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A Comparison of Coping Responses to Stress Among Counselor Education Students at the Beginning Stage, Practicum Stage, and Graduating Stage from their Program of Studies

Jill Maloney

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A COMPARISON OF COPING RESPONSES TO STRESS AMONG COUNSELOR

EDUCATION STUDENTS AT THE BEGINNING STAGE, PRACTICUM STAGE

AND GRADUATING STAGE FROM THEIR PROGRAM OF STUDIES

A Dissertation

Submitted to the School of Education

Duquesne University

Submitted in partial fulfillment of the requirements for

the degree of Doctor of Philosophy

By

Jill Irvine Maloney M.A.

December 2008

DUQUESNE UNIVERSITY

SCHOOL OF EDUCATION
Department of Counseling, Psychology and Special Education

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AND GRADUATING STAGE FROM THEIR PROGRAM OF STUDIES

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ABSTRACT

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Dissertation supervised by Joseph Maola Ph.D.

The purpose of this study was to determine if there is a difference in coping responses to

stress among students in a Master's level counselor education program. The study was an

investigation of the difference between three nonequivalent groups: Group A- Beginning

counseling students, Group B- Practicum counseling students, and Group C- Graduating

counseling students. Data was obtained through a demographic sheet developed by the

examiner and a self report measure. The COPE inventory was administered to 65

graduate counselor education students to assess 15 different coping styles. The study had

15 hypotheses based on the 15 scales of the COPE Inventory. The data analyzed showed

significant differences in two of the hypotheses. Hypothesis 12 about substance use

coping was rejected due to a significant difference among the three groups. The results

indicated that practicum students used substances significantly more often to deal with

stressors than beginning students. Hypothesis 14 concerning the coping skill about

suppression of competing activities was also rejected due to a significant difference among the three groups. The results further indicated that graduating students were able to suppress competing activities more often than beginning and practicum students. No significant differences were found among the following 13 coping strategies: positive reinterpretation and growth, mental disengagement, active coping, planning, restraint coping, seeking instrumental social support, seeking emotional support, religious coping, denial, and behavioral disengagement.

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Chapter I

Introduction

"The cure for anything is salt water:

sweat, tears, or the sea."

Isak Dinesen

It is inevitable that stress impacts everyone and it is unavoidable. Many studies target the different levels and effects of stress, as well as the most constructive means to deal with stress. According to Everly and Lating (2002), stress has emerged as an increasingly significant source of general heath and wellness problems among the public and has reached epidemic proportions. Mahat's (1998) study of students' experience of stress while in school found stress may be positive. Such positive stress can motivate progress in a student's studies, such as challenging him or her to complete them more quickly and with a higher degree of quality. However, stress may also be negative by hampering progress and hindering a person from completing his or her goals. For example, fifty percent of doctoral students fail to finish their program (D'Andrea, 2002). Bray, Braxton, and Sullivan (1999) state that stress is the main reason for students to depart from their higher education program before completion. Therefore, conclusions reached as a result of studying coping responses to stress in graduate students may produce findings beneficial to students, educators, and professionals.

The perception of stress varies among people; thus, what one person may deem to be good stress, another may distinguish as bad stress. Variations among the role of stress

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in a person's life can subsequently determine the impact it has on a person. Numerous articles have stated that stress can lead to problems related to both physical and mental health (Harburg et al., 2003; Kee, Johnson, & Hunt, 2002; O'Halloran & Linton, 2000; Zur, 2003). Stress, though it may be good, has an impact. For example, stress has been known to cause high blood pressure, headaches, fatigue, depression, anxiety, etc. Stress may even affect a fetus in the womb when the pregnant mother undergoes stress. The March of Dimes (2007) states that stress during a pregnancy can cause preterm birth or low birth weight in a full term baby.

In some instance, stress may be viewed as unavoidable because it is possible for stress to be connected to and influenced by life changes. Changes such as a death in the family or beginning school are events that may be considered stressful, and will change throughout a person's lifetime. However, it is also possible for stress to be self- imposed, as in the occasion of procrastination on a project, or situational such as time limitations instituted by a professor or boss. Although stress impacts almost everyone, it is the person's perception of a particular stress and how he or she copes with that stress which determines its role in his or her life (Nonis, Hudson, Logan, & Ford, 1998).

Graduate Student Stress

Extensive research has shown that graduate students experience various forms of stress and its effects. Graduate students are expected to write papers, take exams, teach classes, assist professors with their research, as well as participate in an internship. The severity of mental health problems on campus has increased over the years (Hyun, Quinn, Madon, & Lutig, 2006). Benjamin (1987) states that it is possible for stress to interfere with a student's studies and lower his or her performance of academic responsibilities.

Ineffectively coping with stress has been associated with poor academic performance (Collins & Onwuegbuzie, 2003). It is imperative to study the developmental stages graduate students transition through during their programs because he or she may encounter different stresses during each stage, and therefore may require different methods of coping (Stewart, 1995). Stewart (1995) proposes that his three developmental stages provide a lens for identifying stress related issues.

Stewart's (1995) study states the beginning stage is initiated when a student enters a new program of study. Although students may remain at the school where they received their undergraduate degree, the change to a new program can be distressing. New people and new expectations generate anxiety as well as a result of the increased challenges that lie ahead. Some programs may even encourage competition among students, which may lead to a lack of support from other members in the program and a feeling of isolation. This, as well as scrutiny from professors, increases the pressure of maintaining motivation. The pressure of being a new freshman are somewhat alleviated through social activities, orientation and the support of friends and advisors in the resident halls. Unfortunately, most graduate students do not have these outlets for stress (Ulku-Steiner, Kurtz- Costes, & Kinlaw, 2000).

After some time of adjustment, a student enters the next stage. Once again, he or she must continue to remain motivated and focus on the goal of completing the program and receiving a degree. If/when graduate students become more comfortable, it can lead to procrastination. More hours may be spent working to complete school work, and thus students often compromise social relationships. Longer working hours and less social relationships can cause continued compromise, because students may believe they are

obligated to sacrifice for their goal of getting their degree. Stewart (1995) stated that this is the stage in which unhealthy coping responses, such as poor eating habits, develop and become engrained and later can affect their professional and personal lives.

During the final stage, graduate students may begin to realize they will soon enter into the "real world." They are trying to complete projects, such as a thesis, look for a job and redevelop lost relationships (Azuma, 2000). They may realize at this point, that their ideal job may not be available and financial obligations continue to build. Some graduate students may even attempt to sabotage their goals in order to avoid starting their career and continue living in the comfortable world of school, which may result in failure of the program and loss of financial help (Leatherman, 2000; Stewart, 1995; Hockey, 1994; Cao, 2001).

Each stage in a graduate program presents a different set of stressors with which graduate students need to deal. As Stewart (1995) discussed in his article, the diverse set of responsibilities and stressors may cause different types of coping. Graduate students may develop healthier coping strategies due to the increased stress from their programs, or they may develop negative coping strategies. The development of healthy coping strategies is important for a lasting career.

Counseling Student and Professional Counselor Stress

Counseling students and professional counselors share similar stressors. There are expectations that, because counselors help others, they are pardoned from stress. Counselors are expected to be experts at helping people during stressful events, and this expectation leads people to believe counselors use their expertise to help themselves.

However, this is not always true. Many times counselors put their clients and their

profession before themselves, similar to the situation in which counseling students

prioritize their counseling program and academic responsibilities ahead of themselves.

Counselors and counseling students are trained to be empathetic people, and though

empathy is an advantage on the professional level, it can be a drawback on the personal

level. Counselors are at risk of vicarious trauma and burnout due to the empathy, and

they may have difficulty separating work from their personal affairs. Burnout often

occurs in counselors and coping responses become the key to extending their career. As

counseling students learn coping techniques to help clients, they need to learn to employ

healthy coping techniques for themselves.

Coping Responses and Stress Maintenance

"The cure for anything is salt water: sweat, tears, or the sea," quoted by Isak

Dinesen symbolizes the numerous styles for coping with stress. The quote gives the

freedom to interpret what will help with stress. Coping allows us to grow and move

forward when we are dealing with stress, rather than maintaining or disintegrating

(Newman &Newman, 1999). The "sweat" suggests the hard work that goes into anything

worthwhile and implies physical energy is a great way to manage stress. "Tears" are

another effective way to deal with challenging situations. Expressing emotions through

crying can help cleanse the body and release some of the tension being held hostage by

stress. Finally, "the sea" symbolizes the need to take breaks and enjoy life. People often

spend vacations at the beach where the sound, smell and feeling of sea water can act as

stress relief.

Researchers (Folkman & Lazarus, 1980; Lazarus & Folkman, 1984a; Lazarus & Folkman, 1984b; Carver, Scheier & Weintraub, 1989) believe stress consists of three processes. Primary appraisal is the process in which a person evaluates whether he or she has anything at stake in the encounter, and whether there is a perceived threat. Secondary appraisal is described as the process of bringing to mind a potential response to the threat, and evaluating what, if anything, can be done to overcome or prevent harm. Coping, the final process, involves executing the response that was identified during secondary appraisal. When coping, the person is constantly changing "cognitive and behavioral efforts to manage the internal and external demands of the person-environment transaction that is appraised as taxing or exceeding the person's resources (Folkman et al. 1986b, p. 572)." Taylor (1998) defines coping as the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce or minimize stressful events.

Due to the numerous ways people cope, coping generally is recognized in two types: problem-focused and emotion-focused (Folkman & Lazarus, 1980; Folkman & Lazarus, 1985). Problem-focused coping strategies involve doing something to alter the source of stress. Emotion-focused coping occurs when a person reduces or manages the emotional distress that is associated with the situation. It involves regulating the emotional consequences of stressful events. Folkman and Lazarus (1980) initially studied stressful encounters reported by middle-aged men and women. Later in 1985, they examined how college students cope with stressful examinations. Both studies support the idea that most stressors elicit a person to use both types of coping; 96% of the middle-

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aged men and women, and 98% of college students. Despite this, each type of coping can be used separately.

Research by Roth and Cohen (1986) examined two styles for coping with stress: approach and avoidance. The approach strategy involves making an attempt either to change a situation or make it more comfortable; whereas the avoidance strategy involves making an attempt to distance oneself from the stressor. Neither strategy has proved more effective than the other; the choice between the two is based on individual preference and the type of stressor. Smitz (1995) found the approach strategy appears to be more effective when people have some power and control over the stressor. Avoidance strategies seem to be effective when people have little control and need to adjust themselves to the stressor.

Differences among people may play a role in their choice of coping styles. Carver, Scheier, and Weintraub (1989) state that people do not bring new coping styles to separate stressors. Rather, they state that people's coping strategies remain the same over time. This view of fixed coping styles has been debated. Folkman and Lazarus (1985) discuss coping styles as being dynamic instead of static; the researchers believe coping styles change with each presented stressor. However, there still is no concrete answer regarding the role of individual differences in choice of coping strategies, or the nature of coping as dynamic or static.

Statement of the Problem

This study will focus on the differences in coping responses to stress among master's students at different stages of a program. It has been said that counselors who do not cope with their stress in a healthy manner may have a negative impact on their clients, and also experience early burnout (Emerson & Markos, 1996; O'Halloran & Linton, 2000; Sowa, May & Niles, 1994). Stress is an inevitable part of being a person, and counseling students and counselors are not exempt. Counseling students and counselors are faced with numerous causes of stress. People deal with stress, such as the death of a family member or friend, injury, changes in life (marriage, pregnancy, divorce), money, lack of sleep and health. Counseling students may experience stress linked to fear of academic failure, lack of time and poor employment opportunities (Whitman, 1985). Counselors may deal with stress stemming from demanding jobs, colleague relationships, job changes and vicarious traumatization (O'Halloran & Linton, 2000). Unfortunately, many students and counselors do not know how to manage stress in a healthy manner.

Stress can have several affects on the student and counselor. In addition to burnout and the indirect impact on the client, the counselor and student may experience physical effects (e.g. headaches, heart problems and sleeplessness), emotional effects (e.g. irritability, depression, anxiety and hostility) and mental effects (e.g. forgetfulness, poor concentration and negative self talk). Poorly managed responses to these effects of stress can result in more severe problems.

Counseling programs teach their students how to help their future clients with stressors in their clients' lives. However, many of these programs do not teach their

students how to deal effectively with their own stressors. Programs provide students with opportunities to apply to themselves the stress management techniques they have learned in class. However, not all students are able to internalize what they learn. Therefore, the purpose of this study is to examine how Master's students in a counseling program cope with their response to stress. The study will investigate if there are differences among students at the beginning of their experience, at the practicum level and at graduation. The following study will attempt to identify if the program is affecting the students' coping responses as they progress through their training.

Rationale

Numerous studies have examined levels of stress in counselors in training and the effects of this stress (Emerson & Markos, 1996; Hoffman, 2006, O'Halloran & Linton, 2000; Sowa, May & Niles, 1994). Stress is inescapable and can have an enormous impact on the counselor and counseling student, which, in turn affects the client. Stress may come in different forms and influence each person individually. When people are confronted with a stressor, they automatically respond. The nature of the response may be healthy/positive or unhealthy/negative. Learning how to properly respond to stress while counselor trainees are in school may help the counselors while in school, and in the future professionally, as well as with their clients and the quality of work provided to the clients.

Throughout a counseling program, students learn how to help their clients cope with stressors in healthy ways through different types of techniques. Some counseling programs even provide a group therapy class for students in order to help students learn

about the process of group therapy, and also deal with their own stress. However, there is a need for more strategies to help counseling students internalize and learn coping responses.

Research concerning coping responses among counseling students is limited. Program directors need to understand how to help their students learn to cope effectively with their stressors, so that the students are able to utilize healthy coping styles. This study will benefit counseling programs by increasing directors' and educators' awareness of students' coping styles and the extent to which programs have an influence on students' coping styles. This study may also affect the counseling profession by training counselors who are more capable to deal with their own issues and increase the quality of their skills.

Research Questions

The research questions this study will address are as follows:

1. Is there a difference in the positive reinterpretation and growth category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

2. Is there a difference in the mental disengagement category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

3. Is there a difference in the focus on and venting of emotions category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

4. Is there a difference in the use of instrumental social support category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

5. Is there a difference in the active coping category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

6. Is there a difference in the denial category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

7. Is there a difference in the religious coping category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

8. Is there a difference in the humor category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

9. Is there a difference in the behavioral disengagement category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

10. Is there a difference in the restraint category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

11. Is there a difference in the use of emotional social support category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

12. Is there a difference in the substance use category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

13. Is there a difference in the acceptance category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

14. Is there a difference in the suppression of competing activities category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

15. Is there a difference in the planning category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

Coping responses to stress will be measured by the COPE Inventory (Carver, Scheier, & Weintraub, 1989).

