

An Investigation of Coping Strategies used by Students with Intellectual Disability in College

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Abstract

Attending college can lead to many benefits including better outcomes in adult life for college graduates. This concept is applicable to all students, including students with intellectual disability that are attending institutions of higher education programs to refine social, academic, employment, and independent living skills. Similar to their typical peers, students with intellectual disability enrolled in postsecondary education programs endure levels of stress that result in the application of coping strategies necessary to navigate various social domains of college life, including romantic relationships, friendships, roommate relationships, and social media interactions. The present study utilizes survey and interview data to examine which coping strategies are used by college students with mild intellectual disability. When faced with stressful situations, almost one-third of study participants chose *Planful Problem Solving* as their first choice coping strategy in the *Romantic* domain, and almost half of respondents used it to deal with stressful situations related to *Friendships*. More than a third of college students with intellectual disability chose *Confrontive* coping as their preferred strategy in the *Roommate* and *Social Media* domains. Findings are consistent with previous research, which suggests that young adults with intellectual disability use *Problem-Focused* strategies most frequently when dealing with stressful situations. Implications for research and practice are also presented and discussed.

Keywords: coping strategies, postsecondary education, intellectual disability, social relationships

An Investigation of Coping Strategies used by Students with Mild Intellectual Disability in College

The number of students attending colleges and universities in the United States has risen significantly from around 5.2 million to 20.5 million enrolled from 2000 to 2016. In 2017, approximately 1,018,000 associates degrees, 1.9 million bachelor's degrees, 798,000 master's degrees, and 181,000 doctorate degrees will be awarded (U.S. Department of Education, National Center for Education Statistics, 2016). The increase in attendees is likely due to the benefits of attending a postsecondary institution, including a higher salary, healthier lifestyle, lower rates of divorce, and an increased contribution to community (Hout, 2012). Long-term benefits of attending college are appealing, but the demands of pursuing higher education can come at a cost, as college is often a stressful period of time for students. College includes formative years when adolescents are independent and accountable to themselves and begin to make academic decisions that determine their future career directions. The literature reports many stress factors for college students (e.g., grades, lack of money, uncertainty of future)(Beiter et al., 2015). A study by Mahmoud and colleagues found that college students' anxiety was primarily linked to their negative thinking and maladaptive coping methods (Mahmoud, Staten, Lennie, & Hall, 2015). In particular, students mentioned a feeling of isolation, resulting from leaving friends and family, and the need to make difficult decisions about relationships, as well as parental tension, as a relational stress factor (Darling, McWey, Howard, & Olmstead, 2007). Thus, college is a critical period for developing effective stress management and coping mechanisms to support psychological well-being.

The transition from secondary education to higher education can be particularly challenging for all students, but particularly for those with disabilities (Madaus, 2005).

Individuals with disabilities (e.g., learning disability, psychiatric disability, physical disability) who attend college is not a new concept; however, including students with intellectual disability (ID) has emerged in recent years. In response to the growing number of students with ID seeking postsecondary education, the development of postsecondary education programs (PSE) for individuals with ID has increased from 48 to 267 programs nationwide since 2004 (Papay & Bambara, 2011; Gaumer, et al., 2004; Izzo & Lamb, 2002). The Higher Education Opportunity Act (HEOA; Public Law 110-315) attempts to ameliorate barriers to access higher education environments for students with ID by allowing eligible students to receive federal Pell grants. The HEOA, along with increased state and federal funding to develop model programs has led to many different variations in program longevity, focus, and inclusiveness (Grigal, Dwyre, & Davis, 2006). Such programs are typically non-degree programs and are housed within trade schools, two-year community colleges, and four-year universities across the country and provide students with opportunities and experiences in college life, where they focus on improving academics, developing skills related to employment, expanding social skills, and preparing to live independently after college (Plotner & Marshall, 2014).

Individuals with ID are at increased risk for stress, anxiety, and depression during the transition out of secondary education and into higher education (Cooray & Bakala, 2005). In fact, individuals with ID are up to four times more likely than individuals without ID to have anxiety (Green, Berkovits, & Baker, 2014). Adults with ID also report experiencing more frequent and severe stress from negative social interactions than in the general population (Bramston, Fogarty, & Cummins, 1999). Students with ID are at an elevated risk to experience stress from social interactions (Hartley & MacLean, 2005). Due to the plethora of potentially stressful opportunities, it is critical that students have personal strategies to navigate stressful

situations. Thus, PSE programs that support the development of effective coping strategies for students with ID are essential to strengthen and protect students' psychological well-being.

Since being recognized as a field, psychology has focused on the negative aspects of the subject's life experience and how these experiences contribute to their thoughts and subsequent actions (Seligman & Csikszentmihalyi, 2000). Conversely, positive psychology focuses on valued subjective experiences such as well-being, contentment, happiness, satisfaction, and hope and optimism for the future. Positive psychology spotlights individual traits such as the capacity for love, courage, interpersonal skills, perseverance, forgiveness, originality, future mindedness, spirituality, and wisdom (Seligman & Csikszentmihalyi, 2000). The ratification of the principles of positive psychology through targeted interventions is associated with an increase in life satisfaction, particularly during educational transition periods (Suldo, Savage, & Mercer, 2014). Although many PSE programs offer supports (e.g., counseling, peer mentors), it is unknown how individuals with mild ID are dealing with stressful situations. The adoption of effective coping-skills could lead to increased contentment and satisfaction during a time that is traditionally stressful and difficult to navigate.

