

**A COMPARISON OF COPING STRATEGIES  
AMONG TEACHER TRAINEES**

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**LINDA F. HILL**


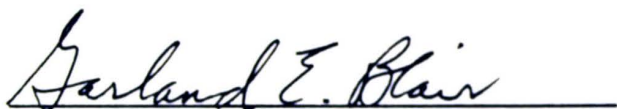
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Dr. Herman Brock, Major Professor

We have read this thesis  
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Dean of the Graduate School

A COMPARISON OF COPING STRATEGIES  
AMONG TEACHER TRAINEES

A Thesis  
Presented for the  
Master of Arts  
Degree  
Austin Peay State University

Linda F. Hill

August 1995



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## ABSTRACT

This research examined the coping strategies of 70 undergraduate students currently enrolled in educational psychology courses at Austin Peay State University. Subjects read one of two randomly assigned forms (participation or nonparticipation) describing a stressful classroom situation involving the placement process of a behavior disorder student in the regular classroom. Subjects were then directed to complete the COPE inventory according to how they would deal with the situation. The two groups were expected to differ in their choices of problem-focused and emotion-focused strategies. T-tests for independent samples revealed no significant differences between the two groups in relation to the emotion-focused or problem-focused strategies they chose.

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## CHAPTER 1

### INTRODUCTION

Coping is an area that has stimulated much research in the field of psychology. Researchers have investigated the ways individuals cope in various situations in an attempt to discover what factors most influence their ways of coping. Kleinke (1991) suggests that research efforts have been directed toward identifying and measuring coping styles, discovering what coping strategies are more useful for certain problems than others, and finding ways to help others cope more effectively with challenges. As Kleinke (1991) gathered information from coping research, he found that researchers have focused on the ways individuals cope in relation to pain, illness, injury, trauma, loss and aging. Still other areas of coping research have included investigations on how individuals cope in relation to failure, loneliness, shyness, rejection, depression, anxiety, anger, and with conflicts in close relationships.

Lazarus and Folkman (1984) have developed a widely accepted definition of coping as the "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141). Stated more simply, coping involves "the efforts we make to manage situations we have appraised as potentially harmful or

stressful" (Kleinke, 1991, p.3). These definitions have suggested that coping involves effort and planning, does not necessarily imply a positive outcome, and is a process taking place over time (Kleinke, 1991).

Coping studies have focused on a broad range of issues. However, coping research in the field of education has been limited. Coping research in education has focused mainly on academic problems such as test anxiety (Kleinke, 1991). To date, coping research has not focused on investigating the ways teachers cope with stressful situations in the classroom.

An area of interest in this study was the proposed placement of special education students in the regular classroom and the ways teachers coped with the challenge. Information from systems management and special education have strongly suggested that teachers are more effective, confident, and contented, when they had actively participated in team decisions and planning (Lerner, 1988; Likert & Likert, 1976). Data gathered in this area of education could provide valuable information on more effective ways to help teachers cope with challenging classroom situations. Also, research in this area could implicate a need for changes in teacher training at the university level.

This study was designed to focus on the coping



strategies of teacher trainees. It examined how they would respond to a hypothetical stressful classroom situation involving the placement of a behavior disorder student in the regular classroom. The two groups of trainees were expected to differ in problem-focused and emotion-focused responses on the COPE inventory (Carver, Scheier, & Weintraub, 1989) based upon their participation or nonparticipation in the placement decision of the student.