Significance of the Study

By conducting this study, there will be a better understanding of the differences in coping styles to stress among counseling students. The study will examine the participants' level in the program. Counseling programs, students and professionals will be able to benefit from the results of this study. Levels of stress in counseling students have been studied in the past (Hoffman, 2006), and the results from this study show graduate students do experience stress, which impacts them in numerous ways. However, there is minimal research on how counseling students cope with this stress. It is often assumed students will internalize the learned counseling techniques, and utilize those techniques on themselves. Stress that originates in the graduate program continues once the student enters the professional world.

This study will enlighten directors of counseling programs on how their students cope with stress, and if the program needs to assist in the development of positive and healthy coping styles. Some counseling program directors may need to implement stress management strategies, or emphasize stress management techniques and how the student can use the techniques on themselves. Counseling programs need to prepare their students for the stress that awaits after completion of their graduate program in order to ensure a long career rather than early termination due to burnout.

This study will enable students to analyze their own coping style and recognize if it is useful or not; as a result, they may become more aware of how they are coping with their stressors. This may emphasize to the students the need to utilize stress management techniques they are learning for use with their clients.

Professionals in the field of counseling may be more aware of their coping styles. However, this study can enlighten professionals how graduate programs are helping students deal with stress. This may make professionals aware of their training on stress management and if they are using the techniques.

Research Design

The research was a quantitative study of Quasi-Experimental design. The design was a posttest, only nonequivalent groups (Campbell & Stanley, 1963; Cook & Campbell, 1979; Goodwin, 1995; Hadley& Mitchell, 1995; Heppner, Kivlighorn, & Wampold, 1999; Johnson & Christensen, 2000). The design involved three nonequivalent groups: Group A- Beginning Counselor Students, Group B- Practicum Counselor Students, and Group C- Graduating Counselor Students; differences among responses from these three groups were measured by the COPE Inventory as an individual assessment instrument.

Counselor students currently enrolled in the masters counseling program, monitored by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP), volunteered to participate in the study. These students completed a consent agreeing to participate in the study (see Appendix B). The students completed a demographic questionnaire indicating enrollment status at the university research site (see Appendix C). The instrument used to investigate coping strategies was the COPE inventory (see Appendix D) created by Charles Carver, Michael Scheier, and Jagdish Weintraub (1989).

Hypotheses

There is no significant difference in the positive reinterpretation and growth category of coping responses to stress among beginning stage, practicum stage and graduating counselor education students.

There is no significant difference in the mental disengagement category of coping responses to stress among beginning stage, practicum stage and graduating counselor education students.

There is no significant difference in the focus on and venting of emotions category of coping responses to stress among beginning stage, practicum stage and graduating counselor education students.

There is no significant difference in the use of instrumental social support category of coping responses to stress among beginning stage, practicum stage and graduating counselor education students.

There is no significant difference in the active coping category of coping responses to stress among beginning stage, practicum stage and graduating counselor education students.

There is no significant difference in the denial category of coping responses to stress among beginning stage, practicum stage and graduating counselor education students.

There is no significant difference in the religious coping category of coping responses to stress among beginning stage, practicum stage and graduating counselor education students.

There is no significant difference in the humor category of coping responses to stress among beginning stage, practicum stage and graduating counselor education students.

There is no significant difference in the behavioral disengagement category of coping responses to stress among beginning stage, practicum stage and graduating counselor education students.

There is no significant difference in the restraint category of coping responses to stress among beginning stage, practicum stage and graduating counselor education students.

There is no significant difference in the use of emotional social support category of coping responses to stress among beginning stage, practicum stage and graduating counselor education students.

There is no significant difference in the substance abuse category of coping responses to stress among beginning stage, practicum stage and graduating counselor education students.

There is no significant difference in the acceptance category of coping responses to stress among beginning stage, practicum stage and graduating counselor education students.

There is no significant difference in the suppression of competing activities category of coping responses to stress among beginning stage, practicum stage and graduating counselor education students.

There is no significant difference in the planning category of coping responses to stress among beginning stage, practicum stage and graduating counselor education students.

Definitions

Beginning counselor education students - students beginning their first semester in a graduate training program in counselor education.

Burnout- According to Potter (1980), burnout is a loss of will, an inability to mobilize interest and capabilities. Motivation to perform, to do, is extinguished (pg.10).

COPE- a sixty question multi-dimensional coping inventory utilizing a 4 point Likert scale (1- I usually don't do this at all, to 4- I usually do this a lot) developed to assess different ways in which people respond to stress (Carver, Scheier & Weintraub, 1989).

Coping- The process of executing a response to a perceived threat, according to Carver, Scheier, & Weintraub (1989).

Graduate level counselor education students- students that are in the process of completing their supervised internship in a counselor education program.

Graduate level training program- an advanced degree program in counselor education that leads to a master's degree with a major in counseling. The counselor education

program involved in this study is approved by the Council for the Accreditation of
Counseling and Related Educational Programs.

Practicum- A three credit course taken by students in the clinical phase of counselor
training in which students can practice and improve their skills.

Practicum level counselor education students- students that are beginning a supervised
field placement experience, practicing counseling with clients in a school or community
agency setting.

Stress- a physical or psychological stimulus that can produce mental or physiological
reactions that may lead to illness (Wikipedia, 2006).

Stress Management- techniques intended to equip a person with effective coping
mechanisms for dealing with psychological stress and alter stressful situations
(Wikipedia, 2008).

Vicarious Trauma- A disruption in cognitive schema due to specific client-presented
information that can lead to changes in trust, feelings of control, issues of intimacy,
esteem needs, safety concerns and intrusive imagery (Trippany, Kress & Wilcoxon,
2004).

Summary

In chapter one, the importance of coping with stress was introduced. The literature states that stress may have a significant impact on a person's life, and managing stress can be imperative to a person's health. This study was an examination of the different coping styles of counselor education students at different levels in their programs of study. Chapter one also briefly describes the inventory that was utilized when measuring coping responses to stress. The following chapters will include a review of the literature, quantitative methodology and statistical findings. A summary of the research is presented in the final chapter which will include: conclusions, discussion and recommendations for future research.

Chapter II

Literature Review

Definitions and Effects of Stress

The term stress has long been discussed and researched by numerous people. No one individual can clearly define stress and its impact on the human body and soul. The lack of a clear definition is due to each individual's perception and interpretation of stress along with their life experiences (Crotty, 1996). According to Everly and Lating (2002), Dr. Hans Selye initially described stress as the sum of all nonspecific changes caused by function or damage. He later changed the definition to the nonspecific response of the body to any demand. Cohen, Kessler and Gordon (1995) define stress as a situation where "environmental demands tax or exceed the adaptive capacity of an organism, resulting in psychological and biological changes that may place persons at risk for disease" (p. 3).

Dr. Hans Selye, a Hungarian-born endocrinologist, was the first to coin the term stress. In 1935, he conducted studies on laboratory mice by injecting extracts of various organs. He found that the injection of different organs all produced the same physical response. This led him to the belief that stress plays a role in the development of a disease, and the lack of coping results in the adaptation of the disease. Due to his belief that stress can be both positive and negative, he concluded it is not stress that harms us but distress. He felt that distress occurs when we prolong emotional stress and do not cope with it in a positive manner. According to Elkin (1999), he borrowed the term stress

from the fields of physics and engineering. Due to his lack of mastery of the English language, he chose the term stress to describe his thoughts but later realized he should have chosen the word strain. Today Dr. Hans Selye is known as the "Father of Stress."

Hans Selye (1985) defined stress as "nonspecific." By that, he means the stress response can result from a variety of different kinds of stressors. The component of stress involves a set of neurological and physiological reactions to stress. Selye noted that a person who is subjected to prolonged stress goes through three phases: Alarm Reaction, Stage of Resistance and Exhaustion. This theory is named the General Adaptation Syndrome (GAS). This reaction to stress is viewed as a set of responses that rally the organism's resources to deal with an impending threat. The Alarm Reaction is the fight-or-flight response, which was first introduced by Walter Cannon in the 1920s; it includes the various neurological and physiological reactions when confronted with a stressor (Davis, Eshelman, & McKay, 2002). The Stage of Resistance is a continued state of arousal. If the stressful situation is long and drawn-out, the high level of hormones may upset homeostasis, damaging internal organs, and leaving the organism vulnerable to disease. The Exhaustion stage occurs after prolonged resistance. During this stage, the body's energy uses all of its reserves and finally breaks down.

Crotty (1996) discussed that Selye gave three coping strategies to manage stress. The first coping strategy is to learn how to behave to minimize stressful situations. Selye believed that it was not the stress that affected a person, but rather how he or she dealt with it. Recognizing the source of the stress is the second coping strategy. Once an individual identifies the stressor, he or she may be able to bring his or her response under control. The last is that a person should identify the level of stress at which he or she is

most comfortable. Selye believed that a little bit of stress was not necessarily bad. However, an individual who fails to manage the stress in his or her life will have several negative effects, including poor health, decreased job performance and lack of social support.

Brady (1958) conducted an experiment utilizing monkeys receiving electrical shocks, in order to emphasize the need for self care. Each monkey was placed in its own cage. Half of the monkeys were able to press a lever to avoid the electric shock (Group A). This represented monkeys that had to do work. The other monkeys (yoked group) received the same shock but were not able to do anything (work) to avoid it. Brady found that the monkeys who did the work died from ulceration, whereas the yoked group did not ulcerate. This research leads to the belief that humans who have to work in an "executive lifestyle" are linked to higher than normal levels of stress. This experiment was flawed due to a lack of randomization with grouping the monkeys; the monkeys who learned how to press the lever were placed in Group A and the monkeys who did not learn were in Group B. Therefore, learning may be a factor in the ulceration.

Weiss (1971) decided to repeat the experiment using rats. However, he modified the experiment by adding a control group. Rat 1 was put in the shock apparatus but received no shock. Rat 2 could avoid and escape the shock by pressing the lever; this was a coping response the rats could use to control the shock. Rat 3 received the shock when Rat 2 failed to emit the coping response. Rat 3 had no control over the shock. Although Rat 2 and 3 received the same shocks, Rat 2 had a coping response. This experiment found that Rat 3 had significantly greater ulceration than Rat 2, due to the lack of control and coping responses. This experiment can be applied to humans by showing it would be

more stressful if we had no control, rather than if we had some type of control over the situation.

Weiss (1972) continued with his experiment to examine if response rates had an effect on ulceration. He found the rats doing too much coping in a controlled situation can also have harmful effects on the rats' health. This study is applicable to humans in that a person in a controlled stressful setting that is excessive with his or her coping techniques could be hurting him or herself more than helping him or herself.

Bourne (1968) examined stress hormones in the United States soldiers in Vietnam before, during and after the Vietcong were expected to attack. This research was done to test Weiss's theory. Bourne found that on the day the attack was to occur, the soldiers' stress hormones decreased, whereas the officers and radio operators' stress hormones increased. Bourne believed that this was due to the soldiers' training. Bourne argued that the military training provided the soldiers with coping responses they could use when they were in a dangerous situation. However, the officers and radio operators did not have the proper training or coping responses to deal with the event.

The last research projects are imperative for this study, because they provide arguments that students who are properly informed about the stress of the academic world and taught effective coping responses may have an advantage when they find themselves in a stressful event. The training students/counselors receive on how to cope with stressful work events may lower burnout and help with compassion fatigue.

Emerson and Markos (1996) discussed the signs and symptoms of an impaired counselor. They discussed the need for a mid-point between the extremes of responses counselors may have; with their clients, a counselor may no longer listen to his or her

client in order to maintain his or her stress level, and a counselor who is unable to establish boundaries may become too overly involved. Both of these circumstances would classify the counselor as impaired and not balancing work and life. Emerson and Markos' article examines the definitions of impaired counselors but emphasizes the need for awareness, rather than a definition, due to the potential harm to the client.

Burnout is inevitable and can have serious affects on both the counselor and client. This article suggests that most counselors are able to work for an average of 10 years before they become burnt out. Burnout symptoms can be seen in numerous ways, such as physical, emotional and mental exhaustion resulting in a loss of empathy, respect and positive feelings for the client. According to Emerson and Markos (1996), burnout can become more severe if not dealt with properly.

The article points out that counselors are trained to help others, yet receive little or no training on how to deal with their own stress. Because they know how to help others, counselors are expected to know how to help themselves. Burnout, depression, temporary emotional imbalance, stress and anxiety, drug and alcohol abuse, exploitation of clients, over-involvement and over work and contagion are all a part of what can impair a counselor. Acknowledging these signs and symptoms may be viewed as potentially threatening to the counselor due to the stigma that comes with these labels. There is a threat that impairment could result in the lack of practice, and thus, inability to support oneself or his or her family. Therefore, a counselor who continues without dealing with these signs and symptoms will often see a more significant problem emerge. Emerson and Markos (1996) hope to increase awareness of the lack of counselor self care in order to begin the process toward a solution.

Harburg, Julius, Kaciroti, Gleinbuman, and Schurk (2003) conducted a longitudinal study of the relationship between anger-coping responses, gender and mortality between 1971 to 1988. The focus was on anger-coping responses to an imagined, unfair, aggressive verbal attack. They hypothesized there is (1) an association between expressed/suppressed anger-coping and blood pressure; (2) an association between expressed/suppressed anger-coping and mortality; and (3) an interactive relationship of expressed/suppressed anger-coping and chronic disease conditions which can lead to mortality.

The study examined 696 men and women, aged 30 to 69, from the Tecumseh Community Health Study. This research by Harburg et al. is a study conducted as part of larger study involving life change events, anger-coping responses, and psychological well being. To assess anger-coping types, they used a test developed by Harburg et al. in which two hypothetical anger-provoking situations involving injustices were perpetrated by a power figure. The two power figures were the person's spouse or a police officer. As the participant responded, the responses were coded as either expressive (show anger, not feel guilty and protest) or suppressive (not show anger, feel guilty and not protest). If two of the three responses were under the suppressive type, then that participant was categorized as coping by suppressing anger; otherwise the participant was categorized as an expressed anger-coping type. The study assessed mortality through death certificates. The types of mortality were caused by either cardiovascular disease and/or cancer. In the medical test series, health factors (age, cigarette smoking, relative weight, blood pressure, and education) were ascertained through interviews as a part of the Health Study.

Although the authors report caution with findings of their study due to limitations, they did find important results. The data revealed that suppressed anger combined with high blood pressure predicted early mortality for both men and women. For women, suppressed anger was related to early cancer deaths also. The most significant findings revealed that suppressed anger predicted directly to early mortality for women but not for men.

