11-17-2016

Faith Experiences Among Doctoral Psychology Students

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Faith Experiences Among Doctoral Psychology Students

by

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Presented to the Faculty of the

Graduate Department of Clinical Psychology

George Fox University

in partial fulfillment

of the requirements for the degree of

Doctor of Psychology

in Clinical Psychology

Newberg, Oregon

November 16, 2016

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has been approved

at the

Graduate Student of Clinical Psychology
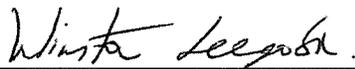
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Abstract

In order to become culturally competent psychologists, doctoral students must undergo their own process of self-reflection, including personal exploration of religious and spiritual issues. This can prove difficult insofar as many doctoral programs in psychology provide relatively little instruction in religious and spiritual issues. Even among those programs that specialize in religion and spirituality, a shifting of personal faith typically occurs over the course of doctoral training. This study is a step toward understanding the faith experiences of students in one explicitly religious doctoral training program. Faith experiences among students in the George Fox University Graduate Department of Clinical Psychology (GDCP) have been studied before, but not since the GDCP implemented spiritual direction as a program requirement. Results indicate that students continue to experience changes in their faith experiences, likely due to many previously hypothesized reasons such as fatigue, eroding of faith, and possible re-arranging of faith (Fisk et al., 2013). Students who report a more favorable experience with their spiritual director reported more willingness to collaborate with clergy for client care. This study continues to raise more questions regarding what can be done to better inform, protect, and

encourage the spiritual development of students throughout graduate training in professional

psychology. Moreover, it brings into light the possibility of better preparing and training

graduate students in collaboration with faith professionals to better meet clients' treatment needs

in a holistic way.

Table of Contents

List of Tables

Chapter 1

Introduction

For many years psychologists have studied how issues of diversity impact the health and wellbeing of various populations. Increasing attention is being given to religious and spiritual diversity, as evidenced by the launching of two related American Psychological Association (APA) journals within the past decade. Specifically, religion and spirituality have been shown to have a positive impact on various dimensions of the psychological and physical. Powell, Shahabi, and Thorensen (2003) evaluated several hypotheses of the connection between religion, spirituality and physical health, concluding that while there is still much to uncover and understand about how exactly religion and spirituality impact health, in healthy participants there appears to be a reduction in risk of mortality among religious service attenders. In addition, religion and spirituality have been found to be a protective factor against cardiovascular disease. Powell et al. note that the overall healthy lifestyle that religion and spirituality encourage may be responsible for these positive implications.

Whether the links between religion and health are causal or not, there is good reason to be interested in these findings. Psychotherapists often work with clients to engage in rest, gain increased sense of self-worth, increase positive emotions, be compassionate while coping with pain and suffering, and increase social support. These are similar principles that spirituality and the majority of religions reinforce through religious activities such as prayer and service attendance (Powell et al., 2003). It appears that religion and spirituality may already provide

scaffolding for the skills clinicians work to instill in others. Given the links between religion, spirituality, and health, these dimensions of diversity are important to psychotherapists as they consider their own personal development and the care they offer their clients.

Religion, Spirituality, and Clinical Training

Individuals who endorse religion and spirituality as being important have shown a preference to see professionals who make it a priority to integrate aspects of faith into the treatment they provide (Rose, Westefeld, & Ansley, 2001). McCullough and Worthington (1995) found that individuals consider their therapist as more competent than other professionals when they incorporate faith into treatment. This is no small matter considering that polls have revealed as many as 86% of Americans report a belief in God or universal spirit (Gallup Polls, 2015). Furthermore, 56% of the United States population described religion being very important in their lives and 22% described religion as fairly important in their lives (2015). These findings demonstrate the obligation psychologists have to recognize and integrate this very significant part of their clients' lives into treatment.

In stark contrast to the population they serve, Delaney, Miller, and Bisono (2007) note that clinical psychologists are "half as likely to be theistic, significantly less likely to pray, and more than three times more likely to describe religion as unimportant to their lives" (p. 542). Moreover, this lack of religious and spiritual representation among psychologists is troublesome insofar as it might represent a lack of appreciation for religious beliefs and communities (Vogel, McMinn, Peterson, & Gathercoal, 2013). Delaney et al. (2013) reported that 27% of the APA psychologists they sampled who once believed in God no longer do. This is a strikingly high rate of loss of faith when compared to the general population's loss of faith, occurring less than 4%.

The APA has recognized religious and spiritual values as a form of diversity in the *Ethical Principles of Psychologists and Code of Conduct* (2010). The code has outlined the necessity for psychologists to work within the boundaries of their competence in this domain. The APA (2010) advises psychologists to seek competence by receiving education, supervision, consultation, and professional experience in each domain they practice. McMinn et al. (2013) note that "focusing on the spiritual health of the developing psychologist is not only an important aspect of training, but it may also allow for increased self-awareness that helps eliminate bias toward others and therefore enables the practice of psychology in an ethical manner" (p. 315). Though the APA has recognized religion and spirituality as a diversity issue and has urged the necessity of the developing religious and spiritual self-awareness, psychologists do not do this very well. Vogel et al. (2013) found that racial diversity was the most emphasized form of diversity training in APA accredited doctoral programs. Socioeconomic, gender, and sexual orientation diversity were next. The least emphasized forms of diversity training were disabilities, age, religion, and spirituality. When religious and spiritual diversity training is not made a priority in doctoral programs students may not feel like it is appropriate to process countertransference issues that surface while working with religious/spiritual clients.

Students who are not given the appropriate training in religious and spiritual issues in psychotherapy report turning to peers who are likely not experts in the religious or spiritual issues at play (Choi, Gray, Gregg, Gathercoal, & Peterson, 2011; Vogel et al., 2013). This may contribute to confusion about how to successfully integrate religious and spiritual rituals and beliefs into treatment. Thus, when doctoral training programs do not encourage discussion of religious and spiritual issues they are not modeling the importance or necessity for students to

foster their own religious and spiritual self-awareness. This may preclude the self-reflection that is so highly valued by our profession in regard to diversity training.

Clearly, this can affect psychologists' work with clients, as psychologists are not neutral objects observing the client. Instead, they are participating in a two-way relationship. Together psychotherapist and client are explicitly and implicitly impacting each other with their own identity markers (Bergin, 1991). Hays (2001) created the ADDRESSING model to help clinicians assess 10 of these markers (age and generational influences, disability [developmental], disability [acquired], religion and spiritual orientation, ethnicity, socioeconomic status, sexual orientation, indigenous heritage, national origin, and gender). She acknowledged that the first step in diversity training for clinicians is recognizing their own areas of inexperience and biases in each of those domains. Furthermore, Shulte, Skinner, and Claiborn (2002) maintained that the repercussion of not becoming trained and self-aware in some areas of diversity could lead to imposing values on clients in an insensitive fashion—an observation that applies to spiritual and religious identity markers as well as the other identified by Hayes. Tisdale, Doehring, and Lorraine-Poirier (2003) reflect, "how persons perceive God is intimately connected with their perceptions of themselves, their value as a human being, and their valuing of others" (p. 53).

Training deficits in religion and spirituality can also affect inter-professional collaboration. Vogel et al. (2013) reported that trainees from doctoral programs were not comfortable making referrals related to religious and spiritual issues for their clients. This undermines the collaborative competencies that are essential for psychologists to provide holistic care (McMinn, Aikins, & Lish, 2003). As students grow and become more comfortable with

their own religious and spiritual beliefs this will hopefully make them more likely to collaborate with experts in religion and spirituality for the sake of effective client care.

Religion and Spirituality Training in Explicitly Religious Doctoral Programs

One method of training for issues of religion and spirituality is to embed clinical psychology training in explicitly religious institutions. McMinn et al. (2015), found that students who received the most advanced training regarding religious and spiritual issues in clinical work were students enrolled in explicitly Christian programs, as compared to students enrolled in APA accredited non-religious institutions. One explicitly religious training program is the Graduate Department of Clinical Psychology (GDCP) at George Fox University (McMinn et al., 2014). This is a particularly interesting program to study because students' attunement to religious and spiritual issues was assessed just prior to a training change when faculty implemented personal spiritual direction in the 2013-2014 academic year. Spiritual direction was introduced to promote self-awareness regarding religious and spiritual issues and personal practices.

Currently, there are several layers of spiritual formation within the GDCP program. During the first semester of the program, students attend a spiritual formation course for the entire year that incorporates spiritual readings, personal practices, and retreats. During the second and third year, students choose a spiritual director from an authorized list and meet with the director three times each semester. The intention of these meetings is to offer space to "help students clarify their expectations, set personally meaningful goals, process their training experience, and promote growth and well-being" (McMinn et al., 2013, p. 320).