Coping is defined as the cognitive and behavioral efforts that are used to manage the demands of stressful situations as well as the emotions surrounding those situations (Lazarus & Folkman, 1984; Hartley & MacLean, 2005). As Compas et al. (2001) point out, the identification of core coping categories is complex due to the fact that coping encompasses a variety of actions that individuals use when dealing with stressful situations rather than a specific behavior that can be observed and reported. Literature reports that adults with mild ID are more likely to use maladaptive coping mechanisms when facing stressful social interactions **than college students without an ID** (Benson & Fuchs, 1999; Hartley & MacLean, 2005).

Broadly, coping research distinguishes between coping resources, coping style, and coping efforts of an individual (Compas, 1987). While coping style reflects the individual's tendency to respond in a particular way either across time or across situations, specific coping efforts refer to the strategies used in a particular situation. Coping resources, on the other hand, refer to the characteristics of the individual or the environment that may facilitate successful adaptation. Various dimensions of coping have been proposed in the coping literature for the general population (Compas et al., 2001; Skinner, Edge, Altman, & Sherwood, 2003), including categorizing coping efforts by the way or method of coping (i.e., avoidance vs. approach)(Hartley & MacLean, 2005) and its function (i.e., problem-focused vs. emotion-focused)(Folkman & Lazarus, 1980). The approach or active coping typically encompasses three main function-oriented coping efforts: Problem-based coping (efforts to change the person-environment relation), Emotion-based coping (efforts to regulate the individual stress-related emotional response), and Support-seeking (the involvement of other people as resources to seeking solutions to a stressful situation or to listen to and provide understanding for emotions surrounding the stressor)(Ayers, Sandier, West, & Roosa, 1996; Folkman & Lazarus, 1980; Walker et al., 2005). Avoidant coping, on the other hand, may manifest itself as a behavior-oriented coping or cognitive efforts used to avoid thinking about stressful situations and are often related to anxiety and stress (Ayers et al., 1996).

The purpose of this study was to examine how a small sample of college students with mild ID copes with stressful situations in the areas of friendship, romantic relationships, roommates, and social media. Specifically, this study examined the dimensions of Active and Avoidant coping used by college students with mild ID when faced with stressful situations. The following research questions guided the study:

- 1) What coping strategies do college students with mild ID use?
- 2) What is the relationship between coping strategies and negative outcomes (stress, anxiety, depression) for college students with mild ID?

Method

Procedures and Participants

This study utilized seventeen students with mild ID, who require supports to live and thrive on a college campus, yet are already independent in communication and self-care. **All participants were recruited from a four-year postsecondary education certificate program that serves students with intellectual disability in a large, state-supported public university located in the southeast U.S.** The program provides students with mild ID with an opportunity to engage actively in college life through inclusive participation in academic, extracurricular, social, employment, and independent living activities. The program is based on the needs of its participants, thus offering highly individualized educational programs, which include program-specific classes (e.g., financial literacy) as well as regular classes offered by the University. In addition to the academic curriculum, the program offers employment opportunities for its students in the form of internships and/or the facilitation of paid-employment on campus and in the community.

A number of program staff provides support to the students on a daily basis, including instructors, academic, social, and residential mentors. During the course of the study, students have an opportunity to live in an inclusive college residential setting (i.e., dormitory with over one hundred degree seeking college students), in a two-bedroom apartment with a roommate, who may also participate in the same program. The majority of study participants (88.2%) lived in one of the University's residential facilities, while the remaining students (11.8%) lived either

alone or with a family member. The college year level ranged from freshmen to senior; two thirds of all participants were college freshmen and second year students, while the remaining students (41.4%) were third and fourth year students. Of the 17 participants, 13 were male and 4 of them were female. The age range of participant was 19 to 24 years ($M=21.29$; $SD=1.89$). More than a half of all study participants reported being single and the rest (47%) described themselves as being in a relationship. See Table 1 for participant demographic information. None of the participants have been diagnosed with any anxiety disorder. Further, none of the participants have been formally taught any coping or conflict resolution strategies.

Procedures. A doctoral student trained in the measures used, has experience conducting interviews, and who did not directly work with the participants, met with each student and his or her academic tutor (if student requested) to complete the interview packet. After students consented to the study, they completed a demographics survey, the DASS-21, and the *PSE Coping Strategies Interview for Students with Intellectual Disability*. All questionnaires were completed through direct interview, as where the interviewer read each question and answer options for each student. Each interview was recorded and lasted approximately 90 minutes. Study procedures comply with the professional research standards and the University Institutional Review Board guidelines and University approval was given.

