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SOCIAL WORK STUDENTS' COPING STRATEGIES DURING THE COVID 19 PANDEMIC

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SOCIAL WORK STUDENTS' COPING STRATEGIES DURING
THE COVID 19 PANDEMIC

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
Margarita Bracamontes
Benjamin Johnson
May 2022

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ABSTRACT

Social work college students experience unique challenges in their academic programs. The multidisciplinary nature of social work combined with challenging clinical practicums compounds the amount of stress social work students must cope with. The unprecedented COVID-19 pandemic has exacerbated an already difficult discipline to create new challenges for social work students. This quantitative study aimed to assess undergraduate and graduate social work students' coping strategies and perceived stress during the COVID-19 pandemic using the Brief COPE Inventory and Perceived Stress Scale. Active emotion-focused, avoidant emotion-focused, and problem-focused strategies were analyzed to determine their effect on perceived stress. Results indicate that the students who engaged in the avoidant type of coping strategies reported a higher perceived stress level than those students who used active emotion-focused coping and problem emotion-focused coping. Educating students on what avoidant coping strategies look like will lead to earlier identification of these behaviors and can increase students' self-awareness, potentially aiding in reducing stress. Future research may benefit from the development of practical and effective interventions to help manage or decrease stress amongst students.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Social work students face several unique challenges that may impact their mental health during their academic program. First, social work students face a challenging multidisciplinary curriculum. Social work students must become proficient in a variety of disciplines including biology, psychology, and human ecology to provide effective services to their clients. In addition to a demanding college curriculum, social work students must complete a clinical practicum while enrolled. Finally, social work students must learn how to navigate a field that exposes the worker to severe trauma and difficult situations. Social work students must grow personally and professionally to meet the demands of their academic programs. To meet these challenges, effective coping strategies will be essential to their success.

At the end of 2019, society was faced with a new threat that was not fully understood by anyone at that time: the COVID-19 pandemic. On March 19, 2020, a public health order directed all Californians to shelter in place except for essential travel and service work. School campuses closed for in-person classes and transitioned to a distance learning model. The closure of schools forced 14 million U.S. college students to adapt to virtual learning, make behavioral changes like social distancing, and deal with increased economic uncertainties

(Salimi et al., 2021). These sudden changes exacerbated social work students' mental health challenges and created additional barriers to accessing mental health services.

There are many interested parties concerned about students' mental health. Castillo and Schwartz (2013) report that students are speaking out and requesting mental health services, describing insufficient and nonexistent resources for traumas like sexual assault. According to Castillo and Schwartz (2013), university staff has seen an increase in the number of students seeking mental health services while administrators report an increase in problems like illicit drug use, alcohol use, problems related to sexual abuse, and self-harm behaviors.

Young adults transitioning to college life are in a challenging developmental period exacerbated by the global COVID-19 pandemic. According to research by Ross et al. (2021), close to 30% of college students report seriously considering suicide in their lifetime. It is critical to understand this problem due to the devastating toll untreated mental health disorders are taking on the lives of students, their families, and communities. Students are at an increased risk of negative outcomes like suicide, substance use, and sexual assault if undiagnosed and untreated.

College students, specifically students pursuing careers in the helping professions, may have unique stressors that impact their mental health. Labrague et al. (2018) found that college students pursuing helping professions

reported stress from academic sources like case studies, examinations, assignments, workloads, and studying. Clinical settings also caused stress with students citing competence, caring for patients, and interactions with staff as significant sources of stress. The existing literature on coping strategies is extensive but there is a gap concerning social work students' coping strategies under pandemic lockdown conditions. Here, we aimed to explore social work students' problem-focused, emotion-focused, and avoidant coping strategies.

Purpose of the Study

Identifying the most common and effective coping strategies has implications for the treatment of mental disorders and academic achievement for social work students. Social work students may have unique coping strategies that could be valuable in designing effective and targeted treatment strategies. Evaluating the effectiveness of college students' coping strategies may change what and how services are provided to this population.

Due to the recent and rapidly developing pandemic situation, current research is critical to understanding social work students' perceived stress as well as effective coping strategies and treatments. This study aimed to examine social work students' most common coping strategies to cope with the rigorous social work curriculum and additional stress during the COVID-19 pandemic.

Significance of the Project for Social Work.

It is important to conduct research that evaluates what coping strategies are being utilized by social work students under such unprecedented circumstances. Social work students already have a rigorous curriculum facing stress from academic sources like case studies, examinations, assignments, workloads, and studying (Labrague et al. 2018). From this research, university administrators will be given a better insight into what the most common coping strategies are amongst their social work students and what can be implemented to either encourage the current behavior or educate students on more effective ways of coping. Additionally, this will allow administrators, staff, and faculty members to understand how to better support the students who are in need. Ultimately, understanding current coping strategies will allow administrators to tailor support for the social work students, currently and in the future.

The findings of this research may greatly add to the social work profession by providing insight into what coping strategies are most utilized by social work students during a period of increased stress such as pandemic conditions. If social work students develop and maintain effective coping strategies while they are students, it will be beneficial in their career as social workers in the long term as well. Having a variety of effective coping strategies to utilize in the workplace will be beneficial to the social worker, agency, and clients. If the social worker can cope effectively during stressful times, he/she will likely be able to provide support to the best of his/her ability leading to a higher quality of care.

Here we hypothesized that social work students who were in college programs during the COVID-19 pandemic and utilized coping strategies more often had lower perceived stress levels than students who used coping strategies less often. Further, we hypothesize that students who use active-emotion-focused and problem-focused coping strategies will have lower perceived stress scores.

CHAPTER TWO

LITERATURE REVIEW

Stress

Lazarus and Folkman (1984) describe how the interaction of a person with an environment creates stress. Lazarus and Folkman's (1984) transactional theory of stress and coping states that individuals cognitively appraise stimuli in their environment that result in positive or negative emotions. Stress results when stimuli are appraised to be unsafe or adverse. Coping strategies are engaged to manage emotions and deal with the danger resulting in an outcome of a resolved situation or unresolved situation leading to further distress and negative emotions (Cooper & Quick, 2017). Important to the theory is the transactional perception of the event as stressful and exceeding the individual's ability to cope which produces negative emotions and coping responses, not the event itself (Lazarus, 1991).

Supporting the transactional nature of the person in the environment, Lazarus (1991) defines two sets of forces at work in the appraisal process: the individuals' values, goals, and beliefs, and environmental factors like demands and resources. Coping skills are the result of an individual attempting to resolve a situation and return to equilibrium within the environment. When negative emotions are produced as the result of perceived stressors, coping mechanisms are produced to reduce distress.

Social work students have elevated stress with academic programs, practicum, home life, and emotional burnout. On top of having an already heavy workload, the pandemic has increased social work students' levels of stress. Having to worry about transitioning to the online learning format, learning how to navigate telehealth in practicum, worrying about technical difficulties, and not having the opportunity to ask questions in person has added stress to an already stressful situation. Transactional theory helps us understand how social work students might evaluate, perceive, and cope with the new added stress of the pandemic environment.

Coping Strategies

Lazarus and Folkman's (1984) theory of stress and coping define coping as "constantly changing cognitive and behavioral efforts to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the person." Further explanation of the theory specifies problem-focused or emotion-focused coping strategies. Problem-focused coping strategies are solution-focused strategies that focus on action to remedy and overcome the source of the stress directly. Emotion-focused coping strategies attempt to minimize the emotional effects of stress and can be either active or avoidant (Lazarus & Folkman 1984). Active emotion-focused coping strategies are behaviors that manage stressors by shifting how individuals experience stress to reduce negative effects. Coping strategies such as meditation or

reframing cognitive distortions are examples of active emotion-focused coping strategies and are considered positive and adaptive. Additionally, Problems-focused coping entailed active coping, planning instrumental support, and religion. (Schnider et al., 2007). On the other hand, avoidant coping strategies are coping behaviors like substance use or denial and are considered maladaptive (Schnider et al., 2007).

Yi et al. (2021) describe how adaptive coping strategies like emotion-focused coping can create more dispositional optimism about the future, finding that optimism is associated with improved psychological and physical health and correlated with fewer depressive symptoms and less suicide risk. Consistent with ecological theory, the literature has found constructive coping strategies to improve the interaction of a person in the social environment, increase optimism, and reduce negative outcomes (Yi et al. 2021).

Carver and colleagues (1989) developed a multidimensional coping inventory to measure the various dimensions of coping strategies called the COPE inventory. Some examples of coping strategies found in the COPE inventory are positive reinterpretation and growth (“I try to grow as a person”), mental disengagement (“I will turn to a different activity to get my mind off of things”), venting of emotions (“I get upset and let my emotions out”), instrumental social support (“I get advice from others”), active coping (“I try to do something about my situation”), denial (“this is not real”), religious coping (“I will put it in God’s hands”), humor (“I laugh about the situation”), behavioral disengagement

("I cannot do this so I will quit trying"), restraint ("I will hold off from doing anything too fast"), emotional support ("I will discuss how I feel with someone"), substance abuse, acceptance, suppression, and planning ("I will make a plan of action"; Carver et al., 1989). Responses to questions involve measuring how often participants engage in each strategy, measured on a 1-4 scale.

