

# CISS

*Coping Inventory for Stressful Situations*



*A scale for measuring multidimensional coping*

*48 items*

*Self-Report*

*Ages 13 and older*

*10 minutes administration time*

*B Level User Qualification*

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## Aim

Coping styles play an important role in physical and psychological well being. This role is especially evident when individuals are confronted with negative or stressful life events. The way people cope with illness is an important factor in their recovery and subsequent adjustment. The CISS represents a new direction in understanding the important interaction between stressful events and the ways in which we deal with them.

The CISS scales were derived from both theoretical and empirical bases, and have been used in a variety of research and applied settings. Because of the theoretical and empirical bases of the scales, there is a context for interpreting test results and relating scores on this measure to other health and personality variables. The multidimensional approach to the assessment of coping affords greater precision in predicting preferred coping styles, and contributes to understanding the differential relationships between coping styles and other personality variables.

The CISS is useful in assisting with assessment and placement decisions for psychiatric patients, medical patients, stress and wellness programs, inmates of correctional centers, and counseling situations.

The development of the CISS was undertaken for three reasons: 1) The relative lack of consensus among the numerous researchers in the coping area; 2) the psychometric weakness of many existing scales (e.g., relatively low reliabilities, unstable and unsubstantiated factor structure, and lack of empirical support); and 3) the need for a reliable and valid coping measure to test the interaction model of stress, anxiety, and coping (Endler, 1988, 1993, 1997).

## User Qualification

The CISS may be easily administered and scored by counselors, nurses, physicians, psychologists, social workers, and other trained professionals and paraprofessionals. A professional with advanced training in psychological assessment and related disciplines that adhere to relevant professional standards must assume responsibility for the use, interpretation and communication of results. B level qualifications require that, as a minimum, the user has completed courses in tests and measurement at a university or has received equivalent documented training.

## Norming

There are both adolescent and adult versions of the CISS. Both versions are appropriate for use with normal and clinical populations who have a reading level of grade eight or higher.

Sample	Males	Females	Total
Adults	249	288	537
Undergraduates	471	771	1242
Psychiatric Inpatients	164	138	302
Early Adolescents (13–15 years)	152	161	313
Late Adolescents (16–18 years)	270	234	504

Additional normative data were also collected on several populations: (1) male and female Mexican undergraduates from a private university in Mexico City completed the Spanish version of the CISS; (2) male applicants for a job in a tissue-paper plant completed the English version of the CISS; and (3) male inmates in a correctional institution completed the English version of the CISS.

## Instrument

Respondents are asked to rate each of the 48 items on a five-point Likert-type rating scale ranging from (1) "Not at all" to (5) "Very much." Respondents are asked to "indicate how much you engage in these types of activities when you encounter a difficult, stressful, or upsetting situation." The multidimensional approach to the assessment of coping with stressful situations provides great precision in predicting preferred coping strategies.

The following defines the three coping dimensions of the CISS.

**Task** Describes purposeful task-oriented efforts aimed at solving the problem, cognitively restructuring the problem, or attempts to alter the situation. The main emphasis is on the task or planning, and on attempts to solve the problem.

**Emotion** Describes emotional reactions that are self-oriented. The aim is to reduce stress (but this is not always successful). Reactions include emotional responses (e.g., blame myself for being too emotional, get angry, become tense), self-preoccupation, and fantasizing (daydreaming reactions). In some cases the reaction actually increases stress (e.g., become very upset, become very tense). The reaction is oriented towards the person.

**Avoidance** Describes activities and cognitive changes aimed at avoiding the stressful situation. This can occur via distracting oneself with other situations or tasks (task oriented) or via social diversion (person oriented) as a means of alleviating stress.

There are two subscales for the Avoidance-Oriented scale; Distraction, and Social Diversion

# Coping Inventory for Stressful Situations

## Format



The CISS is available in the MHS QuikScore™ form. This “paper-and-pencil” format is designed for easy recording, scoring, and profiling of responses. No scoring templates are necessary; the respondent’s answers automatically transfer through to the concealed scoring page. Separate forms are available for the adult and adolescent versions.

The CISS: Situation Specific Version (CISS:SSC) is a 21-item measure for adults. Instructions are modified such that responses are given with a particular designated stressful situation in mind. Norms are given for situations involving social evaluation, change in social situation, relationship or interpersonal conflict, and general stress.

For computer-based and web-enabled assessments, custom integration with your enterprise database, or site licensing arrangements, CISS is incorporated into the MHS Professional Tool Suite, sophisticated software technology featuring SmartLink™, a client management program. For details about the capabilities and configuration possibilities of the MHS Professional Tool Suite, please refer to the MHS Professional Tool Suite product brochure available from MHS.