Measures

PSE Coping Strategies Interview for Students with Intellectual Disability, (PSE CSI). The PSE coping strategy inventory was developed for the purpose of this study based on the professional literature and a review by a team of postsecondary professionals **from education and psychology disciplines**. First, the researchers reviewed the literature that deals with stressful situations in college to develop an initial list of stressful situations. Second, a team

of postsecondary professionals, which included professionals from special education, rehabilitation counseling, higher education and student affairs and one professional with a mental health counseling background. The majority of this team acted as “personal development” coaches to various students; therefore, had ongoing conversations with students (who did not participate in this

study) regarding stressful situations. This team rated items that they believe to be the most common stressful situations faced by students in their experience in working with students with mild ID. A final review was conducted to eliminate any duplicate items. The final questionnaire includes 20 common stressful situations that students may encounter. Therefore, those students with no experience with roommates or romantic relationships could still answer the questions. The overall interview protocol consisted of four broad social areas: (a) romantic relationships; (b) friendships; (c) roommates; and (d) social media. Romantic relationship and social media domains consisted of four open-ended questions, while friendship and roommate domains each contained six questions. Each situation was followed with the sentence stem “When I have this problem, I...” to elicit open-ended responses. Participant responses were used to evaluate coping strategies for each stressful situation. This approach has been shown to successfully evaluate coping strategies among adults with mild ID (Hartley & MacLean, 2005; Lunsky, 2003; Wayment & Zetlin, 1989). Four individuals with experience working with PSE programs for students with ID were also consulted on clarity and comprehensiveness of the instrument and served as a final level of refinement. See table 2 for interview questions.

Depression, Anxiety, Stress Scale (DASS 21)(Lovibond & Lovibond, 1995). The DASS 21 is an abbreviated 21 item self-report questionnaire designed to assess the severity of negative emotional states associated with Anxiety, Depression, and Stress. The questions ask the

participant to endorse the presence of any symptoms over the past week. Items are scored continuously from “Did not apply to me at all over the past week” (0) to “applied to me very much or most of the time over the past week” (3). Since participants in the current study have mild ID, the abbreviated version of the DASS was administered and completed with the assistance of a trained researcher.

Data Analysis

The answers to open-ended questions from each interview were transcribed and independently coded by two coders. More complex coping models and assessment instruments have derived from the original work of Folkman & Lazarus (1980) that were applied to broader populations, including children and adolescents. Therefore, there have been a variety of approaches used to define, measure, and evaluate coping efforts of individuals across the lifespan. For the purpose of this study, we used a coding system based on the Ways of Coping Questionnaire, developed by Folkman and Lazarus (1988) to code student responses. Specifically, we used the following eight coping strategies: (1) Planful problem solving, (2) Confrontive coping, (3) Self-controlling, (4) Accepting responsibility, (5) Positive reappraisal, (6) Seeking social support (emotional support & active support), (7) Distancing, and (8) Escape Avoidance (active wishing & passive wishing). We chose to base our coding system on the Ways of Coping Questionnaire for the following reasons: (a) it is process-oriented; therefore, it is used to measure specific coping efforts (rather than a measure of coping style or coping resources); (b) it speaks of management rather than mastery; (c) it makes no *a priori* judgment about the quality of coping processes; and (d) it implies a stress-based distinction between coping and automatic adaptive behaviors.

Coding System. We used deductive approach for coding interview transcripts (Elo &

Kyngas, 2008; Mayring, 2000). Specifically, we performed directed content analysis (Hickey & Kipping, 1996; Hsieh & Shannon, 2005), based on existing research on coping strategies that involved both individuals with and without ID (e.g., Hartley & MacLean, 2005). In addition, we used Halstead, Johnson, & Cunningham (1993) support-seeking categorization, to better represent the actions used by college students with ID in stressful situations. The coding system consisted of eight coping strategies that all fell under four broad coping areas. (See Table 4)

<Insert Table 3 here>

Within the four broad coping strategy areas (i.e., Problem-focused, Emotion-focused, Support seeking, & Avoidance), three of these (i.e., those other than avoidance) are considered active or engaging approach ways of coping. This reflects the efforts of gaining control over stressful situation and/or emotions related to it. These three broad function-oriented categories: (a) *Problem-Focused Coping*, (b) *Emotion-Focused Coping*, and (c) *Support-Seeking Coping* (Ayers et al., 1996; Folkman & Lazarus, 1988) include six specific coping strategies (See Table 3). The *Problem-Focused Coping* represents students efforts to actively alter the stressful situation and is comprised of *Planful Problem Solving* and *Confrontive Coping*. Student responses were coded as *Planful Problem Solving* if they indicated analytic problem-focused efforts directed towards solving the problem and altering the situation. We used *Confrontive Coping* to code students attempts to address the problem by actively and openly engaging into situation, sometimes even with a degree of aggression and risk-taking.

Emotion-Based Coping, on the other hand, represents students efforts to alter negative affect related to the stressful situation, and is comprised of three coping strategies: *Self-Control*, *Accepting Responsibility*, and *Positive Reappraisal* (Ayers et al., 1996; Folkman & Lazarus, 1988). The responses were coded as a *Self-Control* if the students showed efforts to regulate their

feelings or actions. *Accepting Responsibility* code was assigned if a respondent expressed awareness of his or her role in the stressful situation and, respectively, showed efforts to fix the situation. Finally, the students responses were coded as a *Positive Reappraisal*, if they demonstrated efforts to constructively use their experience related to the stressful situation towards personal growth.