Taylor (1998) summarized definitions and background of coping strategies such as, measurement instruments, relationship to socioeconomic status and relationship to health. This article identified the distinction between active and avoidant coping styles according to Taylor. An active coping style is a response designed to change the stressor or how one thinks about the stressor. An avoidant coping styles is a strategy to redirect the person away from dealing with or thinking about the stressor. The COPE inventory (Carver et al.) was judged to be the most appropriate measure due to its theoretical base and wide use to examine coping related to socioeconomic status and health.

Taylor states that coping strategies are not only important in the management of a stressor, but also because they moderate the ways in which a stressful event is experienced. The author did discuss that action coping strategies were associated with improved health outcomes, in comparison to avoidant coping strategies, which resulted in rapid disease and poorer health related outcomes. The author examined studies that look at progression in HIV infected men and individuals infected with herpes simplex. Both studies found that active coping strategies increased immunity status.

Coping Definitions

Coping has been a focus of research in recent years. This increase in research leads to the belief that coping plays an important role in how we manage life events and the outcomes that may ensue if we do not properly deal with stress. Although there has been an increase in research related to the topic of coping, how we cope and the definitions or coping are still up for debate. Folkman et al. (1986a) discussed the controversy between trait-oriented and process-oriented approaches to coping with stress. In trait-oriented approaches, coping is seen as a stable part of the individual and the stressful situation is not of great importance, whereas with process-oriented approaches, the belief is that coping is a response to a stressful event and more situation specific. Monat and Lazarus (1991) define coping as "an individual's efforts to master demands (conditions of harm, threat or challenge) that are appraised (or perceived) as exceeding or taxing his or her resources" (p. 5).

Coping scales measure both effortful and non-effortful strategies to coping with stress. These strategies have been classified into two categories: problem-focused/dealing with the problem and emotion-focused/regulation of emotion (Carver et al. (1989; Folkman et al. 1986b; Laux & Weber, 1987; Monat & Lazarus,1991). "Problem-focused coping refers to efforts to improve the troubled person-environment relationship by changing things; for example, by seeking information about what to do, holding back from impulsive and premature actions and by confronting the person or persons responsible for one's difficulty" (Monat and Lazarus, 1991, p.6). Some strategies of problem-focused coping are planful problem solving, taking assertive actions through confronting and seeking information. Emotional-focused coping is "thoughts or actions

whose goal is to relieve the emotional impact of stress. These are apt to be mainly palliative in the sense that such strategies of coping do not actually alter the threatening or damaging conditions but make the person feel better" (Monat and Lazarus, 1991, p.6). Strategies of emotion-focused coping are seeking emotional support, distancing, self-control, and accepting responsibility. They found that people are more likely to use problem-focused coping to help deal with work related stressors and emotion-focused with health related stressors.

Mental Health of Graduate Counselors in Training

D'Andrea and Daniels (1992) ascertained the opinion of the leaders of counselor education programs as to whether they believed graduate students should be required to participate in personal counseling. The researchers sent surveys to 192 accredited graduate counseling programs in the United States for the chairperson or program director to complete. The Student Development Survey was designed for this research to question a variety of issues related to the number of students asked to leave the program for various reasons such as: academic reasons, because they manifested personal problems that were thought to likely interfere with their effectiveness as a professional counselor, the respondent's attitude towards a policy requiring all students to participate in personal counseling during their training and ways of dealing with problem students.

The results included 122 surveys returned from the graduate counseling programs. The researchers found approximately three students were removed from programs each year due to personal problems compared to one per year for academic problems.

Although the participants responded that they would recommend personal counseling, they would not put a policy in place requiring trainees to participate in personal counseling. The authors felt the people who occupy leadership roles in the counselor training programs should establish a policy insisting problem students be required to attend personal counseling. D'Andrea and Daniels stated that if the program directors choose not to require personal counseling for students, they are acting both "irresponsibly and unethically in the context of their leadership position." When the authors compared their research with past research efforts, they concluded that department heads of many counseling programs were currently "out of step" with the interests and recommendations of a majority of counseling students and mental health professionals.

Richard Hoffman (2006) completed a dissertation on the levels of stress, cognitive hardiness and psychological well being of counselor education graduate students. Hoffman examined graduate students during the beginning level, practicum level and graduating level in their programs. He also assessed differences of stress depending on the different programs of study: community, school and marriage and family.

Hoffman used the Stress Profile (Nowack, 1999) to measure stress through three measurement scales: (a) stress, (b) cognitive hardiness and (c) psychological well being. It is a 123 item inventory used to help in making assessments and treatment decisions with individuals who anticipate health or emotional problems where stress may be a factor. The Stress Profile assesses 15 areas related to chronic stress: stress, health habits, exercise, rest/sleep, eating/ nutrition, prevention, substance abuse, social support network, Type A behavior, cognitive hardiness, positive appraisal, negative appraisal, threat minimization, problem focus, and psychological well-being.

Hoffman's dissertation found that graduating students experienced a higher level of distress compared to beginning level students. He noted that all of the groups demonstrated adaptable levels of psychological and physiological symptoms to the harm and loss, threat and challenging events that occur in daily living. The mean scores for stress across student training levels demonstrated no significant difference among all three groups falling within normal range. The scores for cognitive hardiness also showed no significant difference with mean scores falling within the average range. After Hoffman examined average scores across all three constructs, he noted an increase in stress, decrease in cognitive hardiness, and decrease in psychological well being in the students as they progress through their training. Although the scores were not necessarily significant, these results may show the stress of mounting pressure and an overall directional trend that is worth noting.

Gerson (1998) completed a dissertation examining the relationship between cognitive hardiness, coping skills, and stress in graduate students. The researcher wanted to know if demographic variables had an influence on the three variables and if hardiness had a positive influence on coping skills and stress. She questioned the following: if high levels of hardiness correlate with more effective coping skills, if scores on personality characteristics of hardiness effect stress perception, if low scores on hardiness mean less effective coping skills, if coping skills relate to a student's perception of stress, if marriage and children have an impact on stress, if full time employment influences scores on the hardiness scale and if students taking more credit hours experience more stress and what type of coping skill they utilize.

The study used 101 graduate students from a graduate school in a Midwest urban setting. The students' average age was 37, more than half were female, the majority were white and all were enrolled in a psychology program. The researcher used the Personal Views Survey II, the Coping Responses Inventory, the Daily Stress Inventory and a demographic survey.

Overall, the study supported past research that hardiness is a buffer to the effects of stress and leads to more effective coping skills. The Total Hardiness scores and Total Stress scores fell within average range compared to the normative population. The researcher stated that these scores may be due to the fact that students perceiving stress as a challenge rather than threatening. The CRI scores for Logical Analysis, Positive Reappraisal, Seeking Guidance and Support and Problem Solving coping skills were "somewhat above average range." This was expected because of the increased demands of graduate school; therefore, more effective coping skills are imperative for success. The results found that avoidant coping skills were less consistent. The Cognitive Avoidance and Seeking Alternative Rewards were average, Acceptance and Resignation were below average and Emotional Discharge was slightly above average. These results did not support the hypothesis that graduate students would use less avoidant coping skills than the norm. Gerson concluded that the greater variety of coping strategies used is healthy due to the different types of stressors in a graduate program.

Nelson (1999) completed a dissertation examining factors associated with academic success among graduate students in a doctoral program in clinical psychology. The study hypothesized that it would be likely graduate students in clinical psychology who were more successful would: have lower resting heart rates and lower blood

pressure, report less stress, less distress and higher levels of social support, use of more "positive" and fewer "negative" coping strategies, have higher levels of satisfaction with life, be more positive and have less negative affect and have greater spiritual well-being. Success of the psychology student was determined by GPA, GRE scores, and "special commendations" from psychology faulty members.

The study included a sampling group of 53 current graduate students enrolled in a Christian doctoral program in clinical psychology. The tools utilized in this study were a demographic/stress questionnaire, the General Health Questionnaire (GHQ), the Multi-Dimensional Support Scale (MDSS), a coping scale (COPE), the Satisfaction with Life Scale (SWL), Brief Negative affectivity (NEM) and Positive affectivity (PEM) scales from the Multidimensional Personality Questionnaire, and the Spiritual Well-Being (SWB) Scale. The students' blood pressure and resting heart rate measurements were also recorded.

The author's findings suggest graduate students cultivate their physical and psychological health, utilize adaptive coping styles, reduce stress, and develop and maintain social support in order to enhance their success. The study found 31 variables correlated with graduate students who were more successful. The results showed: an increase in religious coping, increased restraint coping, increased coping by focus on and venting of emotions, decreased denial coping, decreased stress regarding spirituality, lower systolic blood pressure, lower diastolic blood pressure, increased support from family and close friends, increased active coping, decreased use of alcohol and/or drugs, increased stress regarding course work, being female, increased number of surgeries over a lifetime, increased illnesses or trips to the doctor, increased seeking of medical care and

support, significantly more suppression of competing activities, less use of mental disengagement, increased levels of social support from peers, decreased stress in relationships, increased stress regarding dissertation work, increased religious well-being, less involvement in romantic relationships among those not married, younger, fewer children and greater stress in relationships with supervisors. From these findings, the authors encourage faculty to model and promote good self care.

White and Franzoni (1990) conducted a study to examine the levels of psychopathy in beginning graduate counselors in training. The study involved 180 participants at a major university located in the southeastern United States. Each participant completed the Minnesota Multiphasic Personality Inventory (MMPI), the Adult Nowicki-Strickland Internal-External Control Scale (ANSIE), Life Style Personality Inventory (LSPI) and the Coping Response Inventory for Stress (CRIS). The results of these inventories were then compared to the general population.

White and Franzoni (1990) found that counselors in training had significantly higher levels of psychopathy than the general population on six of the seven MMPI scales. The hypochondriasis scale was the only scale found to be not significant. The results found that the graduate in training had more external focus of control, lower levels of social interest and less coping resources than the general population.

White and Franzoni's results support findings that mental health professionals have higher levels of psychological distress than the general population. This research supports the need for graduate counseling training programs to help the students appropriately deal with their life stressors in order to become effective counselors.

Coping Strategies

Kariv and Heiman (2005) studied task-oriented versus emotion-oriented coping strategies in college students; 283 college student participants completed a questionnaire examining the relationship between stress and coping strategies. Their objective was to explore the effect of stress perception on coping behavior, while also accounting for objective academic loads and demographic parameters.

Questionaires were distributed to a target population of students studying in Israeli academic institutions. Class lecturers and assistants distributed questionnaires during class time. The study was comprised of three parts: perceived stress, an investigation of the task emotion and avoidance related coping strategies they adopt and an objective assessment of actual academic loads. Coping strategies were measured using the Coping Inventory for Stressful Situations. This scale used three factors: task-oriented coping, emphasizing proactive responses to stressors; emotion-oriented coping representing coping styles directed at altering negative emotional responses to stressors, and avoidance which represents withdrawal behaviors and the redirection of personal resources. The sources of academic stress included grade competition, lack of time, need to adapt to new learning environments, adjustment to university life, separating from family and friends and financial pressures.

Kariv and Heiman found that perceived academic stress and objective academic loads correlated with the types of coping strategy adopted by students. Academic loads predicted the use of task-oriented coping strategies, whereas academic stress predicted the use of emotion-oriented coping strategies. Academic stress was negatively related to the adoption of task-oriented strategies. More importantly, objective and subjective stress

experiences filled opposite roles in the prediction of coping behaviors. Objective stress supported the use of task-oriented coping and subjective stress restrained the use of coping strategies.

An interpretation of the study showed the higher the perceived stress level, the more often the students took the attitude of " I cannot handle this problem," and, thus the less the students wanted to be proactive in solving the problem. Could the grade level of students affect perception of stress, and in turn affect utilization of task oriented coping? Sheu and Sedlacek (2004) conducted a study of help-seeking attitudes and coping strategies among college students. Their review of the literature found a lack of multicultural awareness when seeking mental health support and coping styles. The author believed more empirical research was needed to examine racial and gender differences in help-seeking and coping strategies. They believed that (1) there would be interracial differences among White, African, and Asian American college students, (2) there would be intra-Asian American ethnic group differences between Asian Indian Americans, Chinese Americans and Korean Americans and (3) there would be interactions between race and gender.

The study included 2,678 first year student participants. The breakdown of participants was: 77% White Americans, 13% Asian Americans, 10% African Americans, 53% male, and 47% female. The Asian American group was made up of 122 Asian Indian, 117 Chinese Americans, and 80 Korean Americans. The research was measured online during summer orientation by two sets of five-point Likert item surveys measuring student help-seeking attitudes and coping strategies.

The analysis found that female students had a more positive attitude toward using professional help than males regardless of race. African American students had a more positive attitude toward professional help than White and Asian Americans, specifically with time management and study skills training. The study also showed, female college students of all racial groups were less likely to implement avoidant coping strategies than male students, and more receptive to professional help.

Sowa, May, and Niles (1994) examined occupational stress within the counseling profession. The study included 125 counselors from the Virginia Counselors Association. Each participant completed a packet that included a demographic information sheet and the Occupational Stress Inventory. After receiving these packets, the data was compared to normative data provided for 14 subscales. The data was also compared separately for men and women in the sample.

The study found that gender does not play a significant role in occupational stress. Counselors with higher levels of occupational stress reported significantly greater levels of personal strain than did counselors with lower levels of occupational stress. Also, counselors with higher levels of occupational stress participated in less recreational activities, self care and social support than did their counterparts. Eighty-two per cent recognized that their graduate training helped them deal with stress; however only 30% indicated that they received a stress management course.

The study also found that counselors with higher levels of occupational stress reported less coping resources than do counselors with lower levels of occupational stress. Past studies (David, 1989; McAuliffe, 1992) found that graduate students scored

lower on measures of coping with stress than would be expected. However, the study did find that counselors with specific stress management courses reported significantly greater coping resources in the area of self care and recreation than counselors without stress management courses. The study included implications that counselor education may need to provide students with opportunities to develop important resources in coping with the stress of being a counselor. The researchers believed that although training for the development of coping skills in collaboration with counselor education programs would not stop occupational stress, it would protect against the distress.

