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Factors Associated with Resilience among MSW Students in the Face of the COVID-19 Pandemic

Jose Carbajal, Donna L. Schuman, Warren N. Ponder, Christine M. Bishop, Amber Hall, and Kristin W. Bolton

COVID-19 continues to affect the general population, and its impact on MSW students is unknown. Therefore, this study aims to examine resilience, attachment, and other mental health constructs among MSW students during COVID-19. U.S. MSW program directors were emailed the electronic surveys to distribute to their MSW students. Authors evaluated the bivariate relationship between the variables and conducted a multiple hierarchical regression predicting resilience. The findings suggest that individuals with higher levels of resilience have lower levels of depression and PTSD. Finally, attachment avoidance, attachment anxiety, and self-efficacy were statistically significant predictors of resilience in the hierarchical regression. This study adds to the literature on how MSW students have been impacted by COVID-19 stressors and the role resilience, self-efficacy, and attachment styles have in terms of mental health outcomes during the pandemic. These results are important when considering interventions to assist MSW students during and after the pandemic, especially regarding stress reduction and student success.

KEY WORDS: *mental health; MSW students; pandemic; resilience; self-efficacy*

University students around the world experienced stress during the COVID-19 pandemic, and the need for mass closures secluded students from face-to-face classes, social activities, and their normal social routines (Dhar et al., 2020; Dunn-Coetzee et al., 2021; Morris et al., 2020; Ye et al., 2020). Similar to reports by the Centers for Disease Control and Prevention (U.S. National Center for Immunization and Respiratory Diseases, Division of Viral Diseases, 2020) of widespread adverse pandemic-related mental health impacts on young adults, findings from cross-national observational and qualitative research on the state of mental health of undergraduate and graduate social work students during the pandemic revealed higher levels of stress, anxiety, depression, and thoughts of self-harm (Cummings et al., 2021; Díaz-Jiménez et al., 2020; U. Kim et al., 2020; Reznik et al., 2022), but also uncovered areas of coping and resilience (Cummings et al., 2021; Evans et al., 2021). Seclusion from robust and adaptive social networks is known to increase anxiety, stress, and loneliness, which are known predictors of adverse health

outcomes (Dhar et al., 2020; Fitzpatrick et al., 2020; Morris et al., 2020; Ye et al., 2020). Therefore, social isolation led individuals to experience negative psychological effects, thereby impacting their need to *apply* or *activate* resilience (Carbajal et al., 2022; Ponder et al., 2023; Shahan et al., 2022). The purpose of this research study is to evaluate resilience, attachment, generalized anxiety, depression, and PTSD among MSW students in the United States during COVID-19 and to examine MSW student well-being as it relates to intrapersonal stress mediators, including self-efficacy and adaptive coping strategies.

PANDEMIC IMPACT ON COLLEGE STUDENTS' MENTAL HEALTH

The COVID-19 pandemic upended education globally. Beginning in March 2020, U.S. college students were forced to suddenly move out of their on-campus dormitories, attend classes online, and comply with social distancing orders (Hess, 2020). The effects of the pandemic have been unprecedented for a variety of reasons, notably due to its breadth and duration, but also because of sweeping

changes in technology and the demographic composition of college students.

The effects of the COVID-19 pandemic on higher education differ from those of previous public health emergencies for several important reasons. Compared with the 1918–1919 influenza pandemic, the last comparable public health emergency in modern memory, U.S. schools were closed more days on average (Ager et al., 2022). Since that time, sweeping advances in technology have enabled online education not previously possible (Kumar et al., 2017). Also, student demographics have markedly shifted since the early 20th century when most students attending institutions of higher learning were largely well-to-do, White, and male (Snyder, 1993). During COVID, many students lost their jobs or worked from home when businesses closed due to widespread social distancing mandates. With the mass closures of schools and daycares, students experienced increased responsibilities for childcare, as well as the need to assist other family members (Liu et al., 2022). Women (because they often bear primary childcare responsibilities; Ajayi et al., 2021), first-generation college students, minoritized individuals, and low-income students were disparately impacted by the effects of the pandemic (Liu et al., 2022).