As psychologists recognize the importance of religion and spiritual issues within treatment, it is important to take a closer look at the developmental processes mental health

professionals undertake in regards to spirituality and religion. In the case of the GDCP, to what extent does personal spiritual direction impact one's practices and awareness of religious and spiritual issues? Prior to the spiritual direction requirement, Fisk et al. (2013), found that students in explicitly Christian PsyD programs experience a "rearranging of faith." They discovered that students' experienced an increased internal locus of control, decreased sense of surrender to God, religious commitment, awareness of God, and collaborative and deferring religious problem solving. They noted that when students encountered difficult situations during their training some of them were unable to preserve their secure relationship with God (Fisk et al., 2013). To what extent might spiritual direction alter these findings?

The purpose of this study was to observe faith experiences and values from beginning to end of an academic year, with attention given to possible effects that spiritual direction may have on students' faith. Specifically, I considered how the requirement of spiritual direction might affect students' self-reported religious commitment, surrender to God, awareness of God, quality of relationship with God, religious problem solving, locus of control, and daily spiritual experiences. Further, examined the impact that spiritual direction has on the attitudes of trainees toward collaborating with experts in religious and spiritual disciplines in the future.

Based on the work of Fisk et al (2013) I hypothesized that participants would continue to experience an increased internal locus of control throughout their training years. I expected the implementation of spiritual direction to increase markers of the participants' spiritual development in comparison to findings in Fisk's study. In regard to the first, second, third, and fourth year cohorts I anticipated an initial decrease in participants' daily awareness of God's presence during the first year before increasing during the second and third years while working

with their spiritual director. Further, I hypothesized that participants would experience a decrease in deferring problem solving styles and an increase in collaborative problem solving throughout the course of their training. Finally, I hypothesized that participants who received support from spiritual directors in their training would endorse more positive attitudes toward collaborating with spiritual directors and clergy in their future work as clinicians when compared to participants who have not yet received spiritual direction.

Chapter 2

Methods

Participants

Participants were drawn from the first, second, third, and fourth year cohorts within the Graduate Department of Clinical Psychology at George Fox University, a Christian institution. Participants completed a consent form, pretest measures, and demographic information in the fall of the 2015-2016 academic year. In the spring of the academic year participants were contacted again and asked to complete the posttest measures.

Of the 94 students invited to participate in the study, 82 students completed the pretest in the fall of the academic year and 80 students who completed the pretest also completed the posttest. Of these, 34 (41%) were male and 48 (58%) were female. The mean age was 25, with a minimum of 22 and a maximum of 50. There were 24 first year students (29%), 19 second year students (23%), 21 third year students (25%), and 18 fourth year students (21%). The majority of participants reported their ethnicity to be European-American (73%), followed by 8 Multiethnic (10%), 5 Hispanic/Latino (6%), 4 Asian-American/Pacific Islander (5%), 2 African American (2%), 2 as Other (2%), and 1 Native American/ Alaskan Native (1%),

Of the 82 participants, 44% reported their highest degree completed to be a bachelors degree, 55% reported having a masters degree, 1% reported having a doctoral degree. The years the degrees were obtained ranged from 2005 to 2015. In regards to religious denominations reported, the majority of participants identified themselves as Protestants (60%), followed by Other (23%), Catholic (11%), None (4%), and Orthodox (2%).

Measures

   Daily Spiritual Experience Scale (DSES*)*. Underwood and Teresi's (2002) Daily

Spiritual Experience Scale consists of 16 Likert-type questions intended to measure an

individual's perception of the transcendence of God in the daily life and their perception of their

interaction with or involvement of the transcendent in life (See Appendix F). The first 15

questions use a 6-point Likert-type scale (1 = *Many times a day*, 2 = *Every day*, 3 = *Most days*, 4

= *Some days*, 5 = *Once in a while*, 6 = *Never or almost never*). The last question uses a 4-point

Likert-type scale (1 = *Not close at all*, 2 = *Somewhat close*, 3 = *Very close*, 4 = *As close as

possible*). The internal consistency of the DSES is high (Cronbach's alpha = .94).

   Multidimensional Locus of Control Scale*.* Levenson's (1974) Multidimensional Locus

of Control Scale consists of 20, 5-point Likert-type items that measure what the participant

attributes their life reinforcements to (1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Neutral*, 4 =

Agree, 5 = *Strongly Agree*). The three factors included in the measure are "Powerful Other's

Control", "Internal Control", and "Chance Control." The reliability on this scale is high

(Coefficient alpha; P scale = .77, I scale = .64, C Scale = .78). In addition, eight items measuring

God Control from Wong-McDonald and Gorsuch's (2000) study were added to this

questionnaire (See Appendix J).

   Surrender Scale*.* Wong-McDonald and Gorsuch's (2000) Surrender Scale consists 12,

5-point Likert-type, items that measure participants' level of relinquishing their control to God

during difficulties (1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Neutral*, 4 = *Agree*, 5 = *Strongly

Agree*) (See Appendix B). The Surrender Scale originally consisted of 30 items grounded in the

biblical concept of surrender (Matt. 10:39, Jn. 10:10). The 12 items derived from the original 30

items preserved a high internal consistency (Cronbach's alpha = .94).

Spiritual Assessment Inventory (SAI). Hall and Edwards's (2002) Spiritual Assessment

Inventory consists of 47, 5-point Likert-type, items that measure the participants' Quality of

Relationship with God and Awareness of God (1 = *Not True At All*, 2 = *Slightly True*, 3 =

Moderately True, 4 = *Substantially True*, 5 = *Very True*). There are five subscales that contribute

to the two primary dimensions. These subscales are: Awareness, Realistic Acceptance,

Disappointment, Grandiosity, and Instability (See Appendix D). The internal consistency of the

SAI is high (Cronbach's alpha: Awareness = .95, Disappointment = .90, Realistic Acceptance =

.83, Grandiosity = .73, Instability = .84).

Religious Problem-Solving Scale. Pargament et al. (1988) Religious Problem-Solving

Scale is a 36-item, 5-point Likert-type scale that measures the degree to which they assign

responsibility to themselves or God in solving problems and the level of engagement in the

problem-solving process (1 = *Never*, 2 = *Rarely*, 3 = *Sometimes*, 4 = *Often*, 5 = *Always*). The

three different subscales are Self-Directing, Collaborative, and Deferring (See Appendix E). The

internal consistency of this measure is high (Cronbach's alpha: Self-Directing = .91,

Collaborative = .93, Deferring = .89).

Religious Commitment. The items used to measure religious commitment matched

those used by Fisk et al. (2013). Participants were given 5-point Likert-type questions assessing

the importance of religion in their life (See Appendix C). (1 = *Not at all. I have no religion*, 2 =

Not very important, 3 = *Somewhat important*, 4 = *Quite Important*, 5 = *Extremely Important*. It is

the center of my life.)

Demographics. The demographic information asked for replicated the demographic information gathered by Fisk et al. (2013). Participants were prompted to enter their demographic information at the end of the survey. The information included sex, year in the program, age, highest degree completed, racial/ethic identity, religious denomination, and frequency of attendance to church services (See Appendix G). The question related to the frequency of church attendance was taken from Koenig, Parkerson, and Meador's (1997) Duke University Religion Index (DUREL).

Future Collaboration. The participants were given two 5-point Likert-type question asking, "Imagine the future, with you being a licensed psychologist. How likely will you be to collaborate with spiritual directors in order to provide comprehensive care for your clients? How likely will you be to collaborate with clergy in order to provide comprehensive care for your clients?" (1 = *Not at all Likely*, 2 = *Not Very Likely*, 3 = *Neutral*, 4 = *Somewhat Likely*, 5 = *Very Likely*) (See Appendix H).

Spiritual Director Evaluation. All George Fox University PsyD students are required to complete an evaluation of their Spiritual Director at the end of each semester during their second and third years of the program. The evaluation includes 4-point Likert-type questions' regarding how well the student fits with their Spiritual Director (1 = *Poor*, 2 = *Fair*, 3 = *Good*, 4 = *Excellent*). Additionally, there are three written questions that ask the student to explain any ratings of 2 or below, list strengths of their Spiritual Director, and one thing they wish they could change about their Spiritual Director (See Appendix I). All evaluation data were de-identified prior to analyses.

Procedure

Participants were handed the informed consent (See Appendix K) and a questionnaire packet during one of their scheduled courses in the fall and spring of the 2015-2016 academic year. At pretest participants were assigned an identification code that represented their cohort standing. The identification code allowed pretest data to be matched with posttest data and ensured anonymity. Participants completed five measures, demographic information, additional items such as feedback regarding their spiritual direction experience, and questions regarding their willingness to collaborate with clergy in the future. The posttest was completed similarly. Participants who completed pretest measures were contacted again at the end of the academic year to complete similar measures. Those who completed both the pretest and posttest measures were added to a raffle for a gift certificate worth $40 to Amazon.com. One raffle was conducted per cohort.

