

Review

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[Maria Theodoratou](#) *

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Review

Coping Strategies in Clinical Psychology and Neuropsychology

Maria Theodoratou ^{1,2}

¹ School of Health Sciences, Neapolis University Pafos, Cyprus; mttheoria3@gmail.com

² School of Social Sciences, Hellenic Open University, Greece

Abstract: The primary focus of this review is to rigorously explore the application and significance of coping strategies within the domains of clinical psychology and neuropsychology. They consist of a variety of techniques, behaviors, and cognitive interventions, and their critical role in reinforcing resilience and facilitating adaptive responses to stressors has been highlighted. At the core of this exploration, the intricate neuropsychological relationship between brain stress pathways and the application of coping mechanisms has been analyzed. The neural aspects of stress, and how they can be influenced by adaptive strategies, are detailed, illustrating the profound impact these coping mechanisms have at a neurobiological level. Delving into the neuropsychological underpinnings, this review will shed light on how stress response pathways in the brain interact with, and can be modulated by, various coping strategies. These mechanisms are particularly salient when addressing the multifaceted challenges faced by individuals with neuropsychological or mental health issues. While these strategies span a broad spectrum, from introspection and cognitive reframing to behavioral activation and social support seeking, their integration and application remain diverse within clinical contexts. This review endeavors to elucidate the theoretical underpinnings of these strategies, their empirical support, and their practical implications within therapeutic interventions. Furthermore, the intricate interplay between individualized coping techniques and structured therapeutic methodologies will be examined, emphasizing the potential for a holistic treatment paradigm, thereby enhancing therapeutic outcomes and fostering individual resilience.

Keywords: coping strategies; neuropsychology; interventions; stress pathways; clinical settings

1. Introduction

Coping strategies, as conceptualized by pioneers Lazarus & Folkman [1] are fundamental frameworks that deeply influence the psychological and cognitive well-being of individuals. The relevance of these strategies becomes even more pronounced within the intricate domains of mental health disorders, communication challenges, and clinical contexts. Acting as a bridge between theoretical research and real-world application, their exploration has transformed into a cross-disciplinary pursuit.

This has significantly enriched the domains of clinical psychology and neuropsychology, fostering cognitive flexibility, enhancing emotional resilience, and providing alternative approaches to life's challenges [2–5]. Moreover, they act as powerful tools for enhancing medical outcomes and boosting professional well-being across various occupations [6–9]. Especially beneficial for vulnerable populations [10], who frequently encounter distinct challenges, these methods encompass individual, interpersonal, and institutional dimensions, all crucial for resilience and stress management.

The foundational work of Lazarus and Folkman in the Transactional Model of Stress and Coping identified two primary coping types: problem-focused and emotion-focused coping [11]. Problem-focused coping aims directly at the root cause of the stress, using proactive means like information seeking or plan formulation. Emotion-focused coping, meanwhile, addresses the emotional reactions elicited by stressors, using techniques ranging from seeking social support to employing humor.

Nevertheless, it's essential to note that while many strategies can be beneficial, others like substance use or denial might provide only temporary relief and could exacerbate problems over time. The effectiveness of specific coping methods often varies based on individual preferences, the stressor's nature, and the contextual environment [12].

The multifaceted nature of coping mechanisms calls for a nuanced understanding, especially when differentiating between coping mechanisms and defense mechanisms, both of which serve as tools for individuals navigating stress and adversity, but in markedly different ways[13].

Coping strategies refer to the conscious, intentional actions or behaviors individuals adopt in the face of adversities[14] However, the broad categorization of "coping" includes a wide array of behaviors, occasionally resulting in ambiguities in its exact definition and practical use.

Contrastingly, defense mechanisms are subconscious processes that individuals deploy to protect themselves from intense anxiety or emotional distress [15]. Rooted in psychoanalytic theories, they alter one's perception of reality. For instance, denial could lead to overlooking a potential threat, and projection might involve misplacing personal feelings onto others. While coping strategies actively address challenges, defense mechanisms manage internal psychological states, sometimes offering a skewed perception of reality [16]. The primary distinction lies in consciousness and intent: coping is about active confrontation, whereas defense mechanisms operate more subtly. Both play critical roles, guiding our responses to stressors throughout different life stages [18].

Coping strategies, integral to therapeutic interventions for mental health disorders, have been thoroughly analyzed from both dispositional and contextual perspectives. Compas et al. (2001) delved into the inherent and situational factors that influence these strategies, highlighting their significance especially during childhood and adolescence [19]. Their role extends into adulthood as well: there's compelling evidence illustrating the effectiveness of coping strategies in alleviating chronic pain, and other studies illuminate the profound impact of specific coping styles on the mental well-being of professionals, such as nurses [20].

Their role in the management of long-term chronic conditions, such as diabetes and cardiovascular diseases [21,22], is particularly noteworthy. Given this expansive influence, it becomes essential to delve into the diverse coping preferences and behaviors seen across various healthcare settings.

For instance, healthcare professionals often lean towards problem-focused coping. This inclination not only supports their personal well-being but has wider implications, potentially influencing rates of occupational burnout [23–25]. On the other hand, the way patients navigate their medical challenges can shape the dynamics of their interactions with doctors and significantly influence the management trajectory of persistent ailments like heart disease.

Recognizing these nuanced dynamics, there's a discernible shift towards interdisciplinary interventions in healthcare. When professionals, ranging from psychiatrists to physical therapists, collaborate, the result can be robust coping skills training programs [26,27]. These initiatives don't merely target emotional resilience; they aim for improved overall health outcomes. The continuous efficacy assessment of these interventions, potentially benefiting from technological advancements, becomes imperative.

In an ever-evolving society, the fields of clinical psychology and neuropsychology are emerging as the leading fields, highlighting the urgent need for challenging coping strategies tailored to diverse and vulnerable populations. Rather than being reactive, these disciplines are proactive in their quest to cultivate an inclusive environment where each individual, despite their unique hurdles, can truly thrive.

This review seeks to shed light on the profound importance of coping methods. Integrating empirical evidence, theoretical underpinnings, and practical clinical experiences, this exhaustive review seeks to unravel the intricate layers of coping mechanisms. Our goal is to provide mental health professionals, researchers, and clinicians with valuable insights, paving the way for nuanced and impactful interventions.

2. Methods

For this narrative review, an inclusive approach was adopted to explore principal electronic databases including PubMed, Scopus, PsycINFO, and Google Scholar searching for a set of keywords, namely "coping strategies," "neuropsychology," and "clinical psychology." This search facilitated the inclusion of peer-reviewed articles, influential books, and pertinent research studies, all published between the years 1980 and 2023. To ensure a comprehensive approach of the topic, our inclusion criteria spanned a wide range, seeking out publications that delved into coping strategies in clinical psychology and neuropsychology approaches and interventions.