According to the Council on Social Work Education's (CSWE, 2021) 2020 *Statistics on Social Work Education* report, most MSW students were women, and almost half of graduates were racial or ethnic minorities and were therefore members of groups that faced greater challenges during the pandemic (see Table 1 for CSWE demographics of U.S. MSW students). In another CSWE (2020) survey of MSW students ($N = 3,564$), over 80% of students reported their mental health was adversely affected since social distancing was enacted, with one-third indicating severe effects; 65% indicated the pandemic disrupted their financial security, which is a factor related to mental health (Hassan et al., 2021).

To date, some research has been collected on the mental health of social work students during the pandemic. In a longitudinal study of 217 college students that examined students' mental health during the winter of 2020, Huckins et al. (2020) found that sedentariness, anxiety, and depressive symptoms increased compared with prior periods. In a survey of 123 social work students, Lawrence et al. (2022) uncovered significant increases in anxiety and depression during the pandemic. Y. K.

Table 1: Council on Social Work Education (2020) Demographics for U.S. MSW Students ($N = 75,851$)

Variable	%
Level of enrollment	
Full-time	63.0
Part-time	37.0
Sex	
Female	85.1
Male	13.3
Other	0.1
Unknown	1.5
Age (years)	
Under 22	1.5
22–24	22.5
25–29	31.0
30–34	15.9
35–44	16.2
45+	10.4
Unknown	2.5
Race/ethnicity	
African American/Black	20.0
American Indian/Alaska Native	0.8
Asian	3.4
Hispanic/Latinx	15.9
White (non-Hispanic)	50.8
Two or more races	3.1
Unknown	5.9

Notes: Average enrollment = 168 students; 283 programs responded.

Source: Council on Social Work Education. (2021). 2020 statistics on social work education in the United States. <https://www.cswe.org/Research-Statistics/Research-Briefs-and-Publications/2020-Annual-Statistics-on-Social-Work-Education>

Kim et al. (2022) conducted a mixed-methods study in the summer of 2020 to examine mental health correlates for undergraduate and graduate social work students ($N = 457$) across five universities, and found little impact on students' levels of anxiety, depression, stress, hopelessness, and self-harming thoughts at that time. However, it is unclear how social work students' mental health changed with the amplification of a myriad of pandemic-related stressors (e.g., financial and employment losses, social distancing, and remote education) coupled with increasing rates of illness and death in the United States and globally.

RESILIENCE AND COVID-19

Resilience is a dynamic process that begins when individuals are faced with a risk factor or some form of adversity (Bolton et al., 2017; Kalisch et al., 2019;

Smith–Osborne, 2007). Risk factors are experiences that deviate from the normal life course, including trauma, domestic violence, community violence, and poverty. The pandemic can be classified as a risk factor because of the unprecedented impact on students' well-being, educational experiences, and everyday life, thereby potentially activating the resilience processes among individuals. To understand the role of resilience among MSW students during the pandemic, it is important to examine and evaluate the process of resilience.

The resilience process consists of (a) exposure to risk factors or adversity, (b) activation of protective factors and vulnerability factors, (c) interaction of protective factors and vulnerability factors, and (d) resilient or nonresilient outcomes (Bolton et al., 2017). In the context of this study, the COVID-19 pandemic would be considered the exposure to risk. This exposure led to the activation of both vulnerability and protective factors among students enrolled in MSW programs as the pandemic impacted their stress, and combined with academic programs' demands, family life issues, and past traumas, graduate students' risk factors possibly increased (Collins et al., 2010; Hoying et al., 2020). These stressors might have increased individuals' depression, anxiety, substance use, and suicidality (Aherne et al., 2016; Cozzolino et al., 2020; Hoying et al., 2020; Mousavi et al., 2018; Smith et al., 2015; Stecker, 2004). An important factor is students' perceived stress, which activates the sympathetic nervous system; while in this heightened mode, it can negatively impact mental and physical health (Aherne et al., 2016; Ayala et al., 2018; Collins et al., 2010; Cozzolino et al., 2020; Moriarty et al., 2021; Mousavi et al., 2018; O'Neill et al., 2019; Stecker, 2004). Quadros et al. (2021) conducted a longitudinal study to determine the mental health status of college students before and during confinement periods, and found that fear of COVID-19 increased students' struggle with negative mood, depression, and anxiety.