Chapter 3

Results

Descriptive statistics for each subscale are reported in Table 1. In order to determine the changes among GDCP students, a mixed-design analysis of variance (ANOVA) was computed for each scale. The repeated measures factor was comprised of scores at the beginning and end of the academic year, and the between-groups factor was the students' year in the program.

Hypothesis 1

Based on the work of Fisk et al. (2013), the first hypothesis was that graduate students would continue to experience an increased internal locus of control throughout their training years. Unlike the findings of an increased locus of control in a study by Fisk et al. (2013), I did not find a significant difference over time or between groups for internal locus of control. Participants' internal locus of control remained similar throughout years. Additionally, there was no significant difference found over time or between years for the Powerful Others and Chance scales. However, a significant main effect was found between groups for the God Control Scale, $F(3,68) = 3.87$, $p = .013$. Post hoc Least Squared Differences (LSD) tests revealed that Cohort 1 had significantly higher God control than Cohorts 2 (Cohen's $d = .65$ at pretest and .65 at posttest) and 4 (Cohen's $d = .77$ at pretest and .99 at posttest). God control represents the belief that life events are determine by God.

Hypothesis 2

It was also hypothesized that the implementation of spiritual direction would increase markers of participants' spiritual development in comparison to findings in Fisk's study. In her study, a decrease was observed over time in the Awareness subscale of the SAI from the beginning to end of the academic year. Participants in the first year cohort had higher Realistic Acceptance, Grandiosity, and reported greater surrender to God than subsequent cohorts. Her respondents also reported a marked decrease in impression management during the first year. Additionally, students from her study had higher church attendance during first year than for second and fourth year students (Fisk et al., 2013). Descriptive statistics for each subscale from the current study and from Fisk et al (2013) are reported in Table 2.

Similar to Fisk et al (2013), a significant difference was found on the Awareness scale over time, F (1, 77) = 6.0, p = .017 and between cohort years, F (3,77) = 2.72, p = .050. Post hoc LSD tests revealed that Cohort 1 reported higher ability to recognize God's communication to self, through self, and awareness of God's presence than Cohort 2 (Cohen's d = .66 at pretest and .88 at posttest). A significant interaction effect was observed in the Grandiosity scale, F (3,75) = 3.1, p = .032. The Grandiosity scale measures the pre-occupation with self and the need to present their self as better than they are. In contrast to Fisk et al. (2013), the Instability scale also indicated a significant difference between years, F (3,75) = 3.08, p = .033. Post hoc LSD tests indicate that Cohort 1 and Cohort 3 reported more difficulty trusting God and seeing God as one who is loving than Cohort 4. Similar differences were seen on the Impression Management scale, F (3,75) = 9.16, $p < .01$, with post hoc LSD tests indicating that Cohort 1 and Cohort 3 scored higher than Cohort 2 and Cohort 4. The Impression Management scale assesses for answering

questions in a socially desirable way. A Pearson correlation coefficient revealed a small, statistically insignificant negative correlation between Impression Management and Instability in Cohorts 1 and 3, $r(45) = -.180$, $p = .119$ and Cohorts 2 and 4, $r(35) = -.154$, $p = .376$.

There were no significant changes found in the Realistic Acceptance and Disappointment scales. In regards to the Surrender Scale, a main effect was discovered over time, $F (1,75)=6.1$, $p = .016$. Participants experienced a decrease in their choice to relinquish their will to God's will over time. A significant decrease was observed for religious attendance over time, $F (1,73) = 4.894$, $p = .030$.

Hypothesis 3

The third hypothesis is that cohorts would experience an initial decrease in daily awareness of God's presence during the first year before increasing during the second and third years while working with their spiritual director. No significant differences were found over time or between cohorts in individuals' perception of the transcendence of God in the daily life and their perception or their interaction with or involvement of the transcendent in life (See Table 1).

Hypothesis 4

Further, it was hypothesized that participants would experience a decrease in deferring problem solving styles and an increase in collaborative problem solving throughout the course of their training. No significant differences were found for the Deferring Style or Collaborative Style of problem solving over time or between cohorts. However, a significant main effect was found over time in Self-Directing Style, $F (1,76) = 4.03$, $p = .048$. Participants decreased over time in the Self-Directing style, which is a manner of problem solving in which the individual assumes total responsibility for problem solving (See Table 1).

Hypothesis 5

It was hypothesized that participants who have received support from spiritual directors in their training would endorse more positive attitudes toward collaborating with spiritual directors and clergy in their future work as clinicians when compared to participants who have not yet received spiritual direction. No repeated-measures or interaction effects were observed for participants' attitudes towards collaborating with spiritual directors in their future work as clinicians. Though the cohort x time interaction effect for participants' willingness to collaborate with clergy in the future to provide comprehensive care for clients approached significance, it did not quite reach the 0.05 alpha level established for this study, $F(1,75) = 3.83$, $p = .054$. A follow-up analysis of covariance (ANCOVA) revealed a covariate effect with participants who rated spiritual direction as more favorable in the academic year of 2014-2015. Those reporting more favorable experiences in spiritual direction endorsed greater willingness to collaborate with clergy in the future than those reporting less favorable experiences in spiritual direction, $F(1, 29) = 19.63$, $p < .001$.

Table 1. Means (and Standard Deviations) for Pretest and Posttest Subscales

Scale/Subscale	Year 1 (N = 24)		Year 2 (N = 19)		Year 3 (N = 21)		Year 4 (N = 18)	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
MCLS								
Powerful Others	42.79 (5.58)	43.91 (5.38)	42.84 (5.19)	44.05 (6.62)	45.14 (5.57)	44.86 (6.03)	43.56 (3.76)	42.50 (5.88)
Internal	46.75 (4.54)	47.67 (3.96)	47.10 (3.68)	45.74 (6.39)	46.95 (3.73)	45.24 (3.74)	48.44 (2.31)	46.44 (6.24)
Chance	41.75 (4.73)	42.25 (3.76)	42.00 (4.35)	43.16 (6.38)	43.00 (4.78)	44.67 (3.76)	42.94 (4.35)	42.28 (5.97)
God	46.70 (2.90)	46.52 (2.59)	44.72 (3.21)	44.83 (2.64)	45.63 (3.16)	45.94 (3.04)	44.13 (3.70)	43.20 (3.99)
Surrender	3.83 (.58)	3.83 (.46)	3.51 (.83)	3.22 (1.03)	3.81 (.60)	3.76 (.66)	3.81 (.76)	3.71 (.58)
DSES	40.38	38.54	47.79	45.05	41.95	41.95	44.11	44.78
	(11.05)	(10.45)	(10.77)	(15.50)	(16.32)	(12.36)	(11.55)	(16.51)
SAI								
Awareness	3.62 (.81)	3.43 (.76)	3.02 (1)	2.69 (.90)	3.22 (.91)	3.34 (.82)	3.47 (.71)	3.14 (.66)
Realistic Accept	4.07 (.75)	4.25 (.60)	3.75 (1.19)	3.37 (1.35)	3.76 (.77)	3.83 (.97)	4.11 (.55)	3.73 (1.11)
Disappointment	2.82 (1.13)	2.96 (1.19)	3.42 (1.19)	3.55 (1.25)	3.04 (1.29)	3.14 (1.14)	2.83 (1.12)	2.82 (.99)
Grandiosity	1.61 (.48)	1.35 (.31)	1.21 (.30)	1.23 (.26)	1.41 (.40)	1.47 (.47)	1.39 (.45)	1.45 (.55)
Instability	2.26 (.84)	1.99 (.58)	1.95 (.87)	1.97 (.84)	2.18 (1.05)	2.25 (.84)	1.59 (.62)	1.47 (.48)

