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HEALTHY AND MALADAPTIVE COPING STRATEGIES AMONG MASTER OF SOCIAL WORK STUDENTS

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HEALTHY AND MALADAPTIVE COPING STRATEGIES AMONG
MASTER OF SOCIAL WORK STUDENTS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Jody Danielle Lopez

June 2014

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June 2014

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ABSTRACT

The purpose of this study was to explore healthy and maladaptive coping strategies among MSW students. The data was collected using self-reported questionnaires. A total of 47 students participated in this study. Using the Transactional Model of Stress and Coping as a theoretical framework, this study assessed stress levels using the Perceived Stress Scale. The Brief COPE instrument measured coping strategies. The study found relationships between stressors and maladaptive coping and perceived stress. The study recommends that future research on coping strategies among MSW students include greater attention to training MSW students how to deal with stress during their MSW educational programs.

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I would like to thank my friends and family for being patient with me through this journey. I would like to extend my sincerest gratitude to my faculty supervisor Dr. Davis for his guidance in accomplishing this arduous task. Finally, I would like to thank my cohort/friends for walking with me on this path to success. We've finally earned our social work badge! Good Luck Tiger Stripes!

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CHAPTER ONE

INTRODUCTION

Pursuing a college degree can be a challenge for most people due to the multiple demands placed on a student's time and energy. A national study of college students revealed that countless students feel hampered with all they have to do. Almost half of the students surveyed felt overwhelmed at least 7 times a year (46.5%), and 28.2% felt this way 11 or more times a year (ACHA, 2006). Studies have shown that students experience reservations regarding their program, time management, and increased responsibility (Miller & Irby, 1999).

Pursuing a graduate degree can further increase this burdened feeling due to a more in-depth focus on academics, finances, career planning, and field placements (Wyatt & Oswalt, 2013). Graduate students often report feeling stressed about grades, too much homework, time constraints, financial difficulties, and relationships with faculty (Ross, Niebling, & Heckert, 1999). How MSW students decide to cope with these overwhelming feelings can either exacerbate or alleviate their stress levels based on how adaptive or maladaptive their coping techniques are.

Problem Statement

When graduate students attempt to cope with the multiple demands placed on them, they often experience internal conflict known as stress. Stress

is defined as the “inability to cope with a perceived (real or imaginary) threat to one’s mental, emotional, physical and spiritual well-being which ends in a series of physiological responses and adaptations” (Seaward, 2002, p. 4). These responses, plus the struggle to balance demands and performance expectations, can leave students feeling physically and mentally fatigued, burned out, depressed and guilty over their chosen priorities (Offstein, Larson, McNeil, & Mwale, 2004). This overwhelming feeling can impair students in their ability to effectively interact with fellow students, faculty, clients in their field placement, or in personal relationships (Addonizio, 2011).

To avoid impairment, resources and perceptions must be called upon to buffer the impact of stress or to reduce stress by promoting coping strategies (Lakey & Cohen, 2000). Research to understand the effects of coping responses on stress levels will provide insight for MSW students to reflect on their own coping behaviors and how it affects their learning and ability to practice social work (Agopian, 2001). This study will also increase awareness of student coping strategies and stressors for social work educators and university staff in order to provide valuable support services when needed. Although many colleges and universities offer services to attend to stress, how they can assist graduate students with their stress is significant (Oswalt & Riddock, 2007).

It is imperative that MSW students utilize effective coping strategies to help them reduce the tension experienced in the presence of a stressful

situation and to change the situation for the better (Hyun, Quinn, Madon, & Lustig 2007). Attending graduate school is a huge obligation that demands much of the student's time and energy to effectively deal with the increase in academic workload (Lawson & Fuehrer, 2001). Any frustration experienced can be further compounded when the student needs to set aside more time to meet with classmates to work on group projects or meet with a professor to discuss academic issues. The student finds that he or she must spend much time away from home. Therefore, spouses, partners, family members, and friends can begin to feel neglected (Lawson & Fuehrer, 2001). The strain caused by the unbalanced exchange of responsibilities between the student and their partner can often lead to a decline in relationship satisfaction.

An individual's coping strategy plays a critical role in shaping the meaning and impact of stressful life events (Mathis, 2003). Lazarus and Cohen (1977) defined stressors as demands made by the internal or external environment that disturbs homeostasis and affects physical or emotional well-being. Coping strategies are used to restore the balance that has been displaced. Coping strategies are the responses a person displays to a stressful event or situation, which can be healthy or unhealthy (maladaptive) (Carver, 1997).

Purpose of the Study

The purpose of this study was to explore the relationship of healthy and maladaptive coping strategies and their effects on stress levels among MSW

students. Most MSW students have numerous role expectations and demands academically, in field placement, at work, with family and friends, income loss, and conflicting time demands, which also results in a decline in leisure activities (Addonizio, 2011). Using the Transactional Model of Stress and Coping (Lazarus & Folkman, 1984) as the theoretical framework, this study identified the self-reported stress of MSW students using the Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983). The Brief COPE (Carver, 1997) was used to measure student's evaluation of the stressfulness of situations in the past month of their lives and what coping strategies were used. This study was a response to the need for additional research.

Significance of the Project for Social Work

The results of this study will provide information to MSW students, social work educators, and university administrators. MSW students can use these results to reflect on the impact that coping strategies and stress may have on their learning and ability to practice social work. Social work educators can learn more about MSW students' levels of stress and how to offer valuable support to them. Faculty and administrators of MSW programs can use this study to increase their awareness of student stressors and coping strategies.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Several studies have been conducted in the area of stress research, specifically to students' stress and their ways of coping. Recent studies have identified time management, academic issues, program issues, financial restrictions, real life events and future concerns to be causal factors of student stress (May, 2006). Students also face an increase in responsibilities and role strain due attempts to balance daily tasks. Graduate students are placed under additional pressure to excel academically beyond what they were used too, mounting stress to their daily lives. The common sources of stress reported by graduate students include schoolwork, finances, internships, career planning and family issues (Mazzola, Jackson, Shockley, & Spector, 2011).