In a cross-sectional study investigating the relationship between resilience and stress, García-León et al. (2019) found that resilience was associated with perceived stress and psychopathology severity, but not with chronic stress. Factors that buffer intrapersonal stress, such as resilience and adaptive coping strategies, can mitigate students' stress (Ye et al., 2020). Resilience influences the ability to face adversity in an adaptive manner, such as hardiness and self-efficacy,

and high resilience buffers against academic and social stressors (Carney, 2021; Fitzpatrick et al., 2020; Knowles et al., 2022; Lee et al., 2020; Li et al., 2020; Nelson & Kaminsky, 2020; Quadros et al., 2021; Sinyor et al., 2022; Van Breda, 2018; Ye et al., 2020).

Research shows that developing and implementing programs to build more resilient individuals can influence how adaptively one responds during stress (Ponder et al., 2023). For students, resilience involves academic hardiness, which encompasses embracing the three Cs: commitment, control, and challenges (Cheng et al., 2019). In other words, students who are committed to their education, have personal control over their performance outcomes, and are willing to accept challenges as learning opportunities are considered to have high academic hardiness. In addition, students' perceived self-efficacy, the belief they will persevere when dealing with academic obstacles, can enhance their academic performance, giving students confidence in their academic abilities (Cheng et al., 2019). For example, emotional self-efficacy significantly predicts resilience, whereby internal locus of control increases psychological resilience (Etilé et al., 2021; Türk-Kurtça & Kocaturk, 2020). Moreover, students with *strategic coping*, defined as utilization of cognitive and behavioral strategies to positively modify their environment, assists them with improved psychological adjustments by reframing the significance of life and by incorporating traumatic experiences with existing cognitive schema about the self and the world (Ye et al., 2020).

ATTACHMENT

Attachment is another construct that influences students' well-being. Marshall and Frazier (2019) asserted that a traumatic event could activate the attachment system, making the individual pursue proximity-seeking behavior to achieve felt security with an attachment figure. In turn, this influences event recall/appraisals, and posttrauma reactions (PTSD or posttraumatic growth) can impact the models of self and other, as well as impact the individual's attachment orientation. As Marshall and Frazier (2019) concluded, "The body of research suggests that attachment orientations predict later PTSD symptoms, which may lead to increases in attachment insecurity [avoidance or anxiety] that may in turn sustain or even exacerbate existing symptoms over time" (p. 169). Therefore, understanding

how attachment dimensions affect students' well-being is crucial to understanding how the pandemic affected them: A person with a secure style has a positive view of self and others. A person with a preoccupied style has a negative view of self and a positive view of others. A person with a dismissive style has a positive view of self and negative view of others. A person with a fearful style has a negative view of self and a negative view of others.

Attachment can be measured as secure/insecure, dimensionally (avoidance or anxiety), or in one of the four nominal categories (secure, preoccupied, dismissing, and fearful; Bartholomew, 1990). Brennan et al. (1998) developed the dimensional approach in their study and produced the Experiences in Close Relationships scale widely used in attachment research. A person with a dismissive style uses the secondary strategy of attachment avoidance, whereas a person with a preoccupied style uses the secondary strategy of attachment anxiety (Mikulincer & Shaver, 2019). In an examination of attachment and resilience, Marriner et al. (2014) found that secure attachment and resilience were positively associated with proactive coping and negatively associated with stress ratings; however, an exploratory analysis did not support resilience as a mediator of attachment on stress.