Imp Manage	2.78 (.82)	2.65 (.68)	1.81 (.55)	1.68 (.62)	2.38 (.75)	2.32 (.66)	1.87 (.67)	1.95 (.74)
RPS								
Collaborative	2.88 (.27)	2.85 (.35)	2.78 (.40)	2.82 (.35)	2.69 (.58)	2.65 (.44)	2.74 (.34)	2.69 (.38)
Self-Directing	2.88 (.37)	2.73 (.32)	2.76 (.30)	2.64 (.27)	2.67 (.52)	2.62 (.48)	2.63 (.39)	2.61 (.37)
Deferring	2.68 (.32)	2.83 (.34)	2.71 (.30)	2.75 (.29)	2.62 (.46)	2.70 (.45)	2.72 (.34)	2.63 (.40)
Collaboration								
Collaboration 1	3.70 (1.02)	3.61 (.84)	3.77 (.90)	3.77 (.83)	3.48 (1.17)	3.76 (.83)	3.47 (1.13)	4.05 (.90)
Collaboration 2	3.42 (1.06)	3.42 (.97)	3.82 (.88)	3.59 (.87)	3.43 (1.08)	4.05 (.92)	3.47 (1.13)	3.77 (1.09)
Religious Commitment								
Importance	4.26 (.92)	4.13 (1.01)	4.17 (.79)	4.11 (.68)	4.10 (1)	4.10 (.77)	4.10 (.77)	4.20 (.41)
Church Attend	2.52 (1.12)	2.74 (1.05)	2.56 (1.25)	3.06 (1.43)	2.81 (1.25)	2.76 (1.30)	3.40 (1.12)	3.53 (.92)

Note: Scores are reported as Means (Standard Deviations). Year 1 to Year 5 refers to the participant's year in doctoral training. SAI=Spiritual Assessment Inventory. Imp Manage= Impression Management. RPS= Religious Problem Solving Scale. MLCS=Multidimensional Locus of Control Scale. DSES= Daily Spiritual Experience Scale. Importance= Importance of Religion. Church Attend= Church Attendance. Spiritual Direct= Spiritual Direction. Realistic Accept= Realistic Acceptance. Collaboration 1= How likely will you be to collaborate with spiritual directors in order to provide comprehensive care for your clients? Collaboration=2 How likely will you be to collaborate with clergy in order to provide comprehensive care for your clients?

Table 2. Means (and Standard Deviations) for Present Study and Fisk et al (2013)

Scale/Subscale	Year 1 (N = 24)		Year 2 (N = 19)		Year 3 (N = 21)		Year 4 (N = 18)	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Present Study								
Surrender	3.83 (.58)	3.83 (.46)	3.51 (.83)	3.22 (1.03)	3.81 (.60)	3.76 (.66)	3.81 (.76)	3.71 (.58)
SAI								
Awareness	3.62 (.81)	3.43 (.76)	3.02 (1)	2.69 (.90)	3.22 (.91)	3.34 (.82)	3.47 (.71)	3.14 (.66)
Realistic Accept	4.07 (.75)	4.25 (.60)	3.75 (1.19)	3.37 (1.35)	3.76 (.77)	3.83 (.97)	4.11 (.55)	3.73 (1.11)
Disappointment	2.82 (1.13)	2.96 (1.19)	3.42 (1.19)	3.55 (1.25)	3.04 (1.29)	3.14 (1.14)	2.83 (1.12)	2.82 (.99)
Grandiosity	1.61 (.48)	1.35 (.31)	1.21 (.30)	1.23 (.26)	1.41 (.40)	1.47 (.47)	1.39 (.45)	1.45 (.55)
Instability	2.26 (.84)	1.99 (.58)	1.95 (.87)	1.97 (.84)	2.18 (1.05)	2.25 (.84)	1.59 (.62)	1.47 (.48)
Imp Manage	2.78 (.82)	2.65 (.68)	1.81 (.55)	1.68 (.62)	2.38 (.75)	2.32 (.66)	1.87 (.67)	1.95 (.74)
RPS								
Collaborative	2.88 (.27)	2.85 (.35)	2.78 (.40)	2.82 (.35)	2.69 (.58)	2.65 (.44)	2.74 (.34)	2.69 (.38)
Self-Directing	2.88 (.37)	2.73 (.32)	2.76 (.30)	2.64 (.27)	2.67 (.52)	2.62 (.48)	2.63 (.39)	2.61 (.37)
Deferring	2.68 (.32)	2.83 (.34)	2.71 (.30)	2.75 (.29)	2.62 (.46)	2.70 (.45)	2.72 (.34)	2.63 (.40)

Fisk et al (2013)

Surrender	3.9 (.5)	3.9 (.5)	3.6 (.7)	3.7 (.8)	3.8 (.6)	3.8 (.6)	3.7 (.5)	3.8 (.4)
SAI								
Awareness	3.8 (.6)	3.4 (.7)	3.3 (.9)	3.2 (.9)	3.2 (.8)	3.2 (.9)	3.4 (.6)	3.2 (.6)
Realistic Accept	4.3 (.8)	4.2 (.8)	3.9 (.9)	3.9 (.8)	3.9 (1.0)	3.8 (.9)	3.9 (.8)	3.8 (.8)
Disappointment	2.4 (.9)	2.7 (.9)	2.6 (1.0)	2.5 (.9)	2.7 (1.1)	2.5 (1.0)	3.4 (.7)	2.3 (.7)
Grandiosity	1.6 (.5)	1.4 (.5)	1.4 (.5)	1.3 (.4)	1.5 (.5)	1.4 (.5)	1.3 (.4)	1.2 (.2)
Instability	1.9 (.6)	1.9 (.6)	1.9 (.6)	1.8 (.5)	1.9 (.6)	1.8 (.7)	1.8 (.7)	1.8 (.5)
Imp Manage	2.6 (.8)	2.2 (.8)	2.2 (.7)	2.0 (.8)	2.9 (.7)	1.9 (.7)	2.3 (.7)	2.3 (.8)
RPS								
Collaborative	3.57 (.60)	3.38 (.61)	3.12 (.70)	3.16 (.73)	3.34 (.68)	3.16 (.72)	3.34 (.61)	3.18 (.56)
Self-Directing	2.31 (.61)	2.55 (.64)	2.78 (.79)	2.78 (.85)	2.80 (.73)	2.78 (.70)	2.52 (.66)	2.74 (.63)
Deferring	2.56 (.58)	2.37 (.54)	2.31 (.64)	2.31 (.65)	2.09 (.48)	2.15 (.53)	2.12 (.59)	2.10 (.69)

Note: Scores are reported as Means (Standard Deviations). Year 1 to Year 5 refers to the participant's year in doctoral training. SAI=Spiritual Assessment Inventory. Imp Manage= Impression Management. Importance= Importance of Religion. Church Attend= Church Attendance. RPS= Religious Problem Solving Scale.

Chapter 4

Discussion

The anticipated increases in faith experiences of PsyD students who received spiritual direction in comparison to those who did not receive spiritual direction in a study conducted by Fisk et al. (2013) were not observed. Still, several similarities and differences in faith experiences were revealed. Additionally, this study examined attitudes towards future collaboration in an effort to bring attention to the importance of religious and spirituality as an important diversity factor in the training of clinical psychologists. Results indicated increased willingness to collaborate with clergy in future clinical work by those students who reported more favorable experiences during the 2014-2015 academic year. Students in the first year cohort who had not yet enrolled in spiritual direction displayed no change over time in their willingness to collaborate interprofessionally in the future (See Appendix A, Figure 1.7). This may suggest that spiritual direction, if a positive experience, may be an effective intervention to foster positive attitudes towards treatment that acknowledges the importance of religious and spiritual client diversity factors.

Consistencies with Fisk et al.

Similar to Fisk et al. (2013) it was observed that throughout the academic year students' church attendance decreased over time. These results appear to add to the evidence that students' increased coursework and overall program requirements, among many other factors,

result in fatigue and less discretionary time as the year comes to an end (See Appendix A, Figure 1.8).

Comparable to other findings by Fisk et al. (2013), students in Cohort 1 had significantly higher God Control than Cohorts 2 and 4 (See Appendix A, Figure 1.2). If God Control decreases over time – which cannot be determined in this study because it did not follow the same students over four years – this decrease may be attributed to students' clinical work with clients who experience many adverse life events. Cohort 3 showed a greater sense of God Control than cohorts 1 and 2. The meaning of this is not clear without a longitudinal design, but it is interesting to note that this cohort was in the second year of spiritual direction. This may serve as a supportive environment for students.

It was also observed that students experienced a decrease in their choice to relinquish their will to God's will over the course of the academic year rather than between groups as found by Fisk et al. (2013) (See Appendix A, Figure 1.5). This may provide more evidence suggestive of change in self-efficacy over the course of the year. As students progress in their training they gain increased hours with clients and are faced with difficult situations that may require increased belief in their own ability to solve problems. Increasingly throughout training students are required to conceptualize their work with clients through psychology theoretical frames instead of Christian theoretical frames.

Interestingly and similar to Fisk et al. (2013), a decrease in Awareness (SAI) was observed over time and between cohorts. That is, Cohort 1 reported more ability to recognize God's presence and communication to self and through self, while all cohorts experienced a decrease in Awareness (SAI) from fall to spring of the 2015-2016 academic year (See Appendix

A, Figure 1.1). As students progress through the academic year and program they increasingly manage more responsibilities such as continued coursework, meetings, practicum training, teaching assistant responsibilities, and so on. As their schedule becomes increasingly busy it may be difficult for them to be present in the moment and engage in mindful conversations with God.

