

Manifestations:

Cognitive: Expressing a belief about the importance of obtaining others' support

Behavioral: Seeking contact, asking for help or instrumental aid

Affective (emotional): seeking comfort, spiritual support

Discrimination

Support-seeking and delegation both may involve others. In support-seeking, one turns to others for resources (techniques, suggestions, "show me how") that aid coping. The subject is still actively engaged in coping. In delegation, the subject wants to off-load the problem and have someone else deal with it. Thus seeking support to improve coping is very different in aim than trying to make a problem someone else's to deal with.

Example 1: SS-cognitive

S: Yeah. Well, I've always, uh, uhm, wanted to... I... Because I've been in therapy about seven years ago. And, uhm, I always thought it very interesting.

I: Uh huh.

S: And fascinating. *[[SS-c And this therapy, it has helped me put a lot of pieces together. Cause I have the pieces, but I couldn't quite put it together.*

I: Uh huh.

S: *And in that way, it does help me.]]*

3. Delegation [D]

Definition

Delegation deals with a stressor by overtly or covertly leaving it to others rather than oneself to deal with the stressor

Aim

Delegation is used when one believes that his or her own resources are inadequate to deal with a stressor. The individual then abandons active attempts to deal with the stressor in favor of trying to get others to assume

responsibility for dealing with the stressor.

Manifestations:

Cognitive. Believing oneself helpless and that others have to do something
Behavioral. Abandoning efforts to cope and instead telling others that they have to do something, pestering others to do something, acting dependent, clinging
Affective (emotional). Self-pity, complaining, whining,

Discrimination

Delegation and helplessness may be confused. Delegation is an attempt to get others to take care of something for oneself. The simplest form involves a request: "Could you do it for me?" By contrast, Helplessness forgoes any attempt to cope, not even trying to get someone else to do it for you. The response of others may also differentiate the CAPs somewhat, in that delegation often elicits a response - yes or no - whereas helplessness may elicit suggestions as to what the subject can do for him or herself.

In the situation where someone brings a problem to the subject and the subject discerns that it is really not his or her own, and decides that someone else should deal with it, do not score delegation. Rather consider either problem-solving or negotiation depending on how the subject deals with the person(s) bringing the problem to discuss.

Problem: we need to define examples of positive delegation which may in fact be adaptive, and it may affect calculation of OCF

Example 1: [4001 R4 page 10], D-b: In this example a woman is concerned about her mother-in-law and then delegates (orders) her husband to look after his mother.

S: ... that's like anyway so I call Wednesday to just make sure she's okay and then for a few days I was calling and she, she was in bed, she was taking like tons of medication for, because she injured her back trying to empty out these buckets of water from the rain that was leaking in the ceiling and it was like, and so she tried to, she's 84 and she tried to lift this bucket of water and she hurt her back so she was in bed, she hadn't eaten anything almost every day that I called her.
[D-b. She was just taking, popping pills and so I said to my husband, "You got to go there, like you've got to see what's going on..." because I was busy with my parents and our kids and...]

4. Isolation [I]

Definition.

Isolation deals with a stressor by withdrawing from it or isolating oneself.

Aim.

Isolation aims to withdraw or protect oneself from either a stressor itself or an

unsupportive social or material environment and thereby protect oneself from harm, disappointment or other negative affects, such as shame or guilt.

Manifestations

Cognitive: Believing that one should avoid others

Behavioral: Social withdrawal, concealing oneself, avoiding others, freezing

Affective (emotional): Feeling afraid to show oneself related to the stressor, feeling afraid to be around others

Discrimination

Isolation and escape may appear to have common goals. In isolation, the person withdraws from the presence of others, and other coping may follow, depending on the stressor. It is the presence of others which is seen as a threat. In escape, the person may be withdrawing from an external or internal state, and the presence of others may or may not be relevant. For instance, one can use escape in the presence of others, or with others participating.

Example 1: I-a

I: Right. Tell me about your relationships. How's your relationship with your husband? Others?

S: With my husband, [sniffles] it's very good. Uh, that, that's we've... that's pretty, uh, smooth. *[[I-a With others, I, I kind... I'm kind of withdrawn. I'm not as social as I was. I miss that. But I don't feel like socializing much. Or not much, but not like before. Uhm, with my kids... Another thing I, I d... I don't f... I feel, yeah, I feel kind of numb. Even towards my, my family, my friends.*

Cause before, I would, when I... you know, just for example, I'd look at my kids and I'd... you know, you get like a warm, fuzzy feeling. Or something. I mean, I still s... feel something, but I, I don't feel it like I used to.]] I don't know if I c... if, if you can understand. I used to feel it. Feel it. Now, I don't. [sniffles] I don't know how to describe it.