PRESENT STUDY

The research question posed in this study is whether a statistically significant relationship exists between MSW students' self-efficacy, attachment anxiety, attachment avoidance, and mental health symptoms and resilience during the COVID-19 pandemic. We hypothesized that resilience would be positively correlated with self-efficacy and negatively correlated with attachment anxiety, attachment avoidance depression, PTSD, and generalized anxiety. We also hypothesized that lower levels of generalized anxiety, PTSD, and depression symptoms; lower levels of attachment avoidance and anxiety; and higher levels of general self-efficacy would predict higher levels of resilience.

METHOD

Procedure and Participants

Participants were recruited through an email sent to directors of CSWE-accredited MSW programs. The programs were primarily located in the East

Coast and Texas. Directors were asked to distribute the email to matriculating students enrolled in their respective programs. The students were contacted using their university email addresses, and the survey was both voluntary and anonymous. To increase their responses we decided not to ask for demographic information or the school attended. The number of MSW students who responded to the survey was 269. However, only 151 participants fully completed the survey, and we considered only their responses for data analysis. The inclusion criteria for the study included being a student enrolled in a CSWE-accredited MSW program during the 2020 spring semester. This study was reviewed and approved by the University of North Carolina at Wilmington institutional review board (# 21-0286).

Measures

Independent Variables. Lafontaine et al. (2016) developed and validated the Experiences in Close Relationships-12 (ECR-12) scale that assesses adult attachment. The ECR-12 solicits responses on a seven-point Likert scale ranging from 1 = disagree strongly to 7 = agree strongly on two factors, attachment avoidance and attachment anxiety, with higher scores indicating greater avoidance and anxiety, respectively. The Cronbach's alpha on the attachment avoidance factor was $\alpha = .760$ and the Cronbach's alpha on the attachment anxiety factor was $\alpha = .854$.

Kroenke et al. (2007) developed the Generalized Anxiety Disorder-2 (GAD-2), which is a brief two-item screener for the presence of generalized anxiety. The GAD-2 item-level responses range from 0 = not at all to 3 = nearly every day, and scores can be aggregated with ranges from 0 to 6. The higher the total score, the greater the severity of generalized anxiety. The Cronbach's alpha of the GAD-2 was .893.

Kroenke et al. (2003) validated the Patient Health Questionnaire-2 (PHQ-2), which was developed to assess the presence of depression. The PHQ-2 item-level responses range from 0 = not at all to 3 = nearly every day. Aggregated scores range from 0 to 6, with a higher score indicating greater severity of depression. The Cronbach's alpha of the PHQ-2 was .868.

Prins et al. (2016) developed the Primary Care PTSD Screen for DSM-5 (PC-PTSD-5) to assess for the presence of PTSD. The PC-PTSD-5 has questions with the dichotomous answer choice of yes or no, summed to obtain the overall score. Aggregated scores can range from 0 to 5, with higher scores indicating greater severity of PTSD symptoms. The Cronbach's alpha of the PC-PTSD-5 was .719.

Schwarzer and Jerusalem (1995) developed the General Self-Efficacy (GSE) scale to assess self-efficacy. The GSE includes 10 questions on a four-point Likert scale with responses ranging from 1 = not at all true to 4 = exactly true. The questions are summed with higher scores indicating higher levels of self-efficacy. The Cronbach's alpha of the GSE was .862.

The GAD-2, PHQ-2, and the PC-PTSD-5 have cut scores of three or more (Kroenke et al., 2003; Kroenke et al., 2007; Prins et al., 2016). If a respondent had a score of 3 or greater, they were placed into a nominal category of positive (presence of severe symptoms of generalized anxiety, depression, or PTSD, respectively), whereas a negative score is 2 or less and represents the lack of symptoms of generalized anxiety, depression, or PTSD.

