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Research Reports

Adaptation of Brief Resilient Coping Scale (BRCS) to Brazilian Portuguese

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Supplementary Materials: Code, Data, Materials [see Index of Supplementary Materials]

Abstract

This study aimed to adapt and validate the Brief Resilient Coping Scale (BRCS) for a sample of Brazilian adults. The adaptation process included translation and expert analysis using the three-stage Delphi technique. A total of 698 Brazilian adults, with a mean age of 48.4 years (*SD* = 15.3), of whom 79% were women, completed the BRCS. To examine construct validity, confirmatory factor analyses and correlation analyses with indicators of depression, anxiety, and stress were conducted. The one-dimensional theoretical model demonstrated good fit (CFI = .998, TLI = .994, RMSEA = .058 [.017, .107], SRMR = .023), albeit not perfect, χ^2 (2) = 7.177, p = .028. The factor loadings were all above .30, varying from .62 to .82. The correlations between BRCS and the DASS-8 subscales were significant with p < .001 and r = -.31 for the correlation with depression, -.28 for anxiety and -.26 for stress. In comparison to previous studies of validity evidence of BRCS, our results presented the best values indicating suitability for Brazilian context. For that, we consider the BRCS to be a valid and reliable instrument for assessing resilient coping in the Brazilian population.

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Keywords

resilient coping, psychometric scale, psychological assessment, psychometrics, confirmatory factor analysis, cross cultural test adaptation

The study of resilience has emerged as an effort to understand how children, adolescents, and adults can endure and overcome adversities, including violence, poverty, physical and mental illnesses, climate change, natural and technological disasters, war, and terrorism, among many other challenges (Masten & Garmezy, 1985; Rutter, 1985; Sinclair & Wallston, 2004; Werner & Smith, 1992). As a dynamic process, resilience represents the capacity to adapt positively to significant stressors or to recover from adverse situations (Pais Ribeiro & Morais, 2010). After decades of correlational research focused on identifying individual and environmental protective factors that promote resilient behavior, current studies have focused on understanding the process of resilient coping (Sampson et al., 2024) in response to large health events (Campbell et al., 2024; Murphy et al., 2021; Oakley et al., 2022).

In recent years, the measurement of coping strategies and resilience has attracted growing scholarly attention, reflecting an increasing recognition of their central role in psychological adaptation to adversity. However, significant challenges remain in understanding how these constructs are measured. Windle et al. (2011) highlight the lack of methodological consistency and psychometric robustness in early resilience scales. Likewise, Kato (2015) points out that widely used coping instruments, such as the COPE and the Ways of Coping Questionnaire, suffer from conceptual ambiguities and limited cross-cultural validity. Complementally, Blessin et al. (2022) demonstrate that resilience-focused interventions can be effective across diverse cultural settings, reinforcing the importance of culturally sensitive assessment tools. These critiques and developments have encouraged the creation and validation of more concise and theoretically coherent measures. The Brief Resilient Coping Scale (BRCS) stands out for integrating coping and resilience within a dynamic and contextually adaptable framework and for assessing adaptive responses to stress.

The construct of resilient coping builds on the understanding of resilience postulated by Polk (1997) who proposes four main classifications of the phenomenon: (a) Dispositional, referring to personal attributes that act as protective factors; (b) Relational, relating to skills that facilitate social support; (c) Philosophical, concerning personal beliefs that foster a sense of meaning and purpose; and (d) Situational, which allows resilience to emerge in specific situations or under stressors through the activation of cognitive skills, problem-solving abilities, and attributes that indicate a capacity for action, such as evaluating consequences, flexibility, perseverance, and resourcefulness (Sinclair & Wallston, 2004). While this framework delineates the internal foundations that enable individuals to respond adaptively to stressors, a comprehensive understanding of resilient

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coping also requires examining how these personal capacities are activated and shaped within dynamic environmental contexts.