Dziegielewski, Roest-Marti, and Turnage (2004) found the lack of graduate focused research unusual, considering the obvious high stress levels and burnout social work student's experience. Research has indicated that maladaptive coping techniques employed by some students in a stressful situation may have negative consequences for well-being as well. Cultural backgrounds, education, life experiences, responsibilities, environments, and gender may also be factors that affect a student's style of coping with multiple stressors. This literature review attempts to explore variations of stress, coping

strategies, and the Transactional Model of Stress and Coping as it relates to graduate students.

Stress

Stress has been described as a physical or psychological demand on an individual's internal sense of homeostasis (Waghachavare, Dhumale, Kadam, & Gore, 2013). The stress that one experiences is not in the person or in the situation, but rather in the transaction that occurs between the person and situation (Lazarus & Folkman, 1984). Studying stress is a difficult topic due to the numerous stressors and reactions which interact and overlap one another, causing various outcomes.

Stress can be seen as either positive (eustress), such as starting a new relationship, or negative (distress), not being able to pay a debt. There are also two major types of stressors: life events (such as relocation or death) and chronic strains (such as multiple roles and inadequate finances) (Hudd, et al, 2000). These types of stress affect students at any given moment throughout their college experience. A study on the main sources of stress among college students found chronic strain was described more often than major life events (Ross, Niebling, & Heckert, 1999)

Nearly all stress-related studies have centered on undergraduate students. One study surveyed undergraduate students at a large university to assess social and academic stressors and found major academic stressors to be good grades, tests, time limitations, professors, and the classroom

environment (Townsend, Hsieh, Puymbroeck, Gassman, Agley, Middlestadt, & Yousefagha, 2013). Differences have been found between undergraduate and graduate students in regards to stress and mental health issues. One study found that graduate students reported lower rates of mental health issues to undergraduates, but graduate students reported higher rates of stress (Wyatt & Oswald, 2013).

Those studies that have examined stress in graduate students found stress to be related to role strain, financial pressure, and lack of family or program support (Hudd et al., 2000). Research conducted on graduate students in clinical psychology examined the relationship between coping styles and social supports in relation to eustress and distress (Nelson, Dell'Oliver, Koch, & Buckler, 2001). Nelson et al. (2001), found the highest stressors to be coursework, dissertation work, and financial situation followed by internship expectations, practicum placement, time management, and working with clients.

Psychology graduate students and social work graduate students are similar in that they promote stress management and healthy self-care practices. Researchers discovered the population of social science students to be unique because they must manage the stressors of their new roles, while developing the knowledge and skills necessary to provide clinical and therapeutic services to others (Myers, Sweeney, Popick, Wesley, Bordfeld, et al., 2012). Studies have shown that graduate students have higher frequency

of thoughts about quitting their graduate programs (Gelman, 2001). Untreated psychological problems were also found to be a contributing factor to MSW students choosing to drop out of their programs (Turner & Berry, 2000).

Studies about gender differences in graduate students' perceived stress have been limited or unfounded. Nelson et al., (2001) discovered that female psychology graduate students indicated greater stress over time management issues, but stress was found to be common in all genders. Research on students in minority groups reported additional stressors. Studies show that Asian-American, African-American, and international graduate students are less likely to use counseling services in response to stress (Hyun, Quinn, Madon, & Lustig, 2007). Therefore, it is important to reflect on cultural and gender differences when exploring stress among graduate students.

As literature has noted, stress is common in the lives of graduate students regardless of gender, ethnicity, or graduate program, this includes MSW students. Continued exposure to stressors will often lead to emotional and physical symptoms such as anxiety, depression, heart palpitations, and muscle aches and pains (Waghachavare, Dhumale, Kadam, & Gore, 2013). Students experiencing mental and physical health problems are at greater risk for poor academic performance, increasing and facilitating a cycle of stress, maladaptive coping, and poor health (Wilks, 2008). Social work students are susceptible to high levels of psychological distress due to the burden of coping with their chosen profession. The coping strategies used as a response to the

stress of being a social work graduate student is essential to a healthy psychological adaptation.

Coping

There is much to learn from social work students in graduate programs and how they cope with their own stress. Graduate students are expected to adjust to new social atmospheres, maintain academic standing, and endure the burden of finding employment (Ross, Neibling, & Heckert, 1999).

According to Lazarus and Folkman (1984), feeling stressed is dependent upon how a person acts in response to specific circumstances of events, like those mentioned.

Coping has been described as a response intended to diminish the physical, emotional, and psychological burdens that are related to stressful life events and daily disturbances (Snyder, 1999). The ability to manage stressors created in difficult situations entails constantly changing cognitive, behavioral, and emotional efforts. Appraisal of risks and available coping resources result in the inclination to see complicated situations as challenges rather than threats (Chemers, Hu, & Garcia, 2001). The studies on coping strategies and their relation to stress management are numerous. Research has shown biological processes, task-orientation, avoidant behaviors, and emotional reactivity as significant to its effect on stress. It is important to discuss the various aspects of coping understand their influence on stress levels.

Biology-focused coping is a strategy that focuses on the relationship between mind and body as a reaction to stress; this is generally understood as the General Adaptation Syndrome (Welle & Graf, 2011). The body displays a reaction to stress in increased heart rate, heavy breathing, release of adrenaline and alertness. Relaxation techniques such as mindfulness and deep breathing are utilized to decrease the body's response, lowering blood pressure and respiration rates (Dusek, Otu, Wohlhueter, Bhasin, et al., 2008).