## CHAPTER 2

### REVIEW OF THE LITERATURE

Folkman, Lazarus, Dunkel-Schetter, DeLongis, and Gruen (1986) administered a revised version of the Ways of Coping scale, developed by Folkman and Lazarus, to 75 married couples. Coping responses on this scale fell into two general categories: problem-focused coping, which was aimed at actively solving the problem or doing something to change the stressor, and emotion-focused coping, which was aimed at reducing or managing the distressful emotions associated with the stressor. The sample was restricted to women between the ages of 35 and 45 and their husbands, whose ages ranged from 26 to 54. Each individual completed the instrument based on how they had coped with the most stressful encounter the subject had experienced during the previous week. The study was based on data concerning primary appraisal (what was at stake in the stressful encounter), secondary appraisal (what, if anything, could be done to ensure a positive outcome), coping processes (emotion-focused and problem-focused coping strategies), and the outcome of the encounter (referred to the person's judgment of whether or not the encounter was resolved successfully). Results in this study suggested that coping was strongly related to the individual's cognitive appraisal of the stressful encounter. Additionally, the form of

coping used depended on what was at stake and the options for coping. Last, satisfactory and unsatisfactory outcomes appeared to be related both to the forms of coping used and to the changeability of the situation.

Holahan and Moos (1987) investigated the determinants of active and avoidance coping strategies in a cross-sectional design and a longitudinal design with 414 individuals from a community sample and with 395 depressed patients entering treatment for unipolar depressive disorders. Overall, results indicated that active-cognitive coping was positively related to self-confidence, family support for community members, self-confidence, easygoing disposition, and family support for patients. Active-behavioral coping was positively associated with educational level, self-confidence, family support in the community sample, and with personal and environmental resources in the patient sample. In contrast, individuals with fewer personal and environmental resources from both samples used avoidance coping.

Folkman and Lazarus (1988) studied young married couples and older individuals to examine the relationship between forms of coping and changes in the emotion response. Individuals identified a recently experienced stressful or emotional encounter and then completed the revised Ways of Coping Questionnaire. The older sample completed a



shortened version of this same questionnaire. Emotion was assessed by asking individuals to indicate the extent to which they experienced each of a number of emotions which were selected from the literature (worried/fearful, disgusted/angry, confident, pleased/happy). Results indicated that coping was associated with changes in all four sets of emotions, with some forms of coping associated with increased positive emotions and other types of coping associated with increased negative emotions.

McCrae and Costa, Jr. (1986) conducted two studies with adult subjects to examine the influence of personality on coping responses, the perceived effectiveness of coping mechanisms, and the effects of coping and personality on well-being. Subjects from each study included 234 men and 172 women. Results linked the neurotic personality factor with less effective neurotic types of coping which included hostile reactions, escapist fantasy, self-blame, sedation, withdrawal, wishful thinking, passivity, and indecisiveness. The extraversion personality factor was shown to be linked with mature coping strategies such as rational action, positive thinking, substitution, and restraint. As might be expected, mature coping strategies were strongly linked to well-being, and satisfaction with outcomes. Data indicated, in part, that personality factors influenced coping efforts and their associated outcomes.

Holahan and Moos (1985) investigated the factors that buffer the potentially negative health effects of life stress of both husbands and wives in a community sample of 267 families. The results indicated that there was a difference between persons who remain comparatively healthy under stress as compared to those who complain of depression or physical symptoms. Individuals who tended to be more easy-going and who tended not to use avoidance coping responses experienced little or no physical or emotional strain. Additionally, stress-resistant men were more self-confident, energetic, and ambitious, whereas qualitatively better social support in the family setting was evidenced in stress-resistant women.

The relationship between the Type A behavior patterns and personality hardiness and their influence on general health/illness status was examined by Kobasa, Maddi, and Zola (1983). Kobasa et al. described Type A persons as those who are extrinsically motivated and competitive. They are "extremely demanding of themselves, feeling restless, impatient, and short of time" (p.42). In contrast, "hardiness consists of commitment (vs. alienation), control (vs. powerlessness), and challenge (vs. threat)" (p. 42) and is characteristic of individuals who are more intrinsically motivated. Results from the study of 140 subjects suggested and supported prior findings that hardiness appears to

protect health, whereas Type A behavior increases the likelihood of deterioration of general health in the face of mounting stressful life events.