## Translations



MHS has experience with developing accurate translations of assessments published by MHS as well as by other publishers, utilizing our worldwide network of over 400 qualified translators with backgrounds in psychology and medicine. Many of our products are available in a variety of languages. The CISS is available in English, French (Canadian), Spanish (U.S.), Dutch, Icelandic, and Polish. For more information or for availability in other languages, please contact the MHS Translations Department.

## Scientific Validation

The CISS was developed following rigorous test-development procedures. The manual’s coverage spans a presentation of the steps taken in the development of the CISS and a discussion of the concepts of stress, anxiety, and coping. A review of the most recent literature on coping and a brief examination of some methodological problems that characterize various existing measures of coping are included. The CISS Manual also offers a series of 10 case studies as concrete examples of the CISS’s applicability in clinical and research settings.

Detailed data are presented, including:

- Internal-consistency reliability, test-retest reliability, and item-remainder correlation.
- Factor analyses demonstrating the multidimensionality of the CISS; study samples included adults, undergraduates, psychiatric inpatients, and early and late adolescents
- The construct validity of the CISS scales. This is supported by more factor analytic work, and data demonstrating the relationship between the CISS and other measures. Construct validity data are presented for both the adult and adolescent versions.
- A chapter devoted to information about the situation-specific coping measure developed from the original CISS, the CISS:SSC. This chapter describes the theoretical rationale behind the CISS:SSC (dispositional vs. situational approaches to coping) and preliminary reliability and validity, as well as detailed instructions for using (administering, scoring, and profiling) the new instrument.

## Supportive Literature

To investigate the relationship between the CISS scales and depression, 705 undergraduates completed the CISS and the Beck Depression Inventory (BDI; Beck, 1978). The results of a number of studies suggest that depressives use more Emotion-Oriented coping behaviors than nondepressed individuals (Billings, Cronkite, & Moos, 1983; Billings & Moos, 1984; Endler & Parker, 1990b; Mitchell, Cronkite, & Moos, 1983). There is also empirical evidence for a negative relationship between depression and Task-Oriented coping behaviors (Mitchell & Hodson, 1983).

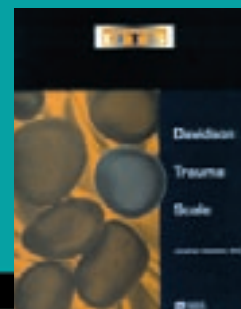
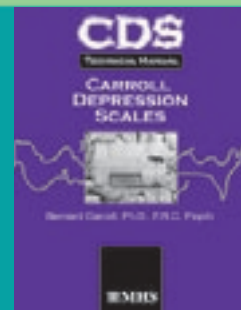
Summerfeldt and Endler (1998) examined the relationship between the Coping with Health Injuries and Problems (CHIP) scales and the CISS scales in a sample of 42 individuals (29 women and 13 men) seeking treatment at a pain clinic. The specialized treatment offered by the clinic was “nerve blocks,” a common treatment for chronic headache and neck pain. The results indicate these two instruments measure similar but distinct constructs.

Also in 1998, Endler, Speer, Johnson, and Flett base evidence for the validity of the CISS:SSC on that study evaluated the “goodness of fit” hypothesis (high-low control versus congruent coping) and predicted coping strategies for two of the CISS:SSC coping scales (Task and Emotion), based on situational control (both objective and perceived). The experiment assessed the relationship between control over a stressful situation and the resultant coping strategies in reacting to the stressful situation.

# Complements for the CISS



- BarOn Emotional Quotient–Inventory® (BarOn EQ-i®)
- Carroll Depression Scales–Revised (CDS–R)
- Children’s Depression Inventory (CDI)
- Computerized Lifestyle Assessment (CLA)
- Coping with Health Injuries and Problems (CHIP)
- Davidson Trauma Scale (DTS)
- Health Dynamics Inventory (HDI)
- HELP–Stress for Windows™
- Illness Effects Questionnaire–Multi-Perspective (IEQ–MP)
- Internalized Shame Scale (ISS)
- Multidimensional Anxiety Scale for Children (MASC)
- Quality of Life Questionnaire (QLQ)
- Rehabilitation Survey of Problems and Coping (R–SOPAC)
- Social Adjustment Scale–Self-Report (SAS–SR)
- Social Phobia Anxiety Inventory (SPAI)
- Social Phobia Anxiety Inventory for Children (SPAIC)



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