A third Active Coping category - *Support-Seeking Coping* – represents a persons efforts to seek information, tools, or reassurance when dealing with a stressful situation, and consisted of two strategies (Ayers et al., 1996; Folkman & Lazarus, 1988). A students response was coded as a *Seeking Social Support* when it involved reaching out to other people in attempt to share feelings, for being listened to, and understanding. *Seeking Active Support*, on the other hand, represented using other people as a source of direct assistance, advice, or information. While the original work by Folkman and Lazarus (1988) only includes *Seeking Social Support* category, we chose to further distinguish support-seeking efforts by using the Halstead, Johnson, & Cunningham (1993) framework. Considering the fact that college students with ID have access to 24/7 support, we aimed at distinguishing which specific support-seeking strategies are most frequently used by the participants. Therefore, we included two types of support-seeking, *Seeking Social Support* and *Seeking Active Support*, into our code book.

Avoidance strategies reflects a persons efforts to avoid or escape from stressful situations and consists of *Distancing (Cognitive Avoidance)* and *Escape-Avoidance (Behavioral Avoidance)* (Ayers et al., 1996; Folkman & Lazarus, 1988). The responses were coded as *Distancing*, when respondents demonstrated efforts to minimize the significance of the situation and detach themselves from it. *Escape-Avoidance*, on the other hand, represents active behavioral efforts to leave the stressful situation or avoid facing it.

Coding Procedures. The answers to the open-ended interview questions were coded using four broad coping categories and eight sub-categories (see Table 3). First, over a period of three weeks, the coders discussed the codes (subcategories of coping) including any differences and similarities of each coping strategy prior to independent coding. Second, individual coding was done and then uploaded and compared codes assigned to each interview question by an individual coder. The initial inter-rater agreement was 85%. In the cases where two coders disagreed, the third researcher independently coded answers to the interview questions and codes that were assigned by two out of three coders we used. Third, we also used an external auditor (i.e., someone with a Ph.D. and expertise with PSE programs and individuals with ID as well as coping (Glesne, 2011) to increase the trustworthiness of the data. After the two coders individually coded the interview transcripts, we transferred the coded data into SPSS statistical software for further data analysis.

Statistical Plan

Research Question 1. To describe patterns of coping strategies, we calculated frequencies of study participant responses to each of the open-ended question for the four domains - romantic relationships, friendships, roommates, and social media. This allowed us to see which of the coping strategies **were reported** to be the most frequently used in a particular stressful social situation across broader domains. We also compiled data for each of 17 individual participant cases to investigate the potential pattern of coping strategies across situations for each participant. To illustrate the choices, we also provided examples that best represented of how college students with mild ID chose specific coping strategies.

Research Question 2. To evaluate the relationship between coping strategies and negative outcomes, bivariate associations were examined for coping strategy and constructs from the

DASS Scale (i.e., Depression, Anxiety, Stress). Given the small sample size, correlations were interpreted based on *a priori* decision rules, where r below .3 were considered to have no relationship, .3 to .4 were considered weakly associated, .5 to .7 were considered moderately associated, and .7 and above were considered to be highly associated. Descriptive statistics were also reported for high, medium, and low levels of DASS symptomatology.

Results

Interview Responses

Friendship domain. By examining the question-item response sequence, it became clear that the coping strategy was situation oriented. Specifically, respondents employed *Planful problem solving* in situations when they had to balance time between academic work and friends (88.2%); when they felt that they could not do things on their own (81.3%); when they had a hard time making friends (50%); and when their friends decided what to do with their free time (43.8%). For example, when responding to the scenario *When I feel that I have hard time balancing time between academic work and friends, I...*, participants responded by stating “*I would choose my schoolwork first because I set my expectations high last semester of saying my school comes first over everything...*,” “*I believe schoolwork comes first, then hanging out with friends...*,” “*Make a schedule....*” However, 41.2% of all participants employed *Confrontive* coping when they felt that they always have to do favors for their friends and 33.3% employed this strategy when they felt that their friends were leaving them out. When presented the scenario of *When friends are leaving me out, I...*, participants responded by attempting to be included, for example, one participant stated “*I would try to ask if I can be included....*” Similarly, almost one-third (29.4%) of the respondents employed *Self-control* to cope with stressful situations stemming from excessive requests. The variability within the *Friendship* domain demonstrates

the wide array of coping strategies that students with mild ID employ when interacting with peers and/or trying to establish lasting friendships. Once responses were quantified, the results demonstrated that approximately half (48.4%) of the respondents identified *Planful problem solving* as the most frequently employed coping strategy in the *Friendship* domain. *Confrontive coping* (17.5%) and *Escape-Avoidance* (12.4%) were the next most employed coping strategies for dealing or interacting with friends. Overall, the variability of coping strategies, used by college students with mild ID to deal with stressful situations in the Friendship domain, was the greatest across all four domains.