Carver et al. (1989) developed a theoretically-based, multidimensional coping inventory (COPE) to assess the different ways in which people cope with stressful situations. They recognized the need to create a new instrument which would go beyond identifying the general categories of problem-focused and emotion-focused coping categories embedded in the Ways of Coping scale. The COPE inventory was developed to investigate several more distinct aspects of problem-focused and emotion-focused coping, and to assess reactions which fell into either category that appeared to be helpful or potentially maladaptive. Five scales measured distinct aspects of problem-focused coping (active coping, planning, suppression of competing activities, restraint coping, seeking of instrumental social support); five scales measured aspects of emotion-focused coping (seeking of emotional social support, positive reinterpretation, acceptance, denial, turning to religion); and three scales measured coping responses that would be less useful (focus on and venting of emotions, behavioral disengagement, mental disengagement). Development of the scale items and preliminary information about the



inventory's convergent and discriminant validity were presented.

Carver et al. (1989) used the COPE inventory to assess trait and situational coping responses among large numbers of college undergraduates. Trait coping refers to relatively stable coping choices individuals tend to use on a daily basis, whereas situational coping refers to coping choices that are unique to a specific encounter. Among the results discussed by the authors, several factors were noted. First, active coping and planning were positively associated with optimism, changeability of the situation, self-esteem, hardiness, and Type A. A similar pattern of associations occurred for positive reinterpretation and growth, with the exception of Type A. The lack of correlation suggested that individuals with Type A characteristics tended not to use reinterpretation and growth strategies in contrast to hardy individuals who did. The denial and behavioral scales revealed the opposite pattern, with these scales being associated with pessimism, trait anxiety, lack of control over the situation, low self-esteem, lack of hardiness, and absence of Type A (for behavioral disengagement). Results from the second study indicated that the COPE inventory was applicable in assessing both dispositional coping styles and situation-specific coping efforts even though individual responses varied somewhat from one to the other.

Carver and his colleagues administered the COPE to several hundred subjects throughout the process of scale refinement, including readministering the inventory as items were revised or added. To date, only two published studies have included the COPE inventory since the initial developmental administrations.

One of the two published studies (Carver et al., 1993) used the COPE inventory to investigate several aspects of coping as they occurred over the course of a crisis. The study included fifty-nine female patients ranging in age from 33 to 72 years of age with early stage breast cancer. The subjects completed the COPE and two other scales (Life Orientation Test and Profile of Mood States) at five strategic time periods over a twelve month span. Results indicated that dispositional optimism was related to lower levels of distress while dispositional pessimism was related to higher levels of distress during various phases of the crisis. Acceptance, positive reframing, and use of religion were the most common coping reactions; denial and behavioral disengagement were the least common reactions. Acceptance and the use of humor prospectively predicted lowered distress; denial and disengagement predicted more distress. Data provided strong evidence that dispositional optimism was linked to active coping in the stages when active coping was needed and that dispositional optimism lowered distress

across all phases of the crisis.

Carver and Scheier (1994), conducted the second study in an effort to examine dispositional and situational coping and four classes of affect (threat, challenge, harm, and benefit appraisals) among 125 college undergraduates. The longitudinal study investigated coping strategies and emotions of students before an examination, after an examination before grades were posted, and after grades were posted. Results indicated that coping did not predict lower levels of future distress. Feelings of harm induced mostly dysfunctional types of coping following the examination. Dispositional coping predicted comparable situational coping at moderately low levels. Coping dispositions did not reliably predict emotions with the exceptions that dispositional denial and use of social support were related to threat while dispositional use of alcohol was related to threat and harm.

A review of coping research has revealed a strong need for coping studies in the area of education. For example, studies designed to investigate the influence of coping skills on teacher effectiveness have been warranted. Of particular interest would be to investigate various factors that could influence the way regular classroom teachers cope with the challenge of instructing special education students in the regular classroom.



The move toward educating special needs students in the regular classroom was rooted in the Education for All Handicapped Children Act, Public Law 94-142, which became effective in 1977. This law not only required that schools provide a continuum of alternative placements (i.e resource room, self-contained special classes, special schools) for these students, but that students were to be placed in a least restrictive environment. The rationale behind educating students in the least restrictive environment was to prepare handicapped students to function more successfully as adults in the larger society by integrating them in school experiences with non-handicapped peers (Lerner, 1988).

