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Coping and Resilience in Families With Children With Behavioral Problems[☆]

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ABSTRACT

Behavioral problems are one of the main concerns of parents in today's society. There are families that are able to face these problems and get ahead – they are resilient – while others are overwhelmed, and do not know how to act. Lack of emotional self-regulation, effective coping strategies, and resilience contribute to stress increase, affecting health and emotional balance. To know how to act to develop parental resilience, this paper analyzes the coping strategies that adults use to deal with children's behavioral problems and their relation with resilience. With this aim, the 'Coping with Children's Behavior Problems questionnaire' (CCBP) was developed. Participants were 615 parents and mothers of the autonomous community of Madrid. They completed mentioned questionnaire along with the Brief Resilience Scale for validation purposes. Analyses showed the adequate fit of the person-situation model, the way situation influences the use of coping strategies and emotional self-regulation, and the way the type of strategies used relates to resilience.

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Estrategias de afrontamiento y resiliencia en familias con hijos con problemas de conducta

RESUMEN

Los problemas de conducta constituyen una de las principales preocupaciones de las familias en la sociedad actual. Hay familias que son capaces de afrontar estos problemas y salir adelante –son resilientes– mientras que otras se ven desbordadas, sin saber cómo actuar. La falta de autorregulación emocional, estrategias de afrontamiento eficaces y de resiliencia contribuye al aumento del estrés, afectando a la salud y a su equilibrio emocional. Para facilitar el desarrollo de la resiliencia parental, este artículo analiza las estrategias de afrontamiento que utilizan las familias ante los problemas de conducta de los hijos y su relación con la resiliencia. Con este fin se desarrolla el «Cuestionario de Afrontamiento ante los Problemas de Conducta de los hijos» (CAF-PC). Participaron 615 padres y madres de la Comunidad de Madrid. Estos completaron el cuestionario mencionado, y la Escala Breve de Resiliencia, con fines de validación. Los análisis realizados muestran el adecuado ajuste del modelo persona-situación, cómo este influye en la utilización de estrategias de afrontamiento y la autorregulación emocional, y cómo el tipo de estrategias se relaciona con la resiliencia.

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Introduction

Behavior problems of children, preadolescents and adolescents are one of the main concerns of families in today's society (Cantero-García & Alonso-Tapia, 2017; Rodrigo et al., 2004). Faced with this fact, we find families able to move forward – resilient families – and others who feel overwhelmed, without knowing how to act when dealing with different stressful situations (disobediences,

tantrums, aggressions, etc.) caused by the behavioral problems of their children. The way in which families cope with these stressful situations can influence both the well-being of children and the emotional balance of families (Montiel-Nava, Montiel-Barbero, & Peña, 2005; Robles & Romero, 2011), affecting the family climate as a whole. The lack of adequate coping strategies, especially those necessary for emotional self-regulation, and of resilience contributes to increased parental stress (Montiel-Nava et al., 2005; Pérez-López et al., 2011).

For this reason, it is important to evaluate families' types of coping strategies, both those involved in positive and negative emotional self-regulation, and coping strategies they use that are focused on the problem, so that they can be helped to manage stress. However, the evaluation of coping strategies is not an easy task, since coping is a complex concept with a long history (Carver & Connor-Smith, 2010; Folkman & Moskowitz, 2004; Lazarus & Folkman, 1984). For this reason, before deepening the evaluation of the different coping strategies, it is necessary to clarify concepts, as well as the main styles in which we are going to focus for the analysis.

Although most researchers and professionals agree with the definition proposed by Lazarus and Folkman (1984), according to which coping refers to the "continually changing cognitive efforts to handle internal and/or external demands that are estimated as tax or that exceed the resources of the person" (p. 141), there is no unanimity with this definition. Other authors define coping as the set of responses (thoughts, feelings and actions) that a person uses to solve problematic situations and reduce the tensions that this situation generates (Casullo & Fernández-Liporace, 2001) and as well as the thoughts and behaviors used to manage the internal and external demands of high stress situations (Folkman & Moskowitz, 2004).