Social Work Student's Coping Strategies

A current assessment of social work students' baseline stress was conducted in 2021 by Tonsing and Tonsing. Tonsing and Tonsing (2021) used the 10-item Perceived Stress Scale to measure the extent to which participants found events in their life to be unpredictable, uncontrollable, and stressful. Coping strategies were measured using Carver's (1997) Brief Cope inventory to measure cognitive and behavioral responses to stress. Results of this research found that 51% of participants scored in the highly stressed category. Participants reported school workload, lower grades than expected, the health of family members, and trouble with parents as the most significant sources of distress. Conversely, having to learn how to juggle school and one's personal life during a pandemic can add even more stress to a student's life.

Fuente et al. (2019) examined the coping strategies used by Spanish female social work students. The researchers recruited a total of 310 female undergraduate social work students from a public university in northern Spain. It was found that constructive social problem-solving abilities were found to be

positively associated with functional coping strategies like rational problem-solving. Poor problem-solving abilities were found to be positively associated with dysfunctional coping strategies like negative problem orientation with social withdrawal, impulsiveness/ carelessness style, and avoidance. Ultimately, the social work student's problem-solving abilities were indicators of how the students will cope with stressful situations.

Additionally, Bonifas and Napoli (2014) conducted a study that incorporated mindfulness into social work students' lives to increase their quality of life and build stress coping strategies. The participants were 77 students at a university in the southwestern United States. The students completed the Generic III version of the Ferrans Powers 'Quality of Life Index' and the 'Perceived Stress Scale'. Data were collected over five years and the participants took one course annually. The researchers found that students with some, to a lot, of mindfulness experience had small improvements in the family domain, and those with limited experience reported a slight reduction in perceived stress. This illustrates the effectiveness of mindfulness as a coping strategy in a student's life. Mindfulness can increase one's ability to respond effectively when difficulties arise in the classroom. It can also aid in increasing the quality of life and improving stress management skills.

Moreover, Morgan and Hughes (2006) conducted a study that focused on stress and coping in social work students, with a specific emphasis on humor as a coping strategy. The researchers examined the sense of humor in social work

students and the relationship between stress and health. Participants were recruited from the School of Social Work at an Australian university (Morgan & Hughes 2006). Participants' ages ranged from 19 to 53 years old with a mean age of 28 years (27 females & five males.) The researchers used the Multidimensional Sense of Humor Scale (MSHS), a stress scale adapted by Moran and Colless, and a 28-item Symptom Checklist. It was found that using humor socially correlated with lower stress levels and may help individuals obtain social support.

Theories Guiding Conceptualization

Bronfenbrenner's Ecological Systems Theory suggests that an individual's environment is arranged in a series of hierarchical layers or systems. The microsystem is comprised of the person and their immediate environment of family, peers, and other immediate interactions. Interactions in the microsystem are bidirectional, personal, and critical for personal development. Next, the mesosystem level is where the microsystems interact with each other, such as parents, teachers, or doctors. The next level is the exosystem which consists of components like the person's neighborhood and the media. Finally, there is the macrosystem level is comprised of cultural elements like socioeconomic status, wealth, poverty, and ethnicity (Bronfenbrenner, 1974). Ecological Systems Theory is useful to psychologists and social workers because it provides a

framework to describe the interactions between ecological levels and design interventions for human behavior in the social-environmental context.

Ecological systems theory is useful in understanding the challenges, stressors, and coping strategies used by social work students within the context of the global COVID-19 pandemic. The pandemic has altered the interaction of students' social environment and ecological levels in multiple ways, which ultimately impacts the well-being and educational outcomes of the student. Of primary concern are students' health and safety. COVID-19 has killed 62,165 people in California and sickened many more, impacting many students' microsystems. The loss of an immediate family member or close friend is one of the most disruptive events in the family system and has undoubtedly touched many students' lives. A study looking at family interactions during the pandemic found family structure and multigenerational care for family members an important source of potential disease contact, affecting family interactions (Lightfoot et al., 2021). Ultimately, the pandemic has impacted virtually all citizens across all ecological levels.

A second theory that has become fundamental to the understanding of coping skills is Lazarus and Folkman's (1984) transactional theory of stress and coping. Lazarus and Folkman (1984) have focused on the individual/environmental transactional theoretical explanation of stress. This explanation differs from other conceptual understandings of stress that see stress as an external stimulus or response (Cooper & Quick, 2017). The

transactional theory of stress explains that stress is the result of a bidirectional relationship between a person in the environment rather than simply an individual's response to a stimulus. Lazarus and Folkman's (1984) research on stress and coping has spanned five decades and continues to inform today's theory and treatments.

Summary

In this study, we aimed to investigate social work students' use of strategies to cope with the already significant stress of a rigorous academic program while considering the impact of the COVID-19 pandemic. Ecological systems theory guided this investigation to provide a person-in-environment appraisal of perceived stress, coping, and impact on social work students' mental health and academic goals. The transactional theory provided a foundation for understanding the impact of perceived stressors and responses. The Transactional theory emphasizes the perception of an event as stressful and exceeding the individual's ability to cope which triggers coping strategies. Evaluating students' perceptions of stress and responses is critical to designing effective intervention strategies that impact social work students' psychological and physical health.

CHAPTER THREE

METHODS

Introduction

This study investigated how perceived stress levels among social work students during the COVID-19 pandemic varied by the type of coping strategy employed. This chapter contains details on the study design, sampling, data collection, instruments used, procedures, protection of human subjects, and data analysis.

Study Design

This was a correlational quantitative study to explore social work students' coping strategies and perceived stress levels during the COVID-19 pandemic. This study used a non-probability sample of current social work students. This study was a descriptive study that relied on information provided by the students. The students' perceived stress levels and coping strategies were measured using the Brief Cope Inventory and the Perceived Stress Scale (PSS). Data were collected, coded, sorted, and categorized to enable analysis that may lead to a better understanding of students' coping strategies during the pandemic.

This quantitative study was descriptive as it investigated the relationship between self-reported experiences of coping and the self-reported stress levels of social work students. There were practical methodological strengths of this

type of study. Discussing current coping behaviors can be difficult and uncomfortable for many. Completing an anonymous survey online allowed participants to be more forthcoming about their responses. This study also aimed to discover any correlation between coping strategies and perceived stress levels. Finally, to abide by the CDC guidelines regarding the COVID-19 pandemic, surveys allowed no in-person contact between participants and researchers, minimizing health risks. The findings of this study can have implications for other social work students.

There are some limitations to take into consideration when conducting a quantitative study. One is that the quantitative study does not allow the participant to give a more detailed account of his/her personal experience. If one is limited to a survey and does not have an opportunity to fill in their unique response, it will not capture the unique strategies of certain individuals. Another limitation is that if a participant is given a long list of questions in the survey, it is likely that the participant might lose interest and not read the questions carefully. For this reason, it is important to keep the questions on the survey short, clear, and concise.

In this study, the independent variable was the coping strategies, and the dependent variable was the perceived stress levels of the students. This study will answer the following questions: 1) What are Social Work students' coping strategies during the COVID-19 pandemic, (3 SUBSCALES) and 2) How do these coping strategies impact their perceived stress levels.

Sampling

This study used a non-probability sample of current social work students from a college in California. Participants were current full-time, part-time, or online bachelor's or Master of Social Work Students aged 18 and above. Participants were recruited via a mass email distributed by the Social Work program director. Participants were given the option to provide their email address for a chance to receive 1 of 4 \$500 Amazon gift cards as an incentive for completing the survey. Participants' Email addresses remained confidential and were not downloaded to any researcher's computer. The program director was given access to Qualtrics Data at the end of data collection to randomly select and distribute the incentives. All identifying information was then deleted. All the data gathered was kept in a password-protected digital file on a USB file.

Data Collection and Instruments

Quantitative data were collected from 72 participants via an online Qualtrics survey that assessed students' stress and coping strategies used during the COVID-19 pandemic

Social work students' coping strategies were measured using the Carver Brief COPE inventory (see appendix A) (Carver, 1997). The Brief Cope inventory asks 28 questions measured on a 1-4 Likert scale; 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. The possible scores on the Brief COPE

inventory range from 28 to 112 with higher scores indicating a greater level of stress. The Brief COPE Inventory has proven both reliable and valid for a variety of populations. A study by Rahman et. al (2021) investigating coping strategies among nurses found the instrument valid with Cronbach's alphas at 0.81 and 0.88.

Social work students' perceived stress levels were measured using Cohen and Williamson's Perceived stress scale (PSS) (see appendix B) (Cohen and Williamson, 1988). The PSS asks 10 questions using a 0-4 Likert scale to measure stress levels over the last month. The possible range of scores on the PSS range from 0 to 40 with higher scores indicating greater stress. The 10-item self-report instrument had established reliability ($r = 0.85$) and validity (Cohen et al., 1983).

Procedures

Approval of the project was granted by the Institutional Review Board (IRB) of the college. Participant recruitment began by petitioning social work students through email. If students agreed to participate, they were asked a series of questions to determine eligibility. To be eligible, participants had to be over the age of 18 and currently enrolled in a bachelor's or Master of Social Work program in the United States. Participants were provided an informed consent that stated the study's purpose, and participant rights. The consent document outlined the terms of the study, explaining that participation was voluntary and

that participants were able to decline further participation at any time. The consent document also informed participants the survey was anonymous, with no name required for participation. A link to the survey was provided upon the completion of the informed consent. After completing the surveys, participants were given a debriefing statement (Appendix D). Once the instruments were completed, the researchers gathered the data in a secure digital file on a USB drive that was password protected. The researchers then downloaded the data and imported it into SPSS for analysis. All data was stored in a password-protected format and destroyed after three years.