The ecological-transactional model of resilience is rooted in Bronfenbrenner's (1981) ecological model, which involves understanding the individual as embedded within an ecology shaped by different levels that interact and directly influence human development. This ecological approach views the individual, family, and community spheres as core processes in resilient adaptation (Infante, 2005). In response to a specific triggering event, each person assesses the situation as either a threat or a challenge to their personal resources. This assessment prompts a self-regulatory process coordinating emotions, cognitions, behaviors, attention, and motivation to manage the stressor, a process known as coping (Lazarus & Folkman, 1984). The coping process can be adaptive or maladaptive, depending on the available personal and social resources (Motta et al., 2015; Ramos et al., 2015; Skinner & Zimmer-Gembeck, 2016; Skinner & Wellborn, 1994; Vasconcelos & Nascimento, 2016). Individuals who are more resilient – who adapt better to life's adversities (Newman, 2005) and employ resilient coping strategies, such as confronting rather than avoiding negative emotions (Pais Ribeiro & Morais, 2010) – tend to experience better mental health outcomes (Peláez-Fernández et al., 2021).

Resilient Coping Assessment

The Brief Resilient Coping Scale (BRCS) assesses the construct of resilient coping, grounded in the situational dimension of resilience. Resilient coping is described as the tendency to effectively use cognitive appraisal skills, adopting a flexible and committed approach to active problem-solving, even in the face of stressful circumstances (Sinclair & Wallston, 2004). Additionally, three capacities are essential for resilient coping: the ability to manage stress, the capacity for continuous personal growth, and the skill to enhance competencies throughout the coping process. Thus, resilient coping increases the likelihood of developing skills and internal resources that strengthen one's resilience in facing future challenges (Pais Ribeiro & Morais, 2010).

The BRCS has been adapted and validated across a wide variety of cultural contexts (see Table 1). These studies confirmed the unidimensional structure of the BRCS and presented marginal to adequate reliability measures, with Cronbach's Alpha ranging from $\alpha = .53$ (Pais Ribeiro & Morais, 2010) to $\alpha = .90$ (Gallardo-Peralta et al., 2020), and temporal stability measures between $r = .53$ (Petersen et al., 2024) and $r = .71$ (Kocalevent et al., 2017; Sinclair & Wallston, 2004). Furthermore, scalar measurement invariance of the BRCS has been demonstrated, supporting the comparability of latent mean scores across groups (Tomas et al., 2021).

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Table 1

Summary of Previous Studies on the Adaptation and Validation of the Brief Resilient Coping Scale (BRCS)

Study	Country	Sample	Average Age	Sex	Reliability	Validity Evidence
Sinclair and Wallston (2004)	United States	Group 1: 90 women with rheumatoid arthritis - participants in a cognitive-behavioral intervention program Group 2: 140 adults with rheumatoid arthritis - participants in a longitudinal adaptation study	Group 1: 46 years old Group 2: 57 years old	Group 1: 100% women Group 2: 73% women	Group 1: α = .64; *r* = .71 (5-6 weeks); *r* = .68 (post-3 months) Group 2: α = .68	Test content; Internal structure; Relations to other variables; Consequences of testing
Pais Ribeiro and Morais (2010)	Portugal	501 students	17 years old	53% women	α = .53	Test content; Internal structure; Response processes
Limonero et al. (2014)	Spain	362 university students	19 years old	79% women	α = .67; *CR* = .70; *r* = .69	Test content; Internal structure; Relations to other variables
Moret-Tatay et al. (2015)	Spain	991 retired spanish older adults	62 years old	24% women	α = .86	Test content; Internal structure; Relations to other variables
López-Pina et al. (2016)	Spain	232 patients with systemic lupus erythematosus	48 years old	88% women	α = .82	Internal structure; Relations to other variables; Response processes
Kocalevent et al. (2017)	Germany	2,508 adults	49 years old	53% women	α = .78	Internal structure; Relations to other variables