Following the data accumulation phase, we engaged in an interpretative synthesis of our findings, segmenting the wealth of information into meaningful thematic narratives. These narratives were sculpted to shed light on the multifaceted roles of coping strategies within clinical psychology and neuropsychology. Herein, each narrative not only encapsulated pivotal discoveries but also wove in relevant theoretical underpinnings and extrapolated on their real-world implications.

3. Results:

3.1. Tools for Systematic Understanding and Assessment

To confront the multi-dimensionality of coping strategies several psychological scales have been devised [28]. They elucidate a spectrum of coping responses ranging from accepting the reality of a situation and one's role within it, to active confrontation aimed at stressor elimination. These responses also include anticipatory coping, avoidance or escape, denial, disengagement, reinterpretation of stressors in a positive or growth-oriented light, emotion control, substance use for emotional dulling, suppression of competing activities, turning to religion, humor utilization, and emotional venting [29,30].

The COPE inventory, for instance, probes into coping styles, categorizing them as problem-focused (e.g., proactive problem-solving) and emotion-focused (e.g., seeking emotional comfort) [31]. On the other hand, the Ways of Coping Questionnaire delves into strategies like confrontive coping (actively addressing a problem) and distancing (emotionally disconnecting from the stressor.) [32,33]. Adding to this body of knowledge many theories Tap, Sordes, Esparbes et al. contributed with the "Échelle Toulousaine de Coping," offering further insights into individual coping mechanisms [34].

The complexity of coping strategies highlights the multifaceted nature of human responses to stressful situations. Through the use of diagnostic instruments, a spectrum from adaptive to maladaptive coping mechanisms is discerned, each with distinct implications for stress management and resilience [35]. While proactive coping is often praised for its anticipatory approach, its efficacy can differ based on individual and contextual factors [36]. In contrast, avoidant coping is a strategy where individuals sidestep confronting stressors, opting instead for emotional venting, behavioral disengagement, or mental distraction. While it may offer temporary relief, it doesn't address the root causes of stress. Over time, this approach can exacerbate issues, preventing effective resolution and potentially leading to increased distress. [37]. This variability in effectiveness underscores the importance of a nuanced approach and the application of precise tools to ensure accurate and tailored interventions.

3.2. Coping Strategies in Neuropsychology: A Multifaceted Exploration

Neuropsychology investigates the relationships between the brain and behavior, highlighting the significance of coping strategies mediating mental well-being [38]. Such techniques go beyond abstract concepts, deeply entwined in multifaceted neurobiological processes [39]. Beyond well-known neurotransmitters like serotonin and dopamine, neuropeptides such as vasopressin and oxytocin enrich the understanding [40]. Understanding this neurobiological foundation is pivotal as it directs the development of individualised, evidence-based approaches within healthcare settings.

Stress, a ubiquitous component of human life, prompts a variety of biological responses tailored for both immediate and enduring challenges. These responses, which dictate how adversity is

navigated and coped with, have evolutionary roots that are deeply entrenched in human biology. The swift release of catecholamines, such as adrenaline, is recognized as an immediate biological reaction to stressors [41]. Through this mechanism, immediate threats or challenges are rapidly addressed. In contrast, the pituitary-adrenal system regulates stress over extended periods. Central to this sustained response is cortisol, a hormone that not only initiates the stress reaction but also modulates it, ensuring bodies return to equilibrium and aren't perpetually on edge. The harmony between coping and overall well-being is largely determined by how these systems are balanced and managed. Thus, understanding the situations in which the stress response might linger, and recognizing the health implications of prolonged stress, is deemed essential.

Exposure to stress activates intricate biological processes essential for adaptation, survival, and tackling challenges. At the forefront of mammalian neuroendocrine stress responses are two primary systems: the sympathetic-adrenal-medullary (SAM) axis and the hypothalamic-pituitary-adrenal (HPA) axis [40]. Notably, both these systems receive signals from the amygdala and the hippocampus and undergo modulation through activities in specific regions of the prefrontal cortex (PFC). Therefore, the immediate reactions driven by the amygdala, as well as the more deliberative appraisal processes occurring in the PFC, can influence and adjust the SAM and HPA axes' activities.

When exposed to stress, the SAM axis springs into action quickly, priming the body for a swift physical reaction—either confronting the stress (fight) or avoiding it (flight)[42]. This activation results in the adrenal gland's medulla releasing epinephrine and norepinephrine (catecholamines), which spur changes like increased heart rate, blood flow, respiration, and blood pressure, while reducing digestive system activity.

On the other hand, the HPA axis responds at a slightly slower pace [43]. Its activation sets off a chain of hormonal events: the hypothalamus's paraventricular nucleus (PVN) secretes corticotrophin-releasing hormone (CRH), prompting the anterior pituitary to release adrenocorticotrophic hormone (ACTH). ACTH in the bloodstream then instigates the adrenal cortex's release of glucocorticoids, such as cortisol in humans. These glucocorticoids also regulate their own release through a feedback loop, inhibiting further production of ACTH and CRH.

While early interpretations of mammalian stress responses portrayed them as generalized reactions, it's now evident that systems like the HPA and SAM exhibit specificity in how they react and recover from stress [44]. Hence, understanding stress biology's role in resilience and susceptibility requires meticulous consideration of the stressor's nature and duration.

2.3. Coping mechanisms via neuropsychological approach

The following coping mechanisms have gained particular prominence within neuropsychological research and practice:

2.3.1. Cognitive Coping Strategies

1. **Reappraisal:** This involves re-evaluating and reframing a situation to alter its emotional significance. From a neuropsychological perspective, the mechanism behind reappraisal is closely linked to regions such as the prefrontal cortex, known for its role in emotion-regulation [45]
2. **Problem-Solving:** This approach employs cognitive techniques to pinpoint and address specific challenges. In neuropsychological terms, it's closely associated with executive functions, which encompass vital cognitive processes like working memory, cognitive adaptability, and inhibitory restraint [46].
3. **Distraction:** This strategy shifts focus away from a stressor. From a neuropsychological viewpoint, distraction is frequently examined in relation to its impact on working memory and the brain's attentional systems. The ability to successfully employ distraction can often be a testament to the brain's adaptability and resilience in challenging situations. Distraction techniques for anxiety encompass a spectrum of sensory, mental, and physical methods, offering versatile tools for individuals seeking relief [47]. Their beauty lies in their simplicity and accessibility, allowing individuals to find solace without the need for complex interventions.