Romantic Domain. In the *Romantic* domain, the results demonstrated that the most frequently employed coping strategy among respondents was *Planful Problem Solving*. Specifically, 32.1% of respondents identified it as their primary strategy when dealing with stressful *Romantic* situations. It should also be noted that 22.6% selected *Distancing*, 15.1% selected *Escape-Avoidance*, and 13.2% selected *Confrontive* coping. More specifically, respondents selected *Planful Problem Solving* to deal with stressful situations related to (a) addressing someone else's affection when students themselves were not attracted to that person (35.7%), and (b) in situations when they struggled balancing time with the girlfriend/boyfriend (53.3%). For example, when responding to the scenario *When someone likes me who I do not like, I...*, participants responded in the following ways: "Tell them can we be friends," "Say I wasn't interested...", and "I will tell them, like, let's just be friends...." Approximately one-third of all respondents endorsed *Escape-Avoidance* coping to address situations where another person does not respond to their affection, and more than half (58.3%) employed *Distancing* when someone broke up with them. Based on the selected strategies and question-item response

sequence, study participants clearly preferred problem focused and avoidance coping strategies over emotion focused and support seeking.

Roommate Domain. In the *Roommate* domain, the most frequently employed coping strategy was *Confrontive* coping. Specifically, 40.4% of respondents reported using *Confrontive* coping in stressful situations that involve their roommates, which was followed by *Planful Problem Solving* (17.2%), *Escape-Avoidance* (11.1%) and *Emotional Support Seeking* (10.1%). Specifically, respondents used *Confrontive coping* to deal with stressful situations when their roommates ate their food (75.%), addressing issues related to helping with chores (52.9%), when their roommates distracted them from work (43.8%), and in situations when their roommates made them feel uncomfortable (41.2%). For example, when participants were asked to respond to the scenario *When roommate ate my food, I...*, they responded by stating “*I would be, like, can you ask me first?*,” “*Probably say where did my food go?*,” and “*I will be very angry and like, why, why did you eat my food?*.” However, 41.2% of respondents selected *Planful Problem Solving* and almost one third (29.4%) chose *Escape-Avoidance* to deal with stress resulting from a fight with their roommate(s). Additionally, over a third (37.5%) selected *Distancing* and 31.1% selected *Confrontive* coping when their roommates did not want to be friends Overall, in the *Roommate* domain, more than a half of all respondents selected the active coping strategies, including *Confrontive coping* and *Planful Problem Solving*. Based on the selected strategies and question-item response sequence, study participants clearly preferred problem-focused coping strategies when addressing stressful situations involving their roommate(s).

Social Media Domain. Once responses were quantified for the *Social Media* domain, the most frequently used coping strategy was *Confrontive Coping* (37.3%). *Confrontive Coping* was followed by *Planful Problem Solving* (19.40%), *Distancing* (17.9%), and *Accepting*

responsibility (11.9%). Specifically, respondents used *Confrontive Coping* to deal with stressful situations related to addressing someone else's mean comments on social media (52.9%); in situations when friends failed to include the student on social media (41.2%), or when people won't stop messaging the student (29.4%). For example, when participants were asked, "When someone says something mean to me on social media, I...", they responded "I go back and write something back to him...", "I would talk to them about why they did that...", "You talk to the person...have the person, have them take it off...", and "I will yell back at them and say be quiet and stuff like that...." However, half of all respondents (50%) chose *Accepting Responsibility* when people got mad at them for something they posted on social media. Overall, in the *Social Media* domain, most students employed an Active Approach to cope with stressful situations in electronic environments. Based on the selected strategies and question-item response sequence, study participants clearly preferred Problem-Focused coping strategies when addressing stressful situations within electronic environments. See Table 4 for results.

Interaction between DASS constructs and coping strategies

To examine the relationship between psychosocial outcomes and coping strategies, a separate set of correlations were calculated. Based on the aforementioned decision rules, *Confrontive Coping*, *Accepting Responsibility*, and *Distancing* were weakly to moderately associated with Stress ($r_{(15)} = .402, p = .11$; $r_{(15)} = -.490, p < .05$; $r_{(15)} = -.470, p = .06$), Anxiety ($r_{(15)} = .460, p = .07$; $r_{(15)} = -.324, p = .22$; $r_{(15)} = -.500, p < .05$), and Depression ($r_{(15)} = .305, p = .23$; $r_{(15)} = -.514, p < .05$; $r_{(15)} = -.306, p = .23$) respectively. Additionally, *Self-Control* was weakly associated with Anxiety ($r_{(15)} = .390, p = .14$), and *Emotional Support Seeking* was weakly associated with Depression ($r_{(15)} = .375, p = .14$). It should also be noted that associations were not detected for year in school and Anxiety, Stress, or Depression.

To further characterize the participants' Stress, Anxiety, and Depressive Symptoms, each construct was dichotomized (i.e., low levels, moderate to high levels) based on the recommended cut scores outlined by Lovibond and Lovibond (1995). Based on this dichotomization, eight reported low levels of stress, anxiety, and depressive symptoms; five respondents reported moderate to high levels of stress; six respondents reported moderate to high levels of anxiety; and six respondents reported moderate to high levels of depressive symptoms. In an attempt to establish a coping strategy profile for individuals who reported with a single or combination of high levels of stress, anxiety, and depressive symptoms, crosstabs were evaluated based on the dichotomized levels of stress, anxiety, and depressive symptoms, and quartiles for problem focused, emotion focused, support focused, and avoidance focused (i.e., 1 = did not use, 2 = minimal use, 3 = frequent use, 4 = consistent use). Based on the results of the crosstabs, respondents, regardless of their stress, anxiety, and depressive symptoms levels, rarely employed strategies that were emotion focused, support focused, or avoidance focused. However, all respondents employed *Problem-Focused* strategies, ranging from minimal to consistent use (see Table 5).