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Study	Country	Sample	Average Age	Sex	Reliability	Validity Evidence
Caycho-Rodríguez et al. (2018)	Peru	236 elderly people	72 years old	78% women	α = .87; ω = .87	Internal structure; Relations to other variables
Fung (2020)	China	511 university students	20 years old	85% women	α = .59	Test content; Internal structure; Relations to other variables
Gallardo-Peralta et al. (2020)	Chile	800 multiethnic older adults	72 years old	49% women	α = .83-.90; *PSI* = .79	Internal structure; Relations to other variables; Response processes
Mayordomo et al. (2020)	Spain	57 patients with stable severe mental disorder	46 years old	26% women	α = .69; *CR* = .64	Internal structure; Relations to other variables
Murphy, Lami and Moret-Tatay (2021)	Italy	Group 1: 105 migrant residents in Italy Group 2: 421 non-migrant residents in Italy	Group 1: 30 years old Group 2: 32 years old	Group 1: 70% women Group 2: 63% women	α = .69	Test content; Response processes; Internal structure; Relations to other variables
Tomas et al. (2021)	Spain and Peru	Group 1: 236 older adults from Peru Group 2: 133 older adults from Spain	Group 1: 72 years old Group 2: 71 years old	Group 1: 78% women Group 2: 69% women	Group 1: α = .87; ω = .87 Group 2: α = .83; ω = .82	Internal structure; Measurement invariance
Nochaiwong et al. (2022)	Thailand	4,004 adults	29 years old	65% women	α = .84; ω = .85; *ICC* = .91	Test content; Internal structure; Relations to other variables; Response processes
Trejos-Herrera et al. (2023)	Colombia	456 adults	46 years old	58% women	α = .75; ω = .77	Internal structure; Relations to other variables
Albougami (2024)	Saudi Arabia	216 nursing professionals	32 years old	47% women	α = .80	Internal structure; Relations to other variables

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Study	Country	Sample	Average Age	Sex	Reliability	Validity Evidence
Petersen et al. (2024)	Germany	6,009 adults	56 years old	51% women	α = .76–.78; ω = .79–.81; *r* = .53–.59	Internal structure; Relations to other variables
Sirkiä et al. (2024)	Finland	2,184 healthy young men at military call-up	18 years old	100% men	α = .79; ω = .79; *CR* = .80	Internal structure; Relations to other variables

Note. α = Cronbach's alpha; ω = McDonald's omega; *CR* = composite reliability; *ICC* = intraclass correlation coefficient; PSI = Person separation index; *r* = test–retest correlation. Validity evidence categories are based on the *Standards for Educational and Psychological Testing* (American Educational Research Association et al., 2014).

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The variations in the psychometric properties of the BRCS across different adaptations suggest the influence of contextual and cultural factors on its application. While some adaptations demonstrated high reliability, such as those conducted in Chile, Peru, and Thailand (Caycho-Rodríguez et al., 2018; Gallardo-Peralta et al., 2020; Nochaiwong et al., 2022), others revealed possible limitations that may impact result interpretation in specific contexts, particularly in Portugal and China (Fung, 2020; Pais Ribeiro & Morais, 2010). These differences highlight the need for caution when applying the BRCS in new cultural contexts and the importance of additional adaptations and validations to ensure the scale's suitability and accuracy across diverse settings.