Dinkley and Whelan (2006) investigated vicarious traumatisation among telephone counselors. They examined the influence of coping style, supervision, and personal trauma history on vicarious traumatisation. A total of 62 telephone counselors from trauma related fields completed five self report questionnaires: a demographic measure, the Trauma Attachment and Beliefs Scale, the Impact of Events Scale-Revised, the Supervisee Scale and the Coping Scale for Adults. The counselors were recruited from nine organizations: SIDS and Kids, Suicide Helpline, Centre Against Sexual Assaults, AIDS, Hepatitis, and Sexual Healthline, Griefline, Domestic Violence Crisis Service, the Domestic Violence Line, AntiCancer Council and Stillborn and Newborn Death Support.

The authors found that even though the telephone counselors' scores were low on the vicarious traumatisation measure, the scores were intermittent between above average scores for disruption in cognitive beliefs and posttraumatic stress disorder symptoms. The authors felt the telephone counselors appeared vulnerable to developing vicarious trauma. Their results found respondents who employed a nonproductive coping style had higher

levels of disruption in cognitive beliefs, while participants who dealt with their problems had lower levels of disruption.

Trippany, Kress, and Wilcoxon (2005) wrote a paper summarizing what counselors should know when working with trauma survivors and preventing vicarious trauma. They described vicarious trauma and summarized recent research literature. They recognized it was common for counselors to work with clients who were survivors of trauma and that counselors often developed secondary trauma reactions in response to exposure to their client's traumatic experiences or vicarious trauma.

The authors discussed the importance of personal coping mechanisms. They suggested that the impact of vicarious trauma can be decreased when counselors maintain a balance of work, play and rest. This balance of healthy coping mechanisms may not only decrease the effects of vicarious trauma, but also help with counselors' ability to trust others and increase personal tolerance levels.

Smith, Zhan, Huntington and Wethington (1992) studied if clarity of self concept is related to preferred coping style. The authors examined the relationship between self esteem, self concept clarity and preferred coping strategies in college students. They believed that higher self esteem would be related to a clearer self concept; they then proceded to hypothesize that a clearer self concept would be related to a more positive coping style. In turn, less clear the students self concept the more negative coping style would be used.

The study was a longitudinal study with 175 undergraduate student participants from an Ivy League school. The authors used four measures: the Self Esteem Scale, Self Concept Clarity Scale, COPE Inventory and an important events and situations checklist.

The participants completed two sets of questionnaires over a one month time interval. The first set included the Self Esteem Scale, Self Concept Scale and general coping styles. The second set included the specific events and situations checklist and what method of coping strategies were used.

This study found that self concept clarity was consistently associated with the endorsement of a preferred pattern of coping style; participants with high self concept endorsed more positive and active coping styles. However, participants with lower self concept clarity endorsed less positive, more passive coping styles such as denial. The study also found that self esteem was not associated with choice of coping style. The authors found the measures of self concept clarity collected during the first set of questionnaires predicted the actual use of coping styles described during the second set of questionnaires. They recognized that the actual coping strategies used during the second set where similar to the preferred coping style described by the participant during the first set. These results suggested that knowledge of one's self concept clarity may help to predict the way a student will cope with stressful events and situations.

Zur (2003) wrote the article "Taking Care of the Caretaker: How to Avoid Psychotherapists' Burnout." He discussed the fact that psychotherapists focus on the needs of others and frequently neglect their own needs, leading to many problems. These problems, in turn, may lead to ineffective treatment. The article discussed hazards of psychotherapy, burnout and how to avoid it.

The author recognized there were hazards to both the psychotherapist and also his or her family. Emotional depletion, isolation, sense of inefficiency, depression, constant worry, threats of lawsuits, inability to shut off therapeutic stance and conflicting ethical

considerations are all hazards a psychotherapist experiences. These hazards were a common occurrence for veteran therapists as well as for new therapists. The therapist's family may experience emotional drain, jealousy, therapist interpretations and questioning, demeaning tales and feeling treated as patients. These hazards may be due to a therapist's lack of healthy coping skills and ignorance to understand how to develop such skills

Zur recommended developing both professional and personal coping skills to prevent burnout. He recognized that professionally a therapist should be in therapy, receive adequate supervision, practice risk management and attend continuing education seminars. At a personal level, a therapist should be involved in nonprofessional activities, such as go on vacations, which would create a happy balance so that he or she are able to separate his or her professional and personal lives.

O'Halloran and Linten (2000) examined the need for coping strategies or secondary trauma prevention self care plans for counselors. The article recognized "wellness is a concept that we as counselors often focus on more readily for our clients than ourselves." Counselors have a responsibility to maintain their own health and wellness. Burnout and secondary traumatic stress are common among counselors dealing with Post Traumatic Stress Disorder clients. Some counselors may experience minimal symptoms while others may experience extended symptoms.

O'Halloran and Linten (2000) suggested a holistic perspective of wellness can be beneficial. They felt social, emotional, cognitive, physical, spiritual and vocational were six domains to address self care. The article suggested that implementing strategies for

coping and self care were vital to maintaining effective counseling practices and personal

well-being.

Stress and students

Sheilds (2001) compared the stress, active coping and academic performance of

college students who persisted through an academic year with the same measures among

a group of students who left after one fall semester. The study involved 220 students who

were enrolled in both the fall and winter semesters (persisters) and 110 students enrolled

only for the fall semester (nonpersisters). Over the course of an academic year, the

students were asked if they had sought help or information for 21 different school related

needs, such as: how to add or drop a course, how to have a course graded satisfactory/

unsatisfactory, how to compute a grade point average, information on graduation

requirements, information on general education requirements, deciding on a major,

finding a tutor, help with course scheduling, how to pay fees, finding a co-op placement,

finding a job, how to use a computer, how to use the library, information on student

organizations, help for a personal problem, information on financial aid, information on

scholarships, defining personal goals, defining career goals, information on student

activities, and how to use the internet. Then the students were asked to rate how

important it had been to them to get to know other students and faculty members, and to

rate how stressful they had found their experience as a college student.

The study found that persisters experienced significantly more stress than

nonpersisters. However, persisters had higher coping scores. These results suggested that

stress can be perceived as a threat or a challenge and can lead to different modes of coping. The study found that persisters utilized active coping responses such as finding help whereas, nonpersisters had reacted to stress by leaving and abandoning the stress. The study also found that among persisters, older students coped more actively than younger students.

Shield's article suggested active coping is a behavioral response rather than a general coping style. Stress may be perceived as positive or negative and this perception may in turn lead to different modes of coping. Academic institutions can benefit from this article by assisting students with their perceptions of stress and help with the behavioral response of active coping; the benefit of this is a student who feels more comfortable to utilize active coping responses, such as asking for help.

Walton (2002) completed a dissertation comparing perceived stress levels and coping styles of junior and senior students in nursing and social work programs. The purpose of this study was to determine if there was a significant difference in the perceived stress levels and coping styles among nursing and social work students. She also questioned if there is a correlation between extraneous variables (age, gender, marital status and employment) and perceived stress levels and coping styles.

The study used a total of 122 participants. Eighty-nine nursing students and 33 social work students were enrolled in or preparing for clinical courses in nursing and social work programs in a large eastern university. A survey developed by the researcher was used to collect demographic variables. The Cohen's Perceived Stress Scale is a ten-item questionnaire that asked the students to identify how unpredictable, uncontrollable or overloaded their lives had been in the months preceding the completion of the

questionnaire. The last tool was the Moo's Coping Responses Inventory. It is a 48 question inventory designed to determine the respondent's predominant coping responses.

The results of the study indicated that both types of students reported high levels of perceived stress, although social work students reported higher levels of perceived stress than those of nursing students. It is important to note the findings from the Moo's coping responses inventory found the nursing students focused more on approach strategies, whereas the social work students relied on denial. The nursing students utilized logical analysis and sought guidance and support, compared to the social work students who used cognitive avoidance. Walton found no significant correlation between the extraneous variables.

Davenport and Lane (2006) studied cognitive appraisal of dissertation stress among undergraduate students. The study examined changes in primary and secondary appraisal and coping strategies utilized in the final weeks leading to dissertation submission. The authors hoped that research to investigate stress among dissertation students could help in developing stress regulation strategies for students.

The study included 60 students from a sports study major. It was conducted over a six week duration leading up to dissertation submission. The authors used the Cognitive Appraisal of Health Scale (CAHS) and the Brief COPE. The CAHS was adapted for this study by replacing the term "health" with "dissertation." Data was collected six weeks, four weeks, two weeks and one week prior to dissertation submission.

The data showed that students found the dissertation to be stressful, but did not change over the six week duration. The author concluded that the lack of change was due

to the students' preparatory work in previous years and, therefore this enabled them to utilize coping strategies perceived as appropriate for managing the stress. Their research also found that male students used active coping and planning, whereas female students used venting and maladaptive strategies (self-blame and behavioral disengagement) more often.

Wolniewicz (1996) qualitatively studied the response of 24 people on stress and coping in an academic setting. She found that graduate students sacrifice physical health, psychological health, relationships and self-esteem in order to receive their degrees. The participants in her study reported pressure to prioritize academic responsibilities over all other responsibilities. They reported giving up healthy life events due to lack of time; feelings of guilt emerged as relationships dwindled and stress increased due to striving for academic achievement.

Wolniewicz (1996) stated that people balancing personal and professional responsibilities were those who were successful. She felt there were four basic traits of a successful student: flexibility with school demands, ability to positively cope with setbacks, connections with a social support system and future goals beyond the degree.

Smith (1997) completed a dissertation exploring coping mechanisms regarding graduate student success. She stated that fifty percent of graduate students seeking a doctoral degree achieved their goal of getting their degree while fifty percent do not receive a degree. The coping skills of the goal-achieving fifty percent needed to be discovered in order to help the group that did not complete their goal. The researcher examined graduate students' stress through the eyes and experience of the successful student, analyzed the graduate students' experience through the lens of coping, reported

the realities of the graduate student and assessed the usefulness of the coping lens for understanding the success. The coping mechanisms used by these students were then studied and analyzed for similarities and differences.

The researcher conducted eight interviews with male and female doctoral graduating students from a clinical psychology program, a history program and an education program. Two different methods of data collection were used: responses to visual prompts and interviews. The participants viewed comic strips of various steps in the doctoral process and were given the opportunity to think and then respond. The interview questions varied based on the responses from the comic strips. However, the researcher asked the following set of standard questions to find the coping mechanisms that the participants used:

(1) Why did you decide to pursue a doctoral degree? How did the reality meet or not meet your expectations?

(2) How did you handle the transition to graduate school?

(3) How did you handle managing a career, personal life, and school?

(4) What problems or challenges did you have in graduate school?

(5) How did you handle the coursework?

(6) Any general advice you have for making it work?

(7) What do you know now that you wish someone would have told you when you first started?

Through the interviews and discussions, Smith found that problem-based coping skills facilitate graduate student success. She recognized that students who used problem

based coping skills completed their graduate experience with greater ease, less stress and more quickly than others who did not use problem-based coping skills. The students actively coped through the use of social support networks, time management, balance and a positive belief that goals can be achieved. The researcher also found that the coping strategies were learned and adapted based on the situations being encountered. The participants found the coping strategy and refined it to best suit the situation. These findings lead the researcher to the belief that aid from faculty regarding how to cope may help increase success and completion rates.

An article written by Whitman (1985) addressed student stress, and he stated that stress is any situation that evokes negative thoughts and feelings in a person. The article discussed too much and too little stress is bad for a person, but a moderate amount of stress can be a healthy challenge. For students, stress can be induced by fear of academic failure, uncertainty about future prospects, exams, dissertations and many other things.

Whitman recognized numerous ways to mitigate this stress, such as improved campus orientation, positive feedback and counseling. Most applicable to my study was academic institutions providing "stress inoculation," which informed students in advance of what difficulties they might face and encouraged them to develop strategies to cope. The students needed to be aware of the importance of coping skills in both their education and also their career.

Benjamin (1987) discussed that stress is unavoidable and in the eye of the beholder. Each person experienced stress in a different way and stress had a different effect on each person. Some reacted to the stress by developing of health problems while others were potentially motivated by stress. Benjamin found the most intense sources of

stress for students were exams, grades, financial concerns, fear of failure and career decisions. These stresses took a toll on the students' academic performance and personal relationships.

In Benjamin's study, he found faculty utilized preventive strategies to deal with their stress, both academically and personally. These strategies of coping included avoiding stress throughout life adjustments, maintaining realistic self expectations, knowing personal strengths, being aware of stress symptoms, confronting issues and lowering stress arousal. Therefore, Benjamin stated a part of faculty responsibility was not only challenging students, but assisting them in learning coping strategies. Supervisors need to assist students to balance the stress and anxiety in their lives, as well as provide support when students feel overwhelmed (Bernard & Goodyear, 2004).

Chapter III

Method

This study measured the coping responses to stress in counseling students at different stages of their graduate counselor education program. Each participant from the counseling master's program was given a packet that included: a consent agreeing or disagreeing to participate in the study (see Appendix B), a demographic questionnaire indicating enrollment status in the master's counseling program (see Appendix C) and the COPE Inventory (Carver, Scheier, & Weintraub, 1989) (see Appendix D). The packet was distributed to each student in the class. After the student agreed or disagreed to participate and completed the packet, he or she then put his or her consent form in one envelope and his or her demographic sheet and Cope Inventory in another envelope at the front of the classroom. The data on coping responses was collected from counseling students in the beginning of the counselor education program during orientation, during their practicum experience, and during their internship experience. The researcher then conducted statistical analysis of Quasi-Experimental design to measure the difference in responses between nonequivalent groups (Campbell & Stanley, 1963; Cook & Campbell, 1979; Goodwin, 1995; Hadley& Mitchell, 1995; Heppner, Kivlighorn, & Wampold, 1999; Johnson & Christensen, 2000).

Research Questions

The research questions for this study were as follows:

- Is there a difference in the positive reinterpretation and growth category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

- Is there a difference in the mental disengagement category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

- Is there a difference in the focus on and venting of emotions category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

- Is there a difference in the use of instrumental social support category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

- Is there a difference in the active coping category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

- Is there a difference in the denial category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

- Is there a difference in the religious coping category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

- Is there a difference in the humor category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

- Is there a difference in the behavioral disengagement category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

- Is there a difference in the restraint category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

- Is there a difference in the use of emotional social support category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

- Is there a difference in the substance use category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

- Is there a difference in the acceptance category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

- Is there a difference in the suppression of competing activities category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

- Is there a difference in the planning category of coping responses to stress among counselor education students in the beginning, practicum and graduating levels of the program?

Research Design

The study is a Quasi-Experimental design using nonequivalent groups. The design will measure differences in coping responses to stress from the COPE Inventory among three groups: Group A- Beginning Counselor Students, Group B- Practicum Students and Group C- Graduating Counselors. The groups were enrolled in a Council for the Accreditation of Counseling and Related Educational Programs [CACREP] approved program. Each participant volunteered for the study. The participants initially signed a consent form and filled out a demographic sheet asking questions related to their level in the program. The participants then completed the COPE inventory (Carver, Scheier, & Weintraub, 1989) to assess coping responses.