The same applies to the classification of styles and different coping strategies. Lyndall (1998) already pointed out that the phenomenon of coping is not one-dimensional and that there are many forms of coping. According to Skinner, Edge, Altman, and Sherwood (2003), the coping responses are practically endless: in their study they collected more than 400. The plurality of coping strategies has led to trying to organize them in different categories. The most used classification of coping strategies divides them into two styles: problem-focused coping (PFC) and emotion-focused coping (EFC) (Lazarus & Folkman, 1984). This is the classification assumed in this study. From this classification, it is understood that in the PFC the person uses active strategies aimed at solving the problem. This type of coping is related to better consequences both physically and psychologically (Alok et al., 2014) and with greater resilience in diverse populations (Alonso-Tapia, Rodríguez-Rey, Garrido-Hernansaiz, Ruiz, & Nieto, 2016; Villasana, Alonso-Tapia, & Ruiz, 2016). On the other hand, in the EFC, according to the content of the existing evaluation instruments, the individual uses strategies such as rumination, self-blaming, etc., to deal with the emotional distress associated with the stressful situation. These strategies do not imply a positive response to the problem, but rather tend to maintain it or even increase it, as they are associated with worse physical and psychological consequences for well-being (Herman & Tetrick, 2009), including lower levels of resilience in different populations (Alonso-Tapia et al., 2016).

Recently, López-Valle, Alonso-Tapia, and Ruiz (2017) found evidence that, in addition to the two existing dimensions, there is another style of coping that involves the use of positive emotion self-regulation coping strategies (PESRC), such as relaxation, waiting to see what happens, thinking of pleasant events, etc. These strategies, even if the problem is not solved, result in positive emotional states by keeping the impact of the problem within manageable limits. According to the work of these authors, the greater the use of PESRC and PFC strategies, and the lower the use of EFC strategies, the greater the resilience.

Likewise, coping is often evaluated with standardized general scales that assume that people use the same coping strategies to cope with different stressful situations in the face of different types of problems and in a stable manner over time (Kato, 2015; Schwarzer & Schwarzer, 1996). This idea reduces the complexity of the assessment of copings, since it implies ignoring the weight of the situation in the way of coping. Faced with this mode of evaluation, we have begun to study coping in interaction with different types of stressful situations (Alonso-Tapia et al., 2016; Villasana et al., 2016). The first of these studies focuses on adult populations of people with cancer or HIV, of parents of children with cancer or other serious problems, and of adults belonging to the general population. The second focuses on teenagers. In both studies, it has been observed that the type of situation has an important weight in the strategies that are activated, so it is appropriate to assess coping not in a general way, but taking into account the specific aspects of the stressful situation. However, despite the aforementioned studies, the relationship between coping and resilience has not been studied in the specific case of families with children with behavioral problems.

Given the described facts and the limitations of previous studies, there is a need of adequate instruments that allow us to evaluate the specific strategies used by parents to manage their children's behavioral problems, and to know the relationship of these strategies with parents' resilience. Bearing in mind that what is sought is to know which are the most common coping strategies used by parents, how such strategies can be grouped in different styles, and the role of the situation to be faced in the degree to which such strategies are used, their evaluation requires starting from a model that takes into account the strategies to consider, the styles that group them, and the situations that affect when they are used.

Regarding the inclusion of the different strategies, the theoretical basis is provided by several studies. First, the meta-analysis by Kato (2015), which includes the most relevant strategies on the base of their predictive validity. Second, the study of López-Valle et al. (2017), which shows the role of the strategies for the positive regulation of emotions. Third, the work of Alonso-Tapia et al. (2016) and Villasana et al. (2016), whose results are in line with the previous studies. According to these works, it seems necessary to evaluate the following strategies: self-blame, impulsiveness, rumination, isolation, relaxation, waiting, cheerful thinking, avoiding thinking, positive thinking, retry, solve problems and seek help.