Inconsistencies with Fisk et al.

Contrary to the findings of the studies conducted by Fisk et al. (2013), students did not experience an increase in their level of internal locus of control. No changes were observed between groups or over time in the level of internal attributions.

In the study conducted by Fisk et al. (2013) it was observed that the majority of discrepancies in spiritual factors tended to be between Cohort 1 and all other cohorts. The finding that Cohort 1 was higher than other cohorts in factors such as Realistic Acceptance (SAI), Collaborative Problem Solving (RPS), Deferring Problem Solving (RPS), Importance of Religion was not maintained in the current study.

Instead of observing an increase in the Self-Directing style of Religious Problem Solving, a decrease was observed over time in the current study. Additionally, increased Disappointment (SAI) over the academic year was not observed in this study.

The possibility of fatigue, eroding of faith, and re-arranging of faith was provided as a potential explanation for the decrease in spiritual factors observed in the study conducted by Fisk et al (2013). Although no increase in spiritual factors as hypothesized was found in this study the lack of decreases similar to those reported by Fisk et al. (2013) could be an indicator that the new implementation of spiritual direction may serve as a protective factor against those phenomena discussed by their study.

By embedding the spiritual direction requirement in program training students are provided with additional spiritual support systems. Spiritual direction may reduce the impact of stressors that result in the eroding of faith, fatigue, reduced religious activity attendance, and cognitive dissonance that may arise due to encountering naturalist worldview assumptions competing with Christian supernatural worldview assumptions.

Implications for Future Research

When spiritual direction is a positive experience it appears to increase student's willingness to reach out to faith professionals for the purpose of consulting and providing holistic care to clients. Future research may seek to reveal components that create more effective partnerships between spiritual directors and students. Programs may also further examine students' belief regarding their responsibility to regularly reach out to clergy or spiritual directors throughout treatment.

The demands of graduate school result in fatigue and less discretionary time that appear to reduce student involvement in religious and faith activities. This appears to be a large barrier for students. Programs may continue to examine how to reinforce students' social support system through faith activities. A qualitative study may assist in exposing deeper elements and patterns of student faith experiences throughout their academic training. This may serve to illuminate underlying mechanisms or timelines for when students experience a rearranging or eroding of faith.

Further research might also examine faith experiences several years out of graduate school. Do students experience another rearranging of faith? After licensure are students able to create more balance in their life regarding faith experiences?

Implications for Training

Results from this study may inform programs further in preparing and supporting students' faith experiences throughout the program. It may be beneficial to students' to inform them of the potential changes observed in faith experiences throughout training. This may serve as a normalizing experience that allows students to be more authentic and open about their experiences and difficult experiences regarding the integration of faith and psychology.

Programs may also continue to find ways to improve spiritual direction by giving consideration to good of fitness to improve successful spiritual direction relationships. Additionally, programs may seek to implement other components that promote collaborative work by offering opportunities for interprofessional collaboration early in training. For example, pairing professional psychology students with seminary students to collaboratively work on conceptualizing and creating a treatment plan for a client might prove useful for students in both programs.

Limitations

Although this research was carefully prepared, there were some unavoidable limitations. Previous research completed by Fisk et al. discovered that students in five Christian professional psychology schools experienced decreases in spiritual factors over the course of four years. Subsequently, this study was conducted to assess whether spiritual direction may be effective in protecting against the possible phenomena of eroding of faith. However, discretion must be taken when comparing the current study's results to the research completed by Fisk et al. The current study only examined one of the five Christian professional psychology programs studied by Fisk et al. This may result in cohort effects and differing outcomes.

Furthermore, the compressed-longitudinal design of this study lends itself to differences between cohorts that could impact the findings and conclusions of the study. Participants were only followed over the course of one academic year as opposed to a true longitudinal design. This may not adequately measure the change in participant's faith experiences over the course of four years. Additional limitations include response bias due to the self-report nature of the questionnaires. Students may not fully represent their feelings due to pressures of training in a faith-based community. Due to the specific faith based nature of Graduate Department of Clinical Psychology at George Fox University the generalizability of this study's findings are limited to Christian based professional psychology programs.

Conclusion

This study was designed to assess the influence of the newly implemented spiritual direction requirement on faith experiences of GDCP students and their attitude towards future collaboration with faith professionals such as pastors and clergy members. Results indicate that students continue to experience changes in their faith experiences due to many previously hypothesized reasons such as fatigue, eroding of faith, and possible re-arranging of faith (Fisk et al., 2013). This study continues to raise more questions regarding what can be done to better inform, protect, and encourage the spiritual development of students throughout graduate training in professional psychology. Moreover, it brings into light the possibility of better preparing and training graduate students in collaboration with faith professionals to better meet clients' treatment needs in a holistic way.

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Appendix A

Supplemental Data

Figure 1.

[Line graph titled "Figure 1." showing "Religious Problem Solving: Self-Directing Style" on the y-axis (ranging from 2.45 to 2.9) versus "Time" (Pre, Post) on the x-axis. Four cohort lines are shown. Legend: Cohort 1, Cohort 2, Cohort 3, Cohort 4.]
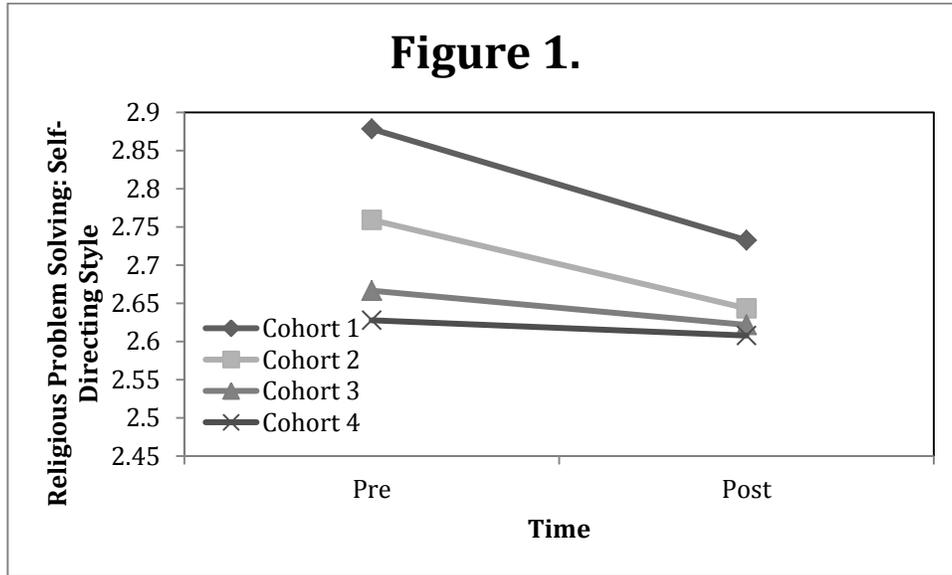
Figure 1. This line graph shows decreases over the course of an academic year in the Self-Directing style of problem solving; the style in which the individual assumes total responsibility for problem solving.

Figure 1.1.

[Line graph titled "Figure 1.1." showing "Spirirutal Awareness Inventory: Awareness Scale" on the y-axis (ranging from 0 to 4) versus "Time" (Pre, Post) on the x-axis. Four cohort lines are shown. Legend: Cohort 1, Cohort 2, Cohort 3, Cohort 4.]