Problem-focused coping, also known as task-oriented coping, resolves to reduce or remove the cause of the stress by taking control and modifying or changing the stimulus (Lazarus, 1999). Problem-focused coping involves cognitive and behavioral strategies. Cognitive restructuring can be seen in planning, preparation, and considering alternate options (Sinha, 2001). Behavioral interventions include direct measures in changing the source of stress and one's connection to it. A study on college students found that problem-focused coping positively related to academic achievement and reduction of stress (Kariv & Heiman, 2005).

According to Sinha (2001), emotion-focused coping refers to the management of an individual's emotional distress coupled with the stressful event rather than the cause of the stress. Emotion-focused coping involves self-reflection and the goal is to facilitate expression and process emotions to reappraise an unchangeable stressor (Stanton, Kirk, Cameron, & Danoff-Burg, 2000). Folkman & Moskowitz (2004) reported emotions are integral to the

coping process, as its first task is to regulate negative emotions that may interfere with instrumental forms of coping.

The last form of coping discussed is one that is negatively perceived, the use of avoidance. Avoidance coping is the attempt to reject or deny that the stressor occurred, to quit any attempts change it, or to engage tasks not associated to the stressor (Sinha, 2001). Researchers have indicated that avoidance involves repressing thoughts temporarily, but leads to an intrusion of negative thoughts over time (Wenzlaff & Wegner, 2000). This form of coping is maladaptive and was found to be the strongest predictor to adverse well-being (Gibbons, Dempster, & Moutray, 2011).

Research suggests that coping strategies radically contributes to perceived stress. Using the strategies of problem-focused coping and emotion-focused coping, while reducing the use of avoidance coping, may lead to a decline in stress (Kao & Craigie, 2013). The coping strategies employed by graduate students are considered successful if it results in diminished perceived stress. Recent approaches view coping as a self-regulation method where the goal is obtaining homeostasis (Carver, 1997). This study focuses on the use of coping strategies as the central variable to either increase or decrease stress levels. However, an individual's perception of a situation or stressor also determines how stress will be experienced. The idea that stress is a response to specific circumstances is

this researcher's rationale to utilize Lazarus and Folkman's Transactional Model of Stress and Coping as the guiding theory (1984).

Theories Guiding Conceptualization

Many theories consider stress to be a transactional experience contingent on the meaning of the stimulus/stressor to the recipient (Lazarus, 1966). This literature reflects the researchers' belief that stress is a key factor in graduate student's lives and to the development of problems in their mental and physical health. The Transactional Model of Stress and Coping (TMSC) (Lazarus & Folkman, 1984) is a framework for evaluating processes of coping with stressful events and will be utilized for the purposes of this study.

The central idea in the TMSC is that any given situation can be perceived in multiple ways by assorted individuals. People will differ in their understanding of stressors and in their interpretations or responses to those stressors (Kao & Craigie, 2013). Lazarus and Folkman (1984) maintain that psychological distress resides in neither the person nor the situation but in the transaction between the two. If there is a perceived threat that demands upon an individual, then they will be unable to cope with those demands. One study, using the TMSC, found that perceived life threat was significantly associated with greater distress and diminished quality of life, supporting the importance of an individual's appraisal of threat determining his or her distress (Laubmeier, Zakowski, & Bair, 2004).

It is important to note that the TMSC also proposes that if stressors are perceived as a challenge rather than a threat, and the stressed person is certain of possessing adequate coping strategies, distress may not automatically follow the occurrence of a stressor (Addonizio, 2011).

Psychological stress involves interpretation of an event and the interpretation of the capability of coping resources. In short, the TMSC assumes that stress arises completely out of a person's perception and relationship, whether accurate or inaccurate, to his or her environment (Cohen, Kessler, & Gordon, 1997).

The TMSC also makes a distinction between emotion-focused coping, attempting to normalize the emotional responses to the stressor, and problem-focused coping, attempting to alter the stimuli causing the distress (Laubmeier, Zakowski, & Bair, 2004). Sasaki and Yamasaki (2007) found that college students' utilization of problem-focused coping strategies were associated with positive outcomes and reduced negative impact. Lazarus and Folkman (1984) identified emotion-focused coping to be more frequently expressed in ineffective ways and more likely to be detrimental to health. For example, a study on bullying found that victims had a positive association between psychological distress and use of emotion-focused coping (Cassidy & Taylor, 2005). This theory presupposes that people who use problem-focused coping strategies will adapt better to stressful situations than people using emotion-focused coping (Vollink, Bolman, Eppingbroek, & Dehue, 2013).

This framework is one of the most commonly used models for research on stress and coping. It demonstrates the convolution of stress and its effects on coping to maintain psychological well-being (Lazarus, 1999). The Transactional Model of Stress and Coping maintains that stress levels can be minimized by helping stressed individuals change their awareness of stressors, providing them with appropriate coping strategies, and improving their confidence to overcome.

Summary

This literature review attempted to explore variations of stress, coping strategies, and the Transactional Model of Stress and Coping as it relates to social work graduate students. Many studies were discussed in the area of stress research, specifically to address MSW students. Social work students face an increase in responsibilities and role strain in attempts to balance daily tasks. Research has indicated that maladaptive coping techniques employed by some students in a stressful situation have negative consequences for well-being. While the use of adaptive coping strategies will decrease stress perceptions and used as a resource for future difficulties. Cultural backgrounds, education, life experiences, role strain, environment, and gender may be factors that affect a student's style of coping. The multiple stressors graduate students experience was taken into consideration when choosing the theoretical framework for this research study.

CHAPTER THREE

METHODS

Introduction

This chapter will discuss the study's design, information on the sampling population, data collection, instruments used, procedures, and analysis of results.