Following the enactment of the Education for All Handicapped Children Act, the regular education initiative was launched by the Office of Special Education within the United States Department of Education. The initiative proposed that disabled students could be served more effectively by integrating them into the regular classroom rather than through the special education system (Reynolds, Wang, & Walberg, 1987). This proposal recommended major revisions in special education, particularly in where and how special education students received services. Mainstreaming, or "inclusion" (Gage, 1994, p.1) in the regular classroom, has been identified as the least



restrictive environment. Recent trends towards inclusion have therefore evolved from the regular education initiative.

When disabled students have been placed in the regular classroom, ranging from partial inclusion (special education students attend both self-contained special education class and the regular classroom) to total inclusion (special education students placed in regular classroom setting full-time with consultation provided by education specialists), team participation has been an essential part of the success. According to Lerner (1988), "mere physical placement in a regular classroom is not enough to ensure academic achievement or social acceptance.... Special educators should share responsibility for educating disabled students" (p. 142). Lerner also indicated that regular classroom teachers, referred to as "receiving teachers" (Gage, 1994, p.6), have been apprehensive about meeting the needs of disabled students since they have not received special education training. She further stated that because of this concern, it has been necessary for all educators to be involved in a team approach and to share the responsibility of meeting the needs of the disabled student. Bailey (1991) recommended teacher involvement whenever it was in the teacher's area of expertise, interest, or concern. Certainly, the receiving teacher's expertise,

interest, and concern have been involved when it has been their responsibility to educate a disabled student in the classroom.

Behavioral research scientists R. Likert and J. Likert (1976) recognized the importance of team work in highly effective organizations. They devised basic categories of management systems that were theoretical descriptions of conditions found in business organizations including school districts. The results from their studies revealed that the more effective schools were those in which a large portion of their personnel participated in decision making rather than placing it in the hands of a few. These schools were characterized by open communication which flowed up and down the hierarchy, and where personnel from different levels of the organization trusted and related well to one another. Personnel tended to be more motivated as a result of participating in decisions, and they were more likely to take ownership for the outcome of those decisions rather than placing the blame on others. Other researchers supported the advantages associated with high-involvement management which included improved quality of decisions, higher motivation and better methods, increased flexibility, improved results from increased satisfaction and involvement, and development (training) of problem solving skills (Johnson & Johnson, 1975; Joyce, Hersh, & McKibbin,

1983; Lawler, 1986).

Studies from the area of decision making processes in management systems supported the importance of team participation for the purpose of sound management and instruction. This research (Johnson & Johnson, 1975; Joyce, Hersh, & McKibbin, 1983; Lawler, 1986; Likert & Likert, 1976) also seemed to suggest the importance of team involvement in other educational decisions such as participation in the placement decisions of disabled students. Systems management research (Johnson & Johnson, 1975; Joyce, Hersh, & McKibbin, 1983; Lawler, 1986; Likert & Likert, 1976) has suggested that receiving teachers may be more productive, more motivated, better problem solvers, and more satisfied with their teaching responsibilities when they have been active participants in the placement decisions of the disabled students they instruct.

Based on the findings from coping and systems management research, this study attempted to investigate the problem-focused and emotion-focused coping strategies of teacher trainees. The purpose of this study was to examine the differences in how teacher trainees might cope in the classroom if they participated in the placement decision of a challenged student as compared to when they were not allowed to participate in the placement decision. It was predicted that a difference in problem-focused and emotion-

focused coping choices would exist between those teacher trainees who participated in the placement decision of a behavior disorder student and those who did not participate in the placement decision.



Subjects

Seventy undergraduate subjects enrolled in educational psychology courses at Austin Peay State University served as subjects for this study. Fifty-eight females and twelve males participated. Participation was voluntary and each subject completed an Informed Consent Statement (Appendix A) and a Demographic Information Sheet (Appendix B). An incentive added to the final grade point average was offered by the professor for all subjects appropriately completing the study.