Some of these studies investigated the relationship between resilient coping and constructs within its nomological network in order to establish convergent validity evidence based on external variables. Small magnitude positive correlations were observed between resilient coping and the following variables: acceptance (Sinclair & Wallston, 2004), perceived health (Sinclair & Wallston, 2004), self-efficacy (Fung, 2020; Sinclair & Wallston, 2004), perceived competence (Limonero et al., 2014; Murphy, Lami, & Moret-Tatay, 2021), optimism (Limonero et al., 2014; Moret-Tatay et al., 2015; Murphy, Lami, & Moret-Tatay, 2021), satisfaction with life (Caycho-Rodríguez et al., 2018; Fung, 2020; Limonero et al., 2014; Murphy, Lami, & Moret-Tatay, 2021), self-esteem (Fung, 2020), subjective well-being (Fung, 2020; Kocalevent et al., 2017), positive affect (Fung, 2020; Gallardo-Peralta et al., 2020), and problem-solving (Murphy, Lami, & Moret-Tatay, 2021). Positive correlations of moderate magnitude were also reported in some studies with variables such as positive affect (Limonero et al., 2014; Murphy, Lami, & Moret-Tatay, 2021; Sinclair & Wallston, 2004), optimism (Sinclair & Wallston, 2004), problem-solving (Sinclair & Wallston, 2004), and life satisfaction (Caycho-Rodríguez et al., 2018). Similar positive associations with adaptive psychological outcomes were also reported in other adaptations (López-Pina et al., 2016; Nochaiwong et al., 2022; Petersen et al., 2024; Sirkiä et al., 2024).

In addition, negative correlations of small magnitude were observed between resilient coping and variables theoretically associated with psychological distress, including impotence (Sinclair & Wallston, 2004), psychological vulnerability (Sinclair & Wallston, 2004), catastrophizing (Sinclair & Wallston, 2004), depression (Caycho-Rodríguez et al., 2018; López-Pina et al., 2016; Kocalevent et al., 2017; Murphy, Lami, & Moret-Tatay, 2021; Sinclair & Wallston, 2004), negative affect (Gallardo-Peralta et al., 2020; Limonero et al., 2014; Murphy, Lami, & Moret-Tatay, 2021; Sinclair & Wallston, 2004; Trejos-Herrera et al., 2023), anxiety (Limonero et al., 2014; Murphy, Lami, & Moret-Tatay, 2021; Petersen et al., 2024), and social inhibition (Trejos-Herrera et al., 2023). Research suggests that resilient individuals generally exhibit lower levels of depression and anxiety and report a higher overall quality of life (Connor & Davidson, 2003; Sinclair & Wallston, 2004).

A resilient coping measure in Brazil is necessary in the face of various sociocultural stressors and structural inequalities, including chronic violence, political instability,

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and the overload of the health system. Mapping resilient coping capacity will guide preventive, equitable, and context-sensitive policies and practices, including clinical interventions and public health strategies adapted to the national reality. Given the rise in adverse and potentially traumatic events in the national context, along with the strong correlation between resilient coping and health outcomes, the integration of this construct into both clinical and research settings is increasingly important. Considering that the BRCS is extensively used to measure resilient coping, it was selected for the present study, which aimed to adapt and validate the scale for Brazilian Portuguese by investigating its internal structure through factor analysis and reliability assessment, and by evaluating validity evidence based on external variables through correlations with measures of depression, anxiety, and stress.

Method

Sample

The sample consisted of 698 participants, which is considered adequate for the purposes of the present study according to multiple criteria (*e.g.* 1:20 item-to-participant ratio, absolute sample size higher than 500 and sample size above the median of studies with validation purposes) (White, 2022). The whole sample has a mean age of 48.4 years (*SD* = 15.3), ranging from 18 to 94 years. Related to gender, 79.0% (*n* = 666) identified as female, 19.3% (*n* = 163) as male, .6% (*n* = 5) as non-binary, .7% (*n* = 6) as other, and .4% (*n* = 3) preferred not to disclose. Regarding marital status, 34.9% (*n* = 293) were married, 27.8% (*n* = 233) were single, 16.3% (*n* = 137) were cohabiting or in a stable union, 14.9% (*n* = 125) were divorced or separated, 5.0% (*n* = 42) were widowed, and 1.1% (*n* = 9) indicated another status.

Most participants were from the states of Rio Grande do Sul (RS) 41.4% (*n* = 342), São Paulo (SP) 21.3% (*n* = 176), Rio de Janeiro (RJ) 7.7% (*n* = 64), Minas Gerais (MG) 5.4% (*n* = 45), and Paraná (PR) 5.3% (*n* = 44), with representation from at least one participant in 25 Brazilian federative units. The educational levels of the participants varied significantly, with an average of 10 years of schooling (*SD* = 2.8) and a range from 2 to 15 years of formal education. Family income also displayed considerable variation, with an average monthly income of R$ 20,177.41 (*SD* = R$ 16,510.66), ranging from R$ 0 to R$ 50,000.00. Approximately 54.4% (*n* = 456) of the participants reported women as heads of household.