Example 2: [4001 R-4/9?] I-a: the person notices some symptoms which she fears might be due to cancer, and fears telling anyone.

S: I guess. Um so I came back from Israel. I had like digestive problems.

I: Uh-huh.

S: And I came back from Israel and *[I-a. I started bleeding and I didn't know why.*

I: Ah.

S: And so initially, you know, you think you have cancer so you don't tell anybody.]

III. Autonomy Patterns

1. Accommodation [A]

Definition.

Accommodation deals with a stressor by coming to some compromise or acceptance of what can and cannot be changed in the stressor or as a result of it.

Aim.

Accommodation flexibly adjust one's preferences, for instance accepting less than one desires, to deal with limitations to options presented by the stressor and its context.

Manifestations:

Affective (emotional): Acceptance of limitations, conviction, feeling committed, endorsement of an accommodation

Behavioral: Cooperation, conceding to others, committed compliance

Cognitive: Cognitive restructuring, re-framing, cognitive distraction, minimization

Discrimination

Accommodation differs from negotiation, in that accommodation deals with what cannot be changed or must be accepted, by accepting it and learning to live with it. While there may be some interaction with others, it is not to change the situation, as in negotiation, or to seek help, as in support-seeking, but rather to adjust to what must be. The focus often involves behaviors or thoughts that reflect a shift in internal attitude. Negotiation, by contrast, is the active engagement to alter a situation, either with others or with oneself.

Example 1: A-c

S: Uh huh. [weepy, discussing her medications] Food doesn't taste the same [slight laugh].

I: Uh huh.

S: Uhm, [[A-c but I keep telling myself, uh, just, that is an adjustment to make.]] Cause I've been, I've been acting or being the same, you know, for twenty-seven years. Twenty-seven?! [laughing slightly] I just cut ten years

off. Thirty-seven. So, it's hard, all of a sudden, you know, to, uh, to experience life differently. I feel... I've been feeling flat-lined.

Example 2: A-a

S: Yeah. I'm not stable yet? I don't know what to think anymore, in short [slight laugh].

I: Uh huh.

S: *[[A-a So, what I... what I'm doing now is, uhm, just sitting with the feelings, instead of, uh, instead of [slight pause] trying to fight them.]]*

2. Negotiation [N]

Definition.

Negotiation deals with a stressor by attempts to develop new options beyond those at hand.

Aims.

Negotiation attempts to enlarge the options at hand to deal with a stressor by examining one's priorities or by engaging others in a give and take. It may involve trading off some options of lesser importance to maximize options that are of greater importance, when it is not possible to have all the desirable options. It may also entail refusing to take unwarranted responsibility for a problem that is really someone else's, i.e., negotiating one's boundaries.

Manifestations:

Cognitive: Setting priorities, goal-setting, taking others' perspective, decision-making

Behavioral: Bargaining, attempting to persuade, compromising to get some of what one wants

Affective (emotional): Feel like making a deal

Discrimination

In a discussion of who should deal with a problem, consider rating *delegation* if the subject is refusing to accept dealing with the problem, when in fact it is partly his or hers to solve or deal with, but instead tries to make the other person take responsibility for dealing with the problem.

Example

[4001 R9 page10-11], N-b An individual has some undesirable side effects from medications and then negotiates changes in medications with her doctor.

S: *[N-b. And so we had trouble finding the right combination of medications.*

I: *Mm-hmm.*

S: *And so, but now we've kind of settled that.*

I: *Mm-hmm.*

S: *Well, we've kind of settled on...*

I: *[clears throat]*

S: *We've settled it in the fact that we've found I take Effexor during, in the morning and then I take [clicking sound] uh Zyprexa in the evening.*

I: *Mm-hmm.*

S: *But I've gained a lot of weight and so I've been talking to him potentially of trying the Effexor with um [pause] the Lithium.*

I: *Okay.*

S: *And so we're discussing now [pause] that as a possibility.*

I: *Mm-hmm. Mm-hmm.*

S: *And he's willing to trying it so...*

I: *Sure.*

S: *...so I'm going to have to see him...*

I: *Okay.*

S: *... again on Friday. We're going to discuss it some more. Meanwhile I'm doing these tests that we're supposed to do before hand].*

3. Submission [S]

Definition:

Submission deals with a stressor by giving into others and giving up on effecting one's own preferences.