Sensory Distractions: Delving into sensory experiences provides a profound refuge from overwhelming moments of anxiety and pain sensations [48]. By simply observing the serenity of nature, immersing oneself in a captivating movie, or absorbing the auditory nuances of a favorite song or informative podcast, the mind can be transported to a calmer state. Additionally, the physical sensation of kneading clay or the comforting embrace of a loved one can act as powerful anchors, grounding one's attention in the present. Similarly, the rejuvenating aromas of candles, essential oils, or even the natural world can offer momentary mental respite. Even the act of savoring a delicacy or a refreshing drink can serve as an effective distraction, grounding the individual in the immediate sensory experience.

Mental and Physical Distractions: The mind, when engaged in constructive tasks, can skillfully divert from pathways of anxiety. Techniques such as counting backwards, visualizing peaceful scenarios, indulging in playful word games, or immersing oneself in cherished memories, can all offer a comforting escape from distressing thoughts [49]. On the physical front, simple activities, be it an energizing dance, a peaceful walk, or engaging in daily chores, can offer a dual benefit. Not only do they serve as distractions, but they also contribute positively to our environment, whether it's through the art we create the space we tidy, or the meal we cook. Engaging in these activities is both therapeutic and fulfilling, and over time, they can evolve into habits that act as a defense against anxiety.

4. **Physical Exercise:** Beyond its well-known behavioral advantages and mental health benefits [50,51], exercise serves as a powerful neuropsychological tool [52]. Engaging in physical activity can lead to, a critical region for memory and learning [53,54]. Additionally, the surge of endorphins post-exercise contributes to mood elevation, emphasizing the intertwined relationship between physical well-being and cognitive health [55].
5. **Mindfulness:** The practice of mindfulness, encompassing attention-focused strategies, is gaining recognition within the realm of neuropsychology [56]. Researchers are keenly investigating its influence on specific brain regions, notably those tied to attention and conscious awareness. By grounding individuals in the present moment, mindfulness offers a respite from ruminative thoughts and allows for enhanced cognitive processing, potentially aiding in the better management of mental health challenges.
6. **Biofeedback, Deep Breathing and Relaxation Techniques:** Biofeedback provides a unique window into the body's physiological processes, like heart rate, enabling individuals to acquire voluntary control over them with the aid of specialized devices [57]. This approach not only underscores the brain's crucial role in autonomic regulation but also ties seamlessly into deep breathing and relaxation methods. These techniques, known to modulate the autonomic nervous system, are especially valuable for addressing conditions such as anxiety and panic disorders [58]. Their application offers a blend of behavioral interventions with insights into their neuropsychological underpinnings.

2.3.2. Emotional Coping Strategies

- **Expressive Writing:** Delving into one's thoughts and emotions through the written word offers a therapeutic avenue, particularly when grappling with traumatic experiences. By articulating and confronting these feelings on paper, individuals can alter their emotional reactions to distressing events [59]. Moreover, research suggests that expressive writing might influence how memories associated with these events are stored and retrieved, highlighting its potential for both emotional healing and cognitive processing.
- **Social Support:** Turning to friends and family during challenging times isn't just a matter of emotional comfort; it also has tangible physiological benefits [60]. When individuals lean on their social networks, it can temper the body's stress responses, creating a buffer against adverse reactions. Furthermore, research indicates that such social interactions and the emotional support derived from them can influence brain regions tasked with emotional regulation, underscoring the profound interconnectedness of social bonds and brain function [61].

Coping mechanisms vary from adaptive to maladaptive techniques, each influencing psychological health and neural function distinctly. Resilience epitomizes adaptive coping, signifying

not merely resistance to adversity but also the capacity to adapt and thrive. This resilience is linked to beneficial neural patterns promoting adaptability. In contrast, tactics like avoidance and denial can offer temporary solace but might exacerbate distress over time [62]. Neuropsychologically, these maladaptive methods might correlate with heightened activation of the brain's "fight or flight" pathways, affecting long-term mental health [63].

2.4. Coping in Clinical Conditions

2.4.1. Coping with Chronic Pain

Neuropsychology provides a unique perspective on the interplay between brain and behavior, especially in the context of pain perception and management. Specific brain regions, such as the anterior cingulate cortex, insula, and prefrontal cortex, are intricately involved in pain processing and modulation [64]. Chronic pain isn't just a physical sensation; it's deeply connected to cognitive and emotional states, which are influenced by these regions [65]. Understanding the role of these areas can offer insights into how interventions might impact pain perception[66]. For instance, the prefrontal cortex, involved in decision-making and emotional regulation, might be a target for strategies aiming to reshape one's relationship with pain. By tapping into the neural substrates of pain, neuropsychological research paves the way for more effective, brain-based interventions that not only manage but also enhance the lives of those living with chronic pain [67].

Coping with pain clinical psychological interventions primarily focus on cognitive, behavioral, and mindfulness strategies to improve the understanding of pain, reduce its psychological impact, and increase functional capacity despite its presence[68]. A crucial component of these strategies is psychoeducation, which empowers patients by providing knowledge about the nature and mechanisms of chronic pain, fostering better self-management [69,70]. Cognitive Behavioral Therapy (CBT)[71] and Acceptance and Commitment Therapy (ACT) [72] are central to this approach, guiding patients to challenge negative thought patterns and behaviors and accept the presence of pain while aligning actions with personal values. Techniques like relaxation training and biofeedback further assist in physiological regulation, helping patients control muscle tension and other bodily reactions to stress or pain [73,74] .

Additionally, addressing pain catastrophizing can prevent individuals from amplifying the threat of pain [75,76] , while group therapy offers a supportive community to share experiences and coping techniques[77] . For those fearful of movement due to pain, graded exposure gradually reintroduces activity, ensuring that patients remain active and engaged in their daily lives[78] .

2.4.2. Coping in Neurodegenerative Diseases

Neurodegenerative diseases, such as Alzheimer's Disease, present a multitude of challenges for patients, including cognitive decline, emotional disturbances, and disruptions in daily life. One of the primary ways patients navigate these challenges is through coping strategies. Originating from the theory of coping, rooted in the study of stress, it's understood that individuals employ various mechanisms to manage and adapt to challenging situations [79].

The intricate interplay between stress and neuropsychological mechanisms, especially in the context of neurodegenerative diseases, has been a topic of extensive study. The hypothalamic-pituitary-adrenal (HPA) axis plays a central role in this. When activated by stress, the HPA axis releases glucocorticoids, chiefly cortisol[80] . While these hormones help the body address immediate challenges, their chronic presence can be detrimental. Long-term exposure to elevated cortisol levels is known to harm neurons, especially in the hippocampus, a region crucial for memory [78]. Such neuronal damage predisposes the brain to conditions like Alzheimer's disease. Furthermore, continuous stress can alter both the expression and sensitivity of glucocorticoid and mineralocorticoid receptors in the brain. These receptors modulate our cortisol responses. When they malfunction, the repercussions can be seen in cognitive and mood disturbances. On top of this, persistent stress undermines neuroplasticity, limiting the brain's capacity to adapt and grow, impairing learning and memory functions [79] .