Protection of Human Subjects

Participants' confidentiality was always protected by the researchers using password protection, locked storage of USB drives, and encryption. Participants were informed of the purpose of the study, any risk involved, their rights as participants, understood how their anonymity and confidentiality would be preserved, and procedures for addressing any grievances or possible harm. Data from the surveys remained securely stored for 3 years, after which it was destroyed.

Data Analysis

This study was a quantitative study of social work students' coping strategies. The independent variables in this study were active and avoidant

coping strategies used by social work students under pandemic conditions. The dependent variable was perceived stress level. The variables were measured using continuous levels of measurement on interval ratio scales. Data was collected using Qualtrics and downloaded to an SPSS file. The statistical analysis was computed using SPSS.28.0 (IBM, 2021).

Initial data analysis was conducted using descriptive statistics to describe students' coping strategies, and perceived stress levels, and summarize data. Data were presented as percentages, means, and standard deviations for the variables depending on the level of measurement of those variables. Bivariate correlational analysis was used to investigate the correlational relationship between coping strategies and stress levels. Multiple regression analysis was used to analyze whether the relationship between coping strategies and stress levels differed when demographic variables were controlled.

Summary

This study examined the correlation between U.S. social work students' use of coping strategies and stress levels during the COVID-19 Pandemic. This study also investigated how perceived stress levels among social work students during the COVID-19 pandemic varied depending on the type of coping strategy employed. The survey of social work students in this research will contribute to the existing knowledge of coping strategies and the association between stress, specifically under pandemic conditions. Information gathered from this study will

provide valuable insight to university administrators and will aid in designing effective coping strategies for students.

CHAPTER FOUR

RESULTS

Introduction

Data were collected using a Qualtrics survey from 72 Masters and Bachelor of Social Work Students recruited from October 18th, 2022, through January 30th, 2022. Demographic, stress, and coping data were analyzed using SPSS to study the relationship between these variables.

Demographic Characteristics

Demographic information was collected at the start of the survey consisting of age, gender identification, ethnicity, education level, and current grade level. Of the 72 respondents, 83.1% were female, 14.1% were male while 1.4% indicated trans, and 1.4% were non-conforming. Results indicated 18.3% of those surveyed were aged 18-24, 53.5% aged 25-35, 18.3% aged 35-45, 7% aged 46-55, and 2.8% aged greater than 55. Ethnicity data indicated 60.6% Hispanic, 9.9% Black, 19.7% white, 4.2% Asian, and 5.6% other. Most participants (84.5%) were in the Master of Social Work program while 15.5% were in the bachelor's program. GPA data indicated 88.7% had a GPA that ranged from 3.5 to 4.0 and 11.3% had a GPA that ranged from 3.0 to 3.5.

Before performing our statistical analyses, a Shapiro-Wilk test for normality was performed to determine if the dependent variable, Perceived

Stress Scale, is normally distributed. The Shapiro-Wilk test for normality was used because it “is the most powerful normality test, followed by Anderson-Darling test, Lilliefors test, and Kolmogorov-Smirnov test “however Razali and Wah (2011, p. 21) caution that “... the power of all four tests is still low for small sample size.” This test verified that the dependent variable is normally distributed (see Table 1).

Table 1

Test of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
NEW PSS SCALE	.109	72	.035	.970	72	.087

a. Lilliefors Significance Correction

Stress

To test for differences in the Perceived Stress Scale, a One-Way ANOVA was performed on the four educational attainment categories, and no statistically significant differences were found (see Table 2).

Table 2*PSS Scale One Way ANOVA*

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	32.360	3	10.787	0.400	0.754
Within Groups	1834.293	68	26.975		
Total	1866.653	71			

An Eta-squared statistic was performed to measure the effect size for the PSS by the three levels of educational attainment and this resulted in a very small effect size of .017 (see Table 3).

Table 3*ANOVA Effect Sizes^b*

		Point Estimate	95% Confidence Interval	
			Lower	Upper
NEW PSS SCALE	Eta-squared	.017	.000	.075
	Epsilon-squared	-.026	-.044	.034
	Omega-squared Fixed-effect	-.026	-.043	.034
	Omega-squared Random-effect	-.008	-.014	.011

a. Eta-squared and Epsilon-squared are estimated based on the fixed-effect model.

b. Negative but less biased estimates are retained, not rounded to zero.

Next, a One-Way ANOVA was performed for the PSS by the three levels of educational attainment and no statistically significant differences were found (see Table 4).

Table 4

PSS by Educational Attainment ANOVA

<i>NEW PSS SCALE</i>					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.785	2	.393	.014	.986
Within Groups	1857.159	68	27.311		
Total	1857.944	70			

An Eta-squared statistic was performed to measure the effect size for the PSS by the three levels of educational attainment and an effect size of .000 resulted (see Table 5).

Table 5*ANOVA Effect Sizes^{a,b}*

			95% Confidence Interval	
		Point Estimate	Lower	Upper
NEW PSS SCALE	Eta-squared	.000	.000	.000
	Epsilon-squared	-.029	-.029	-.029
	Omega-squared Fixed-effect	-.029	-.029	-.029
	Omega-squared Random-effect	-.014	-.014	-.014

a. Eta-squared and Epsilon-squared are estimated based on the fixed-effect model.

b. Negative but less biased estimates are retained, not rounded to zero.

An independent samples t-test was performed to assess for differences in the PSS by Hispanic identification and no statistically significant differences were found (see Table 6).

Table 6*Independent Samples Test*

		Levene's Test for Equality of Variances		t-test for Equality of Means						95% Confidence Interval of the Difference	
		F	Sig.	t	df	Significance		Mean Difference	Std. Error Difference	Lower	Upper
						One Sided p	Two-Sided p				
NEW PSS SCALE	Equal variances assumed	.260	.612	.424	70	.336	.673	.52922	1.24677	-1.95738	3.01582
	Equal variances not assumed			.434	61.901	.333	.666	.52922	1.21859	-1.90678	2.96522

A Cohen's d was run to determine the effect size, which is very small at .103 (see Table 7).

Table 7*Independent Samples Effect Sizes*

				95% Confidence Interval	
		Standardize	Point Estimate	Lower	Upper
NEW PSS SCALE	Cohen's d	5.15733	.103	-.372	.576
	Hedges' correction	5.21342	.102	-.368	.570
	Glass's delta	4.83306	.110	-.366	.583

a. The denominator used in estimating the effect sizes.

Cohen's d uses the pooled standard deviation.

Hedges' correction uses the pooled standard deviation, plus a correction factor.

Glass's delta uses the sample standard deviation of the control group.

An independent samples t-test was performed for the PSS by sex and no statistically significant difference was found (see Table 8).

Table 8

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means							
						Significance		Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
		F	Sig.	t	df	One-Sided p	Two-Sided p			Lower	Upper
New pss scale	Equal variances assumed	.161	.689	1.054	68	.148	.295	1.81667	1.72312	-1.62176	5.25510
	Equal variances not assumed			1.085	12.481	.149	.298	1.81667	1.67388	-1.81485	5.44819

A Cohen's d was run to determine the effect size, which resulted in a small effect size of .360 (see Table 9).

Table 9*Independent Samples Effect Sizes*

				95% Confidence Interval	
		Standardizer ^a	Point Estimate	Lower	Upper
New Pss Scale	Cohen's d	5.04478	.360	-.313	1.031
	Hedges' correction	5.10128	.356	-.310	1.020
	Glass's delta	4.87169	.373	-.327	1.054

a. The denominator used in estimating the effect sizes.

Cohen's d uses the pooled standard deviation.

Hedges' correction uses the pooled standard deviation, plus a correction factor.

Glass's delta uses the sample standard deviation of the control group.

An independent samples t-test was performed for PSS by the two levels of GPA (3.0-3.4 and 3.5+) and no statistical difference was found (see Table 10).

Table 10*Independent Samples Test*

		Levene's Test for Equality of Variances		t-test for Equality of Means						95% Confidence Interval of the Difference	
		F	Sig.	t	df	Significance One-Sided p	Two-Sided p	Mean Difference	Std. Error Difference	Lower	Upper
NEW PSS SCALE	Equal variances assumed	.063	.803	-1.207	70	.116	.232	-2.31250	1.91666	-6.13515	1.51015
	Equal variances not assumed			-1.184	8.754	.134	.268	-2.31250	1.95312	-6.74976	2.12476

A Cohen's d was run to determine the effect size, which resulted in a medium negative effect size at -.452 (see Table 11).

Table 11

Independent Samples Effect Sizes

				95% Confidence Interval		
			Standardizer ^a	Point Estimate	Lower	Upper
NEW PSS SCALE	Cohen's d	5.11109		-.452	-1.190	.288
	Hedges' correction	5.16668		-.448	-1.177	.285
	Glass's delta	5.09863		-.454	-1.191	.287

a. The denominator used in estimating the effect sizes.

Cohen's d uses the pooled standard deviation.

Hedges' correction uses the pooled standard deviation, plus a correction factor.

Glass's delta uses the sample standard deviation of the control group.

Lastly, an independent samples t-test was performed for pss by the social work program (BASW versus MSW) and no statistically significant difference was found (see table 12).

Table 12*Independent Samples Test*

		Levene's Test for Equality of Variances		t-test for Equality of Means							
				Significance						95% Confidence Interval of the Difference	
		F	Sig.	t	df	One-Sided p	Two-Sided p	Mean Difference	Std. Error Difference	Lower	Upper
NEW PSS SCALE	Equal variances assumed	2.185	.144	-.142	70	.444	.888	-.23994	1.69132	-3.61317	3.13329
	Equal variances not assumed			-.203	22.357	.420	.841	-.23994	1.18036	-2.68559	2.20571

A Cohen's d was performed to determine the effect size, and this resulted in -.046, a very small effect size (see table 13).