Discussion

The number of students with disabilities transitioning from secondary education to higher education is increasing (Hong, 2015; Eckes & Ochoa, 2005), despite the inherent rise of being exposed to higher levels of stress. In fact, the number of students with disabilities attending college has more than tripled over the last 20 years (National Council on Disability, 2003). Research demonstrates substantial benefits of education for students with disabilities, including more employment opportunities and increase in social status for students with disabilities who attend higher education (Sachs & Schreuer, 2011). For example, both students with and without ID, who attend some postsecondary programming are more preferable to hire and have better

outcomes than those who do not (Migliore, Butterworth, & Hart, 2009; Pascarella & Terenzini, 2005). These positive outcomes from increased education serve as a motivation for students with disabilities to seek out and pursue postsecondary education experiences.

The findings of the present study are consistent with the previous research, suggesting that young adults with mild ID use *Problem-Focused* strategies the most frequently when dealing with stressful social situations. When college students with mild ID faced stressful situations, in all four social domains – *Romantic Relationships, Friendships, Roommates, and Social Media* – they were more likely than not to choose one of the *Problem-Focused* coping strategies (i.e., planful problem solving & confrontive coping). Almost one-third of study participants chose *Planful Problem Solving* as their first-choice coping strategy in the *Romantic* domain, and almost half of respondents used it to deal with stressful situations related to friendships. Students are using a purposeful, analytical approach to solving problems that involve the people they are closest to in college: their friends and significant others. The use of this coping strategy implies that the student has constructed a solution (either carefully spontaneously, depending upon their awareness of their stressors) in order to alter the situation; assumingly in their favor.

In the *Roommate* and *Social Media* domains, more than a third of college students with mild ID chose *Confrontive* coping as their preferred coping strategy. Confrontive coping, also a problem-focused coping strategy, requires students to meet the problem by addressing it head on, which can be quite risky. Students are taking an inherent risk to solve a problem with a roommate, which they interact with daily, or online, where the repercussions can seem distant. Students may be more likely to take a risk in confronting a roommate because of the effect the conflict would have on their day-to-day lives or potentially because they feel close to their roommate. Conversely, it may be easy for students to use confrontive coping when encountering

situations on social media because the risk seems minimal- the interaction is not in person, the student can formulate a calculated response without the pressure of communicating one on one, and it is easier to shut a computer down versus having to end a conversation.

Interestingly, both of these *Problem-Focused* strategies (planful problem-solving and confrontive coping) were used interchangeably as participants first and second most frequently employed coping strategies, except for *Romantic domain*, where *Distancing* was used as a second choice when dealing with stressful romantic situations. Participating in distancing would mean that the student is removing their self from the situation. This is similar to denial or detachment and may be counterproductive. Instead of learning to deal with romantic situations, could students be denying their existence, which means that students are unable to practice and utilize conflict resolution skills that are necessary for healthy relationships. Future research should explore this area further.

College students with mild ID in the current study used *Emotion-Focused* coping strategies significantly less frequently than *Problem-Focused* strategies. Across *Romantic*, *Friendship*, and *Roommate* domains, less than one-tenth of all participants chose *Self-Control*, *Accepting Responsibility*, or *Positive Reappraisal* strategies. When it comes to the significant relationships that students have in college, few are choosing not to take responsibility for their part in the conflict or are demonstrating a level of self-control over their emotions. This implies that college students with mild ID need more training on identifying conflict, how their actions could contribute to the conflict, and strategies for using self-control when solving problems with significant others, friends, or roommates. Students were more likely to accept responsibility in the *Social Media* domain. Specifically, almost 12 percent of all respondents reported that they would use *Accepting Responsibility* coping strategy in a situation where their friends are upset

about the comments they posted on social media. Social media interactions can be documented and reviewed, while memory of conversations are not as concrete and are often left to interpretation, which could be an issue related to their disability.

Supporting the previous research are findings from the present study that college students with mild ID use *Social Support-Seeking* strategies less than other active coping strategies (*Problem-Focused* and *Emotion-Focused*). Less than one-tenth of all study participants used *Support-Seeking* to cope with stress, related to *Friendship* and *Social Media* domains; and none of the students employed these strategies in the *Romantic* domain. Some students may seek the support of their peers, family members, or staff members when it comes to conflict with friends or on social media; however none sought this support when dealing with a conflict with their significant other. In the *Roommate* domain, almost 20 percent of all study participants reportedly use *Emotional Support Seeking* and *Active Support Seeking* to deal with stressful situations involving their roommates. Still, results of the present study show that more than a half of all students with ID employ active *Problem-Focused* approach to cope with roommate issues compared to twice as few of their peers that choose *Support-Seeking Strategies*. Considering the amount of residential and other kinds of support that college students with ID receive, the increased use of available support network is not surprising; however, the fact that more than twice as many study participants choose to address the social problems by themselves is promising and suggests the need for further investigation.