Amidst the challenges posed by stress, coping strategies emerge as the brain's line of defense. Effective coping can regulate the HPA axis, ensuring a balanced cortisol release and thereby safeguarding regions like the hippocampus from potential harm [80]. Certain coping techniques, encompassing mindfulness, meditation, and cognitive-behavioral approaches, fortify neuroplasticity, enabling the brain to counteract the effects of stress [81]. Additionally, activities like physical exercise stimulate the production of brain-derived neurotrophic factor (BDNF), a protein that nurtures neurons and encourages the development of new ones, bolstering cognitive functions [82]. Beyond this, adaptive coping reduces oxidative stress, a known contributor to neuronal damage [83]. Coping also strengthens the prefrontal cortex (PFC), empowering it to modulate the emotional responses triggered by the amygdala [84]. Techniques that emphasize cognitive control, such as reframing thoughts or practicing mindfulness, amplify the PFC's balancing influence.

On a holistic level, coping mechanisms, when applied effectively, engage multiple neurological pathways to counter the detrimental impacts of chronic stress. By fostering resilience and maintaining neurochemical equilibrium, they provide a shield against potential brain damage, underscoring the value of mental and emotional self-care in neuroprotection [84,85]. In the context of neurodegenerative diseases, these coping mechanisms extend to the use of methods, such as memory aids and environmental modifications. In rehabilitation, particularly following neurological or mental health setbacks, coping strategies play a pivotal role. Beyond the primary goal of regaining lost functions after a brain injury, individuals face the profound challenge of reestablishing their identity. Here, strategies such as mindfulness and cognitive restructuring become indispensable tools for adjustment. Similarly, in mental health rehabilitation, the objective isn't merely symptom management but also rebuilding an individual's rapport with themselves and their environment. Therapies like Cognitive Behavioral Therapy (CBT) help rectify maladaptive cognitive patterns [86], while Mindfulness-Based Stress Reduction (MBSR) fosters present-focused awareness [87]. Employing these strategies not only simplifies the recovery journey but also instills a sense of agency, guiding individuals towards psychological balance.

By studying these coping mechanisms through the lens of neuropsychology, researchers can understand not just the behaviors themselves but the underlying neural mechanisms that make them effective or ineffective. This understanding can then be applied in clinical settings to improve mental health treatment and outcomes.

4. Discussion

The intricate nature of coping strategies, rooted in the foundational work of Lazarus & Folkman [1], offers a comprehensive lens through which the interplay between neuropsychological processes and clinical applications can be understood. The seamless convergence of these domains, while steeped in rich theoretical frameworks, translates into actionable implications for those grappling with various life adversities.

At the helm of neuropsychology lies the elucidation of how neural substrates and cognitive functions collectively contribute to coping mechanisms [88]. Strategies such as reappraisal, for example, find their genesis in the activities of the prefrontal cortex. This neurocognitive perspective reveals how certain coping mechanisms may be rooted in specific neural structures or networks, offering a mechanistic understanding of coping behaviors [89]. Beyond reappraisal, the act of problem-solving is an orchestra of neural networks, showcasing how our brain mobilizes resources, from working memory to cognitive adaptability, to address stressors [90].

Furthermore, contemporary neuropsychological insights highlight the power of other coping techniques. Mindfulness, which roots individuals in the present moment, potentially modulates neural pathways associated with rumination [91]. Expressive writing, beyond its emotional catharsis, can influence the neural mechanisms responsible for storing and retrieving traumatic memories. Such insights underscore the importance of understanding coping from a neurobiological vantage point, laying the groundwork for effective intervention strategies [92].

Within the realm of clinical psychology, coping strategies transcend from being mere theoretical constructs to actionable tools in therapeutic settings. For clinicians, the ability to differentiate between

adaptive and maladaptive coping is paramount. This distinction informs the trajectory of therapeutic interventions, shaping outcomes for clients.

Incorporating neuropsychological insights into clinical practices offers a dual advantage. Firstly, it enables clinicians to understand the potential neural underpinnings behind a client's coping mechanisms, fostering a deeper understanding of their behaviors and experiences. Secondly, such an integrated approach ensures that interventions are not only tailored to address emotional and behavioral aspects but are also attuned to the neurocognitive processes involved.

Moreover, the significance of coping strategies in clinical settings extends to broader contexts, such as the management of chronic conditions, occupational well-being, and interventions for vulnerable populations. Here, the understanding of coping is not isolated but is seen in conjunction with other psychological processes, environment, and individual predispositions, making its study and application in clinical psychology multifaceted and deeply impactful.

The relevance of coping strategies, while central to clinical settings, also permeates wider spheres, including chronic disease management, professional well-being, and support for at-risk groups [93–96]. In these contexts, coping isn't viewed in isolation; it's intertwined with other psychological dynamics, environmental factors, and individual tendencies. This integrative perspective renders the exploration and implementation of coping mechanisms in clinical psychology as complex and profoundly influential.

The synthesis of neuropsychological insights with clinical applications symbolizes the future of coping strategies research and application [97]. By understanding the 'why' behind coping mechanisms through neuropsychology and addressing the 'how' of application in clinical settings, an enriched, holistic approach to mental health and well-being emerges. Such interdisciplinary collaboration ensures that as the field advances, both in terms of research and practice, it remains grounded in a comprehensive understanding of the human experience, ensuring that interventions are both scientifically robust and empathetically delivered.

Limitations

This review, while comprehensive, has a set of inherent constraints. The potential risk of selection bias may inadvertently exclude relevant studies. Emphasizing peer-reviewed articles might introduce publication bias, and inconsistencies in study quality could skew the conclusions drawn. The lack of a meta-analysis hinders precise effect size estimations, and the narrative nature leans heavily on the author's interpretative lens. Moreover, the chosen timeframe and cultural variability in the research may limit the findings' broader relevance. Lastly, the review might not fully encapsulate the ever-evolving nuances of the field or delve adequately into practical applications.

Narrative reviews are intrinsically bound by specific limitations. Potential biases missed studies due to an informal search approach, and issues of transparency in study selection and evaluation persist. Handling of data might lack uniformity, and the narrative style could overshadow some topic areas, complicating direct comparisons. As the field is continually advancing, this review will need periodic updates to remain current. Nevertheless, despite these challenges, the review provides substantial insights, laying the groundwork for subsequent studies in neuropsychology and clinical psychology. It's imperative to scrutinize its conclusions alongside other available evidence.