Dependent Variable. The Response to Stressful Experiences Scale (RSES-22) was developed to assess resilience (Johnson et al., 2011), which has been validated on a sample during the COVID-19 pandemic (Ponder et al., 2021). The RSES-22 solicits responses on a five-point Likert scale ranging from 0 = not at all like me to 4 = exactly like me, and scores are summed, with the possible range of 0 to 88, with higher scores indicating higher levels of resilience. The Cronbach's alpha of the RSES-22 was .897.

Data Analytic Plan

Statistical analyses were performed using the Statistical Package for the Social Sciences (SPSS; Version 27.0). There were no missing values on any of the mental health measures. The standardized assessment instruments were assessed and found to be normally distributed (Hair et al., 2010). We evaluated the bivariate relationship between variables with Pearson correlation coefficients. Next, we conducted a multiple hierarchical regression predicting resilience (RSES-22) that had five steps. Attachment anxiety and attachment avoidance

were entered in step 1, adding depression in step 2, generalized anxiety in step 3, PTSD in step 4, and self-efficacy in step 5.

RESULTS

Descriptive Statistics

The mean attachment avoidance score was 3.31 ($SD = 1.08$), and the mean attachment anxiety score was 3.78 ($SD = 1.35$). The mean resilience score was 67.54 ($SD = 9.94$). The mean depression score was 1.45 ($SD = 1.65$), and the mean generalized anxiety score was 2.50 ($SD = 1.90$). The mean PTSD score was 1.62 ($SD = 1.60$), and the mean self-efficacy score was 31.40 ($SD = 4.20$). In the sample, 12.6% screened positive for depression, 37.7% screened positive for generalized anxiety, and 31.1% screened positive for PTSD. See Table 2 for all descriptive statistics.

Correlations

Resilience was negatively correlated with attachment avoidance ($r = -.28, p < .001$) and attachment anxiety ($r = -.50, p < .001$). Resilience was also negatively correlated with depression ($r = -.33, p < .001$), generalized anxiety ($r = -.29, p < .001$), and PTSD ($r = -.22, p < .01$). Resilience was

Table 2: Mental Health Assessment Descriptive Statistics

Scale	M (SD)	n (%)
ECR12-AVOID	3.31 (1.08)	
ECR12-ANX	3.78 (1.35)	
RSES-22	67.54 (9.94)	
PHQ-2	1.45 (1.65)	
GAD-2	2.50 (1.90)	
PC-PTSD-5	1.62 (1.60)	
GSE	31.40 (4.20)	
PHQ-2		
Positive		28 (12.6)
Negative		123 (87.4)
GAD-2		
Positive		57 (37.7)
Negative		94 (62.3)
PC-PTSD-5		
Positive		47 (31.1)
Negative		104 (68.9)

Notes: ECR12-AVOID = Experiences in Close Relationships-12 avoidant secondary strategy; ECR12-ANX = Experiences in Close Relationships-12 anxiety secondary strategy; RSES-22 = Response to Stressful Experiences Scale-22; PHQ-2 = Patient Health Questionnaire-2; GAD-2 = Generalized Anxiety Disorder-2; PC-PTSD-5 = PTSD primary care screen; GSE = General Self-Efficacy scale. Any participant who scored ≥ 3 on the PC-PTSD-5, PHQ-2, and GAD-2 are categorized as positive.