Instrument

The COPE Inventory (Carver et al., 1989) was developed to assess the different ways in which people respond to stress. The COPE is a 4-point, 60 item Likert-type self report measure. The participant will answer questions related to the extent to which they usually do listed items when he or she was stressed. There are four items in each coping style category and each question has a possible range of scores from one to four (1- "I usually don't do this at all"; 2- "I usually do this a little bit"; 3- "I usually do this a medium amount"; 4- "I usually do this a lot"). The COPE assesses 15 areas related to

styles of coping. The 15 areas are: positive reinterpretation and growth, mental

disengagement, focus on and venting of emotions, use of instrumental social support,

active coping, denial, religious coping, humor, behavioral disengagement, restraint, use

of emotional social support, substance use, acceptance, suppression of competing

activities, and planning. Appendix A will give a brief summary of the coping style scales.

The COPE was derived theoretically, based on the belief that an individual's

coping is more a stable preference (trait) than an exclusively situation-specific adaptation

(state) (Clark, Bormann, Cropanzano & James, 1995). For this study, the specific

situation focus will be on the graduate school experience in a master's program of

community, marriage and family and school counseling. The COPE inventory will be

used to determine what coping strategies are used most commonly in a specific situation,

and also to compare individual trait preferences within the situation. In general, when

attempting to differentiate coping dispositions from situational coping responses, the

content described is the same but the frame of reference is altered in order to measure

whether what one usually does to cope with stress or what one is doing to cope in the

situation.

Factor analysis revealed the initial variables (substance use and humor were not

included originally and should be considered exploratory at this time) in the COPE to be

distinct, with two exceptions. The two seeking social support scales were included on a

single factor, as did the planning and active coping scale. For conceptual reasons,

however, the authors kept these scales as separate factors (Clark et al., 1995). Internal

consistency has been established with Cronbach's alpha reliability coefficients, which

were computed for each scale. Values ranged from .62 to .92, with the exception of the

mental disengagement scale, which was .45 (Carver et al., 1989). Test-retest reliabilities using college students over six-week and eight-week intervals, ranged from .42 to .89 (Carver et al., 1989). These correlations suggest that coping tendencies measured by the COPE are relatively stable, but perhaps not as stable as personality traits (Carver et al., 1989).

Carver et al. (1989) suggested that situations in which active coping efforts are necessary to yield positive outcomes, such as in graduate school, some coping styles are likely to be adaptive and some maladaptive. Adaptive coping styles included: active coping, planning, suppression of competing activities, positive reinterpretation and growth, and restraint coping. Seeking instrumental social support, seeking emotional social support, and religious coping were less explicitly associated with active coping, but likely to be helpful. These coping strategies can be beneficial in helping alleviate stress but also dysfunctional if the person is using the sympathy to focus on the distress. The coping styles of denial, mental disengagement and behavioral disengagement were considered maladaptive. Focus on and venting of emotion was viewed by the authors as maladaptive in situations requiring active coping. In situations that are uncontrollable, it is unclear which coping tendencies would be most adaptive (Carver et al., 1989).

Research Population

The sample size was unpredictable and based upon completion of the COPE Inventory. The investigator received 65 responses. All participants were separated into three nonequivalent groups for the level in the program. The participants were selected from the master's counselor education program at a small, private university monitored

by the Council for the Accreditation of Counseling and Related Educational Programs [CACREP]. The curriculum is prescribed by the standards for accreditation. Therefore, the curriculum reflects similar curricula at other CACREP accredited institutions. No indentifying information or participant names were included in the results or discussion sections to protect the confidentiality of the participants. Additional safeguards and protection were monitored and supervised by the Human Subjects Institutional Review Board policy of the institution. The participants volunteered for the study and were provided with an informed consent form explaining their involvement, confidentiality, and options to withdraw their participation. The informed consent had the researcher's contact information for questions and results of the inventory.

Process of Data Collection

The researcher attended the master's level classes to introduce the research project. The counseling students were informed that participation was voluntary, there were no consequences for not participating and the researcher would not know the identity of the students, whether or not they participated. The counseling students were given the packet containing the informed consent, the demographic sheet, and the COPE Inventory. The students who choose to participate were asked to complete the informed consent and put it in a white envelope at the front of the class; if the students consented, they then completed the demographic sheet and COPE Inventory and put it in a yellow envelope. The researcher left the classroom to allow time for the students to complete the packet. One student notified the researcher when all the students who had volunteered completed their packets.

The COPE inventory was given to three groups of students at specific times in their graduate training. Group One students were administered the COPE during orientation of their first year of enrollment in the graduate program. Group Two students were administered the inventory during their counseling practicum experience. Group Three was administered the COPE during their counseling internship.

Analysis Plan

The posttest only nonequivalent group design (Campbell & Stanley, 1963; Cook & Campbell, 1979; Goodwin, 1995; Hadley& Mitchell, 1995; Heppner, Kivlighorn, & Wampold, 1999; Johnson & Christensen, 2000) was used to find significant differences in participant responses. Descriptive statistics for each group were calculated. The data analysis for the hypotheses was a multivariate analysis of variance (Goodwin, 1995). The data analysis for the hypotheses compared the means in the 15 areas the COPE inventory assesses among the beginning, practicum, and graduating students. Where there are significant differences, the Bonferroni Test was employed as the post-hoc analysis technique.

Summary

Counselor trainees enrolled in the master's counseling program volunteered to participate in this study. The goal of this study was to investigate whether or not the students' grade level in the program was an influencing factor in determining counselor trainees' use of coping responses as determined by the COPE Inventory (Carver et al., 1989). The posttest only nonequivalent group design (Campbell & Stanley, 1963; Cook & Campbell, 1979; Goodwin, 1995; Hadley& Mitchell, 1995; Heppner, Kivlighorn, &

Wampold, 1999; Johnson & Christensen, 2000) was used to find any significant

difference in participant responses. The data was evaluated by means of a multivariate

analysis of variance (Goodwin, 1995). In the following chapters, the study results are

presented.

CHAPTER IV

RESULTS

The purpose of this study was to examine the difference in how counselor trainees at various levels of their master's program copes with stressful situations. This chapter reports the results of the statistical analysis of the data. Coping responses with stress data were obtained from a total of 65 counselor education students through the utilization of the COPE Inventory individual assessment instrument (Carver et al., 1989). The 65 students represent three levels of counselor training: (A) Beginning counselor students, (B) Practicum counseling students and (C) Graduating counseling students. The number of participants in the groups were: Group A- 30, Group B- 16, and Group C- 19. The 15 previous hypotheses concerning coping responses to stress are restated and the results presented. The results of the analysis are stated in both narrative form and also in a table. The data was evaluated by means of multivariate analysis of variance. The conclusions from each hypothesis are stated and then a summary is presented.

Hypotheses

Hypotheses were developed to explore the significant differences in coping responses to stress between counselor trainees in a master's program. The following null hypotheses were tested in this study:

Hypothesis 1

There is no significant difference in the positive reinterpretation and growth category of coping responses to stress (making the best of the situation through a positive

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light) among beginning stage, practicum stage and graduating counselor education students.

A multivariate analysis of variance was used to conduct the analysis of the data collected for this hypothesis. The results of the analysis of the data for this hypothesis is F ratio was 2.230 for df=2/62 with a probability of 0.116. This is not significant at the .05 alpha level of confidence (see Table 1). Results indicate there was no significant difference therefore hypothesis 1 is accepted.

Table 1

F Ratio for the Analysis of the Positive Reinterpretation and Growth Coping Response

Level	Mean	Standard Deviation	N	F	Sig.
Beginning	13.87	2.013	30	2.230	0.116
Practicum	12.5	2.280	16		
Graduating	13.05	2.321	19		

Hypothesis 2

There is no significant difference in the mental disengagement category of coping responses to stress (psychologically disengages by self distraction) among beginning stage, practicum stage and graduating counselor education students.

A multivariate analysis of variance was used to conduct the analysis of the data collected for this hypothesis. The results of the analysis of the data for this hypothesis is F ratio was .353 for df=2/62 with a probability of 0.704. This is not significant at the .05 alpha level of confidence (see Table 2). Results indicate there was no significant difference therefore hypothesis 2 is accepted.

Table 2

F Ratio for the Analysis of the Mental Disengagement Coping Response

Level	Mean	Standard Deviation	N	F	Sig.
Beginning	9.53	2.240	30	.353	0.704
Practicum	9.88	2.419	16		
Graduating	10.05	1.870	19		

Hypothesis3

There is no significant difference in the focus on and venting of emotions category of coping responses to stress (increased awareness and ventilation of distress) among beginning stage, practicum stage and graduating counselor education students.

A multivariate analysis of variance was used to conduct the analysis of the data collected for this hypothesis. The results of the analysis of the data for this hypothesis is F ratio was .777 for df=2/62 with a probability of 0.464. This is not significant at the .05 alpha level of confidence (see Table 3). Results indicate there was no significant difference therefore hypothesis 3 is accepted.

Table 3

F Ratio for the Analysis of the Focus on and Venting of Emotions Coping Response

Level	Mean	Standard Deviation	N	F	Sig.
Beginning	10.93	3.216	30	.777	0.464
Practicum	11.69	2.496	16		
Graduating	11.95	2.859	19		

Hypothesis4

There is no significant difference in the use of instrumental support category of coping responses to stress (seeking assistance to take action) among beginning stage, practicum stage and graduating counselor education students.

A multivariate analysis of variance was used to conduct the analysis of the data collected for this hypothesis. The results of the analysis of the data for this hypothesis is F ratio was .869 for df=2/62 with a probability of 0.424. This is not significant at the .05 alpha level of confidence (see Table 4). Results indicate there was no significant difference therefore hypothesis 4 is accepted.

Table 4

F Ratio for the Analysis of the Use of Instrumental Support Coping Response

Level	Mean	Standard Deviation	N	F	Sig.
Beginning	12.77	1.755	30	.869	0.424
Practicum	12.12	2.446	16		
Graduating	13.00	2.028	19		

Hypothesis5

There is no significant difference in the active coping category of coping responses to stress (taking action to remove stressor) among beginning stage, practicum stage and graduating counselor education students.

A multivariate analysis of variance was used to conduct the analysis of the data collected for this hypothesis. The results of the analysis of the data for this hypothesis is F ratio was 1.008 for df=2/62 with a probability of 0.371. This is not significant at the .05

alpha level of confidence (see Table 5). Results indicate there was no significant

difference therefore hypothesis 5 is accepted.

Table 5

F Ratio for the Analysis of the Active Coping Response

Level	Mean	Standard Deviation	N	F	Sig.
Beginning	11.73	2.016	30	1.008	0.371
Practicum	12.19	2.073	16		
Graduating	12.53	1.679	19		

Hypothesis6

There is no significant difference in the denial category of coping responses to

stress (attempt to reject the reality of the stressor) among beginning stage, practicum

stage and graduating counselor education students.

A multivariate analysis of variance was used to conduct the analysis of the data

collected for this hypothesis. The results of the analysis of the data for this hypothesis is

F ratio was 1.107 for df=2/62 with a probability of 0.337. This is not significant at the .05

alpha level of confidence (see Table 6). Results indicate there was no significant

difference therefore hypothesis 6 is accepted.

Table 6

F Ratio for the Analysis of the Denial Coping Response

Level	Mean	Standard Deviation	N	F	Sig.
Beginning	5.70	2.292	30	1.107	0.337
Practicum	5.81	1.834	16		
Graduating	4.95	1.433	19		

Hypothesis7

There is no significant difference in the religious coping category of coping responses to stress (increasing engagement in religious activities) among beginning stage, practicum stage and graduating counselor education students.

A multivariate analysis of variance was used to conduct the analysis of the data collected for this hypothesis. The results of the analysis of the data for this hypothesis is F ratio was .415 for df=2/62 with a probability of 0.662. This is not significant at the .05 alpha level of confidence (see Table 7). Results indicate there was no significant difference therefore hypothesis 7 is accepted.

Table 7

F Ratio for the Analysis of the Religious Coping Response

Level	Mean	Standard Deviation	N	F	Sig.
Beginning	9.90	3.986	30	.415	0.662
Practicum	10.50	3.596	16		
Graduating	9.26	4.370	19		

Hypothesis8

There is no significant difference in the humor coping category of coping responses to stress (using jokes to deal with stress) among beginning stage, practicum stage and graduating counselor education students.

A multivariate analysis of variance was used to conduct the analysis of the data collected for this hypothesis. The results of the analysis of the data for this hypothesis is F ratio was .254 for df=2/62 with a probability of 0.777. This is not significant at the .05 alpha level of confidence (see Table 8). Results indicate there was no significant difference therefore hypothesis 8 is accepted.

Table 8

F Ratio for the Analysis of the Humor Coping Response

Level	Mean	Standard Deviation	N	F	Sig.
Beginning	10.60	3.682	30	.254	0.777
Practicum	9.88	2.849	16		
Graduating	10.16	3.452	19		

Hypothesis9

There is no significant difference in the behavioral disengagement category of coping responses to stress (withdrawing effort from attaining a goal when a stressor gets involved) among beginning stage, practicum stage and graduating counselor education students.

A multivariate analysis of variance was used to conduct the analysis of the data collected for this hypothesis. The results of the analysis of the data for this hypothesis is F ratio was .568 for df=2/62 with a probability of 0.570. This is not significant at the .05

alpha level of confidence (see Table 9). Results indicate there was no significant

difference therefore hypothesis 9 is accepted.

Table 9

F Ratio for the Analysis of the Behavioral Disengagement Coping Response

Level	Mean	Standard Deviation	N	F	Sig.
Beginning	6.03	2.282	30	.568	0.570
Practicum	6.19	1.834	16		
Graduating	5.53	1.541	19		

Hypothesis10

There is no significant difference in the restraint category of coping responses to

stress (holding back one's coping attempts until they can be of use) among beginning

stage, practicum stage and graduating counselor education students.

A multivariate analysis of variance was used to conduct the analysis of the data

collected for this hypothesis. The results of the analysis of the data for this hypothesis is

F ratio was .642 for df=2/62 with a probability of 0.530. This is not significant at the .05

alpha level of confidence (see Table 10). Results indicate there was no significant

difference therefore hypothesis 10 is accepted.