Procedure

Data collection was conducted online using Qualtrics software from December 2022 to October 2023. Participants were recruited through advertisements on social media platforms, including Instagram, Facebook, and WhatsApp, as well as via community groups,

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using non-probabilistic and snowball sampling methods. Confidentiality and anonymity of participants were ensured in accordance with the National Health Council's guidelines 466/2012 and 510/2016.

Initially, a literature review was conducted to identify instruments that measure the construct of resilient coping. After selecting the appropriate instrument, permission was obtained for its translation and validation. Following international guidelines for instrument adaptation and validation (Boateng et al., 2018), a strategy was developed incorporating the Delphi technique—a systematic method for reaching expert consensus on a specific topic (Betancurth Loaiza et al., 2015). This expert panel consisted of three psychologists, two with PhDs and one with a master's degree, all experienced in instrument validation and adaptation. The procedure followed the three stages of the Delphi technique: the preliminary phase, exploratory phase, and final phase (Konow & Pérez, 1990). The adaptation process involved multiple rounds of analysis, ensuring participant anonymity and systematically evaluating the appropriateness of each item (Pegoraro et al., 2018).

The BRCS already had validated versions in English and European Portuguese, allowing the experts to suggest alternative terms or words that required clarification during the development of the Brazilian Portuguese version. In the final stage, the adapted instrument was prepared for administration to a sample of Brazilian adults, followed by statistical analyses to evaluate its factorial structure and other psychometric properties.

Instruments

A sociodemographic questionnaire prepared by the researchers was administered to collect information on age, gender, marital status, education, family income, and variables related to COVID-19. The questionnaire included questions assessing perceived changes in lifestyle and mental health since the onset of the pandemic in Brazil.

The Brief Resilient Coping Scale (BRCS) was developed by Sinclair and Wallston in 2004 in the United States to assess the capacity for resilient coping in stressful situations. Originally composed of nine items, the scale was reduced to four items grouped into a single dimension, encompassing optimism, perseverance, creativity, and positive growth in the face of adversity. The instrument is self-administered and uses a five-point Likert-type response scale, with endpoints indicating that 1 refers to 'almost never' and 5 to 'almost always.' The total score ranges from 4 to 20, with no items requiring reverse scoring. Sinclair and Wallston (2004) suggest that the BRCS total score allows individuals to be classified by resilient coping level, where scores below 13 suggest low resilient coping and scores above 17 indicate high resilient coping. The original version of the scale demonstrated borderline internal consistency ($\alpha = .68$), while the Portuguese adaptation showed lower internal consistency ($\alpha = .53$) (Pais Ribeiro & Morais, 2010). However, studies on the adaptation and validation of the BRCS for Brazilian Portuguese have not yet been conducted.

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The Depression, Anxiety, and Stress Scale (DASS-8) is a shortened version of the original 21-item scale. Participants indicate the degree of each symptom described on a four-point Likert-type response scale, with endpoints ranging from 0 ('does not apply to me') to 3 ('applies a lot to me, or most of the time') (Patias et al., 2016). The DASS-8 demonstrates reliability comparable to the longer versions, with Cronbach's alpha coefficients ranging from .80 to .94 (Ali et al., 2021).