In addition, the literature suggests that these strategies can be grouped in three categories, each of which includes a coping style. Two of them (PFC and EFC) derive from the Lazarus and Folkman studies (1984), and the third, positive emotion self-regulation (PESRC), derived from the work of López-Valle et al. (2017). The grouping of the strategies into categories of different levels involves hypothesizing a hierarchical model whose validity will be tested in this study.

Finally, a previous study by Cantero-García and Alonso-Tapia not published yet, shows that the most frequent behavior problems and for which families ask for help more often can be grouped in three categories: (a) problems of disobedience; (b) problems of bad behavior (tantrums, aggressions, etc.); and (c) insults. Consequently, the evaluation model on which to support the development of the instrument should take them into account.

Based on the previous assumptions, the objective of this article is to analyse the coping strategies of parents with children with behavioral problems, and the relationship of such strategies with resilience. For this analysis, a previous objective is to develop and validate the *Coping with Children's Behavior Problems questionnaire* (CCBP-Q), a questionnaire that takes into account both, the different coping strategies mentioned and the stressful situations that families face. To achieve this objective, the psychometric properties of such instrument will be analysed. It is also important to point

out that it is an innovative instrument, since there is no one similar for this population neither in Spain nor in other countries.

Method

Participants

A total of 615 parents, 116 men and 499 women, aged between 27 and 69 years ($M=44.1$ years, $SD=5.77$) participate in the study. Regarding their educational level, 422 have university studies and 193 have primary, secondary, high school or vocational education. The number of children of participants ranges from 1 to 4 ($M=2$, $SD=.70$), with ages between 6 and 16 years ($M=9.8$, $SD=3.66$). The majority of participants have Spanish nationality (95.8%).

Instruments

Coping with Children's Behavior Problems questionnaire (CCBP-Q). This questionnaire was designed for the present study by two psychologists specialized in the field. In the first place, the elaboration of the items was carried out on the base of the bibliography consulted. Then, inter-judge agreement was made, and the items that were to be part of the questionnaire were chosen when agreement reached 95%. Subsequently, the instrument was reviewed by two members of the research team, who contributed to the final decision making. The 36 items represent the twelve basic categories of strategies mentioned above, three by category. These specific categories belong to three general ones that reflect the coping styles. Besides, an item of each basic category refers to one of the three types of behavior problems mentioned above, so there are twelve items per problem. The items are formulated both positively and negatively and are answered on Likert scales indicating the degree of agreement, from 1 (totally disagree) to 5 (totally agree). Instructions point to parents that in the event that a problem has never occurred, they do not answer to those items. The questionnaire is included in the Appendix. There it is also indicated the type of strategy that evaluates each item and the coping style to which it corresponds.

Brief resilience scale (BRS; Smith et al., 2008). This scale, adapted to Spanish by Rodríguez-Rey, Alonso-Tapia, and Hernansaiz-Garrido (2016), allows to assess the general levels of resilience, considered as the ability to recover from adverse situations (Luthar, 2006). It includes six items formulated positively (e.g., "I tend to recover quickly after having a bad time") or negatively (e.g., "I usually take a long time to recover from the setbacks that occur in my life"). These are to be answered on a Likert scale indicating the degree of agreement, from 1 (totally disagree) to 5 (totally agree). The reliability (α) in the original sample was .83, and in the sample of this study, .81.

Procedure

The study was approved by the Ethics Committee of the Universidad Autónoma de Madrid. Families of the Community of Madrid were contacted through educational centers and parents' associations. They were informed of the research objectives and their collaboration requested. A link to the questionnaire was sent to families who agreed to participate, along with informed consent and instructions to respond. Both questionnaires were answered anonymously.