Table 3: Mental Health Assessment Correlations (N = 151)

Scale	ECR12-AVOID	ECR12-ANX	RSES-22	PHQ-2	GAD-2	PC-PTSD-5	GSE
ECR12-AVOID	1	.14	-.28***	.05	.12	.16*	-.17*
ECR12-ANX		1	-.50***	.43***	.51***	.37***	-.37***
RSES-22			1	-.33***	-.29***	-.22**	.55***
PHQ-2				1	.58***	.55***	-.30***
GAD-2					1	.39***	-.24**
PC-PTSD-5						1	-.12
GSE							1

Notes: ECR12-AVOID = Experiences in Close Relationship–12 avoidant secondary strategy; ECR12-ANX = Experiences in Close Relationship–12 anxiety secondary strategy; RSES-22 = Response to Stressful Events Scale–22; PHQ-2 = Patient Health Questionnaire–2; GAD-2 = Generalized Anxiety Disorder–2; PC-PTSD-5 = PTSD primary care screen; GSE = General Self-Efficacy Scale.

*** $p < .001$. ** $p < .01$. * $p < .05$.

positively correlated with self-efficacy ($r = .55, p < .001$). See Table 3 for all correlations.

Hierarchical Regression

In step 1 of the hierarchical regression predicting resilience, attachment avoidance and attachment anxiety were significant predictors [$F(2, 148) = 30.48, p < .001$] and accounted for 28.2% of the variance. In step 2, depression was entered into the model that accounted for 29.7% of the variability in resilience, and was significant [$F(3, 147) = 22.11, p < .001$]. In step 3, generalized anxiety was entered and was significant [$F(4, 146) = 16.59, p < .001$], accounting for 29.4% of the variance in resilience. Next, PTSD was entered in step 4 and the model was significant [$F(5, 145) = 13.41, p < .001$], accounting for 29.3% of the variance in resilience. In step 5, after adding self-efficacy, the model accounted for 41.5% of the variance in resilience and was statistically significant [$F(6, 144) = 18.74, p < .001$]. Thus, the final model, which predicted the outcome variable (resilience) after entering the statistically significant independent variables, included attachment avoidance ($\beta = -0.17, p < .01$), attachment anxiety ($\beta = -0.31, p < .001$), and self-efficacy ($\beta = 0.39, p < .001$). See Table 4 for all hierarchical regressions.

DISCUSSION

This study aimed to evaluate resilience, attachment, and possible mental health issues such as depression, PTSD, and generalized anxiety among MSW students during the COVID-19 pandemic. The literature corroborates the importance of this study and confirms that resilience and adaptive coping strategies contribute to maintaining good

mental health or reducing mental health symptoms (Carney, 2021; Fitzpatrick et al., 2020; Knowles et al., 2022; Lee et al., 2020; Li et al., 2020; Nelson & Kaminsky, 2020; Quadros et al., 2021; Sinyor et al., 2022; Ye et al., 2020).

Interpretation of Findings

There is scant literature concerning the impact of COVID-19 stressors on MSW students; existing studies suggest that rigorous research-based academic programs combined with stressful professional requirements, family life, and past traumas can cause graduate students to be at a heightened risk for stress complications, including burnout (Collins et al., 2010; Hoying et al., 2020). COVID-19 added another layer to the already strenuous academic and professional workloads/personal stressors. These stressors are the most significant causes of depression, generalized anxiety, substance abuse, and suicidality in graduate students (Aherne et al., 2016; Cozzolino et al., 2020; Hoying et al., 2020; Mousavi et al., 2018; Smith et al., 2015; Stecker, 2004).

Our first hypothesis, that resilience and self-efficacy would be positively correlated, and attachment anxiety, attachment avoidance, depression, PTSD, and generalized anxiety would be negatively correlated, was confirmed. About one-third of the participants in our study screened positive for PTSD and almost 13% of the participants screened positive for depression. We found a significant relationship between resilience and depression as well as resilience and PTSD. Our second hypothesis, that MSW students with lower levels of generalized anxiety, PTSD, depression, attachment avoidance, and attachment anxiety, and higher levels of self-efficacy would predict