Figure 1.1. This line graph exhibits change over the course of an academic year between cohorts in their ability to recognize God's communication to self, through self, and awareness of His presence.
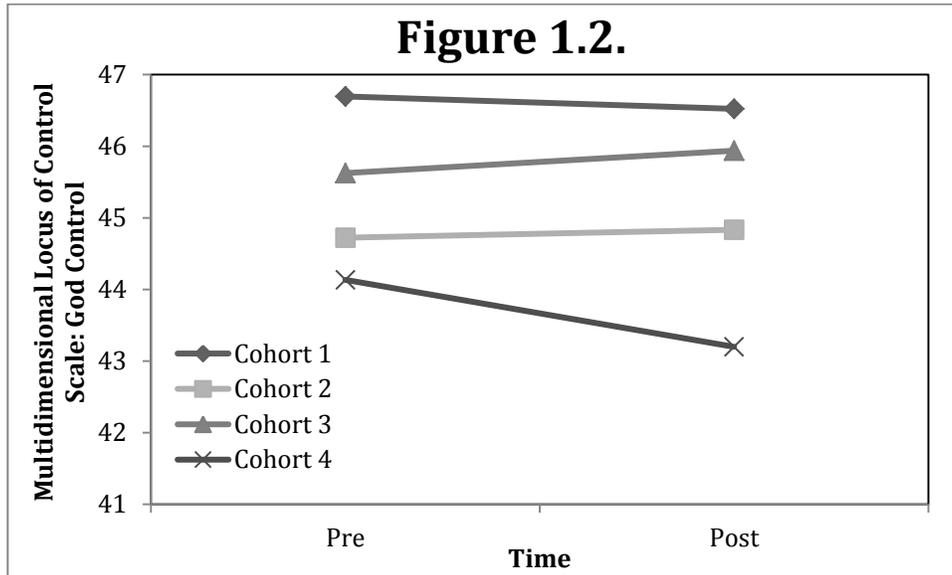
Figure 1.2. This line graph demonstrates differences between cohorts in the belief that God determines life events.
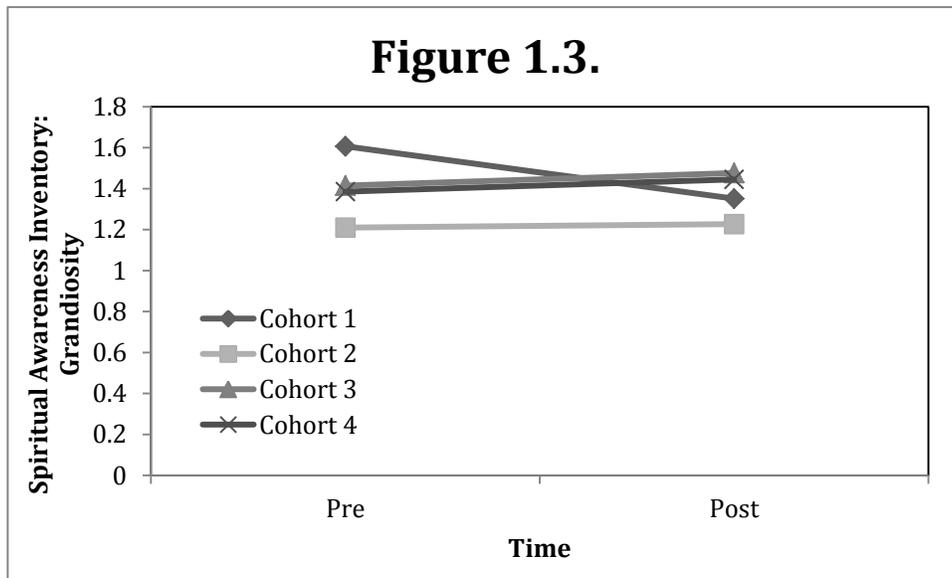
Figure 1.3. This line graph demonstrates the interaction effect observed.
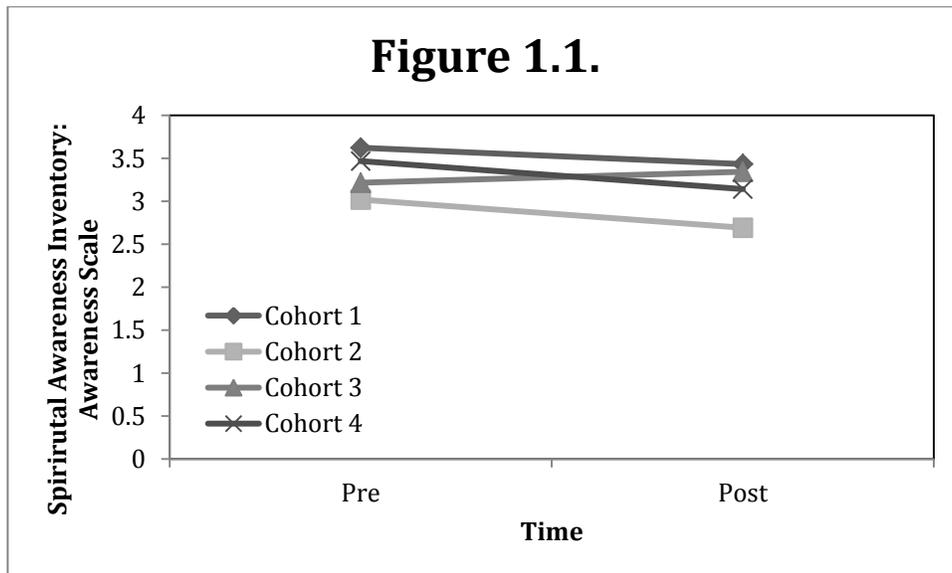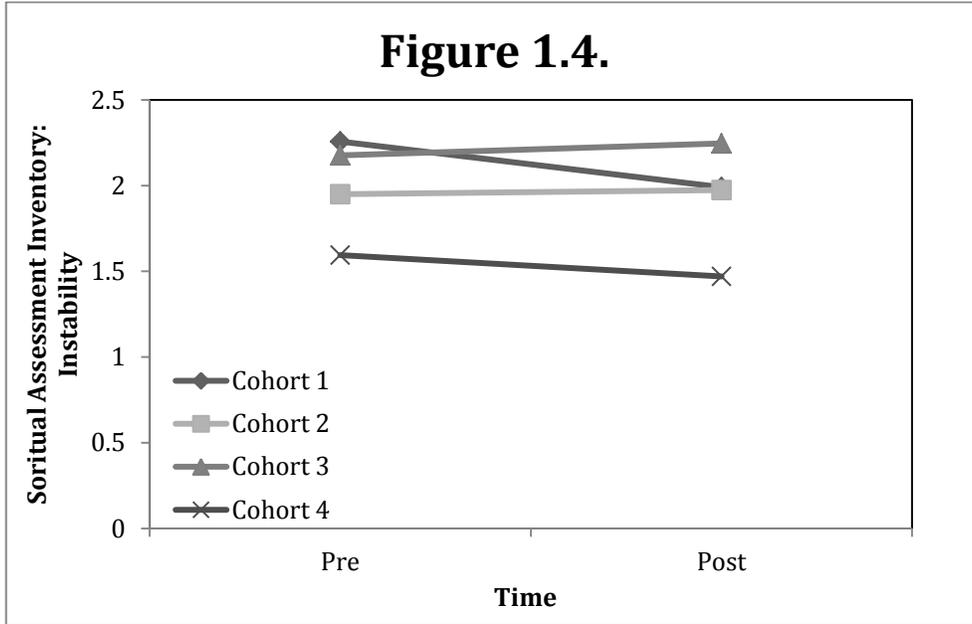
Figure 1.4.

Figure 1.4. Line graph represents the change in each cohort's level of difficulty trusting God and seeing Him as one who is loving over the course of the academic year.
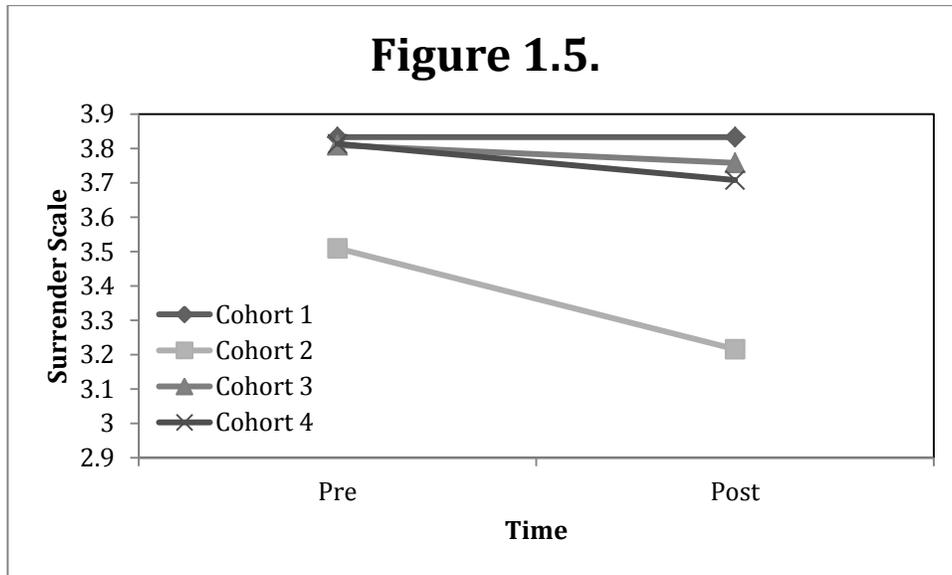
Figure 1.5.