Table 13*Independent Samples Effect Sizes*

			95% Confidence Interval		
		Standardizer ^a	Point Estimate	Lower	Upper
NEW PSS SCALE	Cohen's d	5.16322	-.046	-.688	.596
	Hedges' correction	5.21937	-.046	-.681	.589
	Glass's delta	5.42515	-.044	-.686	.598

a. The denominator used in estimating the effect sizes.

Cohen's d uses the pooled standard deviation.

Hedges' correction uses the pooled standard deviation, plus a correction factor.

Glass's delta uses the sample standard deviation of the control group.

Coping

Independent samples t-tests were performed for each of the three ways of coping by sex, and no statistically significant differences were found (see Table 14).

Table 14

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means							
		F	Sig.	t	df	Significance		Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
						One-Sided p	Two-Sided p			Lower	Upper
Problem Focused Coping	Equal variances assumed	.359	.551	.482	68	.316	.631	.68333	1.41716	-2.14457	3.51124
	Equal variances not assumed			.555	13.847	.294	.588	.68333	1.23186	-1.96149	3.32816
Active Emotional Coping	Equal variances assumed	2.921	.092	.286	68	.388	.776	.41667	1.45875	-2.49421	3.32755
	Equal variances not assumed			.399	18.073	.347	.694	.41667	1.04297	-1.77391	2.60724
Avoidant Emotional Coping	Equal variances assumed	2.538	.116	.480	68	.316	.633	.66667	1.38870	-2.10444	3.43777
	Equal variances not assumed			.663	17.681	.258	.516	.66667	1.00580	-1.44918	2.78251

A Cohen's d test was performed to assess effect sizes for each of the three types of coping by sex and the following table reveals that the effect sizes were small or very small to small (e.g., ranging between .098 and .165) (see Table 15).

Table 15

Independent Samples Effect Sizes

		Standardizer ^a	Point Estimate	95% Confidence Interval	
				Lower	Upper
Problem Focused Coping	Cohen's d	4.14903	.165	-.506	.834
	Hedges' correction	4.19550	.163	-.500	.825
	Glass's delta	3.48967	.196	-.485	.866
Active Emotional Coping	Cohen's d	4.27077	.098	-.572	.767
	Hedges' correction	4.31861	.096	-.566	.758
	Glass's delta	2.75076	.151	-.526	.820
Avoidant Emotional Coping	Cohen's d	4.06570	.164	-.507	.833
	Hedges' correction	4.11124	.162	-.501	.824
	Glass's delta	2.66875	.250	-.436	.922

a. The denominator used in estimating the effect sizes.

Cohen's d uses the pooled standard deviation.

Hedges' correction uses the pooled standard deviation, plus a correction factor.

Glass's delta uses the sample standard deviation of the control group.

An independent samples t-test was conducted for each of the three types of coping by grade point average (GPA, 3.0-3.4 and 3.5+) and no statistically significant differences were found (see Table 16).

Table 16*Independent Samples Test*

		Levene's Test for Equality of Variances		t-test for Equality of Means							
				Significance						95% Confidence Interval of the Difference	
		F	Sig.	t	df	One-Sided p	Two-Sided p	Mean Difference	Std. Error Difference	Lower	Upper
Problem Focused Coping	Equal variances assumed	.718	.400	1.641	70	.053	.105	2.59375	1.58074	-.55893	5.74643
	Equal variances not assumed			1.895	9.720	.044	.088	2.59375	1.36876	-.46800	5.65550
Active Emotional Coping	Equal variances assumed	.134	.715	.797	70	.214	.428	1.28125	1.60752	-1.92484	4.48734
	Equal variances not assumed			.807	8.909	.220	.440	1.28125	1.58681	-2.31397	4.87647
Avoidant Emotional Coping	Equal variances assumed	2.685	.106	.096	70	.462	.924	.15625	1.62407	-3.08285	3.39535
	Equal variances not assumed			.076	7.987	.471	.941	.15625	2.05574	-4.58566	4.89816

A Cohen's d test was performed to assess the effect sizes for each of the three types of coping by GPA and the following table reveals that the effect sizes varied more dramatically from the previous independent samples t-test results, namely the effect size of Problem Focused Coping by GPA was .615 (medium-sized effect), followed by Active Emotional Coping by GPA (.299 (small-sized

effect), and Avoidant Emotional Coping (.036 very small size effect) (see Table 17).

Table 17

Independent Samples Effect Sizes

				95% Confidence Interval	
		Standardizer ^a	Point Estimate	Lower	Upper
Problem Focused Coping	Cohen's d	4.21530	.615	-.129	1.355
	Hedges' correction	4.26115	.609	-.127	1.341
	Glass's delta	4.28163	.606	-.139	1.346
Active Emotional Coping	Cohen's d	4.28671	.299	-.439	1.034
	Hedges' correction	4.33333	.296	-.434	1.023
	Glass's delta	4.29366	.298	-.440	1.034
Avoidant Emotional Coping	Cohen's d	4.33085	.036	-.699	.771
	Hedges' correction	4.37795	.036	-.692	.763
	Glass's delta	4.16226	.038	-.698	.772

a. The denominator used in estimating the effect sizes.

Cohen's d uses the pooled standard deviation.

Hedges' correction uses the pooled standard deviation, plus a correction factor.

Glass's delta uses the sample standard deviation of the control group.

An independent samples t-test was performed for the three coping styles scales by Hispanic identification (Hispanic versus non-Hispanic) and no statistically significant differences were found (see Table 18).

Table 18*Independent Samples Test*

		Levene's Test for Equality of Variances		t-test for Equality of Means							
		F	Sig.	t	df	Significance		Mean Difference	Std. Error Differen ce	95% Confidence Interval of the Difference	
						One Sided p	Two Sided p			Lower	Upper
Problem Focused Coping	Equal variances assumed	.618	.435	1.249	70	.108	.216	1.28247	1.02707	-.76596	3.33090
	Equal variances not assumed			1.304	65.367	.098	.197	1.28247	.98337	-.68124	3.24617
Active Emotional Coping	Equal variances assumed	.000	1.000	-1.388	70	.085	.170	-1.42532	1.02696	-3.47352	.62288
	Equal variances not assumed			-1.376	55.972	.087	.174	-1.42532	1.03598	-3.50066	.65001
Avoidant Emotional Coping	Equal variances assumed	2.480	.120	1.422	70	.080	.160	1.46753	1.03224	-.59121	3.52627
	Equal variances not assumed			1.525	68.712	.066	.132	1.46753	.96234	-.45242	3.38749

A Cohen's d test was performed to assess effect sizes for each of the three types of coping by Hispanic identification and the following table reveals that all Cohen d statistics were small, ranging between .302 (for Problem Focused Coping by Hispanic Identification) and .344 for Avoidant Emotional Coping by Hispanic Identification (see Table 19)

Table 19*Independent Samples Effect Sizes*

			Point Estimate	95% Confidence Interval	
Standardizer ^a				Lower	Upper
Problem Focused Coping	Cohen's d	4.24855	.302	-.176	.777
	Hedges' correction	4.29475	.299	-.174	.769
	Glass's delta	3.73529	.343	-.142	.823
Active Emotional Coping	Cohen's d	4.24807	-.336	-.811	.143
	Hedges' correction	4.29427	-.332	-.803	.141
	Glass's delta	4.34903	-.328	-.807	.157
Avoidant Emotional Coping	Cohen's d	4.26993	.344	-.135	.820
	Hedges' correction	4.31637	.340	-.133	.811
	Glass's delta	3.42493	.428	-.063	.912

a. The denominator used in estimating the effect sizes.

Cohen's d uses the pooled standard deviation.

Hedges' correction uses the pooled standard deviation, plus a correction factor.

Glass's delta uses the sample standard deviation of the control group.

Next, a One-Way ANOVA test was performed for the 3 types of coping styles by four categories of age (18-24, 25-34, 35-45, and 46+), and no statistically significant differences were found (see Table 20).

Table 20

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Problem Focused Coping	Between Groups	36.195	3	12.065	.653	.584
	Within Groups	1255.458	68	18.463		
	Total	1291.653	71			
Active Emotional Coping	Between Groups	32.550	3	10.850	.583	.628
	Within Groups	1265.436	68	18.609		
	Total	1297.986	71			
Avoidant Emotional Coping	Between Groups	106.510	3	35.503	2.001	.122
	Within Groups	1206.601	68	17.744		
	Total	1313.111	71			

An Eta-squared statistic was performed to measure effect size, and this resulted in very small effect sizes for all three coping styles by the four age categories (i.e., ranging between .025 to .081) (see Table 21).

Table 21*ANOVA Effect Sizes^{a,b}*

		Point Estimate	95% Confidence Interval	
			Lower	Upper
Problem Focused Coping	Eta-squared	.028	.000	.102
	Epsilon-squared	-.015	-.044	.062
	Omega-squared Fixed-effect	-.015	-.043	.061
	Omega-squared Random-effect	-.005	-.014	.021
Active Emotional Coping	Eta-squared	.025	.000	.095
	Epsilon-squared	-.018	-.044	.055
	Omega-squared Fixed-effect	-.018	-.043	.054
	Omega-squared Random-effect	-.006	-.014	.019
Avoidant Emotional Coping	Eta-squared	.081	.000	.192
	Epsilon-squared	.041	-.044	.156
	Omega-squared Fixed-effect	.040	-.043	.154
	Omega-squared Random-effect	.014	-.014	.057

a. Eta-squared and Epsilon-squared are estimated based on the fixed-effect model.

b. Negative but less biased estimates are retained, not rounded to zero.