Instruments

The instruments utilized to evaluate coping style were two forms of a classroom conflict situation (Appendix C) designed by the student researcher of this study and the COPE inventory (Carver et al., 1989) (Appendix D). Subject responses fell into two groups as a result of the two randomly assigned conflict situations to which the subjects responded. Group I read a conflict situation where the receiving teacher participated in the placement decision of a behavior disorder student in her/his classroom. Group II read the same conflict situation with the exception that the receiving teacher did not participate in the placement decision of the behavior disorder student in her/his

classroom. The status of teacher participation in the placement decision (participation, nonparticipation) provided the variable to be studied in this research. Additionally, subjects were asked to respond to the COPE scale following the reading of the conflict situation according to how they thought they would cope in the one-week time period prior to placement of the behavior disorder student in their classroom (primary appraisal). This time frame was established for the study to ensure that subjects were reporting on the comparable stage of the conflict. As emphasized by previous researchers, coping strategies have varied in the different phases of a stressful encounter.

The 60-item COPE scale consisted of sixty statements which the respondent described the degree in which she/he used each strategy on a scale from 1 to 4, with 1 being "I usually don't do this at all" and 4 being "I usually do this a lot." Responses fell into fifteen different scales: Active coping, Planning, Seeking Instrumental Social Support, Seeking Emotional Social Support, Suppression of Competing Activities, Religion, Positive Reinterpretation and Growth, Restraint Coping, Acceptance, Focus on and Venting of Emotions, Denial, Mental Disengagement, Behavioral Disengagement, Alcohol/Drug Use, and Humor. Permission to rephrase directions and individual items for the COPE into appropriate tense for the conflict situation

was allowed (Carver, C. S., personal communication, January 20, 1995; Carver et al., 1989). Future tense directions and item conversion were developed for this study.

Data supporting reliability and validity of this instrument were limited due to the newness of the COPE. As stated previously, only two COPE inventory studies have been published since its initial development. The researchers have indicated that studies thus far provided evidence of both the convergent and discriminant validity of the COPE (Carver et al., 1989). Carver et al. (1993) reported adequate reliability of most COPE scales (alphas averaged across the administrations ranged from .65 to .90). They reported dropping three individual items that have reduced the reliability of three scales (active coping, denial, and mental disengagement). Carver and Scheier reported adopting a significance criterion of  $p < .01$  in their 1994 study, describing as significant only results that attained that level.

Scaled scores for the COPE have not been developed. Raw scores have been converted in the initial developmental administrations and in subsequent studies.

### Procedure

Participants in the study completed the Informed Consent Statement and the Demographic Information Sheet. The subjects received one of two forms of the Conflict

Situation and the COPE inventory. All materials, with the exception of the IBM answer sheets, were distributed in booklet form and assigned consecutive even or odd numbers necessary for even distribution of the two Conflict Situation forms. Numbered answer sheets and booklets facilitated identification for the purpose of analysis.

T-tests for independent samples were computed to examine possible differences in coping between the two groups. Participation status in the placement decision of the behavior disorder student was the independent variable. Responses on the COPE provided the dependent variable.

According to Carver et al. (1989), 40 of the 60 items on the COPE inventory fell into either the emotion-focused or problem-focused category. For the purpose of this study, only the raw scores from these 40 items were used for analysis. Scores from the remaining 20 items were dropped. This strategy enabled the researcher to narrow the focus of this study to investigate possible differences in emotion-focused versus problem-focused strategies between the two groups.



## CHAPTER 4

### RESULTS

With an alpha level of .05, results indicate that a significant difference does not exist between Group I (participation) and Group II (nonparticipation) and their choice of problem-focused and emotion-focused strategies. For the problem-focused variable, subjects in Group I ( $M = 58.44$ ,  $SD = 5.96$ ) and in Group II ( $M = 59.56$ ,  $SD = 5.92$ ) do not reveal significant differences in their choice of problem-focused strategies,  $t(68) = 0.774$ ,  $p = 0.442$ , as shown in Table 1. For the emotion-focused variable, subjects in Group I ( $M = 56.38$ ,  $SD = 6.13$ ) and in Group II ( $M = 56.14$ ,  $SD = 6.78$ ) do not reveal significant differences in their choice of emotion-focused strategies,  $t(68) = -0.155$ ,  $p = 0.877$ , as shown in Table 2.