Study Design

The purpose of this study was to explore healthy and maladaptive coping strategies among MSW students. This study used a descriptive, cross-sectional design. Data was gathered through self-reported questionnaires, making this study quantitative. The survey consisted of the Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983) and the Brief COPE (Carver, 1997). The questionnaire also contained a section on demographics to gather characteristic information of the participants.

Sampling

This study was conducted using a convenience sample of MSW students enrolled in the Master of Social Work Program during the 2013-2014 year at California State University, San Bernardino.

The significance in studying this population of MSW students was to understand the use of healthy and maladaptive coping strategies. Demographic information was collected to describe and compare them to the

general population of graduate students in terms of gender, age, and ethnicity. All participants were enrolled in the social work program as either part-time or full-time standing. This study included first and second year full-time students as well as first, second, and third year part-time students. A total of 200 surveys were placed in MSW student mail boxes. A total of 47 were returned for a response rate of 24%.

Data Collection and Instruments

The data collected from the student sample included: (a) demographic information to describe the sample, (b) the students' self-reported stress measuring their evaluation of the stressfulness of situations in the past month, and (c) the students' self-reported coping styles when confronted with a stressful situation. Copies of the demographic questionnaire, Perceived Stress Scale, and Brief COPE can be found in Appendices B-D.

Permission to use the Perceived Stress Scale and Brief COPE was not necessary since the instruments were used for academic research or educational purposes. The California State University, San Bernardino Institutional Review Board for the Protection of Human Subjects Review Process approved the study.

The Perceived Stress Scale (PSS) is the most widely used instrument for measuring the perception of stress. It is a measure of the degree to which events in one's life are considered stressful. Items were designed to reflect how unpredictable, uncontrollable, and overloaded respondents find their

lives. PSS-10 scores are obtained by reversing the scores on the four positive items: 4, 5, 7 and 8, and then summing across all 10 items. The 10-item self-report instrument had established reliability ($r = 0.85$) and validity (Cohen et al., 1983). Scores ranged from 0 to 40, with higher scores indicating greater stress. It is comprised of 10 items asking the subjects to rate how they have perceived an event in their life. All items began with the same phrase: "In the past month, how often have you felt...?" Since the questions were of a general nature and were not directed at any particular sub-population group, using this version with a diverse population was predicted to yield equally reliable results. PSS is not a diagnostic instrument; there are no score cut-offs.

Coping strategies were assessed by using an instrument called the Brief COPE (Carver, 1997). The Brief COPE was created from the Lazarus and Folkman (1984) literature on coping. The Brief COPE consists of 28 items on a scale of 1 (*I usually don't do this at all*) to 4 (*I usually do this a lot*). In this study, the higher score represents greater coping strategies used by the participants. Items measured are: *self-distraction, denial, active coping, substance use, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive framing, planning, humor, acceptance, religion, and self-blame*. There are two items for each of the scales above. There is no reverse coding in this scale and it is computed as follows: Self-distraction, items 1 and 19; Active coping, items 2 and 7; Denial, items 3 and 8; Substance use, items 4 and 11; Use of emotional support,

items 5 and 15; Use of instrumental support, items 10 and 23; Behavioral disengagement, items 6 and 16; Venting, items 9 and 21; Positive reframing, items 12 and 17; Planning, items 14 and 25; Humor, items 18 and 28; Acceptance, items 20 and 24; Religion, items 22 and 27; and Self-blame, items 13 and 26.

Coping strategies were separated into four scales or categories: Emotion-Focused, Problem-Focused, Adaptive Coping, and Maladaptive Coping. Emotion-Focused coping refers to an individual's attempt to process their emotions by acting and thinking. Problem-Focused coping refers to an action or task directive. Adaptive Coping refers to positive strategies individuals utilized that did not meet criteria to be categorized into emotion-focused coping or problem-focused coping. Maladaptive Coping refers to unhealthy coping strategies and the degree to which the participants were unable to cope.

The four scales and 14 subscales are summarized below:

Problem-Focused coping (3 subscales)

- *Active coping*: the process of taking active steps to get rid of the stressor or to reorganize its effects.
- *Planning*: thinking about how to confront the stressor and what steps to take to best cope with the problem
- *Use of instrumental support*: seeking help, information, or advice about what to do

Emotion-Focused coping (3 subscales)

- *Use of emotional support*: getting sympathy, compassion or emotional support from someone
- *Positive reframing*: making the best of the situation by viewing it in a favorable light
- *Religion*: increased participation in religious activities

Adaptive coping (2 subscales)

- *Acceptance*: accepting that the stressful event has occurred and is real
- *Humor*: making jokes about the stressor

Maladaptive coping (6 subscales)

- *Venting*: the tendency to express feelings of one's emotional distress
- *Behavioral disengagement*: giving up any attempt to achieve the goal with which the stressor is interfering
- *Self-Distraction*: psychological detachment from the goal which the stressor is interfering
- *Self-blame*: criticizing or blaming oneself for the stressor that has occurred
- *Substance use*: turning to the use of alcohol or other drugs as a way to disassociate from the stressor

- *Denial*: an attempt to reject the reality of the stressful event.

Procedures

As noted above, 200 surveys and informed consents were distributed into MSW student mail boxes. A total of 47 were returned with a total response rate of 24%. Data was gathered during the Winter 2014 quarter. Each respondent volunteered to participate by marking an X on the informed consent and returned the questionnaire to a locked box placed in the social work resource room. This researcher collected the surveys from the locked box every Tuesday and Thursday at noon for six weeks.

Protection of Human Subjects

The subjects in this research study participated voluntarily. Each participant received an informed consent document specifying the purpose of the study as well as the risks and benefits to participating in the study. No identifying information or names were included in the findings to ensure the confidentiality of each participant. An IRB form was submitted to and approved by the Institutional Review Board at California State University San Bernardino before surveys were distributed. The informed consent form can be found in appendix A.