Table 10

F Ratio for the Analysis of the Restraint Coping Response

Level	Mean	Standard Deviation	N	F	Sig.
Beginning	10.20	2.203	30	.642	0.530
Practicum	10.13	2.335	16		
Graduating	9.47	2.342	19		

Hypothesis11

There is no significant difference in the use of emotional social support category of coping responses to stress (seeking sympathy from another person) among beginning stage, practicum stage and graduating counselor education students.

A multivariate analysis of variance was used to conduct the analysis of the data collected for this hypothesis. The results of the analysis of the data for this hypothesis is F ratio was .733 for df=2/62 with a probability of 0.484. This is not significant at the .05 alpha level of confidence (see Table 11). Results indicate there was no significant difference therefore hypothesis 11 is accepted.

Table 11

F Ratio for the Analysis of the Use of Emotional Social Support Coping Response

Level	Mean	Standard Deviation	N	F	Sig.
Beginning	12.77	2.750	30	.733	0.484
Practicum	13.06	2.849	16		
Graduating	13.63	1.770	19		

Hypothesis12

There is no significant difference in the substance use category of coping responses to stress (using substances as a way of disengaging from stress) among beginning stage, practicum stage and graduating counselor education students.

A multivariate analysis of variance was used to conduct the analysis of the data collected for this hypothesis. The results of the analysis of the data for this hypothesis is F ratio was 4.142 for df=2/62 with a probability of 0.020. This is significant at the .05

alpha level of confidence (see Table 12). Results indicate there was a significant difference therefore hypothesis 12 is rejected.

Table 12

F Ratio for the Analysis of the Substance Use Coping Response

Level	Mean	Standard Deviation	N	F	Sig.
Beginning	4.80	1.919	30	4.142	0.020
Practicum	7.38	4.272	16		
Graduating	6.26	3.070	19		

*Significant at the 0.05 alpha level

Due to finding a significant difference in Hypothesis #12, the Bonferroni post hoc analysis was conducted to determine where the differences exist. The results indicated a significant difference exits between the Beginning group and the Practicum group (t=2.57, p=.021). These results suggest that the Practicum group use the dysfunctional coping response of substance use more often than the Beginning group. There were no significant differences found between the other levels.

Table 13

Bonferroni Post Hoc Analysis

Group	Comparisons	T Ratio	Sig.
Beginning	Practicum	2.57	.021
Practicum	Graduating	1.11	.827
Graduating	Beginning	1.46	.297

*Significant at the 0.05 alpha level

Hypothesis13

There is no significant difference in the acceptance category of coping responses to stress (accepting that the stressful event has occurred) among beginning stage, practicum stage and graduating counselor education students.

A multivariate analysis of variance was used to conduct the analysis of the data collected for this hypothesis. The results of the analysis of the data for this hypothesis is F ratio was 2.142 for df=2/62 with a probability of 0.126. This is not significant at the .05 alpha level of confidence (see Table 14). Results indicate there was no significant difference therefore hypothesis 13 is accepted.

Table 14

F Ratio for the Analysis of the Acceptance Coping Response

Level	Mean	Standard Deviation	N	F	Sig.
Beginning	12.00	2.259	30	2.142	0.126
Practicum	10.62	2.419	16		
Graduating	11.95	2.172	19		

Hypothesis14

There is no significant difference in the suppression of competing activities category of coping responses to stress (suppressing one's attention to other activities to focus on stress) among beginning stage, practicum stage and graduating counselor education students.

A multivariate analysis of variance was used to conduct the analysis of the data collected for this hypothesis. The results of the analysis of the data for this hypothesis is F ratio was 5.057 for df=2/62 with a probability of 0.009. This is significant at the .05

alpha level of confidence (see Table 15). Results indicate there was a significant

difference therefore hypothesis 14 is rejected.

Table 15

F Ratio for the Analysis of the Suppression of Competing Activities Coping Response

Level	Mean	Standard Deviation	N	F	Sig.
Beginning	9.50	2.193	30	5.057	0.009
Practicum	10.81	1.424	16		
Graduating	11.00	1.291	19		

*Significant at the 0.05 alpha level

Due to finding a significant difference in Hypothesis #14, the Bonferroni post hoc

analysis was conducted to determine where the differences exist. The results indicated a

significant difference exits between the Beginning group and the Graduating group

(t=1.50, p=.018). The results suggest that the Graduating group use the coping response

of suppression of competing activities more often than the Beginning group. This is a

positive increase due to the adaptive nature of this coping strategy. There were no

significant differences found between the other levels.

Table 16

Bonferroni Post Hoc Analysis

Group	Comparisons	T Ratio	Sig.
Beginning	Practicum	1.31	.064
Practicum	Graduating	.19	1.00
Graduating	Beginning	1.50	.018

*Significant at the 0.05 alpha level

Hypothesis15

There is no significant difference in the planning category of coping responses to stress (thinking about how to confront the stress and making a plan to cope) among beginning stage, practicum stage and graduating counselor education students.

A multivariate analysis of variance was used to conduct the analysis of the data collected for this hypothesis. The results of the analysis of the data for this hypothesis is F ratio was .737 for df=2/62 with a probability of 0.483. This is not significant at the .05 alpha level of confidence (see Table 17). Results indicate there was no significant difference therefore hypothesis 15 is accepted.

Table 17

F Ratio for the Analysis of the Planning Coping Response

Level	Mean	Standard Deviation	N	F	Sig.
Beginning	13.10	2.023	30	.737	0.483
Practicum	12.81	2.536	16		
Graduating	13.68	2.187	19		

Summary

The purpose of this chapter is to report the findings from the COPE Inventory data from the 65 participants representing three levels of counselor training. The three groups of students assessed were Group A-30 Beginning Students, Group B-16 Practicum Students and Group C- 19 Graduating Students. The 15 hypotheses concerning the coping responses to stress in counselor trainees were restated and examined using the student data. The results indicated 13 accepted null hypotheses that found no significant differences among the three groups and two rejected null hypotheses that found

significant differences. The hypotheses that found significant differences were substance

use coping and suppression of competing activities coping.

CHAPTER V

DISCUSSION

Introduction

This chapter will address the summary and findings of this study. It will contain a discussion of the results of the study and a conclusion section will address the relationship to previous research and significance of the study. The chapter will then explain implications and limitations and will conclude with recommendations for future research.

Discussion of the Results

This study reviewed and analyzed data collected from a 60–item questionnaire on coping responses to stress. The COPE self report inventory was administered to 65 Master's level counselor education students (Carver et al., 1989). The COPE Inventory has 15 divisions of coping mechanisms. Eleven of the 15 coping responses are placed into one of three categories: adaptive, helpful, or dysfunctional. The data was reported and analyzed across three groups: beginning, practicum, and graduating. The results of the study are reported in the following section.

The first scale of coping responses is positive reinterpretation and growth. This category is defined as making the best of a situation by growing from it or viewing it in a more favorable light. The data analyzed for the positive reinterpretation and growth coping response found no significant difference and the null hypothesis was accepted. Positive reinterpretation and growth was classified as an adaptive coping response. The results from this category had high scores, meaning the participant used this coping

strategy often. The beginning students scored the highest among the three groups of students, and this was also the highest score for the beginning group among all of the divisions. The high score for the positive reinterpretation and growth scale could be due to the beginning group's optimism about starting a new program which could have spread to their coping strategies.

The second category is mental disengagement as a coping mechanism. The null hypothesis for this coping response was accepted because no significant difference was found in the data. This coping response is defined as a person whom psychologically disengages from a stressor by daydreaming, sleeping, or self-distraction. The scores in this category were in the middle range. This category is considered a maladaptive coping response. Although there was no significant difference found, it should be noted that the frequency for which this response was used did increase from the beginning group to the graduating group. The results show that the graduating group uses this strategy more often than the other levels.

The third coping response consists of the focus on and venting of emotions. This division is described as an increased awareness of one's emotional distress and a concomitant tendency to ventilate or discharge those feelings. The focus on and venting of emotions hypothesis was accepted because no significant disputes were found as a result of the questionaire. Once again, the scores increased from the beginning group (10.93) to the practicum group (11.69), as well as from the practicum group to the graduating group (11.95). This may show that over the course of the counseling program, the students learn to focus on their stressors and express how they are feeling.

The fourth category is the use of instrumental social support. This scale is described as seeking assistance, information and advice about what actions to take, and is classified as helpful. The use of instrumental social support data found no significant difference and the null hypothesis was accepted. Based on the high scores in this category, the participants used this coping response often to deal with stress. The practicum student had the lowest scores among the three groups.

Active coping is the fifth category. The null hypothesis for this category was accepted because the questionnaire found no significant difference. Active coping is taking action to remove or circumvent the stressor; it is considered an adaptive coping response. This category's scores increased slightly from the beginning group to the graduating group. The students learned specific techniques meant to assist their clients; the results of the active coping data suggest the students were utilizing those same techniques on themselves.

The sixth category is coping by means of denial. Denial coping occurs when a person attempts to reject the reality of the stressful event; this coping mechanism is considered dysfunctional. Denial coping data revealed no significant difference and the null hypothesis was accepted. Although the practicum group scored the highest in this category compared to the other groups, this was their lowest score out of all of the coping responses. This was also the graduating group's lowest score among all of the categories, meaning they used this coping strategy least often.

The next category is religious coping. Once again, the null hypothesis for religious coping was accepted because data found no significant difference. This coping response can be described as increasing engagement in religious activities in order to

cope, and is classified as helpful. The scores from this category may be influenced by the fact that the students who participated attend a catholic university. If this study is replicated, the scores may fluctuate significantly higher or lower than those reported, depending if the higher learning institution is faith based.

Humor is the eighth coping response. This category may be defined as using jokes to deal with stressors. The humor coping response data showed no significant difference therefore the null hypothesis was accepted. The scores in this category were in the average range, meaning that students use this coping response, but not often. The practicum students had the lowest scores in this category.

The ninth coping response is behavioral disengagement. Behavioral disengagement is defined as withdrawing effort from attempting to attain a goal with which the stressor is interfering. The null hypothesis was accepted due to the analysis of the behavioral disengagement data showing no significant difference. This coping response is classified as maladaptive according to Carver et al. (1989). Although the scores were low overall, it should be noted that the practicum students reported the highest scores among the three groups for the behavioral disengagement coping mechanism.

The tenth category is restraint coping. The data for restraint coping found no significant difference and the null hypothesis was accepted. This coping strategy is described as coping passively by holding back one's coping attempts until they can be of use. This coping skill is considered one of the adaptive coping mechanisms. The scores from this category decreased from the beginning group to graduating group suggesting

that as the students advance throughout the program, they are using this adaptive coping response less.

Emotional social support is the eleventh category of coping mechanisms. Utilization of emotional support is described as seeking sympathy or emotional support from another person; this category was classified as a helpful coping mechanism. The null hypothesis for this category was accepted because no significant difference was found. The scores were high among all three groups and slightly increased from the beginning group to the graduating group. Also, the practicum group's scores were the highest for this category when compared to the other categories.

Substance use is the twelfth category coping response. This coping response is when a person turns to alcohol or other drugs as a way of disengaging from the stressor. Substance use coping data found a significant difference between the three groups. Although the scores were low, the practicum group utilized this coping response more often than the other two groups. These scores are possible evidence that the practicum students needed to use drugs or alcohol in order to alleviate their stress. These results supports Stewart's (1995) developmental theory that during the middle stage students develop unhealthy coping responses which can become engrained and later affect their professional and personal lives. However, it is also possible that the other groups of students were not honest when answering the questionnaire due to the fear that the inventory would not be kept anonymous. The beginning students' scores were the lowest in this category when compared to the other categories.

The thirteenth category is acceptance coping. The data on acceptance coping found no significant difference and the null hypothesis was accepted. A person utilizes

this coping strategy when they accept the fact that the stressful event has occurred and is real. The practicum students had the lowest score among the three groups, and the beginning students had the highest score.

Suppression of competing activities is the fourteenth coping response. Suppression of competing activities coping response is defined as suppressing one's attention to other activities to focus more fully on dealing with the stressor. The data analyzed on this coping strategy found a significant difference and the null hypothesis was rejected. This category is considered an adaptive coping response. The scores increased from the beginning group to the graduating group. A potential reason for this increase, could be that as the students progress through the program, and learn techniques to help their clients, they in turn used these techniques to alleviate their own stressors. It is likely that the class work enabled the student to focus their attention on what is important to survive, and allow other distractions to be attended to at a later time. Utilization of this coping response may be based on the fact that graduate students also have to become adjusted to focusing on what's important in order to get their workload accomplished.

The last category is the coping response of planning. This coping response found no significant difference and therefore the null hypothesis was accepted. The planning coping response is described as thinking about how to confront the stressor and to plan active coping efforts; this category is considered an adaptive coping mechanism. The overall scores were high in this category, which means the students used this coping skill often. The planning coping response score for the graduating group was the highest among all of the categories for the graduating group. Once again, these results suggest

that students who are further along in the program have more developed organizational skills and are able to think issues through more clearly.

Conclusions

Based on the previous discussion of the results, several conclusions were drawn from this study. First, coping responses to stress do not change over the course of the master's level counseling program. The score's lack of variety based on category, serves as evidence that the students do not start a counseling program with one set of coping strategies and vary them based on different stressors in the program. Hoffman (2006) found that graduating students had increased levels of distress compared to beginning students. This would lead to the belief that coping strategies would change based on the amount of stress and type of stress. Smith (1997) found that doctoral students changed their strategies based on event changes; the doctoral students from Smith's study would learn new strategies in order to better assist in alleviating their stress. However, this current study did not find results to support Smith's findings, and were contrary to her findings. The results of this study illustrated that students use the same type of coping responses throughout the program. These findings can be supported by the theory that master's level students already successfully graduated with their bachelor's degree. The reason they successfully graduated was that they had already developed healthy coping responses that worked for them, and thus there was no need to change or alter the coping strategy.

It was also concluded that students generally use more adaptive coping mechanisms than dysfunctional coping mechanisms. The three coping strategies most

used based on group means were positive reinterpretation and growth, use of emotional social support, and planning. The three coping mechanisms used the least were denial, behavioral disengagement, and substance use. Gerson also found that graduate students did not use coping strategies more or less frequently than non-student populations. Although this study was not compared to the normal populations, the study did find that all groups had higher scores on the more effective coping strategies, and lower scores for the more dysfunctional coping strategies. Therefore, knowing the top three coping styles for the students were adaptive can be beneficial to faculty. The faculty can then encourage the continued use of these strategies in order to help the students be successful.