Aims:

Submission takes the individual out of conflict with the stressor by acknowledging the inability to surmount or deal with the stressors and therefore withdrawing from active attempts to do so by giving in.

Manifestations:

Cognitive: Believing the stressor cannot be engaged. Reasoning why one should avoid expressing oneself or avoid dealing with a situation, which results in submitting to the status quo. It does not matter whether the person's perception of the consequences of not submitting is accurate.

Behavioral: Giving in, doing what one is told without thought, failure to act as one believes one should in response to a stressor (unresponsiveness)

Affective (emotional): Self-blame, fear of engaging others or expressing oneself, hiding one's emotions from a dominant other

Discrimination

This needs to be distinguished from Escape or Helplessness in which one disengages from trying to effect a solution at all. Submission allows one to do something – e.g. as one is told, even if it isn't what one wants – while helplessness allows one to express distress while leaving one unable to act, and escape doesn't express distress but leaves the situation.

4. Opposition [O]**Definition:**

Opposition deals with a stressor by confronting it and attempting to remove any constraints imposed on one's preferences.

Aims:

By confronting a stressor and attempting to remove or circumvent the constraints it imposes, opposition channels frustration into action in order to enlarge one's options. It does so rather than attempt to negotiate, compromise, accept or submit.

Manifestations:

Cognitive: Blame others, projection, giving a rationale or rationalizing one's own oppositional or defiant actions

Behavioral: Standing and fight, defiance, seeking revenge

Affective (emotional): Aggressive feelings towards others, venting, reacting emotionally to others as if they are the problem

Discrimination

Opposition differs from self-reliance in that opposition keeps a focus on doing something in reaction to a stressor. It can be an active or passive effort, but there is an attempt to remove constraints upon oneself. In self-reliance, the focus is one doing what one needs to do, rather than on opposing a constraint.

Example 1.: 538-262 p9. O-b. woman disagrees with school's punishment of her son, which consisted of writing the same line "I will not be rude to other students" a number of times. she directly opposes the school personel and tells her so.

S: [PS-b: So I said to my son, "there are people I don't particularly like, I just stay clear of them. I meet them, 'Hi, how are you,' and that's it. You don't have to go insulting people because you don't agree with them or you don't..." So, I said, "Just keep clear of this girl who is bothering you. "]

[O-b.: Well, when he went he [her son] said, "What about the lines?" I said, "You tell the lunch-time supervisor that you didn't do them and to call me if there is a problem." Well, she did not like it. She called me all right. And that's when I get - become a bit of a lion [laughs] when it comes to my children, you know, because I know them and I know how to discipline them and I think I'm doing pretty good, 'cause they're good kids. So she said, "He didn't do his lines." I said, "No, I told him not to because..." "Why?" I said, "Because, first of all, I don't think you have the authority. You're not a teacher. You're not a - you know, you're there to supervise, make sure nobody gets hurt," and - and they do get hurt all the time, so you know. And I said, "I've explained to him and I think he understood. The last thing I told him this morning is that, you know, 'Keep away from the little girl and don't use that word again.'"]

Example 2.: 538-262 p. 10 The example continues as the woman expresses her strong feelings [O-a] which arise and leads to her oppositional actions. As an aside she points out that she does not want to impose the same will on her children, instead wanting them to have minds of their own [A-a: accepting her limitations vis a vis others]. Finally she goes back to the strong feelings she has that motivate her opposition.

I: How did that affect you?

S: [O-a.: It makes me mad when somebody tries to discipline my children, to tell you the truth.] [O-c: This is my - you know, there are things that I think should be taught at home, like the moral and religious education I think should be taught at home. But maybe they do it in the school because some parents don't bother. That's why they feel maybe they have to. But those are things that I like to teach at home my way.] Not that I want - not that I want to impose my view. Quite the contrary. [A-a.: Because I want the children to develop their own - their own ideas, and we don't always share the same, uh, you know. My oldest son is getting a mind of his own about a lot of things, how he sees life, how he sees the world and, uh, sometime we don't... Of course, experience come in line, I suppose, but, uh, I let them have their own ideas.]

O-a (cont.) But I do - definitely do not - when somebody gets involved, I can - I can get right down mean. That's when you see the other side of me. [laughs] Right down very mean. And - and I always say that, you know, I taught them, you know, vengeance and stuff. I never go through with it [laughs] because my husband always calms me down, you know? But I blow - I blow sometimes. It's the only thing that will trigger me, if it has to do with the children and other people trying to get involved with my raising them. That will trigger me. Probably the only thing.]