Table 1.

Means, Standard Deviations and t for Problem-Focused COPE Items

	Participation	Nonparticipation	t
<u>M</u>	59.56	58.44	.774
<u>SD</u>	5.92	5.96	
<u>N</u>	36	34	

$p > .05$  for two-tailed test

TABLE 2.

Means, Standard Deviations and t For Emotion-Focused COPE Items

	Participation	Nonparticipation	t
<u>M</u>	56.14	56.38	-0.155
<u>SD</u>	6.78	6.13	
<u>N</u>	36	34	

$p > .05$  for two-tailed test

## CHAPTER 5

### DISCUSSION

This study was developed in an attempt to accomplish at least three things. First, the intent of this study was to investigate the coping strategies of future educators, which has been an area that has received little attention to date. Secondly, this study attempted to control the nature of the situation subjects were responding to on the COPE so that subjects were responding to the same stressful situation (in each group) and reporting on the same stage of the transaction (primary appraisal). Carver and his colleagues acknowledged the lack of control in these two areas of their 1989 research, suggesting that future studies should attempt to control these factors. Third, the study was designed to investigate possible differences in coping strategies between groups who actively participated in the placement process as compared to those who were not permitted to participate in the placement process. Based upon research cited in the coping literature, it was assumed that the participation status of the two groups studied would influence the way they appraised the problem, therefore creating a difference in overall coping choices between the two groups. However, data from this study did not reflect such influence.

Several possibilities could account for the lack of

significant findings in this study. First, it may be difficult for teacher trainees to identify their true coping choices based upon a hypothetical classroom situation, one that they have not personally experienced. Because of this, it is most likely that results from this study reflect trait coping strategies rather than situational coping traits. To overcome this problem in future research, the use of videotaped scenarios may make the conflict situations more compelling to inexperienced subjects. Second, the lack of significant differences in problem-focused and emotion-focused choices suggested that teacher trainees from this sample do, in fact, choose both types of coping strategies during the appraisal phase of this situation. For example, it is possible that a subject may discuss their feelings about the situation with someone, an emotion-focused item, and also talk to someone who could do something concrete about the problem, a problem-focused item. Third, the outcome was the same (unchangeable) for both groups, with both groups presented with a situation in which the behavior disorder student was to remain in the classroom until the end of the school year. It is possible that the shared outcome of both groups (student remains in classroom until the end of the school year) outweighed the influence of the participation variable on coping choices. It is also likely that subjects did not perceive the outcome as positive,



therefore contributing to fewer problem-solving choices. As other researchers have discovered, satisfactory outcomes are typically characterized by higher levels of planful problem-solving (Carver et al., 1989; Folkman et al., 1986). Last, although results do not reflect an overall difference in coping strategies between the two groups, it is possible that real differences may have surfaced if individual scales had been compared. As Carver and his colleagues have pointed out, some types of emotion-focused and problem-focused coping mechanisms are more adaptive than others, making it possible for specific types of problem-focused and emotion-focused choices to occur simultaneously during different phases of coping.

As stated earlier, more coping studies in the educational setting are needed to provide new information for helping teachers and teacher trainees effectively deal with challenges in the classroom. Individual differences among teachers, including teacher attitudes toward special education issues, self-confidence, training and experience, and personality, are but a few of an almost inexhaustible list of factors which could be studied.

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## APPENDICES

## Appendix A

Coping Style Project  
Department of PsychologyAustin Peay State University  
Informed Consent Statement

The purpose of this study is to investigate the coping strategies of teacher trainees. You are being asked to complete the COPE Inventory. Your responses are confidential. At no time will you be identified nor will anyone other than the investigators have access to your responses. The demographic information collected will be used only for the purpose of analysis. Your participation is completely voluntary, and you are free to terminate your participation at any time without penalty. We know of no harm that can come to you as a result of participating in this study.