Figure 1.5. Line graph represents each cohort's active choice to relinquish one's will to God's rule over the course of an academic year.
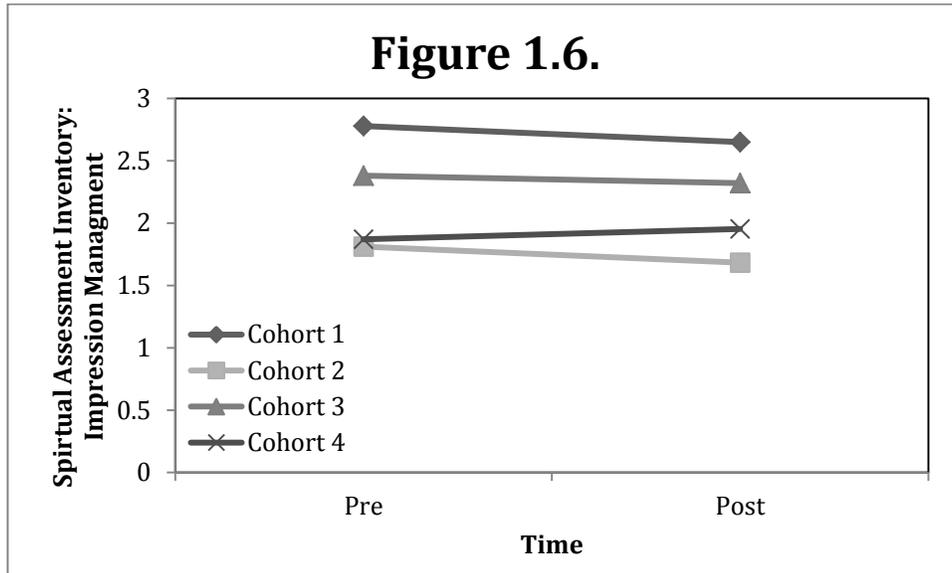
Figure 1.6.

Figure 1.6. This graph represents differences between cohorts. Higher scores indicate answering questions in a more socially acceptable way.
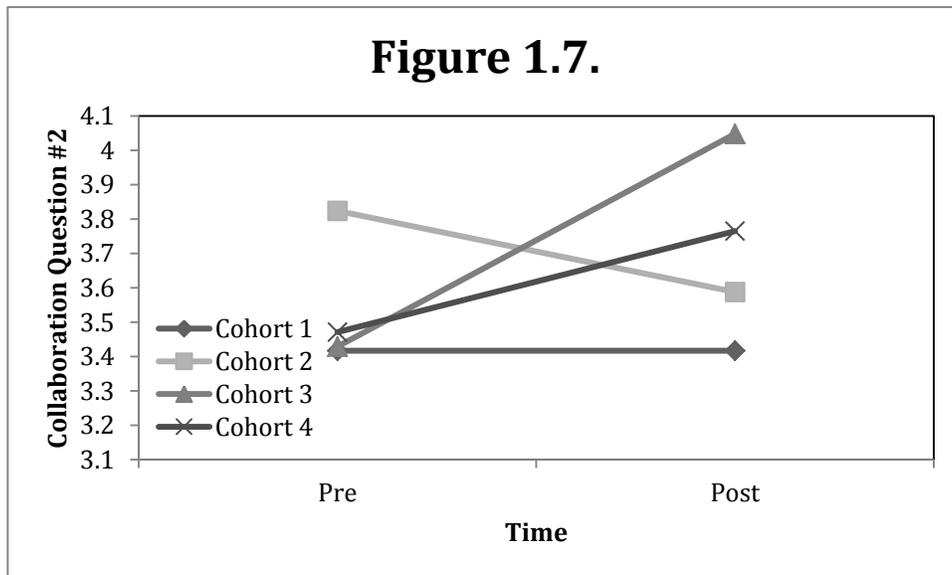
Figure 1.7.

Figure 1.7. This graph represents each cohort's willingness to collaborate with clergy in the future to provide holistic care for their clients. Cohort 1 has not received spiritual direction and has no change over time in their attitude towards interprofessional collaboration.
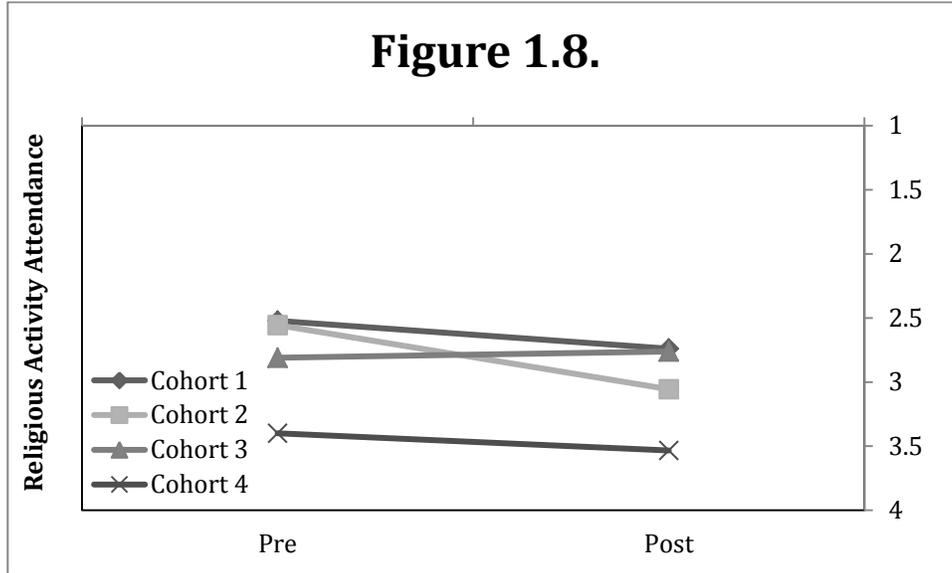
Figure 1.8.

Figure 1.8. This graph represents a general decrease observed within cohorts over the course of the academic year in attendance to religious and spiritual activities. Higher scores indicated lower attendance.

Appendix B

Surrender Scale (Wong-McDonald & Gorsuch, 2000)

1. When I first try to make sense of a problem, I put God's understanding above my own.

2. When my understanding of a problem conflicts with God's revelation, I will submit to God's definitions.

3. When my solutions to problems are in conflict with God's alternatives, I will submit to God's way.

4. Although certain options to problems may seem more desirable, I will give them up if God directs me to do so.

5. I will follow God's solution to a problem regardless of what that action may bring.

6. I will select God's solution to a problem even if it requires self-sacrifice from me.

7. Although I may not see results from my labor, I will continue to implement God's plans as long as God directs me to do so.

8. Even though I may not fully understand God's solution to a problem, I will carry out God's solution as God directs me to.

9. When I think about the troubles I've had, I can give thanks for God's using them for God's purposes.

10. I seek meaning in difficulties by surrendering to God's guidance.

11. I choose to be strong in the Lord, even when it means giving up being strong in myself.

12. When I am in distress, my hope is renewed when I act in accordance to God's directions.

Appendix C

Religious Commitment

How important is your religion to you?

1. Not at all. I have no religion.

2. Not very important.

3. Somewhat important.

4. Quite important

5. Extremely important. It is the center of my life.

How often do you attend church or other religious meetings?

1. More than once a week

2. Once a week

3. A few times a month

4. A few times a year

5. Once a year or less

6. Never

Appendix D

Spiritual Assessment Inventory (Hall & Edwards, 2002)

1. I have a sense of how God is working in my life.

2. a. There are times when I feel disappointed with God.

   b. When this happens, I still want our relationship to continue.

3. God's presence feels very real to me.

4. I am afraid that God will give up on me.

5. I seem to have a unique ability to influence God through my prayers.

6. Listening to God is an essential part of my life.

7. I am always in a worshipful mood when I go to church.

8. a. There are times when I feel frustrated with God.

   b. When I feel this way, I still desire to put effort into our relationship.

9. I am aware of God prompting me to do things.

10. My emotional connection with God is unstable.

11. My experiences of God's responses to me impact me greatly.

12. a. There are times when I feel irritated at God.

    b. When I feel this way, I am able to come to some sense of resolution in our

    relationship.

13. God recognizes that I am more spiritual than most people.

14. I always seek God's guidance for every decision I make.

15. I am aware of God's presence in my interactions with other people.

16. There are times when I feel that God is punishing me.

17. I am aware of God responding to me in a variety of ways.

18. a.   There are times when I feel angry at God.

   b.   When this happens, I still have the sense that God will always be with me.

19. I am aware of God attending to me in times of need.

20. God understands that my needs are more important than most people's.

21. I am aware of God telling me to do something.

22. I worry that I will be left out of God's plans.

23. My experiences of God's presence impact me greatly.

24. I am always as kind at home as I am at church.

25. I have a sense of the direction in which God is guiding me.

26. My relationship with God is an extraordinary one that most people would not understand.

27. a.   There are times when I feel betrayed by God.

   b.   When I feel this way, I put effort into restoring our relationship.