Data analysis

To study the structural validity of the CCBP-Q, two models were tested by confirmatory factor analysis (CFA). Model 1 (Figure 1), a hierarchical one, includes twelve coping strategies (first-order

factors) and three coping styles (second-order factors). Model 2 (Figure 2) also takes into account the type of stressful situations mentioned above: (1) disobedience, (2) bad behavior-tantrums, aggressions, etc. and, (3) insults. This second model is a combination of a hierarchical and a bifactor model (Guftafsson & Aberg-Bengtsson, 2010). In such models, the score in each item may depend, on the one hand, on the degree to which the person is prone to use a particular strategy in different situations and, on the other hand, on the degree to which a particular situation activates the different coping strategies. If the person tends to use certain strategies regardless of the situation (if the strategy use generalizes through situations), then the coping strategies will explain most of the variance. However, to the extent that coping is sensitive to the nature of a particular situation so that it activates a coping strategy to a greater degree than others, it will be the situation that contributes to explain the variance.

As the Likert-type answer-scale is composed of ordered categories, the estimation method used was the "Weighted least squares means and variances" (WLSMV) (Li, 2016). Then, to evaluate model fit absolute fit indices (χ^2 , χ^2/df), relative fit indices (Tucker-Lewis Index, TLI) and not centralized fit indices (Comparative Fit Index, CFI; Root Mean Square Error of Approximation RMSEA) were used, as well as the criteria described by Hair, Black, Babin, and Anderson (2010) to accept or reject a model based on its fit ($\chi^2/df < 5$; CFI $> .90$; RMSEA $< .08$). The analyses were carried out with the program MPlus 7.3.

Reliability

The reliability of each of the twelve scales of strategies and of the three coping styles were calculated using the Cronbach α index. Composite reliability was also calculated.

Criterion validity

Finally, in order to know the criterion validity of the questionnaire, correlations between the scores in the scales of coping strategies and those of resilience were calculated to know to what extent the coping strategies used by parents relate to resilience in the expected way, that is, some in a positive way and others in a negative way. Next, multiple regression analyses were carried out to know the extent to which coping styles contribute to explaining resilience scores. The analyses were carried out with SPSS v. 22 and MPlus 7.3.

Results

Confirmatory factor analysis of Model 1

Figure 1 shows the results corresponding to Model 1 (CFA1), and Table 1 the fit indices. The statistic χ^2 is significant ($p < .001$), probably because of sample size (Hair et al., 2010), but the reason χ^2/df and all other fit indices are within the standard limits of acceptance. Therefore, the model fits the data adequately, with three coping styles summarizing the twelve strategies included.

Confirmatory factor analysis of Model 2

Figure 2 shows the results of the analysis of the factorial structure of the questionnaire according to Model 2 (CFA2), and Table 1, the fit indices. As in Model 1, χ^2 was significant ($p < .001$), probably due to the sample size (Hair et al., 2010), but the ratio χ^2/df and all the rest of fit indices were well within the standard limits normally used for model acceptance. Therefore, it can be considered that the model is well estimated. The comparison between models shows