Data Analysis

The analyses were conducted using JASP software Version 0.17.2.1 (JASP Team, 2023) and SPSS version 23. For descriptive analyses, the mean, standard deviation (*SD*), as well as absolute and relative frequencies were calculated for categorical variables. The factor structure of the BRCS was assessed through confirmatory factor analysis (*CFA*) using the Diagonally Weighted Least Squares estimation method, which is suitable for ordinal data. Model fit was evaluated using the Comparative Fit Index (*CFI*) and Tucker-Lewis Index (*TLI*), both ranging from 0 to 1, with values closer to 1 indicating a better model fit. Model residuals were estimated by the Root Mean Square Error of Approximation (*RMSEA*), with a 90% confidence interval and the Standardized Root Mean Square Residual (*SRMR*). *RMSEA* values of .06 and *SRMR* of .08 or below indicate a good fit (Irwing et al., 2018). The reliability of the scale was assessed using McDonald's Omega (ω; with 95% confidence interval) of the theoretical, one-factor fitted model, with an expected value of .7 or higher, suggesting that responses to the questionnaire are consistent and reliable (Irwing et al., 2018). The Average Variance Extracted (*AVE*) of the items was also estimated, indicating the extent to which item variance is explained by the latent factor, with desirable values ≥ 50%. Additionally, both parametric and non-parametric correlation analyses were performed (Pearson and Spearman) to examine the convergent validity of the BRCS with measures of depression, anxiety, and stress obtained using the DASS-8.

The data is freely available together with an analysis file, variable dictionary in Brazilian Portuguese and English, and the original and translated (Brazilian Portuguese) versions of the scale in the Open Science Framework repository (see Markus et al., 2026).

Results

During the content evaluation stage of the scale using the Delphi technique, the most substantial modification was suggested for Item 1. The reformulation of the item from “I seek creative ways to overcome difficult situations” to “I seek different ways to overcome difficult situations” was strategically implemented to align the wording with the behavioral and semantic properties of the resilient coping construct. While the term “creative” evokes positive connotations linked to originality, it could induce social desir-

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ability and limit the scope of the described behavior to innovative solutions, which is not essential to resilient coping, conceived as a construct centered on adaptive flexibility and the search for viable alternatives in the face of adversity, regardless of their novelty. In contrast, "different ways" offers greater lexical neutrality, linguistic accessibility, and semantic breadth, capturing a wider range of adaptive strategies (e.g. including reappraisal, goal adjustment, or seeking support) that characterize effective resilient responses. This change strengthens the content and face validity of the item, especially in heterogeneous samples in terms of educational level, without compromising fidelity to the theoretical core of the construct. The remaining items of the scale underwent only minor adjustments to ensure linguistic equivalence between European Portuguese and Brazilian Portuguese.

Confirmatory factor analysis (*CFA*) indicated that the chi-square test was significant, $\chi^2(2) = 7.177$, $p = .028$, suggesting that the model did not fit the data perfectly. However, the remaining fit indices indicated good model fit. The model's fit indices were strong, with values of *CFI* = .998 and *TLI* = .994, both exceeding the .9 threshold, which is considered indicative of a good fit. The *RMSEA* was .058 [.017; .107] and the *SRMR* was .023, falling within acceptable limits for a good fit (Irwing et al., 2018), suggesting an accurate modeling of relationships between variables with minimal estimation error. Although the chi-square test was significant (Babyak & Green, 2010), the remaining fit indices supported a good overall model fit. The factor loadings and thresholds for each item are presented in Table 2.

Table 2

Factor Loadings and Thresholds of BRCS Items

Item [summary content]	Factor loading	*T1*	*T2*	*T3*	*T4*
Procuro formas diferentes para superar. [Different ways to overcome.]	.62	-1.76	-.65	.18	.93
Posso controlar as minhas reações. [I believe I can control my reaction.]	.73	-1.68	-.68	.24	.90
Posso crescer positivamente. [I can grow in positive ways.]	.82	-1.66	-.71	.15	.88
Procuro formas de substituir as perdas. [Ways to replace the losses.]	.68	-1.35	-.48	.31	.96

Note. T-values represent the thresholds of the response categories for the items.