An independent samples t-test was conducted for each of the three types of coping by grade point average (GPA, 3.0-3.4 and 3.5+) and no statistically significant differences were found (see Table 22).

Table 22*Independent Samples Test*

		Levene's Test for Equality of Variances		t-test for Equality of Means							
				Significance						95% Confidence Interval of the Difference	
		F	Sig.	t	df	One- Sided p	Two- Sided p	Mean Difference	Std. Error Difference	Lower	Upper
Problem Focused Coping	Equal variances assumed	.718	.400	1.641	70	.053	.105	2.59375	1.58074	-.55893	5.74643
	Equal variances not assumed			1.895	720	.044	.088	2.59375	1.36876	-.46800	5.65550
Active Emotional Coping	Equal variances assumed	.134	.715	.797	70	.214	.428	1.28125	1.60752	-1.92484	4.48734
	Equal variances not assumed			.807	8.909	.220	.440	1.28125	1.58681	-2.31397	4.87647
Avoidant Emotional Coping	Equal variances assumed	2.685	.106	.096	70	.462	.924	.15625	1.62407	-3.08285	3.39535
	Equal variances not assumed			.076	7.987	.471	.941	.15625	2.05574	-4.58566	4.89816

Next, a One-Way ANOVA was performed for the three coping styles by three levels of educational attainment (some college, bachelor's degree, master's degree) and no statistically significant differences were found (see Table 24).

Table 23*Anova*

		Sum of Squares	<i>df</i>	Mean Square	F	Sig.
Problem Focused Coping	Between Groups	51.383	2	25.692	1.416	.250
	Within Groups	1233.574	68	18.141		
	Total	1284.958	70			
Active Emotional Coping	Between Groups	82.512	2	41.256	2.311	.107
	Within Groups	1213.854	68	17.851		
	Total	1296.366	70			
Avoidant Emotional Coping	Between Groups	8.397	2	4.198	.219	.804
	Within Groups	1303.462	68	19.169		
	Total	1311.859	70			

An Eta-squared statistic was performed to measure effect size for each of the three coping styles by the three levels of educational attainment and this resulted in very small effect sizes (i.e., ranging from .006 to .064) (see Table 25).

Table 24*ANOVA Effect Sizes^{a,b}*

			95% Confidence Interval	
		Point Estimate	Lower	Upper
Problem Focused Coping	Eta-squared	.040	.000	.143
	Epsilon-squared	.012	-.029	.118
	Omega-squared Fixed-effect	.012	-.029	.117
	Omega-squared Random-effect	.006	-.014	.062
Active Emotional Coping	Eta-squared	.064	.000	.181
	Epsilon-squared	.036	-.029	.157
	Omega-squared Fixed-effect	.036	-.029	.155
	Omega-squared Random-effect	.018	-.014	.084
Avoidant Emotional Coping	Eta-squared	.006	.000	.061
	Epsilon-squared	-.023	-.029	.033
	Omega-squared Fixed-effect	-.022	-.029	.033
	Omega-squared Random-effect	-.011	-.014	.017

a. Eta-squared and Epsilon-squared are estimated based on the fixed-effect model.

b. Negative but less biased estimates are retained, not rounded to zero.

Perceived Stress Scale and Coping

A Pearson r correlation was performed to assess for linear relationships between the dependent variable, Perceived Stress Scale (PSS), and each of the three independent variables, Problem Focused Coping, Active Emotional Coping, and Avoidant Emotional Coping. The results from the Pearson r correlation tests show that there is a positive statistically significant linear relationship between Perceived Stress Scale and Avoidant Emotional Coping, $r(70) = .612^{**}$, $p < .001$. No statistically significant linear relationships were found between the

Perceived Stress Scale and each of the other two independent variables, Problem Focused Coping and Active Emotional Coping (see Table 26).

Table 25

Correlations

		New pss scale	Problem-focused coping	Active emotional coping	Avoidant emotional coping
New pss scale	Pearson	1	.145	-.075	.612**
	Correlation				
	Sig. (2-tailed)		.225	.529	<.001
	N	72	72	72	72
Problem-focused coping	Pearson	.145	1	.394**	.280*
	Correlation				
	Sig. (2-tailed)	.225		<.001	.017
	N	72	72	72	72
Active emotional coping	Pearson	-.075	.394**	1	.025
	Correlation				
	Sig. (2-tailed)	.529	<.001		.838
	N	72	72	72	72
Avoidant emotional coping	Pearson	.612**	.280*	.025	1
	Correlation				
	Sig. (2-tailed)	<.001	.017	.838	
	N	72	72	72	72

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

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

Summary

Researchers recruited 72 participants by distributing a survey by email to currently enrolled social work students. Most participants were female and Latino. The mean PSS Score for participants was 24.80 (SD = 6.622) with possible scores between 0 and 40. Results of the PSS scale indicated 23

participants (31.9%) of students had low perceived stress (score ≤ 13) and 49 participants (68.1%) were moderately stressed (score range 14 -26) No participants scored in the high-stress category (Score ranged 27-40).

Quantitative analysis was used to compare 3 types of coping strategies with perceived stress levels. Quantitative analysis was also used to determine any differences in perceived stress because of demographic differences. No significant results were found because of demographic differences. Results did show a significant difference in stress levels correlated with avoidant emotional coping. Implications for future research, social work students, and limitations are discussed.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss the significance of the results that were found. The different types of coping: problem-focused coping, active emotional coping and avoidant emotional coping were analyzed to investigate if there was a relationship between social work students coping types and social work students perceived stress levels. The limitations of this study will be addressed. Also, implications for social work students and recommendations for future research will be explored.

Discussion

The purpose of this study was to assess and identify what the most common and effective coping strategies were amongst college social work students. Evaluating the effectiveness of social work students' coping strategies may aid in tailoring the services and support that are offered to those students. To begin with, it was hypothesized that college social work students who were enrolled during the COVID-19 pandemic and used coping strategies more often, would have a lower perceived stress level than those who did not use coping strategies as often. Additionally, it was hypothesized that students who used

active emotion-focused coping and problem emotion-focused coping would have lower perceived stress scale scores.

To begin with, utilizing a coping strategy more often did not necessarily lead to lower perceived stress scale scores. In this case, the findings suggest that the more a student used avoidant emotional coping, the higher the perceived stress scale score would be. Additionally, it was found that there was a positive statistically significant linear relationship between perceived stress and avoidant emotional coping with the strength of the association at 0.612 suggesting a strong relationship (THEBMJ n.d). This means that the students who engaged in the avoidant type of coping strategies like self-distraction, denial, substance use, behavioral disengagement, and self-blame reported a higher perceived stress level than those students who used active emotion-focused coping and problem emotion-focused coping. This does fall in line with past research that similarly found that those individuals who engage in avoidant coping behaviors and reported going through more significant life events also reported higher perceived stress levels (Tonsing & Tonsing n.d.).

These findings suggest that social work students who are engaging in the avoidant emotional type of coping strategies are having a tougher time getting through things like coursework, practicum, and research projects. These same social work students may also be unaware of more effective coping strategies that can be utilized in place of avoidant emotional types of coping, or unaware of

support/ and or services that may be offered to the student through the university or community-based programs.

Limitations

One major limitation of this study is that the majority of the 72 participants (83.1%) were female and (14.1%) were male. Additionally, (18.3%) of those surveyed were aged 18-24, (53.5%) aged 25-35, (18.3%) aged 35-45, (7%) aged 46-55, and (2.8%) aged greater than 55. Ethnicity data indicated (60.6%) Hispanic, (9.9%) Black, (19.7%) white, (4.2%) Asian, and (5.6%) other. Sex, age, and ethnic identifications were not equally represented as most participants were Hispanic females aged 25-35. For this reason, this study would not be generalizable to any other population but those who identify as Hispanic females who are in the age range of 25-35 and enrolled in a social work program. There were no statistically significant differences found between sex, GPA, Hispanic versus non-Hispanic identification, age categories, educational attainment, or social work program type with the types of coping styles: problem-focused coping, active emotional coping, and avoidant emotional coping. However, the effect size of problem-focused coping by GPA was .615 which is considered a medium-sized effect but not of statistical significance.

Additionally, another limitation to consider is the fact that the surveys that were filled out by participants were kept completely anonymous. Participants could have filled out the survey without thoroughly reading the questions due to

things like time constraints or other reasons. There were no attention checks in the survey where the participant was asked to select a specific response to show the researchers that they were reading the questionnaire carefully and completely. Participants would likely feel more inclined to rush through a survey if there was complete anonymity. In like manner, participant bias may have been of concern with sensitive questions. There were questions on the survey that asked about substance abuse, denial, behavioral disengagement, and self-blame. Participant bias would suggest that some participants might respond to these sensitive questions in a way that would be more socially acceptable and therefore might not be forthcoming with complete honesty. Lastly, although the Brief Cope Inventory has proven to be effective and versatile, oftentimes it has been critiqued to have limited clinical relevance (Coyne & Racioppo, 2000).