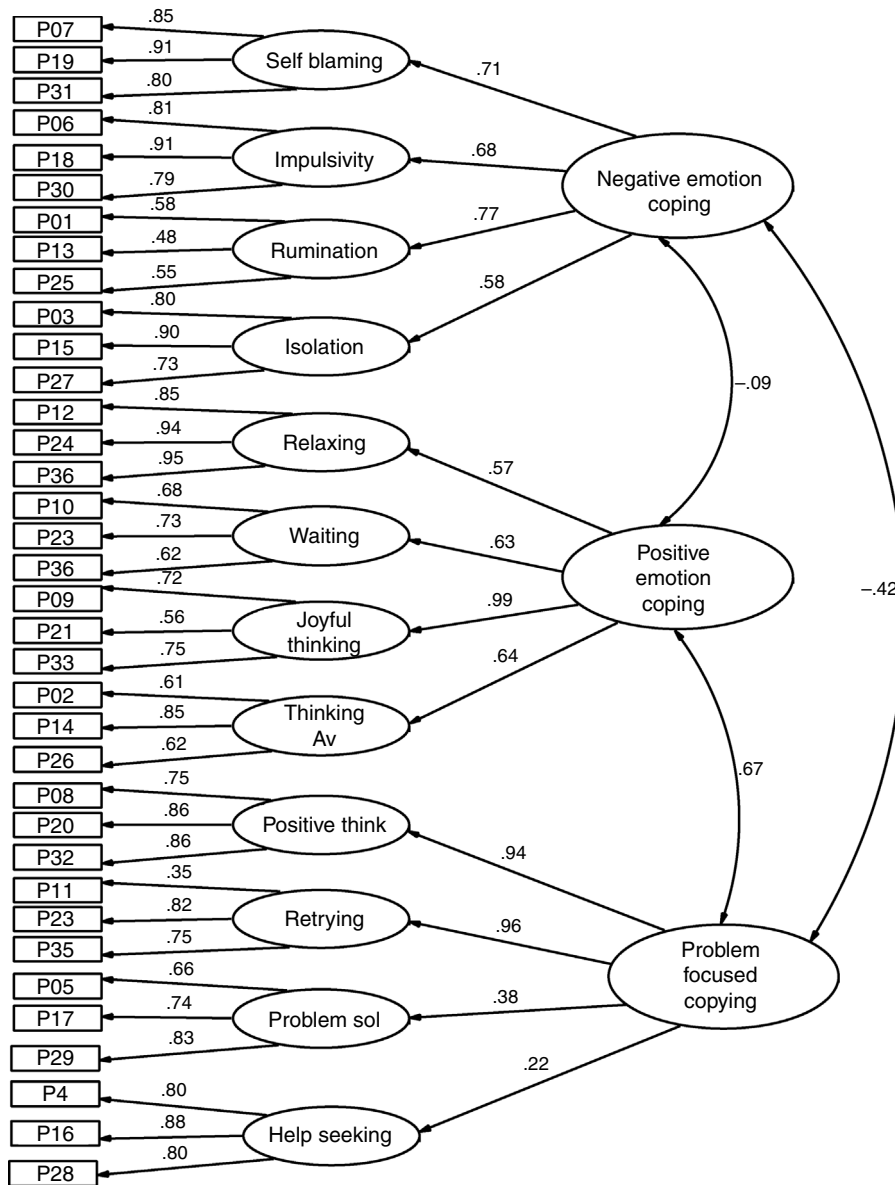


Figure 1. Standardized confirmatory solution corresponding to Model 1.

that the indices corresponding to Model 2 are slightly better than those corresponding to Model 1.

Reliability

Table 2 shows the reliability indices of each scale, as well as the composite reliability, and the average variance extracted. As it can be seen, except in the “rumination” scale, indices are good even though each scale consists of only three items.

Criterion validity

First, analyses of correlations between the scores on the coping styles scales and on the resilience scale were performed. Table 3 shows the results. As we can see, most correlations are significant and go in the expected direction. Positive emotion-focused coping and problem-focused coping were positively related to resilience, while the negative emotion-focused coping related negatively to resilience. These results indicate the existing association between coping with behavioral problems and resilience. At the same time,

results show that, in general, coping styles were not very much related to each other. This fact means that the use of some strategies is not related to the use or not use of others.

Next, the regression analysis was performed with coping styles as independent variables and scores in the resilience scale as a criterion variable. Results are shown in Table 4. The regression equation was significant ($F_{[3,611]} = 60.896, p < .001; R^2 = .48$). Problem-focused coping was not a significant predictor, while the weight of positive emotion-focused coping and negative emotion-focused coping were significant. Higher scores in positive emotion-focused coping, predicted greater resilience, while higher scores in negative emotion-focused coping predicted lower resilience.