The reliability of the scale showed an Omega index (ω) of .78 (95% CI .74-.81), while Average Variance Extracted (*AVE*) was 52%, indicating robust reliability among the items in relation to the construct measured. Those reliability measures suggest that the items capture a substantial amount of variance explained by the resilient coping construct,

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thereby supporting the instrument's validity. All factor loadings exceeded .6, ranging from .62 to .82, statistically different from zero. The response thresholds for the scale items were statistically significant, demonstrating an increasing monotonic structure, with distances generally greater than .5 standardized units between categories. These thresholds are essential for understanding the points at which respondents transition between response categories, providing insight into the instrument's sensitivity in distinguishing varying levels of resilient coping. Furthermore, the consistently ascending thresholds confirm the adequacy of the scale's response structure, indicating that the scale effectively differentiates between different levels of resilient coping without threshold disorders that could compromise the interpretation of results.

Bivariate correlation analyses, conducted to investigate the convergent validity of the BRCS with measures of depression, anxiety, and stress (DASS-8), revealed small negative correlations across all evaluated dimensions. These findings suggest that higher levels of resilient coping are associated with lower symptoms of depression, anxiety, and stress. The correlations between the BRCS and DASS-8 are presented in Table 3.

Table 3

Correlations Between BRCS and DASS-8

		Pearson		Spearman	
Variable	***n***	***r***	***p***	***Rho***	***p***
BRCS-DASS Depression	698	-0.31	< .001	-0.32	< .001
BRCS-DASS Anxiety	700	-0.28	< .001	-0.27	< .001
BRCS-DASS Stress	705	-0.26	< .001	-0.27	< .001

Discussion

The objective of this study was to adapt and validate the Brief Resilient Coping Scale (BRCS) for use in the Brazilian context. Confirmatory factor analysis (*CFA*) of the Brazilian version of the BRCS indicated an excellent fit for the one-dimensional theoretical model. The factor loadings exceeded those observed in the original studies and prior adaptations, demonstrating the scale's suitability for the Brazilian context (Limonero et al., 2014; Pais Ribeiro & Morais, 2010; Sinclair & Wallston, 2004). The internal consistency of the BRCS, surpassing the threshold of 0.7, along with the fit indices from the confirmatory model (Irwing et al., 2018), reinforces its reliability and supports the adequacy of the scale's theoretical model for the Brazilian sample. This finding contrasts with some validation from other countries (Table 1) that demonstrated low reliability indices. Regardless, our results demonstrate the scale's suitability for the Brazilian context.

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Negative and small correlations were observed between the BRCS and the depression, anxiety, and stress dimensions of the DASS-8, suggesting that higher levels of resilient coping are associated with lower psychopathological symptoms. These findings are consistent with previous studies that highlight the potential of resilient coping to mitigate psychopathological outcomes in contexts of significant adversity (Galende, 2004; Luthar & Cicchetti, 2000; Waller, 2001). Despite resilience being conceived in some studies as either a predictor or outcome variable, a cross-sectional design does not allow for modeling causal effects beyond correlation. Although certain factors may facilitate resilient development, they do not establish a direct causal relationship nor guarantee a specific outcome.

This study has some relevant limitations. First, it employed non-probabilistic online recruitment (social media and snowball sampling), which may introduce selection bias. Second, the sample was predominantly female (≈ 79%) and high income (mean family income ≈ R$20,177), limiting generalizability to the broader Brazilian population. Third, the cross-sectional design precludes causal inferences regarding associations between resilient coping and mental health outcomes. Fourth, the psychometric evaluation conducted in this study was limited in scope, focusing primarily on content validity, internal structure (factorial validity and reliability), and convergent validity. Other important sources of validity evidence, such as test–retest reliability, measurement invariance across groups, criterion-related validity, and sensitivity to change, are yet to be examined. Considering this, the Brazilian version of the BRCS is not yet appropriate for individual-level decision-making and should currently be used for research and group-level purposes only. Future research should address these limitations by expanding the range of psychometric analyses, as outlined in scale development and validation frameworks (e.g., Boateng et al., 2018), and by examining the performance of the BRCS across diverse populations and longitudinal designs. At this stage, its use is more appropriate for research purposes and group-level analyses, until further studies establish broader validity evidence.