Data Analysis

Science (SPSS) was used to analyze the data gathered in this study. A Pearson r was used to examine the relationship between coping strategies, perceived stress, income, MSW status and number of stressors. Descriptive statistics was used to describe demographics, perceived stress scale, number of stressors, and coping strategies used.

Summary

This chapter described the study's research design, information on the sampling population, how data was collected, instruments used, procedures, and analysis of results to examine the relationship of healthy or maladaptive coping strategies on stress levels.

CHAPTER FOUR

RESULTS

Introduction

This chapter will discuss the findings of the current study. The study sample will be described with demographic data displayed in tables. The outcomes of the instruments used will be presented. The results from statistical analysis' Pearson's *r* coefficient are stated.

Presentation of the Findings

Table 1. Demographic Characteristics of Age, Gender, Ethnicity/Race, MSW Status, Employed, and Perceived Income

Demographic Characteristics	Frequency (n)	Percentage (%)
Age		
22 – 28	25	53.3
29 – 38	15	31.9
39 – 55	7	14.8
Gender		
Female	43	91.5
Male	4	8.5
Ethnicity/Race		
Black	6	12.8
Asian	3	6.4
Latino	15	31.9
White	19	40.4
Multi	1	2.1
Unknown/Other	3	6.4

Demographic Characteristics	Frequency (n)	Percentage (%)
MSW Status		
Part-time 1 st year	4	8.5
Part-time 2nd year	4	8.5
Part-time 3rd year	7	14.9
Full-time 1st year	14	29.8
Full-time 2 nd year	18	38.3
Employed		
No	17	36.2
Part-time	22	46.8
Full-time	8	17.0
Perceived Income		
Not Enough	22	46.8
Enough	19	40.4
More than Enough	6	12.8

Table 2. Number of Stressors Selected by Participants

STRESSORS				
	Frequency	Percent	Valid Percent	Cumulative Percent
1	2	4.3	4.3	4.3
2	1	2.1	2.1	6.4
3	6	12.8	12.8	19.1
4	4	8.5	8.5	27.7
5	5	10.6	10.6	38.3
6	1	2.1	2.1	40.4
7	6	12.8	12.8	53.2
8	6	12.8	12.8	66.0
9	5	10.6	10.6	76.6
10	1	2.1	2.1	78.7
11	4	8.5	8.5	87.2
13	1	2.1	2.1	89.4
14	2	4.3	4.3	93.6
15	1	2.1	2.1	95.7
16	1	2.1	2.1	97.9
18	1	2.1	2.1	100.0
Total	47	100.0	100.0	

Twenty-two stressors were presented, amount of stressors chosen amount ranged from 1 to 18, with a mean score of 7.40, (SD = 4.014).

Table 3. Correlation of Perceived Stress Scale for MSW Status, Employment, and Income

		Correlations			
			MSW STATUS	EMPLOYED	INCOME
PSS	Pearson Correlation	1	-.150	-.047	-.058
	Sig. (2-tailed)		.316	.752	.700
	N	47	47	47	47
MSWSTATUS	Pearson Correlation	-.150	1	-.543**	-.317*
	Sig. (2-tailed)	.316		.000	.030
	N	47	47	47	47
EMPLOYED	Pearson Correlation	-.047	-.543**	1	.085
	Sig. (2-tailed)	.752	.000		.572
	N	47	47	47	47
INCOME	Pearson Correlation	-.058	-.317*	.085	1
	Sig. (2-tailed)	.700	.030	.572	
	N	47	47	47	47

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

There was a significant, indirect relationship between MSW status and employment; $r(45) = -.543$, $p < .01$. The further a participant is in their MSW program, the less likely they are to have full time employment. Additionally, there was a significant indirect relationship between income and MSW status; $r(45) = -.317$, $p < .05$. The further along a participant is in their MSW program, the less income they have.

Table 4. Perceived Stress Scores (PSS) of Participants

PSS				
	Frequency	Percent	Valid Percent	Cumulative Percent
	7	1	2.1	2.1
	8	1	2.1	4.3
	10	1	2.1	6.4
	11	5	10.6	17.0
	12	6	12.8	29.8
	13	3	6.4	36.2
	14	2	4.3	40.4
	15	2	4.3	44.7
	16	3	6.4	51.1
	17	2	4.3	55.3
Valid	19	3	6.4	61.7
	20	2	4.3	66.0
	21	3	6.4	72.3
	22	2	4.3	76.6
	23	2	4.3	80.9
	24	1	2.1	83.0
	25	3	6.4	89.4
	26	2	4.3	93.6
	30	2	4.3	97.9
	34	1	2.1	100.0
	Total	47	100.0	100.0

Scores ranged from 0-40, with higher scores indicating greater perceived stress. The minimum score was 7, maximum 34, with a mean score of 17.57, (SD = 6.344).

Table 5. Perceived Stress Scale and Stressors

		Correlations	
		PSS	STRESSORS
PSS	Pearson Correlation	1	.386**
	Sig. (2-tailed)		.007
	N	47	47
STRESSORS	Pearson Correlation	.386**	1
	Sig. (2-tailed)	.007	
	N	47	47

** . Correlation is significant at the 0.01 level (2-tailed).

There was a significant direct relationship between PSS and Stressors; $r(45) = .386, p < .05$. The greater the number of stressors, the greater the perceived stress of the participant.

Table 6. Scores and Frequencies for Problem-Focused Coping, Emotion-Focused Coping, Adaptive Coping, and Maladaptive Coping

	Minimum	Maximum	Mean	Std. Deviation
PFC	7	24	17.30	3.793
EFC	10	26	16.83	3.953
AC	5	16	10.30	2.367
MAC	13	42	21.85	5.775

Frequencies were obtained by adding the paired responses together to give a score for that particular coping strategy.