Discussion

This study had, as its main objective, the analysis of the coping strategies used by parents of children with behavior problems and, as a second objective, the development and validation of a questionnaire that allowed the assessment of such strategies, analysing

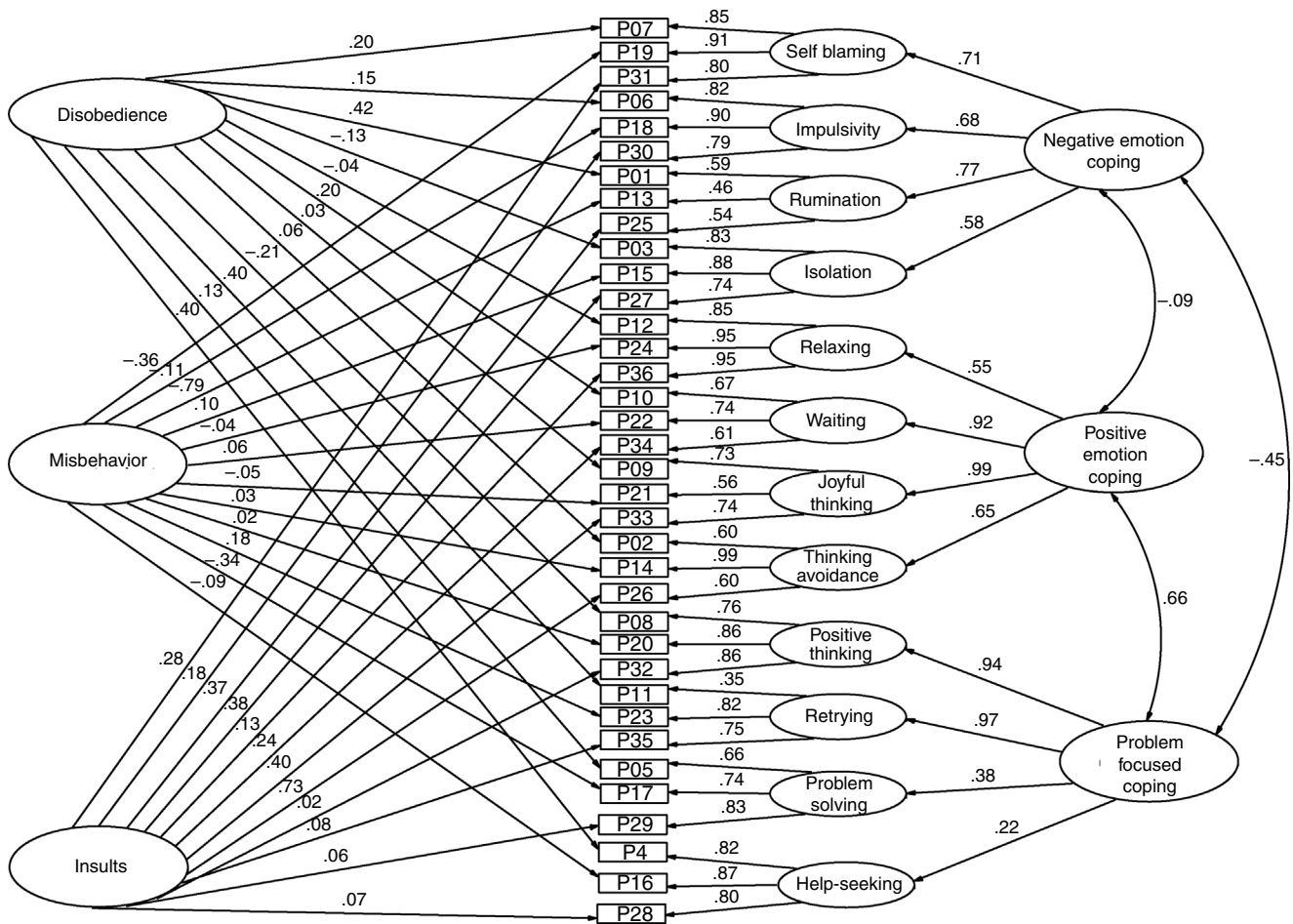


Figure 2. Standardized confirmatory solution corresponding to Model 2: Bi-factor.