5. Conclusion

Coping strategies, integral to neuropsychology and clinical psychology, play an indispensable role for individuals facing life's adversities. The synergistic integration of individual-driven coping techniques with formal therapeutic methods is paramount. Despite the evident value of clinical interventions, an augmented therapeutic outcome may be realized by recognizing and leveraging personal coping mechanisms often overlooked in traditional treatments.

Broadening the scope, coping strategies resonate importance beyond clinical settings. The contemporary professional environment, laden with occupational stress, underscores the necessity of these strategies to mitigate burnout and elevate well-being. Notably, students amidst academic pressures also benefit from these resilience-building tools.

In essence, while coping strategies find their foundation in clinical contexts, their relevance is wide-reaching. They serve as vital life skills that address stress and bolster well-being across varied life stages and professional domains. Recognizing and integrating these strategies is essential for navigating modern challenges efficiently.

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References

1. Lazarus, R. S., & Folkman, S. The concept of coping. In R. S. Lazarus & Folkman (Eds.) *Stress, Appraisal, and Coping*; Springer Publishing Company, 1984; ISBN 0826141927.
2. Stevens, F.L. Emotional Regulation/Coping with Emotion. In *Affective Neuroscience in Psychotherapy*; Routledge: New York, 2021; pp. 112–117.
3. Woodhead, E.L.; Cronkite, R.C.; Moos, R.H.; Timko, C. Coping Strategies Predictive of Adverse Outcomes among Community Adults. *Journal of Clinical Psychology* **2013**, *70*, 1183–1195, doi:10.1002/jclp.21924.
4. Hughes, J.W. Coping. In *Encyclopedia of Clinical Neuropsychology*; Springer International Publishing: Cham, 2018; pp. 964–964.
5. Snyder, C.R. *Coping*; Oxford University Press, 2015.
6. Theodoratou, M.M.; Arampatzi, K.; Tafiadis, D.; Mpoura, M. Coping Strategies of Greek Social Workers. *Annals of General Psychiatry* **2006**, *5*, doi:10.1186/1744-859x-5-s1-s241.
7. Theodoratou, M.M.; Plati, M.; Tsouxli, A.; Theodoridou, O.; Fotiadou, S.; Mpekos, V. Strategies Coping with Labour Stress from Speech Therapists in Greece. *Annals of General Psychiatry* **2006**, *5*, doi:10.1186/1744-859x-5-s1-s192.
8. Theodoratou, M.M.; Tafiadis, D.; Mpekos, V.; Skiloyanni, G. Coping Strategies by the Nurse Personnel Facing the Occupational Stress. *Annals of General Psychiatry* **2006**, *5*, doi:10.1186/1744-859x-5-s1-s242.
9. Łukasiewicz, J.; Kaczmarek, B.L.J. Health Care Workers Strategies For Coping With Stress. *Acta Neuropsychologica* **2023**, *21*, 387–394, doi:10.5604/01.3001.0053.8853.
10. Peter Terna, I., Sr Vulnerability: Types, Causes, and Coping Mechanisms. *International Journal of Science and Management Studies (IJSMS)* **2021**, 187–194, doi:10.51386/25815946/ijms-v4i3p116.
11. Folkman, S.; Lazarus, R.S. 10. Coping and Emotion. In *Stress and Coping: An Anthology*; Columbia University Press, 1991; pp. 207–227.
12. Lazarus, R.S.; Golden, G.Y. The Function of Denial in Stress, Coping, and Aging. In *Aging*; Elsevier, 1981; pp. 283–307.
13. Baker, J.P.; Berenbaum, H. Emotional Approach and Problem-Focused Coping: A Comparison of Potentially Adaptive Strategies. *Cognition & Emotion* **2007**, *21*, 95–118, doi:10.1080/02699930600562276.
14. Stephenson, E.; DeLongis, A. Coping Strategies. *The Wiley Encyclopedia of Health Psychology* **2020**, 55–60, doi:10.1002/9781119057840.ch50.
15. Maricutoiu, L.P.; Crasovan, D.I. Coping and Defence Mechanisms: What Are We Assessing? *International Journal of Psychology* **2014**, *51*, 83–92, doi:10.1002/ijop.12113.
16. Cheng, C.; Lau, H.-P.B.; Chan, M.-P.S. Coping Flexibility and Psychological Adjustment to Stressful Life Changes: A Meta-Analytic Review. *Psychological Bulletin* **2014**, *140*, 1582–1607, doi:10.1037/a0037913.
17. Cramer, P. Coping and Defense Mechanisms: What's the Difference? *Journal of Personality* **1998**, *66*, 919–946, doi:10.1111/1467-6494.00037.
18. Compas, B.E. An Agenda for Coping Research and Theory: Basic and Applied Developmental Issues. *International Journal of Behavioral Development* **1998**, *22*, 231–237, doi:10.1080/016502598384351.
19. Rosenstiel, A.K.; Keefe, F.J. The Use of Coping Strategies in Chronic Low Back Pain Patients: Relationship to Patient Characteristics and Current Adjustment. *Pain* **1983**, *17*, 33–44, doi:10.1016/0304-3959(83)90125-2.
20. Theodoratou, M.; Potoglou, A.; Tamiolaki, A.; Kalaitzaki, A. The Psychological Impact of Covid on Health Care Professionals during the Third Wave. *European Psychiatry* **2023**, *66*, S412–S413, doi: 10.1192/j.eurpsy.2023.889.
21. Aaron, C. Diabetes Management in Long-Term Care Settings: Nursing Perspective. In *Diabetes Management in Long-Term Settings: A clinician's guide to optimal care for the elderly*; American Diabetes Association, 2014; pp. 17–31.