Table 7. Perceived Stress Scale Correlation with Problem-Focused Coping, Emotion-Focused Coping, Adaptive Coping and Maladaptive Coping

		Correlations				
		PSS	PFC	EFC	AC	MAC
PSS	Pearson Correlation	1	-.005	.118	-.028	.586**
	Sig. (2-tailed)		.976	.431	.854	.000
	N	47	47	47	47	47
PFC	Pearson Correlation	-.005	1	.533**	.191	-.177
	Sig. (2-tailed)	.976		.000	.199	.235
	N	47	47	47	47	47
EFC	Pearson Correlation	.118	.533**	1	.317*	.039
	Sig. (2-tailed)	.431	.000		.030	.795
	N	47	47	47	47	47
AC	Pearson Correlation	-.028	.191	.317*	1	.142
	Sig. (2-tailed)	.854	.199	.030		.342
	N	47	47	47	47	47
MAC	Pearson Correlation	.586**	-.177	.039	.142	1
	Sig. (2-tailed)	.000	.235	.795	.342	
	N	47	47	47	47	47

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

There was a significant direct relationship between PSS and MAC; $r(45) = .586, p < .05$. The greater the perceived stress, the greater the maladaptive coping mechanisms used. A significant direct relationship was also found between problem-focused coping and emotion-focused coping; $r(5) = .533, p < .01$. Those who used problem-focused coping were more likely

to use emotion-focused coping. Further there was a significant, direct relationship between emotion-focused coping and adaptive coping; $r(45) = .317, p < .05$. Those who used emotion-focused coping were more likely to use adaptive coping.

Summary

This chapter included the statistically significant findings of the current study. Demographic characteristics were stated in tables. Results from instruments used were presented. The results of Pearson's r coefficient correlations from perceived stress, stressors, and coping strategies were identified.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss the significance of the results found that was consistent with literature reviewed. Findings not found to be significant with previous research will also be discussed. Limitations of this study will be addressed. Finally, implications for social work practice, education, and faculty consistent with recommendations for future research will be identified.

Discussion

The purpose of this study was to explore the relationship of coping strategies among MSW students. Problem-focused and adaptive coping were thought to more likely to decrease perceived stress levels than emotion-focused and maladaptive coping. The use of maladaptive coping strategies was found to have a direct relationship on perceived stress scores. Indicating the increased use of maladaptive coping led to greater perceived stress. This was supported by previous research which found that maladaptive coping to be the greatest significant contributor to predicting the student's perception of stress (Endler & Parker, 1994). This suggests that MSW students who engage in maladaptive coping will find it more difficult to adapt to the program and function successfully in social work practice. MSW students in this program may be less informed about maladaptive coping strategies

then first assumed. They may have no idea how bad they are really doing and continue to utilize this strategy because of protective factors.

A significant direct relationship was discovered among problem-focused coping, emotion-focused coping and adaptive coping. The use of problem-focused coping increased the use of emotion-focused coping, which led to the increased use of adaptive coping. This was inconsistent with the literature on the Transactional Model of Stress and Coping which implies that an individual will appraise a stressful situation and utilize one coping strategy. According to Lazarus and Folkman (1984), this theory suggests that appraisal of whether or not an event can be changed will predict whether problem-focused or emotion-focused coping strategies will be preferred. The findings in this study suggest the original theory may be too narrow or incomplete. The interaction of the three coping strategies utilized among MSW students indicates that adaptive patterns are multifaceted. These results may be due to the complexity of additional stressors in the MSW program.

In the questionnaire, a menu of twenty-two stressors was provided to the participants to choose from. This included stressors that were specific to student life, such as group assignments, classmates, professors, internships, and grades. As indicated, there was a significant direct relationship between perceived stress and amount of stressors. The greater the number of stressors a participant had, the greater the perceived stress. The amount of stressors unique to the MSW program requires strategic planning and flexibility of

coping strategies to manage stress. In order to function successfully an MSW student must accommodate to the various stressors, which clarifies the need for intricate coping strategies while in the program.

The influence of certain demographic characteristics on perceived stress levels was not predicted but explored. There was an indirect relationship between MSW status, employment and income. The further a participant is in their MSW program, the less likely they were to have full time employment and therefore, less income. During the final year of the program there is an increase of stressors not found in the first year. This includes increased hours spent in field placements, data gathering, and thesis completion. This leads to a decrease in hours spent employed, which leads to less finances available for the student.

Limitations

A major limitation of this study is that it is not generalizable to the public. This study is specific to the population of students in a master social work program. The majority of participants were white (40.4%), female (91.5%), between the ages of 22-28 (53.5%), and in the second year full-time cohort (38.3%). There was a minimal return of surveys (24%), indicating a small sample size. No significant relationships were found between perceived stress, coping strategies, and the aforementioned demographic characteristics. The demographic information mentioned is a consistent representation of social science programs. However, future studies may

benefit from expanding the research to graduate students in all programs to make it more generalizable to the public.

Another limitation was that this study relied on self-reported data via questionnaires. The participants were asked to remember stressful events from the previous month. Due to selective memory, many participants may not correctly remember what coping strategies were used or how stressful an event really was. There was also a self-representation bias observed in this study. Several participants felt the need to explain or defend their answers. This need to excuse certain behaviors to portray themselves in a better light may have diminished the honesty of participant's answers.

It was expected that MSW students using adaptive coping strategies would have less perceived stress. However, no relationship was found between these two variables. The ambiguity of what is "adaptive coping" may have been too narrow for the participants. The category of adaptive coping was limited to two subscales, humor and acceptance, while the other categories had at least three. Carver's Brief COPE scale is intended to measure coping in the general population across many different situations (Ward, Perry, & Menec, 2000). Therefore, it may be less responsive to measuring how graduate students cope in an academic setting. Future research may want to expand what "adaptive coping" is, relative to each graduate program, and expand on the already given categories.