Conclusion

The findings of this study are particularly significant for the literature on resilient coping in Brazil, a country facing complex socioeconomic and political challenges that can impact the mental health of its population (Labrague, 2021). Resilience is a crucial theme for psychological interventions and public policies. The role of resilience as a buffer against chronic stress suggests that fostering the development of adaptive coping strategies should be a central objective in mental health programs (Barlach, 2005). The instrument is anticipated to be valuable for assessing resilience within the framework of adaptive coping strategies. Furthermore, the scale may support the evaluation of interventions aimed at promoting resilient coping by providing a standardized measure to assess changes in coping capacity before and after intervention implementation, par-

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ticularly at the group level. At the population level, its use may contribute to identifying groups with lower resilient coping capacity, thereby informing the design, targeting, and monitoring of mental health programs and policies. Once the BRCS's psychometric properties are well established, future studies could investigate the antecedents and outcomes of resilient coping in the Brazilian population, advancing theoretical understanding of the phenomenon within Brazilian culture.

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Competing Interests: The authors have declared that no competing interests exist.

Data Availability: For this article, the data is freely available (see Markus et al., 2026).

Supplementary Materials

The data is freely available together with an analysis file, variable dictionary in Brazilian Portuguese and English, and the original and translated (Brazilian Portuguese) versions of the scale in the Open Science Framework repository (see Markus et al., 2026).

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Appendices

Appendix A

Comparison of BRCS in English, Portuguese and Brazilian Portuguese Versions

Original English version (Sinclair & Wallston, 2004)	Portuguese version from Portugal (Pais Ribeiro & Morais, 2010)	Brazilian Portuguese version
I look for creative ways to alter difficult situations.	Procuro formas criativas de superar situações difíceis.	Procuro formas diferentes para superar situações difíceis.
Regardless of what happens to me, I believe I can control my reaction to it.	Independentemente do que me possa acontecer, acredito que posso controlar as minhas reacções.	Independentemente do que aconteça comigo, acredito que posso controlar as minhas reações.
I believe I can grow in positive ways by dealing with difficult situations.	Acredito que posso crescer positivamente lidando com situações difíceis.	Posso crescer positivamente lidando com situações difíceis.
I actively look for ways to replace the losses I encounter in life.	Procuro activamente formas de substituir as perdas que encontro na vida.	Procuro ativamente formas de substituir as perdas que tive em minha vida.

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Appendix B

Escala Breve de Coping Resiliente [Brief Resilient Coping Scale]
As questões abaixo se referem à maneira como você lida com o estresse. Lembre-se, não há respostas certas ou erradas, apenas marque a alternativa que melhor descreve como você se sente, no momento, em relação a cada frase.

1 Quase Nunca	2 Ocasionalmente	3 Muitas Vezes	4 Com Muita Frequência	5 Quase Sempre

	1	2	3	4	5
1. Procuro formas diferentes para superar situações difíceis.					
2. Independentemente do que aconteça comigo, acredito que posso controlar as minhas reações.					
3. Posso crescer positivamente lidando com situações difíceis.					
4. Procuro ativamente formas de substituir as perdas que tive em minha vida.					

Instruções
A resposta aos itens é dada numa escala em formato Likert, de cinco posições: 1-Quase nunca, 2-Ocasionalmente, 3-Muitas vezes, 4-Com muita frequência e 5-Quase sempre. A nota de capacidade para lidar com o estresse de uma forma adaptativa varia entre 4 e 20. Consideram-se com baixa resiliência os sujeitos com uma pontuação inferior a 13 e os com resiliência forte, cuja pontuação seria superior a 17.
Permissão para o uso do instrumento
Não há necessidade de solicitar permissão para o uso do presente instrumento. É exigido, contudo, que o devido crédito seja concedido aos seus autores. O presente artigo deve ser utilizado para a citação do instrumento, e esta nota assegura a permissão para sua utilização.

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