Implications for Social Work Students

Results from this study show that students who were in the Bachelor of Social Work (BSW) or Master of Social Work (MSW) program during the COVID-19 pandemic could benefit from education on coping types and stress. More specifically, avoidant type of coping styles was correlated with a higher level of stress scale score. Avoidant types of coping have different categories that can display themselves in different ways. Avoidant types of coping entail self-distraction, substance use, behavioral disengagement, and self-blame. Self-distraction can look like turning to activities like shopping, watching television,

daydreaming, and sleeping to take one's mind off things. Substance use is when one uses alcohol or drugs to make themselves feel better or get through things. Behavioral disengagement can be when one gives up the attempt to cope or deal with the problem. And lastly, self-blame is when one criticizes and blames themselves for things that happen (Carver et al., 1989). Educating students on what avoidant coping strategies look like will lead to earlier identification of these behaviors and can increase students' self-awareness. Additionally, this may aid in reducing social work students' stress levels while in school and more specifically under pandemic conditions.

Additionally, implementing a screening tool before entering the BSW or MSW program could potentially help identify those students who are in need. The screening can consist of scales that measure current coping strategies utilized by students and the current perceived level of stress that he/she is experiencing. Those students who are in need can be given resources depending on what the need is. The screening can also be utilized as a baseline and could be distributed on a semester basis ensuring that those students who are struggling or beginning to struggle to get the support needed. Moreover, before entering the beginning of the program, all students could be given a tour of all the facilities/services that are available on campus such as counseling and psychological centers, health centers, food pantries, students with disability centers, wellness centers, gyms, etc., for the students to be well aware of resources on campus and how students can go about obtaining services.

Recommendations for Future Research

Future research could benefit from using a larger sample that is more equally distributed amongst sex, age, and ethnicity identification so that it could be more representative of the population. This can be done through the distribution of surveys to different colleges in the California area. This can also be accomplished by including participants who are enrolled in programs other than just social work. Including a broader range of disciplines can aid in making the research generalizable to students. Also, the development of practical and effective interventions to help manage or decrease stress amongst students would be beneficial to investigate. Lastly, future studies can conduct a longitudinal study to determine if the perceived stress scale score of the student increases, decreases, or remains the same over time and the factors that contribute to the changes if any.

Conclusion

The purpose of this study was to assess and identify what the most common and effective coping strategies were amongst college social work students BSW and MSWs during the COVID-19 pandemic. The findings provided insight into the relationship between perceived stress and coping styles: problem-focused coping, active emotional coping, and avoidant emotional coping. Researchers found that students who reported utilizing an avoidant type of

coping strategies reported higher perceived stress scale scores. The results of this study are consistent with past research. Findings from this research can aid in providing support to those students who may be struggling academically or emotionally. Future research is recommended to determine and develop effective coping strategies to manage stress amongst social work students under pandemic conditions.

APPENDIX A
INFORMED CONSENT

Informed Consent

The study in which you are asked to participate is designed to examine social work students' use of coping strategies and correlated GPA. The study is being conducted by Benjamin Johnson and Margarita Brachamontes, advanced year graduate students, under the supervision of Dr. Herb Shon, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

Purpose: The purpose of this study is to examine current social work students' use of coping strategies during the COVID-19 pandemic.

Description: Participants will be asked a series of questions on the use of various forms of coping strategies used by current social work students enrolled during the COVID-19 pandemic. Demographics will be collected but no personal identifiers.

Participation: Your participation in this research study is voluntary. You can refuse to participate in the study or discontinue your participation at any time without consequences.

Confidentiality: Your responses will remain confidential throughout the entire study and responses will be destroyed after the completion of the research project. You will have the option to provide your email address at the end of the survey to participate in a raffle. Your information will remain confidential and will not be downloaded to any researchers' computers or stored. Winners will be selected by program director randomly and all personal data will then be deleted.

Duration: The survey will take about 15 to 20 minutes to complete.

Risks: Although not anticipated there may be some discomfort in answering questions. Students have the option to skip the question or stop answering questions at any point.

Benefits: Respondents will have the opportunity to enter a raffle at the end of this survey to win 1 of 4 \$500 Amazon gift cards. The findings and information will contribute to our knowledge in social work students' coping strategies under pandemic conditions.

Contact: If you have any questions about this study, please feel free to contact Dr. Herb Shon via email at herb.shon@csusb.edu

Results: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2022.

APPENDIX B
CARVER BRIEF COPE INVENTORY

Charles S. Carver

Brief COPE

The items below are an abbreviated version of the COPE Inventory. We have used it in research with breast cancer patients, with a community sample recovering from Hurricane Andrew, and with other samples as well. The citation for the article reporting the development of the Brief COPE, which includes information about factor structure and internal reliability from the hurricane sample is below. The Brief COPE has also been translated into several other languages, which have been published separately by other researchers (see below).

We created the shorter item set partly because earlier patient samples became impatient at responding to the full instrument (both because of the length and redundancy of the full instrument and because of the overall time burden of the assessment protocol). In choosing which items to retain for this version (which has only 2 items per scale), we were guided by strong loadings from previous factor analyses, and by item clarity and meaningfulness to the patients in a previous study. In creating the reduced item set, we also "tuned" some of the scales somewhat (largely because some of the original scales had dual focuses) and omitted scales that had not appeared to be important among breast cancer patients. In this way the positive reinterpretation and growth scale became positive reframing (no growth); focus on and venting of emotions became venting (focusing was too tied to the experiencing of the emotion, and we decided it was venting we were really interested in); mental disengagement became self-distraction (with a slight expansion of mentioned means of self-distraction). We also added one scale that was not part of the original inventory--a 2-item measure of self-blame--because this response has been important in some earlier work.

You are welcome to use all scales of the Brief COPE, or to choose selected scales for use. Feel free as well to adapt the language for whatever time scale you are interested in.

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, 92-10

Following is the BRIEF COPE as we are now administering it, with the instructional orientation for a presurvey interview (the first time the COPE is given in this study). Please feel free to adapt the instructions as needed for your application.

Scales are computed as follows (with no reversals of coding):

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

Self-blame, items 13 and 26

I have had many questions about combining scales into "problem focused" and "emotionfocused" aggregates, or into an "overall" coping index. I have never done that in my own use of the scales. There is no such thing as an "overall" score on this measure, and I recommend no particular way of generating a dominant coping style for a given person.

Please do NOT write to me asking for instructions to form "adaptive" and "maladaptive" composites, because I do not have any such instructions. I generally look at each scale separately to see what its relation is to other variables. An alternative is to create second-order factors from among the scales (see the 1989 article) and using the factors as predictors. If you decide to do that, I recommend that you use your own data to determine the composition of the higher-order factors. Different samples exhibit different patterns of relations.

If you cannot figure out from these instructions how to examine your data, please consult with your own statistical person rather than sending me questions.

Brief COPE

These items deal with ways you've been coping with the stress in your life since you found out you were going to have to have this operation. There are many ways to try to deal with problems. These items ask what you've been doing to cope with this one.

Obviously, different people deal with things in different ways, but I'm interested in how you've tried to deal with it. Each item says something about a particular way of coping. I want to know to what extent you've been doing what the item says. How much or how frequently. Don't answer on the basis of whether it seems to be working or not—just whether or not you're doing it. Use these response choices. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can.

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.
2. I've been concentrating my efforts on doing something about the situation I'm in.
3. I've been saying to myself "this isn't real."
4. I've been using alcohol or other drugs to make myself feel better.
5. I've been getting emotional support from others.
6. I've been giving up trying to deal with it.
7. I've been taking action to try to make the situation better.
8. I've been refusing to believe that it has happened.
9. I've been saying things to let my unpleasant feelings escape.
10. I've been getting help and advice from other people.
11. I've been using alcohol or other drugs to help me get through it.
12. I've been trying to see it in a different light, to make it seem more positive.
13. I've been criticizing myself.
14. I've been trying to come up with a strategy about what to do.
15. I've been getting comfort and understanding from someone.
16. I've been giving up the attempt to cope.
17. I've been looking for something good in what is happening.
18. I've been making jokes about it.
19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.
20. I've been accepting the reality of the fact that it has happened.
21. I've been expressing my negative feelings.
22. I've been trying to find comfort in my religion or spiritual beliefs.

- 23. I've been trying to get advice or help from other people about what to do.
- 24. I've been learning to live with it.
- 25. I've been thinking hard about what steps to take.
- 26. I've been blaming myself for things that happened.
- 27. I've been praying or meditating.
- 28. I've been making fun of the situation.

APPENDIX C
PERCEIVED STRESS SCALE

Perceived Stress Scale

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling *how often* you felt or thought a certain way.

Name _____ Date _____

Age _____ Gender (*Circle*): M F Other _____

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

- | | | | | | |
|--|---|---|---|---|---|
| 1. In the last month, how often have you been upset because of something that happened unexpectedly? | 0 | 1 | 2 | 3 | 4 |
| 2. In the last month, how often have you felt that you were unable to control the important things in your life? | 0 | 1 | 2 | 3 | 4 |
| 3. In the last month, how often have you felt nervous and "stressed"? | 0 | 1 | 2 | 3 | 4 |
| 4. In the last month, how often have you felt confident about your ability to handle your personal problems? | 0 | 1 | 2 | 3 | 4 |
| 5. In the last month, how often have you felt that things were going your way? | 0 | 1 | 2 | 3 | 4 |
| 6. In the last month, 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. In the last month, how often have you been able to control irritations in your life? | 0 | 1 | 2 | 3 | 4 |
| 8. In the last month, how often have you felt that you were on top of things? .. | 0 | 1 | 2 | 3 | 4 |
| 9. In the last month, how often have you been angered because of things that were outside of your control? | 0 | 1 | 2 | 3 | 4 |
| 10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? | 0 | 1 | 2 | 3 | 4 |

Please feel free to use the *Perceived Stress Scale* for your research.