This study relied exclusively on bivariate correlation analysis. This is similar to the majority of studies on stress which rely solely on correlations to assess the efficacy of coping (Coyne & Gottlieb, 1996). Using the Pearson's *r* coefficient revealed a relationship between problem-focused, emotion-focused, and adaptive coping but there was no indication as to why there was a relationship between them. Future research using qualitative measures might be helpful in clarifying the cause of stressors, perceived stress and coping strategies used.

Recommendations for Social Work Practice, Policy and Research

Results from this study indicate MSW students would benefit to be educated on maladaptive coping strategies and their effects on stress. Specific aspects of maladaptive coping on stress levels have resulted in high or low reactivity and negative behavioral outcomes (Sinha, 2001). Results also suggest that the broad approach to teaching stress management may not be effective. Future studies need to discover what specific coping strategies are most helpful and to whom. Social work faculty and staff should provide MSW graduate students with stress management and self-care practices early in the program. Self-care approaches may include interventions that retain and encourage physical and emotional well-being that include factors such as sleep, exercise, use of social support, emotion regulation strategies, and mindfulness (Myers, Sweney, Popick, Wesley, Bordfeld, et al., 2012).

To better prepare students with what to expect in the program an orientation on significant coping behaviors that influence stress would be helpful. A mentorship program including former graduated students to regularly meet with current students may assist in advising with common stressors, time management, and classroom expectations. MSW students need to be aware of the effects of stress on their own mental health. This can be accomplished by utilizing the free counseling services and support groups on campus and seeking social supports. Because graduate students are confined to a specific building on campus, many are unaware of the free services provided. Introducing them to specific areas and services would be a huge aspect in the orientation program.

Because the decrease of employment and finances were found as a student is further along in MSW program, financial assistance for those struggling would be valuable. Programmatic support around financial assistance through resources is necessary to alleviate stress for students. Paid internship placements would decrease the stress felt by graduate students because of limited finances available. Involving families and social supports into initial orientation to educate them on the stressors expected in the program may be helpful to graduate students. Informing family and friend about what pressures the MSW student will have and when, can provide an opportunity for their supports to be available when needed the most.

Conclusions

Consistent with literature, this study found that greater amount of stressors and the increased use of maladaptive coping, leads to an increase in perceived stress. Students who were further along in the MSW program had less employment and less income indicating a need for financial assistance from the school of social work. Future research would benefit from using qualitative methods, a larger sample size, and examine the relationship between the three coping strategies of problem-focusing, emotion-focused, and adaptive coping.

APPENDIX A
QUESTIONNAIRE

DEMOGRAPHIC QUESTIONS

INSTRUCTIONS: Please write in the blanks or check the best answer. If you do not want to answer a question then please skip it and go to the next one.

1. What is your current age? _____
2. What is your gender? (Check one)
 - Female
 - Male
3. How many years were you out of school prior to entering the MSW program? (Please indicate zero (0) if you went directly from undergrad to the program) _____
4. What is your MSW Status? (Check one)
 - Part-time 1st year
 - Part-time 2nd year
 - Part-time 3rd year
 - Full-time 1st year
 - Full-time 2nd year
5. What is your Race/Ethnicity? (Check one)
 - African-American/ Black
 - Asian
 - Latino
 - Multiple Race/Ethnicity
 - Native American
 - White (Non-Hispanic)
 - Unknown
 - Other
6. What is your relational status? (Check one)
 - Single, never married, and living alone
 - Single, never married, and living with roommate(s)
 - Living with Partner/Spouse
 - Separated/Divorced/Widowed
 - Other
7. Do you have children under the age of 18 living with you? Write the number of children in each age group.
 - Age 0-5 _____
 - Age 6-12 _____
 - Age 13-18 _____

8. Are you employed? (Check one)
- No
 - Yes- If yes, please check all that apply.
 - Employed as a Graduate Assistant
 - Other part-time employment (29 hours or less a week)
 - Full-time employment (30 hours or more a week)
9. What is your perception of the adequacy of your income? (Check one)
- I don't have enough to manage my expenses
 - I have enough to manage my expenses
 - I have more than enough to manage my expenses
10. Are you currently in a Field Placement? (Check one)
- No
 - Yes
11. Which of these do you find stressful? (Check all that apply)
- Close intimate relationships
 - Other social relationships
 - Family of origin issues
 - Physical distance from family/friends
 - Caring for children
 - Caring for partner or other adult relative
 - Anxiety
 - Depression
 - Physical health
 - Balancing demands
 - Employment
 - Commuting/Transportation
 - Housing
 - Grades
 - Worry about completing the program
 - Paper assignments
 - Quizzes/ Tests
 - Group assignments
 - Presentation assignments
 - Classmates/ Peers
 - Professors/ Instructors
 - Internship/ Field Placement

12. How confident are you that you will successfully complete the MSW program? (Check one)
- Not at all confident
 - Somewhat confident
 - Very confident
13. Do you believe you are more vulnerable to stress due to your previous life experiences or conditions (for example, psychological trauma, family crises, problems with depression, anxiety, etc.)? (Check one)
- No
 - Yes

Perceived Stress Scale (PSS)

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, please indicate with a check how often you felt or thought a certain way.

For each item choose based in the last month:

0=*Never* 1=*Almost Never* 2=*Sometimes* 3=*Fairly Often* 4=*Very Often*

1. How often have you been upset because of something that happened unexpectedly?	0	1	2	3	4
2. How often have you felt that you were unable to control the important things in your life?		1	2	3	4
3. How often have you felt nervous and “stressed”?	0	1	2	3	4
4. How often have you felt confident about your ability to handle your personal problems?	0	1	2	3	4
5. How often have you felt that things were going your way?	0	1	2	3	4
6. How often have you found that you could not cope with all the things that you had to do?	0	1	2	3	4
7. How often have you been able to control irritations in your life?	0	1	2	3	4
8. How often have you felt that you were on top of things?	0	1	2	3	4
9. How often have you been angered because of things that were outside of your control?	0	1	2	3	4
10. How often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

Citation: Cohen, S., Kamarck, T., Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 385-396.