Table 4: Hierarchical Regression Predicting Resilience

Predictor	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>	95% CI for <i>B</i>	Tolerance	VIF
Step 1								
Constant	87.11	2.77		31.49	<.001	[81.64, 92.57]		
ECR12-AVOID	-1.99	0.65	-0.22	-3.09	.002	[-3.27, -0.72]	.98	1.02
ECR12-ANX	-3.43	0.52	-0.47	-6.66	<.001	[-4.45, -2.42]	.98	1.02
Step 2								
Constant	86.69	2.75		31.57	<.001	[81.26, 92.12]		
ECR12-AVOID	-2.01	0.64	-0.22	-3.15	.002	[-3.28, -0.75]	.98	1.02
ECR12-ANX	-2.95	0.56	-0.40	-5.24	<.001	[-4.07, 1.84]	.80	1.24
PHQ-2	-0.92	0.46	-0.15	-2.02	.045	[-1.82, -0.02]	.82	1.22
Step 3								
Constant	86.75	2.75		31.51	<.001	[81.30, 92.19]		
ECR12-AVOID	-2.04	0.64	-0.22	-3.18	.002	[-3.31, -0.77]	.98	1.03
ECR12-ANX	-3.07	0.60	-0.42	-5.12	<.001	[-4.26, -1.89]	.71	1.41
PHQ-2	-1.06	0.52	-0.18	-2.06	.041	[-2.08, -0.04]	.64	1.56
GAD-2	0.28	0.47	0.05	0.59	.555	[0.65, 1.21]	.58	1.73
Step 4								
Constant	86.88	2.76		31.48	<.001	[81.43, 92.33]		
ECR12-AVOID	-2.12	0.65	-0.23	-3.27	.001	[-3.40, -0.84]	.96	1.05
ECR12-ANX	-3.15	0.61	-0.43	-5.19	<.001	[-4.35, -1.95]	.70	1.43
PHQ-2	-1.27	0.57	-0.21	-2.23	.027	[-2.39, -0.15]	.53	1.89
GAD-2	0.26	0.47	0.05	0.56	.577	[-0.67, 1.20]	.58	1.73
PC-PTSD-5	0.46	0.52	0.07	0.88	.383	[-0.58, 1.50]	.66	1.51
Step 5								
Constant	52.73	6.59		8.00	<.001	[39.70, 65.76]		
ECR12-AVOID	-1.60	0.60	-0.17	-2.68	.008	[-2.78, -0.42]	.93	1.07
ECR12-ANX	-2.27	0.57	-0.31	-3.96	<.001	[-3.41, -1.14]	.65	1.55
PHQ-2	-0.65	0.53	-0.11	-1.24	.220	[-1.70, 0.39]	.51	1.97
GAD-2	0.21	0.43	0.04	0.49	.625	[-0.64, 1.06]	.58	1.73
PC-PTSD-5	0.09	0.48	0.01	0.19	.852	[-0.86, 1.04]	.65	1.54
GSE	0.92	0.17	0.39	5.06	<.001	[0.60, 1.25]	.81	1.24

Notes: CI = confidence interval; VIF = variance inflation factor; ECR12-AVOID = Experiences in Close Relationship-12 avoidant secondary strategy; ECR12-ANX = Experiences in Close Relationship-12 anxiety secondary strategy; RSES-22 = Response to Stressful Events Scale-22; PHQ-2 = Patient Health Questionnaire-2; GAD-2 = Generalized Anxiety Disorder-2; PC-PTSD-5 = PTSD primary care screen; GSE = General Self-Efficacy scale.