23. Jack, L. Exploring Healthy Coping Behaviors in Diabetes Self-Management. *The Diabetes Educator* **2007**, *33*, 1104–1106, doi:10.1177/0145721707308633.
24. Coppens, C.M.; de Boer, S.F.; Koolhaas, J.M. Coping Styles and Behavioural Flexibility: Towards Underlying Mechanisms. *Philosophical Transactions of the Royal Society B: Biological Sciences* **2010**, *365*, 4021–4028, doi:10.1098/rstb.2010.0217.
25. Theodoratou, M.; Farmakopoulou, I.; Kougioumtzis, G.; Kaltsouda, A.; Siouti, Z.; Sofologi, M.; Gkintoni, E.; Tsitsas, G. Emotion-Focused Coping, Social Support and Active Coping among University Students: Gender Differences. *Journal of Psychology & Clinical Psychiatry* **2023**, *14*, 5–9, doi:10.15406/jpcpy.2023.14.00720.
26. Greenglass, E.R.; Fiksenbaum, L. Proactive Coping, Positive Affect, and Well-Being. *European Psychologist* **2009**, *14*, 29–39, doi:10.1027/1016-9040.14.1.29.
27. Frydenberg, E. Coping Research: Historical Background, Links with Emotion, and New Research Directions on Adaptive Processes. *Australian Journal of Psychology* **2014**, *66*, 82–92, doi:10.1111/ajpy.12051.
28. Taminga, S.J.; Emal, L.M.; Boschman, J.S.; Levasseur, A.; Thota, A.; Ruotsalainen, J.H.; Schelvis, R.M.; Nieuwenhuijsen, K.; van der Molen, H.F. Individual-Level Interventions for Reducing Occupational Stress in Healthcare Workers. *Cochrane Database of Systematic Reviews* **2023**, *2023*, doi:10.1002/14651858.cd002892.pub6.
29. Kato, T. Frequently Used Coping Scales: A Meta-Analysis. *Stress and Health* **2013**, *31*, 315–323, doi:10.1002/smi.2557.
30. Hudson, K. Coping Complexity Model: Coping Stressors, Coping Influencing Factors, and Coping Responses. *Psychology* **2016**, *07*, 300–309, doi:10.4236/psych.2016.73033.
31. Nater UM. Escape-Avoidance Coping. *Encyclopedia of Behavioral Medicine* 2020:788–9. https://doi.org/10.1007/978-3-030-39903-0_15.
32. Carver, C.S.; Scheier, M.F.; Weintraub, J.K. COPE Inventory. *PsycTESTS Dataset* **1989**, doi:10.1037/t10027-000.
33. Folkman, S.; Lazarus, R.S. Ways of Coping Questionnaire. *PsycTESTS Dataset* **1988**, doi:10.1037/t06501-000.
34. Karademas, E. The adaptation of the Ways of Coping Questionnaire in the Greek language. *Psychology: The Journal of the Hellenic Psychological Society* **1998**, *5*, 261–273.
35. Esparbès, S.; Sordes-Ader, F.; Tap, P. Présentation de l'échelle de coping, in Les stratégies de coping. Journées du Labo PCS 93; 1993(pp. 89 -107). St Crieq (Actes).
36. Moring, J.; Fuhrman, R.; Zauszniewski, J.A. Interrelatedness of Proactive Coping, Reactive Coping, and Learned Resourcefulness. *Measurement and Evaluation in Counseling and Development* **2011**, *44*, 204–214, doi:10.1177/0748175611414722.
37. Moritz, S.; Jahns, A.K.; Schröder, J.; Berger, T.; Lincoln, T.M.; Klein, J.P.; Göritz, A.S. Maladaptive and Adaptive Coping Style Questionnaire. *PsycTESTS Dataset* **2016**, doi:10.1037/t55743-000.
38. Rutherford, A.; Endler, N.S. Predicting Approach-Avoidance: The Roles of Coping Styles, State Anxiety, and Situational Appraisal. *Anxiety, Stress & Coping* **1999**, *12*, 63–84, doi:10.1080/10615809908248323.
39. Cohodes EM, Kitt ER, Sisk LM, Gee DG. The Development of Neurobiology Underlying Stress and Coping. In: Skinner EA, Zimmer-Gembeck MJ, editors. *The Cambridge Handbook of the Development of Coping*. Cambridge: Cambridge University Press; 2023. p. 207–34. (Cambridge Handbooks in Psychology)
40. Heinrichs, M.; Domes, G. Neuropeptides and Social Behaviour: Effects of Oxytocin and Vasopressin in Humans. In *Progress in Brain Research*; Elsevier, 2008; pp. 337–350.
41. Brown, D.E. Human Adaptability to Biological Stressors. In *Human Biological Diversity*; Routledge, 2015; ISBN 9781317347804
42. Dickerson, S.S.; Kemeny, M.E. Acute Stressors and Cortisol Responses: A Theoretical Integration and Synthesis of Laboratory Research. *Psychological Bulletin* **2004**, *130*, 355–391, doi:10.1037/0033-2909.130.3.355.
43. Verona, E.; Sadeh, N.; Curtin, J.J. Stress-Induced Asymmetric Frontal Brain Activity and Aggression Risk. *Journal of Abnormal Psychology* **2009**, *118*, 131–145, doi:10.1037/a0014376.
44. Radley, J. Evidence for a Limbic Cortical HPA-inhibitory Network and Its Role in Chronic Stress-induced HPA Axis Hyperactivity. *The FASEB Journal* **2012**, *26*, doi:10.1096/fasebj.26.1_supplement.84.2.
45. Bendezu, J.J.; Wadsworth, M. Intervening to Optimize HPA–SAM Co-Activation Among Youth Exposed to Poverty –Related Stress: A Person-Centered, Multilevel Approach. *Biological Psychiatry* **2023**, *93*, S61, doi:10.1016/j.biopsych.2023.02.167.
46. Staudinger, M.R.; Erk, S.; Walter, H. Dorsolateral Prefrontal Cortex Modulates Striatal Reward Encoding during Reappraisal of Reward Anticipation. *Cerebral Cortex* **2011**, *21*, 2578–2588, doi:10.1093/cercor/bhr041.
47. Kato, T. Coping with Stress, Executive Functions, and Depressive Symptoms: Focusing on Flexible Responses to Stress. *Journal of Clinical Medicine* **2021**, *10*, 3122, doi:10.3390/jcm10143122.
48. Bascour-Sandoval, C.; Salgado-Salgado, S.; Gómez-Milán, E.; Fernández-Gómez, J.; Michael, G.A.; Gálvez-García, G. Pain and Distraction According to Sensory Modalities: Current Findings and Future Directions. *Pain Practice* **2019**, *19*, 686–702, doi:10.1111/papr.12799.