Based on the lack of change and variation in scores, a final conclusion could be that counseling programs need to emphasize the importance of coping strategies not only in clients but also in counselor trainees. Emerson and Markos (1996) state that counselors are trained to help others, yet receive little or no training on how to deal with their own stress. Although the students appear to be using adaptive coping skills, they may not be using the appropriate coping strategy based on the type or amount of stress. Based on Hoffman's conclusion, students should be using more adaptive coping skills as they progress through the program. Often, practicum and internship students' scores in this study were lower than beginning students on the adaptive coping mechanisms. Bray, Braxton, and Sullivan (1999) found that the success and failure of students is based on the amount of stress and the different styles of coping utilized. Smith (1997) stated that from her research, if coping skills training was added to graduate student development, a method for success can be found and implemented to help future students. Nelson (1999) found that successful graduate students had increased religious coping, increased restraint

coping, increased active coping, decreased substance use, increased suppression of competing activities, and decreased mental disengagement. Due to the lack of significant differences in 13 of the 15 scales, the important variables in Nelson's study did not show any noteworthy increase or decrease. In fact, substance use increased from the beginning level to the graduating level, with a significant increase from the beginning level to the practicum level. Once again, these results could be due to beginning students' lack of honesty motivated by the fear they would not remain anonymous. Suppression of competing activities was the only variable from Nelson's study that increased significantly from the beginning group to the graduating group in this current study.

The study's results are of significant importance for counselor educators, administration and faculty because they should be aware that their students are in need of guidance with coping strategies. D'Andrea and Daniels (1992) found that administrations recommended personal counseling when students are failing courses due to a mental health need but would not establish a policy building personal counseling into their programs. Integrating coping skills and self care into classroom training through stress management may help students successfully graduate. This study can be helpful because it works to understand how students cope with stress. Zur (2003) discussed in his article that counselors often focus on the needs of others and neglect their own, leading to ineffective treatment. If Zur's statement is true for counselors, than it is possible the same is true for counselor trainees. Programs allow the trainees the opportunity to work with clients during the practicum and internship stage. Programs need to make every attempt to ensure that their students are providing high-quality treatment for those clients. Directors and instructors can also examine the means of the scales and enhance the more

commonly used coping skills that are adaptive and healthy, and discourage the dysfunctional coping skills. Often, professional conferences have a time period set aside on self care. The reason for this, is people need to be reminded to take care of themselves, and students are no exception.

The examiner believes that this study will also bring attention to students concerning the importance of coping strategies. Students need to be made aware of the different types of coping strategies so they can identify the skills that they use and adjust them based on the type of stress. As children, we are taught that temper tantrums, screaming and crying do not help our problems; we are taught that good behavior gets good results. This can be related to the counseling profession in that, as we get older, people no longer teach us how to identify bad coping skills, but rather use healthy coping skills for effective results. Students need to be more aware of how they cope with stress so they can continue to employ these healthy skills when they become counselors.

The examiner also proposes that professional counselors can benefit from this study by being made aware of the students lack of changes in student coping strategies throughout the program. A counselor's job is to help his or her clients deal with stress and problems in their lives. The students master's program is when they learn these techniques. It is also the opportunity for the students to start utilizing the techniques for themselves. The results of this study show that based on the lack of change of coping strategies scores, the students are not internalizing the techniques for use on themselves. A professional counselor's self care is important to discourage burnout and increase the longevity of his or her career. Flight attendants tell passengers that in case of an emergency and the oxygen masks fall from the ceiling, the passenger is to put his or her

mask on first and then help others. The reason for those instructions is because if something happens to you, then you will not be able to assist others near you. This concept is the same for the counseling field. If counselors do not deal with their stressors effectively, it is inevitable that their ability to provide support to their clients will be lessened.

Implications and Limitations

This study was intended to contribute to the development of master's level counselor trainees, supervisors and advisors, and professional counselors. Recommendations can be made by exploring the coping responses to stress in master's level counselor trainees. Counseling programs should implement a stress management class throughout the course of the master's program, emphasizing effective coping mechanisms. Classes should teach the counselor trainees how to help their clients deal with stress, as well as to internalize those techniques and use them on themselves. Supervisors and advisors need to explore the students' coping mechanisms and help develop strategies so that students can learn and maintain healthy coping mechanisms. Faculty need to recognize when students learn new techniques and adaptive coping strategies for use on their clients but fail to internalize them for themselves so that the issue can be addressed. Efforts should be made to stress the importance of coping responses as a way to increase the likelihood of graduation and decrease the burnout as a professional.

As with all research, this study has several limitations although great lengths were taken to ensure a strong study. The first limitation of the study is the number of participants in the practicum and internship groups. These students have been asked

numerous times by other doctoral students to participate in research projects. Other invitations to participate in alternative studies, may have decreased the willingness of the student to take part in this study. A smaller sample size contributes to greater possibility of a Type II error, which is when the null is accepted but in actuality is false. The study also did not examine gender and cross-cultural differences related to coping with stress due to the lack of diversity in the counselor education master's program. Due to time restraints, the data was collected from three groups of students at various points in the master's program. A linear study was not conducted and the same students were not measured over time. This may have increased the strength of the results.

Limitations may also exist due to the use of a self report questionnaire. Questionnaires are efficient for scoring and analyzing purposes, but participants sometimes quickly respond and therefore miss questions and thus results are not completely accurate. In addition, students may be reluctant to answer honestly to the questions about coping responses because of fear of the examiner or supervisor may discover a student's answers to questions despite insuring the anonymity of the study.

Recommendations for Future Research

This study was an initial attempt to examine coping responses in master's level counseling students. Based on the current findings, this research should be replicated with a larger sample. With a larger and more diverse population, the generalization of the findings will improve. A larger sample size may also result in obtaining greater levels of differentiation between variables.

Future research could utilize a linear approach which would follow the same students over the course of the program. Students would be observed from the beginning of a program through to graduation; coping mechanisms used by both successful (graduates) and unsuccessful (non-graduates) students would be found and applied for future students. Another possible recommendation for a study would examine coping skills and how this affected students' ability to successfully meet the program requirements. If significant differences were found, then faculty and supervisors could develop strategies to help with successful completion of the program.

Future studies may want to explore the area of gender differences and cross-cultural differences with regards to coping skills. More research in this area would be beneficial to determine if men and women or ethnically diverse cultures cope differently, or if their coping strategies change over time. Due to the lack of diversity in the program, this current study does not have a large enough sample of multicultural students to explore differences between ethnic groups. Studies on coping responses with stress should also include examining personality traits. Distinguishing how personality types correlate with coping responses may help to determine which strategy is more effective for a specific type of personality.

Another area of experimentation would be to expand and study other areas of master's level training in other healthcare professional fields. Comparing the current results to other types of training programs such as psychology, social work, or psychiatry may demonstrate differences in coping response habits across different programs. Comparing various professions in the healthcare field could be useful in identifying any

differences that may exist and help determine what a program would need to include in their curriculum to help their students successfully complete the program.

Further study of the comparison of undergraduate students, master's level students, doctoral level students, and counseling professionals may be beneficial to examine if coping strategies change. This will also enable an examiner to determine if certain coping skills are important to successful completion or termination of a desired goal. This will increase the literature related to coping responses and add emphasis to the need for self evaluation and self care both during and after school. Correlations can be examined to determine if certain coping styles are connected to successfully completing program requirements or a long lasting career.

The next recommendation would be to conduct research comparing programs that have classes that incorporate coping skills for their students and programs that do not. Past research (D'Andrea and Daniels, 1992) has found that some programs and faculty do not see the need to help their students learn healthy, adaptive coping. A study examining if a program incorporates utilization of coping skills may increase awareness of the need for healthy coping to increase success. This may also help raise faculty and supervisors awareness of the importance in their students' success rates in their programs.

The final research recommendation is to study the different majors in a counseling program. The State of Ohio Counselors Board has now separated marriage and family counselors from professional clinical counselors. School counselors have their own separate board as well. This is a trend that is slowly becoming a national standard and therefore there is a need to discover differences between these areas of concentration. Once there is more research and literature establishing differences in coping strategies

among school, marriage and family, and clinical/community counselors than programs can specifically target the needs of those students and help increase graduation success rates. It is this investigators hope that this study creates more of an interest in coping mechanisms in counselor trainees and in turn encourages further research.

References

Azuma, R.T. (2000). *So long, and thanks for the Ph.D.!* Retrieved January 4, 2008, from

   http://www.cs.unc.edu/~azuma/hitch4.html

Benjamin, L. (1987). Understanding and Managing stress in the academic world.. Ann

   Arbor, MI: ERIC Clearinghouse on Counseling and Personnel Services. (ERIC

   Document Reproduction Services No. ED 291017)

Bernard, J. M. & Goodyear, R. K. (2004) *Fundamentals of Clinical Supervision (3ʳᵈ ed.).*

   Boston, MA: Pearson Education, Inc.

Bourne, P.G., Rose, R.M., & Mason, J.W. (1968). 17-OHCS levels in combat: Special

   forces "A" team under threat of attack. *Archives of General Psychiatry*, 19, 135-

   140.

Brady, J. (1959). Ulcers in "Executive" monkeys. *Science*, 199, 95-100.

Bray, N.J., Braxton, J.M., & Sullivan, A.S. (1999). The influence of stress related coping

   strategies on college students departure decisions. *Journal of College Student

   Development,* 40, 645-657.

Campbell, D.T., & Stanley, J.C. (1963). *Experimental and Quasi-Experimental Designs

   for Research* Chicago, Il: American Educational Research Association.

Cao, W (2001, April). How male and female doctorate students experience their doctoral

   programs similarly and differently. Paper presented at the Annual Meeting of the

   American Educational Research Association, Seattle, WA.

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.

Clark, K., Bormann, C.A., Cropanzano, R., & James, K. (1996) Validation evidence for
three coping measures. *Journal of Personality Assessments*, 65,434-455.

Cohen, S., Kessler, R. & Gordon, L. (1995). <u>Measuring Stress.</u> New York: Oxford
University Press.

Collins, K.M. & Onwuegbuzie, A.J. (2003). Study coping and examination taking coping
strategies: The role of learning modalities among female graduate students.
Personality and Individual Differences, 35, 1021-1032.

Cook, T.D., & Campbell, D.T. (1979). *Quasi-Experimental Design & Analysis Issues for
Field Setting.* Chicago, Il: McNally College Publishing Co.

Crotty, J. (1996) Stress, soldiers, and students. *Yale-New Haven Teachers Institute, II.*

D'Andrea, M. & Daniels, J. (1992). <u>Do the leaders of counselor education programs think
graduate students should be required to participate in personal counseling: The
results of a national survey</u>. Ann Arbor, MI: ERIC Clearinghouse on Counseling
and Personnel Services. (ERIC Document Reproduction Services No. ED
349508)

D'Andrea, L.M. (2002) Obstacles to completion of the doctoral degree in college of
education: The professor's perspective. *Education Research Quarterly,25,* 42-58.

Davis, A. H. (1989). Burnout and counselor practitioner expectations of supervision.
Counselor Education and Supervision, 28, 234-241.

Davis, M., Eshelman, E.R., & McKay, M. (2002). *The relations and stress reduction
workbook* (5th ed.). New York: New Harbinger.

Devonport, T.J. & Lane, A.M. (2006). Cognitive appraisal of dissertation stress among

      undergraduate students. *The Psychological Record ,56,* 259-266.

Dunkley, J. & Whelan, T. (2006). Vicarious traumatisation in telephone controllors:

      internal and external influences. *British Journal of Guidance & Counseling,* 34,

      451-469.

Elkin, A. (1999). *Stress Management for Dummies.* Belmont, CA: IDG Books

      Worldwide, Inc.

Emerson, S & Markos, P.A., (1996). Signs and symptoms of the impaired counselor.

      Journal of Humanistic Education and Development, 34, 108-117.

Everly G.S. and Lating J.M. (2002). A clinical guide to the treatment of the human stress

      response (2nd ed.) New York: Plenum Publishers.

Folkman, S., & Lazarus, R. S. (1980). An analysis of coping in a middle-aged community

      sample. *Journal of Health and Social Behavior, 21,* 219-239.

Folkman, S., & Lazarus, R. S. (1985). Methodological issues in stress research. In

      A.Eichler, M.M.Silverman, & D.M.Pratt (Eds.), How to define and research

      stress. Rockville, MD: National Institute of Mental Health.

Folkman, S., Lazarus, R., Dunkel-Schetter,C., Delongis, A. & Gruen, R. (1986a).

      Dynamics of a stressful encounter: Cognitive appraisal, coping, and encounter

      outcomes. *Journal of Personality and Social Psychology, 50(5),* 992-1003.

Folkman, S., Lazarus, R., Gruen, R. & DeLongis, A. (1986b). Appraisal, coping, health

status, and psychological symptoms. *Journal of Personality and Social*

Psychology, 50(3), 571-579.

Gerson, M. (1998). <u>The relationship between hardiness, coping skills, and stress in</u>

<u>graduate students.</u> Unpubliushed doctoral dissertation, Adler School of

Professional Psychology, Illinois.

Gianakos, I. (2000). Gender roles and coping with work stress. *Sex Roles,* 42, 1059-1079.

Goodwin, C.J. (1995). *Research in Psychology: Method and Design* .New York, NY:

John Wiley & Sons, Inc.

Hadley, R.G. & Mitchell, L.K. (1995). *Counseling Research and Program Evaluation.*

Pacific Grove, CA: Brooks/Cole Publishing Co.

Harburg, E., Julius, M., Kaciroti, N. Glieberman, L., & Schork, M. A., (2003).

Expressive /suppressive anger –coping responses, gender, and types of mortality:

a 17-year follow up. *Psychosomatic Medicine*, 65, 588-597.

Heppner, P.P., Kivlighorn, D.M., & Wampold, B.S. (1999). *Research Design in*

Counseling (2ⁿᵈ ed.). Belmont, CA: Wadsworth Publishing Co.

Hoffman, R. (2006). <u>An assessment of the levels of stress among beginning counselor</u>

<u>education graduate students, students beginning the counseling practicum and</u>

<u>students graduating from their programs of study.</u> Unpublished doctoral

dissertation, Duquesne University, Pennsylvania.

Hockey, J. (1994). New territory: Problems of adjusting to the first year of a social

science Ph.D. *Studies in Higher Education, 19,* 177-191.

Hyun, J, Quinn, B, Madon,S., & Lustig, S. (2006). Graduate student mental health: Needs

assessment and utilization of counseling services. *Journal of College Student*

Development, 47 (3), 247-267.

Johnson, B. & Christensen, L. (2000). *Educational Research .*Needham Heights, CA:

Allyn & Bacon.