Mind Garden, Inc.

info@mindgarden.com

www.mindgarden.com

References

The PSS Scale is reprinted with permission of the American Sociological Association, from Cohen, S., Kamarck, T., and Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 386-396.
Cohen, S. and Williamson, G. Perceived Stress in a Probability Sample of the United States. Spacapan, S. and Oskamp, S. (Eds.) *The Social Psychology of Health*. Newbury Park, CA: Sage, 1988.

APPENDIX D

DEBRIEFING STATEMENT

Study of Social Work Students Coping Strategies

Debriefing Statement

This study you have just completed was designed to investigate social work students coping strategies during the COVID-19 pandemic. In this study, we aimed to investigate how often and what type of coping strategies social work students used while enrolled in their academic programs. We then ran a statistical analysis to find correlations between coping strategies, stress, and students' GPA. The study of coping strategies is important in the field of social work to design evidence-based interventions for stress management.

Thank you for your participation and for not discussing the contents of the decision question with other students. If you have any questions about the study, please feel free to contact Benjamin Johnson, Margarita Brachamontes, or Professor Herb Shon at herb.shon@csusb.edu. If you would like to obtain a copy of the group results of this study, please contact Professor Herb Shon at (909) 537-5532 at the end of the Spring Quarter of 2022.

APPENDIX E

IRB APPROVAL

December 3, 2021

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2022-93

Herbert Shon Benjamin Johnson, Margarita Bracamontes

CSBS - Social Work

California State University, San Bernardino

5500 University Parkway

[San Bernardino, California 92407](#)

Dear Herbert Shon Benjamin Johnson, Margarita Bracamontes:

Your application to use human subjects, titled "SOCIAL WORK STUDENTS' COPING STRATEGIES DURING THE COVID 19 PANDEMIC" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2022-93 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

APPENDIX F

AUTHOR CREATED QUESTIONNAIRE

SOCIAL WORK
STUDENTS' COPING
STRATEGIES DURING
THE COVID 19
PANDEMIC

What is your age?

- ☐ 18-24 (1)
- ☐ 25-34 (2)
- ☐ 35-45 (3)
- ☐ 46-55 (4)
- ☐ 56+ (5)

Q2 What gender do you identify with?

- ☐ Female (1)
- ☐ Male (2)
- ☐ Trans (3)
- ☐ Non-Conforming (4)
- ☐ Other (5)

Q3 What ethnicity do you identify with?

- ☐ Hispanic (1)
- ☐ African American or Black (2)
- ☐ White (3)
- ☐ Asian (4)
- ☐ Other (5)

Q4 Achieved educational level?

- ☐ Bachelor's Degree (1)
- ☐ Master's Degree (2)
- ☐ Doctorate (3)
- ☐ Some College (4)

Q6 Current GPA

- ☐ 3.5 - 4.0 (1)
- ☐ 3.0 - 3.4 (2)
- ☐ 2.0 - 2.9 (3)
- ☐ 2.0 or below (4)

Q7 Current grade level?

- ☐ bachelor's Social Work Program (1)
- ☐ Master's in Social Work Program (2)

Q8 I've been turning to work or other activities to take my mind off things.

- ☐ 1 = I haven't been doing this at all (1)
- ☐ 2 = I've been doing this a little bit (2)
- ☐ 3 = I've been doing this a medium amount (3)
- ☐ 4 = I've been doing this a lot (4)

Q9 I've been concentrating my efforts on doing something about the situation I'm in.

- ☐ 1 = I haven't been doing this at all (1)
- ☐ 2 = I've been doing this a little bit (2)
- ☐ 3 = I've been doing this a medium amount (3)
- ☐ 4 = I've been doing this a lot (4)

Q10 I've been saying to myself "this isn't real."

- ☐ 1 = I haven't been doing this at all (1)
- ☐ 2 = I've been doing this a little bit (2)
- ☐ 3 = I've been doing this a medium amount (3)
- ☐ 4 = I've been doing this a lot (4)

Q11 I've been using alcohol or other drugs to make myself feel better.

- ☐ 1 = I haven't been doing this at all (1)
- ☐ 2 = I've been doing this a little bit (2)
- ☐ 3 = I've been doing this a medium amount (3)
- ☐ 4 = I've been doing this a lot (4)

Q12 I've been getting emotional support from others.

- ☐ 1 = I haven't been doing this at all (1)
- ☐ 2 = I've been doing this a little bit (2)
- ☐ 3 = I've been doing this a medium amount (3)
- ☐ 4 = I've been doing this a lot (4)

Q13 I've been giving up trying to deal with it

- ☐ 1 = I haven't been doing this at all (1)
- ☐ 2 = I've been doing this a little bit (2)
- ☐ 3 = I've been doing this a medium amount (3)
- ☐ 4 = I've been doing this a lot (4)

Q14 I've been taking action to try to make the situation better.

- 1 = I haven't been doing this at all (1)
- 2 = I've been doing this a little bit (2)
- 3 = I've been doing this a medium amount (3)
- 4 = I've been doing this a lot (4)

Q15 I've been refusing to believe that it has happened.

- 1 = I haven't been doing this at all (1)
- 2 = I've been doing this a little bit (2)
- 3 = I've been doing this a medium amount (3)
- 4 = I've been doing this a lot (4)

Q16 I've been saying things to let my unpleasant feelings escape

- 1 = I haven't been doing this at all (1)
- 2 = I've been doing this a little bit (2)
- 3 = I've been doing this a medium amount (3)
- 4 = I've been doing this a lot (4)

Q17 I've been getting help and advice from other people.

- 1 = I haven't been doing this at all (1)
- 2 = I've been doing this a little bit (2)
- 3 = I've been doing this a medium amount (3)
- 4 = I've been doing this a lot (4)

Q18 I've been using alcohol or other drugs to help me get through it.

- 1 = I haven't been doing this at all (1)
- 2 = I've been doing this a little bit (2)
- 3 = I've been doing this a medium amount (3)
- 4 = I've been doing this a lot (4)

Q19 I've been trying to see it in a different light, to make it seem more positive.

- 1 = I haven't been doing this at all (1)
- 2 = I've been doing this a little bit (2)
- 3 = I've been doing this a medium amount (3)
- 4 = I've been doing this a lot (4)

Q20 I've been criticizing myself.

- 1 = I haven't been doing this at all (1)
- 2 = I've been doing this a little bit (2)
- 3 = I've been doing this a medium amount (3)
- 4 = I've been doing this a lot (4)

Q21 I've been trying to come up with a strategy about what to do.

- 1 = I haven't been doing this at all (1)
- 2 = I've been doing this a little bit (2)
- 3 = I've been doing this a medium amount (3)
- 4 = I've been doing this a lot (4)

Q22 I've been getting comfort and understanding from someone.

- 1 = I haven't been doing this at all (1)
- 2 = I've been doing this a little bit (2)
- 3 = I've been doing this a medium amount (3)
- 4 = I've been doing this a lot (4)

Q23 I've been giving up the attempt to cope.

- 1 = I haven't been doing this at all (1)
- 2 = I've been doing this a little bit (2)
- 3 = I've been doing this a medium amount (3)
- 4 = I've been doing this a lot (4)

Q24 I've been looking for something good in what is happening.

- 1 = I haven't been doing this at all (1)
- 2 = I've been doing this a little bit (2)
- 3 = I've been doing this a medium amount (3)
- 4 = I've been doing this a lot (4)

Q25 I've been making jokes about it.

- 1 = I haven't been doing this at all (1)
- 2 = I've been doing this a little bit (2)
- 3 = I've been doing this a medium amount (3)
- 4 = I've been doing this a lot (4)

Q26 I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.

- 1 = I haven't been doing this at all (1)
- 2 = I've been doing this a little bit (2)
- 3 = I've been doing this a medium amount (3)
- 4 = I've been doing this a lot (4)

Q27 I've been accepting the reality of the fact that it has happened.

- 1 = I haven't been doing this at all (1)
- 2 = I've been doing this a little bit (2)
- 3 = I've been doing this a medium amount (3)
- 4 = I've been doing this a lot (4)

Q28 I've been expressing my negative feelings.

- 1 = I haven't been doing this at all (1)
- 2 = I've been doing this a little bit (2)
- 3 = I've been doing this a medium amount (3)
- 4 = I've been doing this a lot (4)

Q29 I've been trying to find comfort in my religion or spiritual beliefs.

- 1 = I haven't been doing this at all (1)
- 2 = I've been doing this a little bit (2)
- 3 = I've been doing this a medium amount (3)
- 4 = I've been doing this a lot (4)

Q30 I've been trying to get advice or help from other people about what to do.

- 1 = I haven't been doing this at all (1)
- 2 = I've been doing this a little bit (2)
- 3 = I've been doing this a medium amount (3)
- 4 = I've been doing this a lot (4)

Q31 I've been learning to live with it.

- 1 = I haven't been doing this at all (1)
- 2 = I've been doing this a little bit (2)
- 3 = I've been doing this a medium amount (3)
- 4 = I've been doing this a lot (4)

Q32 I've been thinking hard about what steps to take.

- 1 = I haven't been doing this at all (1)
- 2 = I've been doing this a little bit (2)
- 3 = I've been doing this a medium amount (3)
- 4 = I've been doing this a lot (4)

Q33 I've been blaming myself for things that happened.