higher levels of resilience, was also upheld. This confirmation is in line with Liu et al.'s (2020) findings that young adults' distress tolerance during the pandemic was predictive of mental health symptoms, and resilience lowered depression and anxiety symptoms. Our findings are also consistent with previous research indicating that greater resilience skills are key to overcoming hardships and stress (Marriner et al., 2014; Ye et al., 2020) and that lower resilience is associated with stressful life events and psychopathology severity (García-León et al., 2019). The COVID-19 global pandemic created tremendous psychological stress in students, resulting in adverse mental health, economic, social, and learning effects. According to a

longitudinal study conducted to determine the mental health of college students before and during confinement periods, fear of COVID-19 was found to increase students' struggles with negative mood, depression, and anxiety, which are factors directly correlated to COVID-19 fear (Quadros et al., 2021). Furthermore, higher resilience was associated with lower attachment avoidance and attachment anxiety. We found that attachment avoidance, attachment anxiety, and self-efficacy significantly predicted resilience. Our results are not surprising because self-efficacy is said to play a role in managing adversity outcomes (Van Breda, 2018). Jenkins (2016) also found that attachment anxiety and attachment avoidance were negative

predictors of resilience. According to Kural and Kovacs (2021), lower levels of attachment anxiety and the ability to use problem-focused coping strategies may be associated with greater resilience.

CONCLUSION

Studies on resilience and attachment dimensions relating to COVID-19 have increased in recent years. However, as far as this research team is aware, this current study is the first to look at relationships between attachment, resilience, and MSW students' mental health during the pandemic. Previous scholarship conducted during the pandemic on attachment included a study of a general Italian population (Moccia et al., 2020) and treatment-seeking first responders (Carbajal et al., 2022). Our study shows that individuals with higher resilience have lower depression and PTSD and that higher resilience also lowered the dimensions of attachment anxiety and attachment avoidance. Moreover, our study elucidates that higher resilience leads to lower generalized anxiety and reveals that attachment avoidance, attachment anxiety, and self-efficacy are important predictors of resilience, which are important factors to consider when selecting peri- and postpandemic treatment interventions. Given the relationship to students' positive mental health outcomes, it will be important for social workers working in schools to look for opportunities to bolster resilience, self-efficacy, and greater secure attachment. In addition, CSWE programs need to revisit their curriculum policies to address student mental health issues. Universities should be safe spaces for students to learn about and build resilience, self-efficacy, and repair dysfunctional attachment systems through corrective experiences. Therefore, curriculum changes might be necessary whereby there is more flexibility on how students progress in their MSW program, for example, reducing academic demand without compromising academic integrity. And social work practitioners might be able to utilize empowerment frameworks to pull from students' strengths to reinforce those personal abilities to problem solve. Individuals who, on an individual level, integrate empowerment along with resilience to produce strategies and smart goals will potentially acquire more control over life outcomes (Van Breda, 2018).

Limitations

First, because this study took place during the covid-19 pandemic, no pre-COVID measures of attachment styles, depression, PTSD, resilience, generalized anxiety, or self-efficacy were used for comparison. Since there were no pre-COVID measures, our cross-sectional data are limited on determining whether COVID influenced respondents' subjective experience of the pandemic, and we cannot determine whether the pandemic affected their mental health. Second, many participants began the survey but did not complete it, perhaps because the survey was too long. Third, this research was conducted using data collected during an earlier phase of the COVID-19 pandemic. We also collected no demographic data, which follow-up studies should not overlook.

Future Research

Future research will play a major role in modeling these outcomes longitudinally. It would be interesting to examine the outcomes of individuals under current and post-COVID-19 conditions to better understand how these mediators correlate to better cope with the COVID-19 pandemic. In sum, the present study adds to the literature on how MSW students were doing during the COVID-19 pandemic and the roles resilience, self-efficacy, and attachment styles play in terms of mental health outcomes during the pandemic. It is likely that negative impacts on students' mental health will exist for the foreseeable future. Further research should examine resilience with an emphasis on protective factors that buffer students when faced with adversity or risk factors, and MSW programs could bolster these protective factors to help students succeed academically. This research can be specific to MSW students as well as students across campus communities. Such understanding is important for campus mental health providers to assist students with coping with the accumulated losses of the past couple of years and reacclimating to a new normal as we move toward an endemic phase in which COVID-19 is more stable and predictable. **SWR**

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