The results of the project will be available upon completion of the research.

Thank you for your cooperation.

---

I agree to participate in the present study being conducted by a masters level graduate student supervised by a faculty member in the Department of Psychology at Austin Peay State University. I have been informed either orally or in writing or both about the procedures involved. I realize that I can call Linda Hill at (502)886-2455 or Dr. Herman Brock at (615)648-7235 between the hours of 8:00 a.m. and 4:00 p.m. Monday through Friday to request additional information about the study. I understand that I am free to terminate my participation at any time without penalty or prejudice and to have all data obtained from me withdrawn from the study and destroyed.

---

Name (please print)

---

Signature

---

Date

## Appendix B

## Demographic Information Sheet

College Major:\_\_\_\_\_

Current Status: (please circle) Freshman Sophomore Junior  
Senior, or Other (please specify)\_\_\_\_\_

Grade Point Average:\_\_\_\_\_

Sex: (please circle) Male Female

Birth Year: 19\_\_

Form Number: \_\_\_\_\_



## School Conflict

## Group I: Participation

You are a ninth grade instructor in a high school. This is your first teaching position since completing college. Based on this information, please take your time and carefully read the following situation.

James is a fifteen-year-old ninth grade special education student who has been placed in a self-contained behavior disorder class since the beginning of the eighth grade. He is making low C's, D's, and F's in all of his subjects despite his high average intellectual abilities. He frequents the principal's office on a weekly basis, typically getting into trouble for disruptive behavior in the halls, on the bus, and in the classroom. James often loses his temper (characterized by swearing and/or throwing objects), argues with his teacher and other adults, annoys students by hurtful teasing or by grabbing their belongings, continues to disrupt when corrected (ignores his teacher and other authority figures), and uses obscene language. Despite the continual array of problems, James does not think he has a problem. He has always blamed others for his difficulties.

The school James attends provides a range of alternative placements (i.e regular classroom, resource room, self-contained special classes). James has made minimal progress since his initial placement, but his parents are asking for Total Inclusion (placement in all regular classes with consultation provided by the special education teacher and school psychologist).

You and the other regular classroom teachers which James would have under the Total Inclusion plan, were asked to participate in the placement decision process by being appointed to James's M-Team and I.E.P. Team. After much deliberation among teachers, school specialists, and James's parents, team members decided upon Total Inclusion placement.

James's placement begins on Monday, February 15, (one week from today) and will not be re-evaluated nor changed until the end of the school year. You and James's other newly assigned teachers expect to receive little support from the special education or regular staff, based on previous experience.

If you were a new ninth-grade teacher confronted with this situation, **how would you cope the week before he arrives in your class?**

## Group II: Non-Participation

You are a ninth grade instructor in a high school. This is your first teaching position since completing college. Based on this information, please take your time and carefully read the following situation.

James is a fifteen-year-old ninth grade special education student who has been placed in a self-contained behavior disorder class since the beginning of the eighth grade. He is making low C's, D's, and F's in all of his subjects despite his high average intellectual abilities. He frequents the principal's office on a weekly basis, typically getting into trouble for disruptive behavior in the halls, on the bus, and in the classroom. James often loses his temper (characterized by swearing and/or throwing objects), argues with his teacher and other adults, annoys students by hurtful teasing or by grabbing their belongings, continues to disrupt when corrected (ignores his teacher and other authority figures), and uses obscene language. Despite the continual array of problems, James does not think he has a problem. He has always blamed others for his difficulties.

The school James attends provides a range of alternative placements (i.e. regular classroom, resource room, self-contained special classes). Because James has made minimal progress since his initial placement, his Multidisciplinary Team (M-Team) recommended continued placement in the self-contained class until more progress is made. James's parent disagreed with the decision, asking instead for Total Inclusion placement (placement in all regular classes with consultation provided by the special education teacher and school psychologist). As a result of the placement disagreement, his parents decided to hire a lawyer to help them present their case to the Board of Education for a final decision.