- 1 = I haven't been doing this at all (1)
- 2 = I've been doing this a little bit (2)
- 3 = I've been doing this a medium amount (3)
- 4 = I've been doing this a lot (4)

Q34 I've been praying or meditating.

- 1 = I haven't been doing this at all (1)
- 2 = I've been doing this a little bit (2)
- 3 = I've been doing this a medium amount (3)
- 4 = I've been doing this a lot (4)

Q35 I've been making fun of the situation

- 1 = I haven't been doing this at all (1)
- 2 = I've been doing this a little bit (2)
- 3 = I've been doing this a medium amount (3)
- 4 = I've been doing this a lot (4)

Q36 In the last month, how often have you been upset because of something that happened unexpectedly?

- 0 = Never (1)
- 1 = Almost Never (2)
- 2 = Sometimes (3)
- 3 = Fairly Often (4)
- 4 = Very Often (5)

Q37 In the last month, how often have you felt that you were unable to control the important things in your life?

- ☐ 0 = Never (1)
- ☐ 1 = Almost Never (2)
- ☐ 2 = Sometimes (3)
- ☐ 3 = Fairly Often (4)
- ☐ 4 = Very Often (5)

Q38 In the last month, how often have you felt nervous and “stressed”?

- ☐ 0 = Never (1)
- ☐ 1 = Almost Never (2)
- ☐ 2 = Sometimes (3)
- ☐ 3 = Fairly Often (4)
- ☐ 4 = Very Often (5)

Q39 In the last month, how often have you felt confident about your ability to handle your personal problems?

- ☐ 0 = Never (1)
- ☐ 1 = Almost Never (2)
- ☐ 2 = Sometimes (3)
- ☐ 3 = Fairly Often (4)
- ☐ 4 = Very Often (5)

Q40 In the last month, how often have you felt that things were going your way?

- ☐ 0 = Never (1)
- ☐ 1 = Almost Never (2)
- ☐ 2 = Sometimes (3)
- ☐ 3 = Fairly Often (4)
- ☐ 4 = Very Often (5)

Q41 In the last month, how often have you found that you could not cope with all the things that you had to do?

- ☐ 0 = Never (1)
- ☐ 1 = Almost Never (2)
- ☐ 2 = Sometimes (3)
- ☐ 3 = Fairly Often (4)
- ☐ 4 = Very Often (5)

Q42 In the last month, how often have you been able to control irritations in your life?

- ☐ 0 = Never (1)
- ☐ 1 = Almost Never (2)
- ☐ 2 = Sometimes (3)
- ☐ 3 = Fairly Often (4)
- ☐ 4 = Very Often (5)

Q43 In the last month, how often have you felt that you were on top of things?

- ☐ 0 = Never (1)
- ☐ 1 = Almost Never (2)
- ☐ 2 = Sometimes (3)
- ☐ 3 = Fairly Often (4)
- ☐ 4 = Very Often (5)

Q44 In the last month, how often have you been angered because of things that were outside of your control?

- ☐ 0 = Never (1)
- ☐ 1 = Almost Never (2)
- ☐ 2 = Sometimes (3)
- ☐ 3 = Fairly Often (4)
- ☐ 4 = Very Often (5)

Q45 In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

- ☐ 0 = Never (1)
- ☐ 1 = Almost Never (2)
- ☐ 2 = Sometimes (3)
- ☐ 3 = Fairly Often (4)
- ☐ 4 = Very Often (5)

Carver, C. S. (1997). You want to measure coping, but your protocol is too long: Consider the brief COPE. *International Journal of Behavioral Medicine*, 4(1), 92–100.

REFERENCES

- Abdul Rahman, H., Bani Issa, W. & Naing, L. (2021). Psychometric properties of brief-COPE inventory among nurses. *BMC Nursing*, 20(73) <https://doi.org/10.1186/s12912-021-00592-5>
- Bonifas, R. P., & Napoli, M. (2014). Mindfully increasing quality of life: A promising curriculum for MSW students. *Social Work Education*, 33(4), 469–484. <https://doi-org.libproxy.lib.csusb.edu/10.1080/02615479.2013.838215>
- Bronfenbrenner, U. (1974). Developmental research, public policy, and the ecology of childhood. *Child Development*, 45(1), 1-5.
<https://doi.org/10.2307/1127743>
- Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, 56, 267-283.
<https://doi.org/10.1037//0022-3514.56.2.267>
- Carver, C. S. (1997). You want to measure coping, but your protocol is too long: Consider the brief COPE. *International Journal of Behavioral Medicine*, 4(1), 92–100.
- Castillo, L. G., & Schwartz, S. J. (2013). Introduction to the special issue on college student mental health. *Journal of Clinical Psychology*,

69, 291-297.

<https://doi.org.libproxy.lib.csusb.edu/10.1002/jclp.21972>

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

Cohen, S. (1988). Perceived stress in a probability sample of the United States. In S. Spacapan & S. Oskamp (Eds.), *The social psychology of health* (pp. 31–67). Sage Publications, Inc. Cooper, Q., & Quick, J. C. (2017). *The handbook of stress and health: a guide to research and practice*. Wiley Blackwell.

Correlation and Regression | The BMJ'. *The BMJ | The BMJ: Leading General Medical Journal. Research. Education. Comment*, 28 Oct. 2020, <https://www.bmj.com/about-bmj/resources-readers/publications/statistics-square-one/11-correlation-and-regression>.

Coyne, J. C., & Racioppo, M. W. (2000). Never the twain shall meet? Closing the gap between coping research and clinical intervention research. *American Psychologist*, 55, 655–664.

De La Fuente, A., Chang, E. C., Cardeñoso, O., & Chang, O. D. (2019). Examining coping strategies used by Spanish female social work students: evidence for the importance of social problem-solving abilities. *Social Work Education*, 38(3), 314–329.

<https://doi->

[org.libproxy.lib.csusb.edu/10.1080/02615479.2018.1504913](https://doi.org/10.1080/02615479.2018.1504913)

IBM Corp. Released 2021. IBM SPSS Statistics for Windows, Version
27.0. Armonk, NY: IBM Corp

Lazarus, R. S. (1991). *Emotion and Adaptation*. Oxford: Oxford University
Press.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*.
Springer Publishing Company.

Lazarus, R. S., & Folkman, S. (1987). Transactional theory and research
on emotions and coping. *European Journal of Personality*, 1(3),
141–169. <https://doi.org/10.1002/per.2410010304>

Lightfoot, E., Moone, R., Suleiman, K., Otis, J., Yun, H., Kutzler, C., &
Turck, K. (2021). Concerns of family caregivers during COVID-19:
The concerns of caregivers and the surprising silver linings. *Journal
of Gerontological Social Work*, 64(6)1–20.
<https://doi.org/10.1080/01634372.2021.1898512>

Labrague, L. & Ballard, C. (2021). Lockdown fatigue among college
students during the COVID-19 pandemic: Predictive role of
personal resilience, coping behaviors, and health. *Perspectives
Psychiatric Care*, ahead of print, 1-18.
<https://doi.org/10.1111/ppc.12765>

- Moran, C., & Hughes, L. (2006). Coping with stress: Social work students and humor. *Social Work Education*, 25(5), 501–517. <https://doi-org.libproxy.lib.csusb.edu/10.1080/02615470600738890>
- Razali & Wah (2011). Power comparisons of Shapiro-Wilk, Kolmogorov-Smirnov, Lilliefors, and Anderson-Darling tests. *Journal of Statistical Modeling and Analytics*, 2(1), 21-33.
- Ross, S. G., DeHay, T., & Deiling, M. (2021). The suicide prevention for college student gatekeepers program. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 42(1), 48–55. <https://doi.org/10.1027/0227-5910/a000686>
- Salimi, N., Gere, B., Talley, W. & Iriogbe, B. (2021) College students mental health challenges: Concerns and considerations in the COVID-19 pandemic. *Journal of College Student Psychotherapy*, ahead of print 1-13. doi:10.1080/87568225.2021.1890298
- Schnider, K. R., Elhai, J. D., & Gray, M. J. (2007). Coping style use predicts posttraumatic stress and complicated grief symptom severity among college students reporting a traumatic loss. *Journal of Counseling Psychology*, 54(3), 344–350. <https://doi.org/10.1037/0022-0167.54.3.344>
- Tonsing, K. N., & Tonsing, J. C. (n.d.). A mixed-method study of stress and coping strategies among university social work students in the

United States. *Social Work Education*, ahead-of-print, 1–17.

<https://doi.org/10.1080/02615479.2021.1942445>

Yi, S., Chang, E. C., Chang, O. D., Seward, N. J., McAvoy, L. B., Krause, E. R., Schaffer, M. R., Novak, C. J., Ip, Ka, & Hirsch, J. K. (2021).

Coping and suicide in college students. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 42(1), 5–12.

<https://doi.org/10.1027/0227-5910/a000662>

ASSIGNED RESPONSIBILITIES

The authors used a collaborative approach to complete the research project in preparation for submission. The student researchers collaborated in person, through text, by phone, on zoom meetings, in meetings with advisors, during classes, and while researching relevant topics for the project. In the success of this project, both authors contributed to the writing, formatting, researching, editing, data analysis, and editing of the project.

Margarita Bracamontes and Benjamin Johnson collaborated to complete the following sections:

1. Introduction
2. Literature Review
3. Methods
4. Results
5. Discussion

Both writers of this project contributed to the development of the materials used for the project including the questionnaire, informed consent, debriefing statement, and recruiting materials.