Across all four domains, the choice of *Avoidance* coping strategies slightly varied. College students with ID most often used *Distancing* and *Escape-Avoidance* in the *Romantic* and *Social Media* domains. More than one-third of all study participants chose to minimize the significance of the situation or avoid when dealing with romantic issues. Specifically, more than

half of college students with mild ID chose emotional detachment and behavioral avoidance in a situation where their object of affection does not respond back in a similar way; and the same number of study participants exclusively chose *Distancing* when someone broke up with them. While college students with mild ID reported *Planful Problem Solving* alone as their number one strategy of choice in the *Romantic* area, the combination of *Distancing* and *Escape-Avoidance* coping strategies shows higher choice rate in this domain. More investigation is necessary in this area to determine why college students with mild ID choose these coping strategies over the others, and what steps can be taken to help them employ active coping strategies instead. Further, research should also examine how coping strategies evolve over time and how environmental factors such as size of the campus, roommate arrangement, and other experiences contribute to coping strategies. It is possible that individuals put in new and challenging environments face stressful situations for the first time and try different coping strategies that could possible change over time based on the level of success.

Implications for Practice and Policy in Promoting Inclusion

The information from this study could provide valuable in service delivery efforts at the secondary and PSE level. In addition to academic support, programs should seek to support students through the development of healthy coping skills. The development and effective use of coping strategies can reduce stress that students with mild ID face in college. In turn, reduction in stress can help reduce the risk of developing anxiety symptoms. For instance, this study showed that students might not reach out for support in dealing with romantic issues. This can be an important aspect to work this into program curriculum so that students are provided instruction related to conflict-resolution skills in the event that they do not seek out this instruction through their available support system as situations arise. It is important that PSE

program staff and mentors anticipate how individual's characteristics and different specific situations may manifest themselves. College adjustment is often determined, in part, to levels of support PSE programs can provide.

Conclusion

The data suggest that active coping strategies are most frequently utilized by students with mild ID in college programs. College can be a stressful time for all students, particularly for a population that has a higher risk of experiencing more frequent and severe stress. The positive correlation between the ability to use a variety of coping strategies and psychological well-being indicates a need to expose students with mild ID to the various strategies that exist and support the development and use of these strategies to disengage from or diffuse stressful situations. As PSE programs develop strategies and course objectives to meet the needs of their students, education and utilization of avoidant coping may be used to ensure the likelihood of decreased stress and continued enrollment. Likewise, secondary educators and collaborative transition teams who are supporting students with aspirations to enroll in PSE programs upon graduation should evaluate the coping strategies students' use in social situations while in high school. Equipping students with mild ID with avoidant coping strategies will better prepare them to encounter the increased social demands of college life. Future research should also explore if the variability of use in coping is similar to college students without disability.

The findings of this study should be interpreted with caution, as there are some notable limitations. First, in addition to the small sample size, the participants were all from one inclusive PSE program. Further, the participants in this PSE program (as many other PSE programs) were chosen from a larger pool of applicants; therefore, the participants selected have likely demonstrated a level of success and positive adaptive skills in high school as reflected by

teacher recommendations prior to attending the program. It should also be noted that even though the PSE program used in this study does not teach skills specific to coping resources and strategies, the problem solving process is prevalent in college and the participants are likely to have had stressful situations prior to data collection. Experiences students could have encountered may have given participants opportunities to deal with stressful conditions resulting in appropriate and effective strategies to various situations, nor do we have information on skills participants had prior to this study. We hope that this study can generate further discussion and provide other PSE and transition professionals a foundation to explore this in the future.

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Table 1. *Participant Descriptive Characteristics*

Characteristics	<i>n</i>	%
Age		
19	4	23.5
20	3	17.6
21	3	17.6
22	1	5.9
23	3	17.6
24	3	17.6
Gender		
Male	13	76.5
Female	4	23.5
Year in the program		
Freshman	5	29.4
Sophomore	5	29.4
Junior	4	23.5
Senior	3	17.6
Living situation		
Alone	1	5.9
With family member	1	5.9
With roommate	15	88.2
Relationship status		
Single	9	52.9
Boyfriend	5	29.4
Girlfriend	3	17.6

**N* = 17

Table 2. *Interview Questions*

Domain	Questions
Romantic Relationships	<ol style="list-style-type: none"> 1. When someone I like doesn't like me back, I _____. 2. When someone likes me who I do not like, I _____. 3. When someone break up with me, I _____. 4. When I don't know how to balance time with my girl/boyfriend, I _____.
Friendships	<ol style="list-style-type: none"> 1. When my friends are leaving me out, I _____. 2. When I am having a hard time making friends, I _____. 3. When I don't know how to balance my time between hanging out with friends and doing my schoolwork, I _____. 4. When I feel like I always have to do favors for my friends, I _____. 5. When I feel like I can't do fun things on my own, I _____. 6. When my friends decide what to do with my free time, I _____.
Roommates	<ol style="list-style-type: none"> 1. When I get into a fight with my roommate, I _____. 2. When my roommate doesn't help me with the chores, I _____. 3. When my roommate does things that make me uncomfortable, I _____. 4. When my roommate distracts me and keeps me from getting my work done, I _____. 5. When my roommate doesn't want to be friends with me, I _____. 6. When my roommate eats my food, I _____.
Social Media	<ol style="list-style-type: none"> 1. When someone says something mean to me on social media, I _____. 2. When people get mad at me for something I said on social media, I _____. 3. When someone won't stop messaging me and I don't want to message them back, I _____. 4. When my friends don't include me on social media, I _____.