After school today, the principal told you about the Board's decision, stating that James was granted Total Inclusion placement. James will now be a student in your regular classroom. James's placement begins on Monday, February 15, (one week from today) and will not be re-evaluated nor changed until the end of the school year. You and the other regular classroom teachers did not know anything about the possibility of James being placed in your classroom until today. You were never consulted nor asked to participate in the decision-making process. You and his other newly assigned teachers expect to receive little support from the special education or regular staff, based on previous experience.

If you were a new ninth-grade teacher confronted with this situation, how would you cope the week before he arrives in your class?



## Appendix D

## COPE

We are interested in how you would respond if confronted with a difficult or stressful situation like the one just presented to you on the previous page. There are lots of ways to try to deal with stress. This questionnaire asks you to indicate what you would do and how you would feel, if you were confronted with this stressful situation.

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**. 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 think you would do if YOU experienced a stressful situation like the one just described.

- 1 -- I wouldn't do this at all
- 2 -- I would do this a little bit
- 3 -- I would do this a medium amount
- 4 -- I would do this a lot

- 1. I would try to grow as a person as a result of the experience.
- 2. I would turn to work or other substitute activities to take my mind off things.
- 3. I would get upset and let my emotions out.
- 4. I would try to get advice from someone about what to do.
- 5. I would concentrate my efforts on doing something about it.
- 6. I would say to myself, "this isn't real".
- 7. I would put my trust in God.
- 8. I would laugh about the situation.
- 9. I would admit to myself that I can't deal with it, and quit trying.
- 10. I would restrain myself from doing anything too quickly.
- 11. I would discuss my feelings with someone.
- 12. I would use alcohol or drugs to make myself feel better.
- 13. I would get used to the idea that it happened.
- 14. I would talk to someone to find out more about the situation.
- 15. I would keep myself from getting distracted by other thoughts or activities.
- 16. I would daydream about things other than this.
- 17. I would get upset, and would really be aware of it.
- 18. I would seek God's help.

19. I would make a plan of action.
20. I would make jokes about it.
21. I would accept that this has happened and that it can't be changed.
22. I would hold off doing anything about it until the situation permitted.
23. I would try to get emotional support from friends or relatives.
24. I would just give up trying to reach my goal.
25. I would take additional action to try to get rid of the problem.
26. I would try to lose myself for a while by drinking alcohol or taking drugs.
27. I would refuse to believe that it happened.
28. I would let my feelings out.
29. I would try to see it in a different light, to make it seem more positive.
30. I would talk to someone who could do something concrete about the problem.
31. I would sleep more than usual.
32. I would try to come up with a strategy about what to do.
33. I would focus on dealing with this problem, and if necessary let other things slide a little.
34. I would get sympathy and understanding from someone.
35. I would drink alcohol or take drugs, in order to think about it less.
36. I would kid around about it.
37. I would give up the attempt to get what I want.
38. I would look for something good in what is happening.
39. I would think about how I might best handle the problem.
40. I would pretend that it hasn't happened.
41. I would make sure not to make matters worse by acting too soon.
42. I would try hard to prevent other things from interfering with my efforts at dealing with this.
43. I would go to movies or watch TV, to think about it less.
44. I would accept the reality of the fact that it happened.
45. I would ask people who have had similar experiences what they did.
46. I would feel a lot of emotional distress and I would find myself expressing those feelings a lot.
47. I would take direct action to get around the problem.
48. I would try to find comfort in my religion.



49. I would force myself to wait for the right time to do something.
50. I would make fun of the situation.
51. I would reduce the amount of effort I'm putting into solving the problem.
52. I would talk to someone about how I feel.
53. I would use alcohol or drugs to help me get through it.
54. I would learn to live with it.
55. I would put aside other activities in order to concentrate on this.
56. I would think hard about what steps to take.
57. I would act as though it hasn't even happened.
58. I would do what has to be done, one step at a time.
59. I would learn something from the experience.
60. I would pray more than usual.