49. Thompson, T.; Keogh, E.; French, C.C. Sensory Focusing Versus Distraction and Pain: Moderating Effects of Anxiety Sensitivity in Males and Females. *The Journal of Pain* **2011**, *12*, 849–858, doi:10.1016/j.jpain.2011.01.004.
50. Dolcos, F.; Iordan, A.D.; Kragel, J.; Stokes, J.; Campbell, R.; McCarthy, G.; Cabeza, R. Neural Correlates of Opposing Effects of Emotional Distraction on Working Memory and Episodic Memory: An Event-Related fMRI Investigation. *Frontiers in Psychology* **2013**, *4*, doi:10.3389/fpsyg.2013.00293.
51. Theodoratou, M.; Dritsas, I.; Saltou, M.; Dimas, V.; Spyropoulos, A.; Nikolopoulou, E.; Bekos, V.; Kloni, P.; Psychogiou, A.; Valsami, O. Physical Exercise and Students' Mental Health. *European Psychiatry* **2016**, *33*, s219–s219, doi:10.1016/j.eurpsy.2016.01.533.
52. Stein, E.; Crowley, S.; Dunnam, M.; Anderson-Hanley, C. B-64 * Neuropsychological Benefits of Interactive Mental and Physical Exercise. *Archives of Clinical Neuropsychology* **2014**, *29*, 561–561, doi:10.1093/arclin/acu038.152.
53. Silgailis, K. Physical Activity and Psychological Well-Being. *Medicine and Science in Sports and Exercise* **2001**, *1246*, doi:10.1097/00005768-200107000-00027.
54. Olson, A.K.; Eadie, B.D.; Ernst, C.; Christie, B.R. Environmental Enrichment and Voluntary Exercise Massively Increase Neurogenesis in the Adult Hippocampus via Dissociable Pathways. *Hippocampus* **2006**, *16*, 250–260, doi:10.1002/hipo.20157.
55. Manns, J.R.; Squire, L.R. Perceptual Learning, Awareness, and the Hippocampus. *Hippocampus* **2001**, *11*, 776–782, doi:10.1002/hipo.1093.
56. Wilson, C.M.; Litterini, A.J. Therapists' Interventions among Practice Settings. In *Physical Activity and Rehabilitation in Life-threatening Illness*; Routledge, 2021; pp. 261–274. doi.org/10.4324/9781003025047-22.
57. Arendt, P.M. Mindfulness-Based Interventions in Neuropsychology. In *Textbook of Clinical Neuropsychology*; Taylor & Francis: 2nd edition. | New York, NY : Routledge, 2018., 2017; pp. 1054–1067.
58. Reynolds, S.B. Biofeedback, Relaxation Training, and Music: Homeostasis for Coping with Stress. *Biofeedback and Self-Regulation* **1984**, *9*, 169–179, doi:10.1007/bf00998832.
59. Öst, L.-G. Applied Relaxation: Description of a Coping Technique and Review of Controlled Studies. *Behaviour Research and Therapy* **1987**, *25*, 397–409, doi:10.1016/0005-7967(87)90017-9.
60. Tonarelli, A.; Cosentino, C.; Tomasoni, C.; Nelli, L.; Damiani, I.; Goisis, S.; Sarli, L.; Artioli, G. Expressive writing. A tool to help health workers of palliative care. *Acta Biomedica Atenei Parmensis* **2018**, *89*, 6, 35–42, doi:10.23750/abm.v89i6-S.7452.
61. Goldwurm, G.F. Coping with Stress through Social Skills Training. In *Perspectives on Research in Emotional Stress*; K., V., Sudakov, , Ganten, N.A. D.; Nikolov, Eds.; Routledge: London, 2022; pp. 251–264. doi:10.4324/9781315075488-21
62. Pierce, G.R.; Sarason, B.R.; Sarason, I.G.; Joseph, H.J.; Henderson, C.A. Conceptualizing and Assessing Social Support in the Context of the Family. In *Handbook of Social Support and the Family*; Springer US: Boston, MA, 1996; pp. 3–23.
63. Aldao, A.; Jazaieri, H.; Goldin, P.R.; Gross, J.J. Adaptive and Maladaptive Emotion Regulation Strategies: Interactive Effects during CBT for Social Anxiety Disorder. *Journal of Anxiety Disorders* **2014**, *28*, 382–389, doi:10.1016/j.janxdis.2014.03.005.
64. Wante, L.; Mezulis, A.; Van Beveren, M.-L.; Braet, C. The Mediating Effect of Adaptive and Maladaptive Emotion Regulation Strategies on Executive Functioning Impairment and Depressive Symptoms among Adolescents. *Child Neuropsychology* **2016**, *23*, 935–953, doi:10.1080/09297049.2016.1212986.
65. Agaibi, C.E.; Wilson, J.P. Trauma, PTSD, and Resilience. *Trauma, Violence, & Abuse* **2005**, *6*, 195–216, doi:10.1177/1524838005277438.
66. Ong, W.-Y.; Stohler, C.S.; Herr, D.R. Role of the Prefrontal Cortex in Pain Processing. *Molecular Neurobiology* **2018**, *56*, 1137–1166, doi:10.1007/s12035-018-1130-9.
67. Pickering, G. Neuroplasticity in the Pain, Emotion, and Cognition Nexus. In *Pain, Emotion and Cognition*; Springer International Publishing: Cham, 2015; pp. 73–79.
68. King, C.D.; Keil, A.; Sibille, K.T. Chronic Pain and Perceived Stress. In *Stress: Concepts, Cognition, Emotion, and Behavior*; Elsevier, 2016; pp. 413–421.
69. Tait, R.C. Mind Matters: Psychological Interventions for Chronic Pain. *The Clinical Journal of Pain* **2005**, *21*, 106–107, doi:10.1097/00002508-200501000-00013.
70. Puri, B.K.; Theodoratou, M. The Efficacy of Psychoeducation in Managing Low Back Pain: A Systematic Review. *Psychiatriki* **2022**, doi:10.22365/jpsych.2022.104.
71. Hadjistavropoulos, T. Self-Management of Pain. In *Promoting Self-Management of Chronic Health Conditions*; Oxford University Press, 2017; pp. 406–419.
72. Scott, M. The CBT Treatment of Pain and Disability. In *CBT for Common Trauma Responses*; SAGE Publications Ltd: 1 Oliver's Yard, 55 City Road, London EC1Y 1SP United Kingdom , 2013; pp. 139–158.
73. Vowles, K.E.; Fink, B.C.; Cohen, L.L. Acceptance and Commitment Therapy for Chronic Pain: A Diary Study of Treatment Process in Relation to Reliable Change in Disability. *Journal of Contextual Behavioral Science* **2014**, *3*, 74–80, doi:10.1016/j.jcbs.2014.04.003.