Table 3. *Coping Strategies (Adapted from Folkman & Lazarus, 1988; Ayers et al., 1993)*

	Coping Strategy	Description	Examples
Problem-Focused	Planful Problem Solving	Describes deliberate problem-focused efforts to alter the situation, coupled with an analytic approach to solving the problem.	I knew what had to be done, so I doubled my efforts to make things work. I made a plan of action and followed it. I just concentrated on what I had to do next – the next step.
	Confrontive Coping	Describes aggressive efforts to alter the situation and suggests some degree of hostility and risk-taking.	Stood my ground and fought for what I wanted. Tried to get the person responsible to change his or her mind.
	Self-Control	Describes efforts to regulate one's feelings and actions.	I tried to keep my feelings to myself. I tried not to act too hastily or follow my first hunch. I tried to see things from the other person's point of view.
Emotion-Focused	Accepting Responsibility	Acknowledges one's own role in the problem with a concomitant theme of trying to put things right.	Realized I brought the problem on myself. I made a promise to myself that things would be different next time. I apologized or did something to make up. Criticized or lectured myself.
	Positive Reappraisal	Describes efforts to create positive meaning by focusing on personal growth. It also has a religious dimension.	Changed or grew as a person in a good way. I came out of the experience better than when I went in. Found new faith. <i>Sometimes I get frustrated, but I will get... I will try to get stronger and not be so shy and try to make some friends... (14)</i> <i>It would be hard on me, because if that was my first real relationship, but this is completely different from what it was in high school... (9)</i>

ID			
Support-Seeking	Seeking Social Support	Describes efforts to seek informational support, tangible support, and emotional support.	<p>Talked to someone to find out more about the situation. Talked to someone who could do something concrete about the problem. I asked a relative a friend I respect for advice. Talked to someone about how I was feeling. <i>I can probably talk to somebody, like a counselor or something...</i></p>
Avoidance	Distancing	Describes cognitive efforts to detach oneself and to minimize the significance of the situation.	<p>Went on as if nothing had happen. Didn't let it get to me; refused to think too much about it. <i>I would just walk away... and not get involved (13)</i></p>
	Escape-Avoidance	Describes wishful thinking and behavioral efforts to escape or avoid the problem (in contrast to Distancing, which suggest detachment.	<p>Wished that the situation would go away or somehow be over with. Hoped a miracle would happen. Tried to make myself feel better by eating, drinking, smoking, etc. Avoided being with people in general. Took it out on other people.</p>

Table 4. Results

Domain	Coping Strategy	<i>n</i>	%
Romance	Planful Problem Solving	17	32.08
	Distancing	12	22.64
	Escape-Avoidance	8	15.09
	Confrontive Coping	7	13.21
	Self-Control	2	3.77
Friendship	Planful Problem Solving	47	32.08
	Confrontive Coping	17	17.53
	Escape-Avoidance	12	12.37
	Distancing	9	9.27
	Self-Control	6	6.19
	Emotional Support Seeking	3	3.09
	Positive Reappraisal	2	2.06
	Active Support Seeking	1	1.03
Roommate	Confrontive Coping	40	40.40
	Planful Problem Solving	17	17.17
	Escape-Avoidance	11	11.11
	Emotional Support Seeking	10	10.10
	Distancing	9	9.09
	Active Support Seeking	8	8.08
	Self-Control	3	3.03
	Accepting Responsibility	1	1.01
Social Media	Confrontive Coping	25	37.31
	Planful Problem Solving	13	19.40
	Distancing	12	17.91
	Accepting Responsibility	8	11.94
	Escape-Avoidance	6	8.96
	Active Support Seeking	2	2.99
	Emotional Support Seeking	1	1.49

**N* = 17

Table 5. Crosstabs for Stress, Anxiety, and Depressive Symptoms groups by Coping Strategy

Construct	No Stress, Anxiety, or Depressive Symptoms	Moderate to High Levels of 1 Predictor	Moderate to High Levels of 2 Predictors	Moderate to High Levels of All Predictors
Sample Population	N = 8*	N = 4	N = 2	N = 3
Problem Focused				
Did Not Use	0	0	0	0
Minimal Use	3	2	0	1
Frequent Use	4	1	1	1
Consistent Use	0	1	1	1
Emotion Focused				
Did Not Use	7	4	1	3
Minimal Use	0	0	1	0
Frequent Use	0	0	0	0
Consistent Use	0	0	0	0
Support Focused				
Did Not Use	4	1	2	2
Minimal Use	2	3	0	1
Frequent Use	1	0	0	0
Consistent Use	0	0	0	0
Avoidance Focused				
Did Not Use	6	4	2	3
Minimal Use	1	0	0	0
Frequent Use	0	0	0	0
Consistent Use	0	0	0	0

Note. * represents one respondent in the No Stress, Anxiety, or Depressive Symptoms Group did not report data related to coping strategy.