Table 1
Goodness of fit indexes of confirmatory factor analyses of different models of CAF-PC

	χ^2	df	p	χ^2/df	TLI	CFI	RMSEA
AFC1	2300.44	581	<.001	3.95	.91	.92	.06
AFC2	2035.92	549	<.001	3.80	.92	.93	.06

Note: M1: Model 1: Basic model, M2: Model 2: Bifactor model.

its psychometric properties. In relation to these objectives, results have shown several facts.

First, the questionnaire has a well-defined factor structure and the reliability of its scales is adequate. It is a reliable and valid instrument for the assessment of coping with the behavior problems of children in the Spanish adult population.

Second, results corresponding to the analysis of Model 2 suggest the importance of taking into account the specific situations the parents have to cope with – the type of specific behavior problem presented by the children – in order to know the different coping strategies used by parents in relation to the behavior problems of their children. It is true that the fit of the two models is similar, but it is logical that the adjustment of the second is not greater because not in all situations people differ in the sensitivity with which they activate the different strategies. In some cases, the situation has no weight, whereas in others it does, as can be seen if the λ values corresponding to the relationship between situations and items are examined. The adjustment would have been greater if, in the cases in which such values are not significant, the arrows that relate situation and item had been eliminated. If they have not been eliminated, it has been precisely to show that the weight of the

Table 2
Coping scales and styles: Descriptive statistics, reliability (α de Cronbach), composed reliability and mean variance extracted

Scales	M	SD	Range	α	CR ¹	MVE
<i>Negative emotion-focused coping</i>	34.47	8.03	45	.84		
Self-blame	9.04	3.26	12	.86	.93	.81
Impulsiveness	9.17	2.86	12	.84	.87	.70
Rumination	10.50	2.33	12	.48	.53	.28
Isolation	5.76	2.60	12	.81	.85	.66
<i>Positive emotion-focused coping</i>	33.86	8.72	48	.85		
Relaxation	8.71	3.56	12	.91	.94	.83
Wait	8.74	2.75	12	.67	.72	.44
Joyful thinking	8.78	2.60	12	.64	.74	.49
Avoid thinking	7.64	2.56	12	.69	.73	.48
<i>Problem-focused coping</i>	43.51	6.59	40	.76		
Positive thinking	10.81	2.67	12	.82	.86	.68
Retry	11.48	2.26	12	.61	.69	.45
Solve problems	11.62	2.27	12	.73	.78	.55
Ask for help	9.61	3.12	12	.83	.86	.68
<i>Brief Resilience Scale</i>	18.11	4.93	24	.81	.95	.91

situations in the activation of the different strategies is not always the same.

Third, the results have shown that knowing a person's coping mode can help to explain to some degree their resilience, as the correlation and regression analyses have shown. Specifically, the *problem-focused coping* style relates positively in a significant way to resilience, as expected (Alonso-Tapia et al., 2016; López-Valle et al., 2017; Villasana et al., 2016), though only in

Table 3
Correlations between different coping styles and resilience

	Positive emotion-focused coping	Problem-focused coping	Resilience
Negative emotion-focused coping	-.029	-.217**	-.436**
Positive emotion-focused coping		.492**	.211**
Problem-focused coping			.207**

** $p < .01$, * $p < .05$.

Table 4
Regression analyses. Criterion: Resilience. Predictors: coping strategies

	R	R ²	Non-standardized coefficients		Standardized coefficients
			B	S.E.	β
Brief Resilience Scale	.48	.23			
Constant			22.80	1.55	
Negative emotion-focused coping			-.26	.02	-.43***
Positive emotion-focused coping			.10	.02	.19***
Problem-focused coping			.02	.03	.02

Note: S.E.: standard error.