Kariv, D. & Heiman, T. (2005). Task-oriented versus emotion-oriented coping strategies:

The case of college students. *College student Journal,* 39, 72-85.

Kee, J., Johnson, D. & Hunt, P. (2002). Burnout and social support in rural mental health

counselors. [On-line]. Available: http://www.marxhall.edu/jrcp/sp2002/Kee.htm.

Leatherman, C. (2000). A new push for abd's to cross the finish line. *The Chronicle of*

Higher Education, 46, 29.

Laux, L. & Weber, H. (1987). Person-centered coping research. *European Journal of*

Personality,1, 193-214.

Lazarus, R.S. & Folkman, S. (1984a). *Stress, appraisal, and coping.* New York: Springer.

Lazarus, R. S., & Folkman, S. (1984b). Coping and adaptation. In W.D.Gentry (Ed.), The

handbook of behavioral medicine (pp.282-325). New York: Guilford.

Lynch, S. (1999). Self-care in the new millennium: Avoiding burnout and compassion

<u>fatigue</u>. Ann Arbor, MI: ERIC Clearinghouse on Counseling and Personnel

Services. (ERIC Document Reproduction Services No. ED 437599)

Mahat, G. (1998). Stress and coping: junior baccalaureate nursing students in clinical

settings. *Nursing Forum*, 33, 11-19.

McAuliffe, G.J. (1992). A case presentation approach to group supervision for

community college counselors. *Counselor Education and Supervision,* 31, 163-

174.

Monat & Lazarus, R. (1991). *Stress and coping: An anthology (3rd ed.).* New York:

Columbia University Press.

Nelson, N.G. (1999). <u>Correlates of health and stress.</u> Unpublished doctoral dissertation,

George Fox University, Oregon.

Newman, B.M. & Newman, P.R. (1999). *Development through life: A Psychosocial*

Approach (7th ed). New York: Wadswoth Publishing Inc.

Nonis, S.A., Hudson, G.L., Logan, L.B., & Ford, C.W. (1998). Influence of perceived

control over time on college students' stress and stress related outcomes.

Research in Higher Education, 39, 587-605.

Nowack, K.M. (1999). *Stress profile manual.* Los Angeles: Western Psychological

Services.

O'Halloran, T.M. & Linton, J.M. (2000). Stress on the job: Self-care resources for

counselors. *Journal of Mental Health Counseling*, 22, 354-364.

O'Halloran, M. S. & O'Halloran, T.M. (2001). Secondary traumatic stress in the

classroom: Ameliorating stress in graduate students. *Teaching of Psychology*, 28,

92-97.

Potter, B.A., (1980) *Beating job burnout*. San Francisco: Harbor Publishing

Roth, S. & Cohen, L.J. (1986). Approach, avoidance, and coping with stress, *American Psychologist, 41, 813-819.*

Schmitz, N. (1995). Coping mechanisms of middle management women: effects of gender and perceived managerial style. *Dissertation Abstract International*. VMI Services. (UMI No.9616497)

Selye, H. (1985). History and present status of the stress concept. *In* A. Monat & R.S. Lazarus, eds. *Stress and Coping*, 2nd ed. New York: Columbia University.

Sheu, H. & Sedlacek, W. E. (2004). An exploratory study of help-seeking attitudes and coping strategies among college students by race and gender. *Measurement and Evaluation in counseling and development*, 37, 130-143.

Shields, N. (2001). Stress, active coping, and academic performance among persisting and nonpersisting college students. *Journal of Applied Biobehavioral Research*, 6, 65-81.

Smith, M.C., Zhan, G., Huntington, N., & Wethington, E. (1992). Is clarity of self -concept related to preferred coping style? Washington D.C.; Poster presented at the American Psychological Association Annual Convention (August, 1992).

Smith, J.R. (1997). Graduate student success: Coping mechanisms and the journey to the ivory tower. Unpublished doctoral dissertation, Oklahoma State University, Oklahoma.

Sowa, C., May, K., & Niles, S. (1994). Occupational stress within the counseling profession: Implications for counselor training. *Counselor Education and Supervision*, 34, 19-29.

Stewart, D. (1995). Developmental considerations in counseling graduate students. *Guidance and Counseling*, 10, 21-23.

Stress. (2006, June 27). In Wikipedia, The Free Encyclopedia. Retrieved 15:15, June 28, 2007, from Wikipedia: Stress.

Stress Management. (2008, October 15). In Wikipedia, The Free Encyclopedia. Retrieved 12:53, October 20, 2008, from Wikipedia: Stress Management.

Taylor, S. (1998). Coping strategies.[On-line]. Available: http://www.macses.ucsf.edu/Research/Psychosocial/notebook/coping.html

Trippany, R. Kress, V., & Wilcoxon, A. (2004). Preventing vicarious trauma, What counselors should know when working with trauma survivors. *Journal of Counseling and Development*, 82, 31-38.

Ulku-Steiner, B., Kurtz-Costes, B., & Kinlaw, C.R. (2000) Docotral students experiences in gender-balances and male-dominated graduate programs. *Journal of Educational Psychology,92,* 296-307.

Watlon, R.L., (2002). A comparison of perceived stress levels and coping styles of junior and senior students in nursing and social work programs. Unpublished doctoral dissertation, Marshal University, West Virginia.

Weiss, R. (1971). Coping with stress: Effects of control predictability, feedback and stress on ulceration in rats. *Journal of Comparative and Physiological Psychology*, 77, 1-30.

Weiss, R. (1972). Psychological factors in stress and disease, Scientific American, June,

1972, reprinted in Atkinson and Atkinson (Eds) Mind and Behaviour, Freeman,

San Francisco, 1980.

White, P.E., & Frazoni, J. B., (1990). A multidimensional analysis of the mental health of

graduate counselors in training. *Counselor Education and Supervision.* 29, 258-

267.

Whitman, N. (1985). Student stress: Effects and solutions. Ann Arbor, MI: ERIC

Clearinghouse on Counseling and Personnel Services. (ERIC Document

Reproduction Services No. ED 284514)

Wolniewicz, R. (1996). The psychology of the graduate student: A preliminary study.

Paper presented at the national convention of the Speech Communication

Association, San Diego, CA.

Zur, O. (2003). Taking care of the caretaker: How to avoid psychotherapists' burnout.

[On-line]. Available: http://www.drzur.com/burnout.html.

APPENDICES

APPENDIX A

COPE Inventory Scales

Appendix A

COPE Inventory Scales

Positive Reinterpretation and Growth   Making the best of the situation by growing
                                            from it, or viewing it in a more favorable light.

Active Coping   Taking action to remove or circumvent the stressor.

Planning   Thinking about how to confront the stressor, planning
                                            active coping efforts.

Seeking Emotional Social Support   Seeking sympathy or emotional support from another
                                            person.

Seeking Instrumental Support   Seeking assistance, information, or advice about what
                                            actions to take.

Suppression of Competing Activities   Suppressing one's attention to other activities to
                                            focus more fully on dealing with the stressor.

Religious Coping   Increased engagement in religious activities.

Acceptance   Accepting the fact that the stressful event has
                                            occurred and is real.

Mental Disengagement   Psychological disengagement through daydreaming,
                                            sleep, or self-distraction.

Focus on and Venting of Emotions   An increased awareness of one's emotional distress
                                            and a concomitant tendency to ventilate or discharge
                                            those feelings.

Behavioral Disengagement   Withdrawing effort from attempting to attain the goal
                                            with which the stressor is interfering.

Denial   An attempt to reject the reality of the stressful event.

Restraint Coping   Coping passively by holding back one's coping
                                            attempts until they can be of use.

Substance Use   Turning to the use of alcohol or other drugs as a way
                                            of disengaging from the stressor.

Humor   Making jokes about the stressor.

APPENDIX B

University Consent

University X

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE:
A comparison of coping responses to stress among counselor education students at the beginning stage, practicum stage, and graduating stage from their program of studies

INVESTIGATOR:
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SOURCE OF SUPPORT:
This study is being performed as partial fulfillment of the requirements for the doctoral degree in The Executive Counselor Education and Supervision (ExCES) Program at X University.

PURPOSE:
You are being asked to participate in a research project that seeks to investigate your coping responses to stress in relationship to your three demographic areas: gender, current enrollment status in the masters counseling program, and the major of your counseling program**.**

These are the only requests that will be made of you.

RISKS AND BENEFITS:
There are no risks greater than those encountered in everyday life.

COMPENSATION:
There is to be no compensation for participating in this study. However, participation in the project will require no monetary cost to you. An envelope is provided for return of your response to the investigator.

CONFIDENTIALITY: Your name will never appear on any survey or research instruments. No identity will be made in the data analysis. All written materials and consent forms will be stored in a locked file in the researcher's home. Your response(s) will only appear in statistical data summaries. All materials will be destroyed after 5 years from completion of the research.

Initials_____

Date_____

RIGHT TO WITHDRAW: You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time.

SUMMARY OF RESULTS: A summary of the results of this research will be supplied to you, at no cost, upon request.

VOLUNTARY CONSENT: I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about my participation in this study, I may call Jill Maloney, Tel:740-695-5452 for the Principal Investigator, Dr. Joseph Maola, Tel: 412-396-6099 the Advisor, and Dr. Paul Richer, Chair of the Duquesne University Institutional Review Board, Tel: 412-396-6326.

_____

_____

Participant's Signature   Date

_____

_____

Researcher's Signature   Date

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APPENDIX C

Demographics Questionaire

Appendix C

Demographics Questionaire

Please do not write name

Demographic Information

Please check the following statements pertaining to you.

_____ I am a **beginning** student in the masters counseling program. Meaning I am a first year student.

_____ I am a **practicum** student in the masters counseling program. Meaning I am a second year student.

_____ I am a **graduating** student in the masters counseling program. Meaning I am a final year student, either I am completing or I have completed my internship.

Please check the following statement pertaining to you.

_____ **I agreed to participate in this study, and I have submitted a signed consent in a separate envelope.** You may therefore use my responses. I have enclosed this questionnaire about enrollment status in the masters counseling program with the COPE Inventory.

_____ **I did not agree to participate in this study, and I have submitted a signed consent indicating my refusal in the separate envelope.** Therefore, I did not complete the COPE Inventory, and I did not indicate enrollment status in the masters counseling program.

APPENDIX D

COPE Inventory

Appendix D

COPE Inventory

Please do not write name

This questionnaire asks you to indicate what you generally do and feel, when you experience stressful events. Respond to each of the following items by blackening one number on your answer sheet for each, using the response choices listed just below. Please try to respond to each item separately in your mind from each other item. Choose your answers thoughtfully, and make your answers as true FOR YOU as you can. Please answer every item. There are no "right" or "wrong" answers, so choose the most accurate answer for YOU--not what you think "most people" would say or do. Indicate what YOU usually do when YOU experience a stressful event.

1 = I usually don't do this at all   **2** = I usually do this a little bit   **3** = I usually do this a medium amount   **4** = I usually do this a lot

1 2 3 4   1. I try to grow as a person as a result of the experience.
1 2 3 4   2. I turn to work or other substitute activities to take my mind off things.
1 2 3 4   3. I get upset and let my emotions out.
1 2 3 4   4. I try to get advice from someone about what to do.
1 2 3 4   5. I concentrate my efforts on doing something about it.
1 2 3 4   6. I say to myself "this isn't real."
1 2 3 4   7. I put my trust in God.
1 2 3 4   8. I laugh about the situation.
1 2 3 4   9. I admit to myself that I can't deal with it, and quit trying.
1 2 3 4   10. I restrain myself from doing anything too quickly

1 2 3 4   11. I discuss my feelings with someone.
1 2 3 4   12. I use alcohol or drugs to make myself feel better.
1 2 3 4   13. I get used to the idea that it happened.
1 2 3 4   14. I talk to someone to find out more about the situation.

1 2 3 4   15. I keep myself from getting distracted by other thoughts or activities.

1 2 3 4   16. I daydream about things other than this.

1 2 3 4   17. I get upset, and am really aware of it.

1 2 3 4   18. I seek God's help.

1 2 3 4   19. I make a plan of action.

1 2 3 4   20. I make jokes about it.

1 2 3 4   21. I accept that this has happened and that it can't be changed.

1 2 3 4   22. I hold off doing anything about it until the situation permits.

1 2 3 4   23. I try to get emotional support from friends or relatives.

1 2 3 4   24. I just give up trying to reach my goal.

1 2 3 4   25. I take additional action to try to get rid of the problem.

1 2 3 4   26. I try to lose myself for a while by drinking alcohol or taking drugs.

1 2 3 4   27. I refuse to believe that it has happened.

1 2 3 4   28. I let my feelings out.

1 2 3 4   29. I try to see it in a different light, to make it seem more positive.

1 2 3 4   30. I talk to someone who could do something concrete about the problem.

1 2 3 4   31. I sleep more than usual.

1 2 3 4   32. I try to come up with a strategy about what to do.

1 2 3 4   33. I focus on dealing with this problem, and if necessary let other things slide a little.

1 2 3 4   34. I get sympathy and understanding from someone.

1 2 3 4   35. I drink alcohol or take drugs, in order to think about it less.

1 2 3 4   36. I kid around about it.

1 2 3 4   37. I give up the attempt to get what I want.

1 2 3 4   38. I look for something good in what is happening.

1 2 3 4   39. I think about how I might best handle the problem.

1 2 3 4   40. I pretend that it hasn't really happened.

1 2 3 4   41. I make sure not to make matters worse by acting too soon.

1 2 3 4   42. I try hard to prevent other things from interfering with my efforts at dealing with this.

1 2 3 4   43. I go to movies or watch TV, to think about it less.

1 2 3 4   44. I accept the reality of the fact that it happened.

1 2 3 4   45. I ask people who have had similar experiences what they did.

1 2 3 4   46. I feel a lot of emotional distress and I find myself expressing those feelings a lot.

1 2 3 4   47. I take direct action to get around the problem.

1 2 3 4   48. I try to find comfort in my religion.

1 2 3 4   49. I force myself to wait for the right time to do something.

1 2 3 4   50. I make fun of the situation.

1 2 3 4   51. I reduce the amount of effort I'm putting into solving the problem.

1 2 3 4   52. I talk to someone about how I feel.

1 2 3 4   53. I use alcohol or drugs to help me get through it.

1 2 3 4   54. I learn to live with it.

1 2 3 4   55. I put aside other activities in order to concentrate on this.

1 2 3 4   56. I think hard about what steps to take.

1 2 3 4   57. I act as though it hasn't even happened.

1 2 3 4   58. I do what has to be done, one step at a time.

1 2 3 4   59. I learn something from the experience.

1 2 3 4   60. I pray more than usual.