Brief Cope

These items deal with how you have been coping with stress in the last month. Different people deal with stress in different ways, but I'm interested in how you have tried to deal with it. I want to know to what extent you have been doing what each item says. How much or how often? Don't answer on the basis of whether it seems to be working or not – just whether you are doing it or not. Indicate what YOU USUALLY DO when YOU experience a stressful event.

For each item choose during the last month:

1=“I haven't been doing this at all”

2=“I've been doing this a little bit”

3=“I've been doing this a medium amount”

4=“I've been doing this a lot”

1. I've been turning to work or other activities to take my mind off things.	1	2	3	4
2. I've been concentrating my efforts on doing something about the situation I'm in.	1	2	3	4
3. I've been saying to myself “this isn't real.”	1	2	3	4
4. I've been using alcohol or other drugs to make myself feel better.	1	2	3	4
5. I've been getting emotional support from others.	1	2	3	4
6. I've been giving up trying to deal with it.	1	2	3	4
7. I've been taking action to try to make the situation better.	1	2	3	4
8. I've been refusing to believe that it has happened.	1	2	3	4
9. I've been saying things to let my unpleasant feelings escape.	1	2	3	4
10. I've been getting help and advice from other people.	1	2	3	4
11. I've been using alcohol or other drugs to help me get through it.	1	2	3	4
12. I've been trying to see it in a different light, to make it seem more positive.	1	2	3	4
13. I've been criticizing myself.	1	2	3	4
14. I've been trying to come up with a strategy about what to do.	1	2	3	4
15. I've been getting comfort and understanding from someone.	1	2	3	4

16. I've been giving up the attempt to cope.	1	2	3	4
17. I've been looking for something good in what is happening.	1	2	3	4
18. I've been making jokes about it.	1	2	3	4
19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	1	2	3	4
20. I've been accepting the reality of the fact that it has happened.	1	2	3	4
21. I've been expressing my negative feelings.	1	2	3	4
22. I've been trying to find comfort in my religion or spiritual beliefs.	1	2	3	4
23. I've been trying to get advice or help from other people about what to do.	1	2	3	4
24. I've been learning to live with it.	1	2	3	4
25. I've been thinking hard about what steps to take.	1	2	3	4
26. I've been blaming myself for things that happened.	1	2	3	4
27. I've been praying or meditating.	1	2	3	4
28. I've been making fun of the situation.	1	2	3	4

Citation: Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioral Medicine*, 4, 92-100

Conditions of Scale Use

Permission to use the Perceived Stress Scale and the Brief COPE was not necessary since the instruments were used for academic research or educational purposes.

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT:

The study in which you are being asked to participate is designed to investigate healthy and maladaptive coping strategies among MSW students. This study is being conducted by Jody Lopez under the supervision of Professor Thomas D. Davis, PhD, California State University, San Bernardino. This study has been approved by the School of Social Work Sub-Committee of the California State University, San Bernardino Institutional Review Board.

PURPOSE: The purpose of this study is to explore healthy and maladaptive coping strategies used by MSW students and understand how it affects stress levels.

DESCRIPTION: Participants will complete a survey about perceived stress in the last month, coping strategies used, and complete a demographic questionnaire.

PARTICIPATION: Your participation in this study is voluntary. Should you choose to decline, you are free to place the blank survey into the locked box to be returned to the researcher.

CONFIDENTIALITY OR ANONYMITY: All information is confidential and will be kept in a locked box. Only the researcher will have access to the research information which will be destroyed at the end of the Spring 2014 quarter.

DURATION: The survey should take approximately 10 minutes of your time.

RISKS: A potential risk for the research participant is that the questions being asked in the survey can bring up distressing feelings. If you feel, at any time, that a particular question is too personal or makes you feel upset, please feel free to refrain from answering. If you would like to discuss these issues with a mental health professional, you may seek counseling services here on campus at the Psychological Counseling Center, 909-537-5040. Any fees associated with any treatment you receive would be your responsibility.

BENEFITS: There is no expected benefit directly by your participation, it is hoped that the results will provide useful information for future MSW students as well as educators.

CONTACT: If you have any questions about the research and research participants' rights, please contact Thomas Davis at 909-537-3839.

RESULTS: Results for this study can be obtained after September 2014 at the Pfau Library, CSUSB.

CONFIRMATION STATEMENT: By placing an X in the box, I acknowledge that I have been informed of, and that I understand the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

Place an X here Today's Date: _____

APPENDIX C
DEBRIEFING STATEMENT

Study of Healthy and Maladaptive Coping Strategies among MSW Students

Debriefing Statement

The study you have just completed was designed to investigate healthy and maladaptive coping strategies among MSW students. It is hoped that the results will provide useful information for future MSW students as well as educators. The research data will be collected through the questionnaires you have completed and all data will be kept confidential and anonymous. The results of this study will be available in the California State University, San Bernardino Pfau Library by September of 2014.

Thank you for your participation and for not discussing the contents of the survey with other students. Any stress or discomfort felt from this study is expected to be minimal and temporary. If you would like to discuss these issues with a mental health professional, you may seek counseling services here on campus at the Psychological Counseling Center, (909) 537-5040. If you have any questions about the study, please feel free to contact Jody Lopez or Professor Thomas D. Davis at (909) 537-3839. If you would like to obtain a copy of the results of this study, please contact Professor Thomas D. Davis at (909) 537-3839 at the end of Spring Quarter of 2014.

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