74. Vambheim, S.M.; Kyllö, T.M.; Hegland, S.; Bystad, M. Relaxation Techniques as an Intervention for Chronic Pain: A Systematic Review of Randomized Controlled Trials. *Heliyon* **2021**, *7*, e07837, doi:10.1016/j.heliyon.2021.e07837.
75. Sielski, R.; Rief, W.; Glombiewski, J.A. Efficacy of Biofeedback in Chronic Back Pain: A Meta-Analysis. *International Journal of Behavioral Medicine* **2016**, *24*, 25–41, doi:10.1007/s12529-016-9572-9
76. Sullivan, M.J.L.; Martel, M.O. Processes Underlying the Relation between Catastrophizing and Chronic Pain: Implications for Intervention. In *From Acute to Chronic Back Pain*; Oxford University Press, 2012; pp. 251–267.
77. Sullivan, M.J.L. The Communal Coping Model of Pain Catastrophizing: Clinical and Research Implications. *Canadian Psychology / Psychologie canadienne* **2012**, *53*, 32–41, doi:10.1037/a0026726.
78. Reilimo, M.; Kaila-Kangas, L.; Shiri, R.; Laurola, M.; Miranda, H. The Effect of Pain Management Group on Chronic Pain and Pain Related Co-Morbidities and Symptoms. A Stepped-Wedge Cluster Randomized Controlled Trial. A Study Protocol. *Contemporary Clinical Trials Communications* **2020**, *19*, 100603, doi:10.1016/j.conctc.2020.100603.
79. George, S.Z.; Wittmer, V.T.; Fillingim, R.B.; Robinson, M.E. Comparison of Graded Exercise and Graded Exposure Clinical Outcomes for Patients With Chronic Low Back Pain. *Journal of Orthopaedic & Sports Physical Therapy* **2010**, *40*, 694–704, doi:10.2519/jospt.2010.3396.
80. Kline, S.A.; Mega, M.S. Stress-Induced Neurodegeneration: The Potential for Coping as Neuroprotective Therapy. *American Journal of Alzheimer's Disease Other Dementias* **2020**, *35*, 153331752096087, doi:10.1177/1533317520960873.
81. Cowell, A.-M.; Buckingham, J.C. Glucocorticoids and the HPA Axis. In *Glucocorticoids*; Birkhäuser Basel: Basel, 2001; pp. 129–145.
82. Kim, E.J.; Pellman, B.; Kim, J.J. Stress Effects on the Hippocampus: A Critical Review. *Learning & Memory* **2015**, *22*, 411–416, doi:10.1101/lm.037291.114.
83. Sleiman, S.F.; Henry, J.; Al-Haddad, R.; El Hayek, L.; Abou Haidar, E.; Stringer, T.; Ulja, D.; Karuppagounder, S.S.; Holson, E.B.; Ratan, R.R.; et al. Exercise Promotes the Expression of Brain Derived Neurotrophic Factor (BDNF) through the Action of the Ketone Body β -Hydroxybutyrate. *eLife* **2016**, *5*, doi:10.7554/elife.15092.
84. Radley, J.; Morilak, D.; Viau, V.; Campeau, S. Chronic Stress and Brain Plasticity: Mechanisms Underlying Adaptive and Maladaptive Changes and Implications for Stress-Related CNS Disorders. *Neuroscience & Biobehavioral Reviews* **2015**, *58*, 79–91, doi:10.1016/j.neubiorev.2015.06.018
85. Laessle, R.; Schmidt, U. Stress Load, Stress Coping and Activity of HPA Axis in Adolescents with Major Depression. *Austin Child & Adolescent Psychiatry* **2021**, *5*, doi:10.26420/austinchildadolescpsychiatry.2021.1017.
86. Cabib, S.; Campus, P.; Conversi, D.; Orsini, C.; Puglisi-Allegra, S. Functional and Dysfunctional Neuroplasticity in Learning to Cope with Stress. *Brain Sciences* **2020**, *10*, 127, doi:10.3390/brainsci10020127.
87. Wante, L.; Mezulis, A.; Van Beveren, M.-L.; Braet, C. The Mediating Effect of Adaptive and Maladaptive Emotion Regulation Strategies on Executive Functioning Impairment and Depressive Symptoms among Adolescents. *Child Neuropsychology* **2016**, *23*, 935–953, doi:10.1080/09297049.2016.1212986.
88. Keng, S.-L.; Smoski, M.J.; Robins, C.J. Effects of Mindfulness on Psychological Health: A Review of Empirical Studies. *Clinical Psychology Review* **2011**, *31*, 1041–1056, doi:10.1016/j.cpr.2011.04.006.
89. Tabibnia, G.; Radecki, D. Resilience Training That Can Change the Brain. *Consulting Psychology Journal: Practice and Research* **2018**, *70*, 59–88, doi:10.1037/cpb0000110
90. Mueller, C.; Wesenberg, S.; Nestmann, F.; Stubbs, B.; Bebbington, P.; Raymont, V. Interventions to Enhance Coping after Traumatic Brain Injury: A Systematic Review. *International Journal of Therapy and Rehabilitation* **2018**, *25*, 107–119, doi:10.12968/ijtr.2018.25.3.107.
91. Krpan, K.M.; Levine, B.; Stuss, D.T.; Dawson, D.R. Executive Function and Coping at One-Year Post Traumatic Brain Injury. *Journal of Clinical and Experimental Neuropsychology* **2007**, *29*, 36–46, doi:10.1080/13803390500376816.
92. Rodríguez Villegas, A.L.; Salvador Cruz, J. Executive Functioning and Adaptive Coping in Healthy Adults. *Applied Neuropsychology: Adult* **2014**, *22*, 124–131, doi:10.1080/23279095.2013.864972.
93. Bulzacka, E.; Lavault, S.; Pelissolo, A.; Bagnis Isnard, C. Mindful Neuropsychology : Repenser La Réhabilitation Neuropsychologique à Travers La Pleine Conscience. *L'Encéphale* **2018**, *44*, 75–82, doi:10.1016/j.encep.2017.03.006.
94. Reddy LA, Weissman AS, Hale JB. Neuropsychological assessment and intervention for youth: An evidence-based approach to emotional and behavioral disorders. American Psychological Association; 2013.
95. Kizilkaya, M.; Bulut, S. Examining The Relationship Between Nurses' Ways Of Coping With Stress And Humor Styles. *Nwsa Academic Journals* **2022**, *17*, 1–14, Doi:10.12739/Nwsa.2022.17.3.1b0122.

96. Theodoratou, M.; Kanellopoulou, P.; Nikitidis, N.; Farmakopoulou, I. Coping Strategies of Health Care Workers during Third Wave of Covid. *European Psychiatry* **2023**, *66*, S412–S412, doi:10.1192/j.eurpsy.2023.887.
97. Corsica, J.A. Stress Management. In *Encyclopedia of Clinical Neuropsychology*; Springer New York: New York, NY, 2011; pp. 2391–2392.
98. Okumura, Y.; Ichikura, K. Efficacy and Acceptability of Group Cognitive Behavioral Therapy for Depression: A Systematic Review and Meta-Analysis. *Journal of Affective Disorders* **2014**, *164*, 155–164, doi:10.1016/j.jad.2014.04.023

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