*** $p < .001$.

the correlation analysis. The *positive emotion-focused coping style* relates to resilience in the same way both, in the correlation and in the regression analyses, also as expected according to previous studies (López-Valle et al., 2017). Finally, the style of coping focused on the negative regulation of emotions relates in a negative and significant way in both analyses, also in line with previous studies (Alonso-Tapia et al., 2016; López-Valle et al., 2017). These results provide evidence of the criterion validity of the CAF-PC questionnaire.

Fourth, though our results cannot be interpreted in terms of causality, they are compatible with the idea that coping through positive emotion self-regulation, as well as coping focused on the problem, can have a favorable effect on the resilience, as well as, in the reduction of such problems and in the emotional well-being of the families. However, it is also important to note that, in the case of behavior problems, emotion-focused coping through strategies that normally have negative effects can occur in parallel to the use of other forms of coping, especially the use of positive emotion self-regulation strategies. This must be taken into account for the design of future interventions. However, it remains to investigate why families use one type of strategies or another, as well as whether these strategies are related to the age of the children.

The results obtained have important theoretical implications. The effectiveness of different coping strategies for the management of stressful situations in general is known (Alonso-Tapia et al., 2016; Kato, 2015; Lazarus & Folkman, 1984; Villasana et al., 2016). However, there were no studies on the role of the different coping strategies and, in particular, of those involved in the positive self-regulation of emotions in front of behavior problems. Besides, there were no studies on the effect of the type of problem on the activation of one or other strategy. This activation may depend on the different association generated between the presence of the problem and the use of the particular strategy. There are problems that do not activate the use of a strategy to a different degree, that

is, the weight of the problem in the activation of the strategy is null and so, if activated, the use of the strategy depends on the person and not on the situation. However, there are situations that activate the use of a strategy in a different degree depending on the people, those situations – types of behavior problems – in which the weight λ was high and significant. The effect of the person-situation interaction has been observed not only in this case, but also in the context of other problems faced by adults (Alonso-Tapia et al., 2016) and adolescents (Villasana et al., 2016). Therefore, it seems necessary to continue deepening in the analysis of the effect of person-situation interaction in the use of different strategies in relation to other problems – for example, unemployment, economic problems, different health problems, etc.

The results of this study have also implications for evaluation and intervention. Regarding the implications for evaluation, the availability of instruments that allow us to know the perception that parents have about their ways of coping is positive because it provides information with diagnostic value, a fact that will help to guide future interventions based on their needs. As for the implications for intervention, given that families differ in their coping strategies for stress derived from behavioral problems, and given that this difference is partly due to the type of problem to cope with, to have precise information about the preferred modes of coping depending on the different situations makes it easier to decide how to act. In consequence, the fact of having a sufficiently reliable and valid questionnaire is an important contribution of this work.

The CAF-PC questionnaire allows, then, the accurate assessment of the different coping strategies used by parents in the specific situations defined by their children's behavior problems. This assessment informs about the degree to which the parents' coping imply the use of *positive emotion self-regulation* strategies and of *problem-focused coping* or, on the contrary, the use of *negative emotion self-regulation* ones, a degree that generates higher or lower levels of resilience.

This study has certain limitations that deserve attention. First, the decision of participating or not in the study may have biased the sample, so that only the most motivated parents took part in it. Thus, data may not be representative of the less motivated parents, who could have answered differently. A second limitation has to do with the small number of fathers with respect to mothers who completed the questionnaire. This fact may be due to mothers being the ones who spend more time with their children. Perhaps fathers and mothers could have responded differently, but this is something that could not be controlled. A third limitation has to do with the wide range of age of participants. Perhaps the age should be used as a moderator variable in the analyses. Future studies should take into account these limitations.

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at doi:10.1016/j.psicoe.2018.04.001.

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