28. I am aware of God communicating to me in a variety of ways.

29. Manipulating God seems to be the best way to get what I want.

30. I am aware of God's presence in times of need.

31. From day to day, I sense God being with me.

32. I pray for all my friends and relatives every day.

33. a. There are times when I feel frustrated by God for not responding to my prayers.

   b.   When I feel this way, I am able to talk it through with God.

34. I have a sense of God communicating guidance to me.

35. When I sin, I tend to withdraw from God.

36. I experience an awareness of God speaking to me personally.

37. I find my prayers to God are more effective than other people's.

38. I am always in the mood to pray.

39. I feel I have to please God or he might reject me.

40. I have a strong impression of God's presence.

41. There are times when I feel that God is angry at me.

42. I am aware of God being very near to me.

43. When I sin, I am afraid of what God will do to me.

44. When I consult God about decisions in my life, I am aware to my prayers of his direction

and help.

45. I seem to be more gifted than most people in discerning God's will.

46. When I feel God is not protecting me, I tend to feel worthless.

47. a. There are times when I feel like God has let me down.

b. When this happens, my trust in God is not completely broken.

Appendix E

Religious Problem-Solving Scale (Pargament, et al., 1988)

1. When I have a problem, I talk to God about it and together we decide what it means.

2. Rather than trying to come up with the right solution to a problem myself, I let God decide how to deal with it.

3. When faced with trouble, I deal with my feelings without God's help.

4. When a situation makes me anxious, I wait for God to take those feelings away.

5. Together, God and I put my plans into action.

6. When it comes to deciding how to solve a problem, God and I work together as partners.

7. I act to solve my problems without God's help.

8. When I have difficulty, I decide what it means by myself without help from God.

9. I don't spend much time thinking about troubles I've had; God makes sense of them for me.

10. When considering a difficult situation, God and I work together to think of possible solutions.

11. When a troublesome issue arises, I leave it up to God to decide what it means for me.

12. When thinking about a difficulty, I try to come up with possible solutions without God's help.

13. After solving a problem, I work with God to make sense of it.

14. When deciding on a solution, I make a choice independent of God's input.

15. In carrying out the solutions to my problems, I wait for God to take control and know somehow He'll work it out.

16. I do not think about different solutions to my problems because God provides them

for me.

17. After I've gone through a rough time, I try to make sense of it without relying on God.

18. When I feel nervous or anxious about a problem, I work together with God to find

a way to relieve my worries.

19. When I'm upset, I try to soothe myself, and also share the unpleasantness with God so He

can comfort me.

20. When faced with a decision, I make the best choice I can without God's involvement.

21. God solves problems for me without my doing anything.

22. When I have a problem, I try not to think about it and wait for God to tell me what it

means.

23. In carrying out solutions, I work hard at them knowing God is working right along with

me.

24. When a difficult period is over, I make sense of what happened on my own without

involvement from God.

25. When faced with a question, I work together with God to figure it out.

26. When I feel nervous or anxious, I calm myself without relying on God.

27. God doesn't put solutions to my problems into action; I carry them out myself.

28. I don't worry too much about learning from difficult situations, since God will make me

grow in the right direction.

29. When I am trying to come up with different solutions to troubles I am facing. I do not get

them from God but think of them myself.

30. When a hard time has passed, God works with me to help me learn from it.

31. God and I talk together and decide upon the best answer to my question.

32. When faced with a decision, I wait for God to make the best choice for me.

33. I do not become upset or nervous because God solves my problems for me.

34. When I run into trouble, I simply trust in God knowing that he will show me the possible solutions.

35. When I run into a difficult situation, I make sense out of it on my own without divine assistance.

36. The Lord works with me to help me see a number of different ways that a problem can be solved.

Appendix F

Daily Spiritual Experience Scale (Underwood & Teresi, 2002)

1. I feel God's presence.

2. I experience a connection to all life.

3. During worship, or at other times when connecting with God, I feel joy, which lifts me

    out of my daily concerns.

4. I find strength in my religion or spirituality.

5. I find comfort in my religion or spirituality.

6. I feel deep inner peace or harmony.

7. I ask for God's help in the midst of daily activities.

8. I feel guided by God in the midst of daily activities.

9. I feel God's love for me, directly.

10. I feel God's love for me, through others.

11. I am spiritually touched by the beauty of creation.

12. I feel thankful for my blessings.

13. I feel a selfless caring for others.

14. I accept others even when they do things I think are wrong.

15. I desire to be closer to God or in union with Him.

16. In general, how close do you feel to God?

Appendix G

Demographics

1. Sex:

    a. Male

    b. Female

2. Age:

3. Year in PsyD Program

    a. First

    b. Second

    c. Third

    d. Fourth

    e. Fifth

4. Ethnicity:

    a. African American

    b. Hispanic/Latino(a)

    c. Asian American/Pacific Islanders

    d. Native American/Alaskan Natives

    e. European American

    f. Multiethnic: _____, _____, _____

    g. Other

5. Highest Degree _____

    Year Obtained _____

6. Religious Affiliation:

    a. Protestant

    b. Catholic

    c. Orthodox

    d. Messianic Judaism

    e. None

    f. Other

7. How often do you attend church or other religious meetings?

    a. More than once a week

    b. Once a week

    c. A few times a month

    d. A few times a year

    e. Once a year or less

    f. Never

Appendix H

Collaboration

Imagine the future, with you being a licensed psychologist.

How likely will you be to collaborate with spiritual directors in order to provide comprehensive care for your clients?

1. Not at all Likely

2. Not Very Likely

3. Neutral

4. Somewhat Likely

5.Very Likely

How likely will you be to collaborate with clergy in order to provide comprehensive care for your clients?

1. Not at all Likely

2. Not Very Likely

3. Neutral

4. Somewhat Likely

5.Very Likely

Appendix I

Feedback Regarding your Spiritual Director

1. My spiritual director is available to meet with me

   1.Poor
   2. Fair
   3. Good
   4. Excellent

2. We meet on time and finish after 1 hour

   1. Poor
   2. Fair
   3. Good
   4. Excellent

3. The place where we meet helps me focus

   1. Poor
   2. Fair
   3. Good
   4. Excellent

4. He/she listens attentively

   1. Poor
   2. Fair
   3. Good
   4. Excellent

5. His/her questions are appropriate and helpful
   1. Poor
   2. Fair
   3. Good
   4. Excellent

6. I feel safe with my director
   1. Poor
   2. Fair
   3. Good
   4. Excellent

7. I trust my spiritual director's theology and spirituality
   1. Poor
   2. Fair
   3. Good
   4. Excellent

8. Spending time with my director has strengthened my relationship with God
   1. Poor
   2. Fair
   3. Good
   4. Excellent

9. Please give a brief explanation for any ratings of 2 or below:

10. The strengths of my spiritual director are:

11. If I could change one thing about my spiritual director it would be:

Appendix J

Multidimensional Locus of Control Scale (Levenson 1974)

1. Whether or not I get to be a leader depends mostly on my ability.

2. To a great extent my life is controlled by accidental happenings.

3. I feel like what happens in my life is mostly determined by powerful people.

4. Whether or not I get into a car accident depends mostly on how good a driver I am.

5. When I make plans, I am almost certain to make them work.

6. Often there is no chance of protecting my personal interest from bad luck happenings.

7. When I get what I want, it's usually because I'm lucky.

8. Although I might have good ability, I will not be given leadership responsibility without appealing to those in positions of power.

9. How many friends I have depends on how nice a person I am.

10. I have often found that what is going to happen will happen.

11. My life is chiefly controlled by powerful others.

12. Whether or not I get into a car accident is mostly a matter of luck.

13. People like myself have very little chance of protecting our personal interests when they conflict with those of strong pressure groups.

14. It's not always wise for me to plan too far ahead because many things turn out to be a matter of good or bad fortune.

15. Getting what I want requires pleasing those people above me.

16. Whether or not I get to be a leader depends on whether I'm lucky enough to be in the right place at the right time.

17. If important people were to decide they didn't like me, I probably wouldn't make many

    friends.

18. I can pretty much determine what will happen in my life.

19. I am usually able to protect my personal interests.

20. Whether or not I get into a car accident depends mostly on the other driver.

21. When I get what I want, it's usually because I worked hard for it.

22. In order to have my plans work, I make sure that they fit in with the desires of people

    who have power over me.

23. My life is determined by my own actions.

24. It's chiefly a matter of fate whether or not I have a few friends of many friends.

Additional God Control Items added from Wong-McDonald & Gorsuch (2000)

1. God is able to sway things so that I will get the result I desire.

2. The result I want is conditional upon the actions of God.

3. God is not able to influence my getting the result I desire.

4. Success at getting the result I desire depends on God.

5. God must do something if I am to obtain the result I desire.

6. God has little effect on whether or not I get the result I desire.

7. There is nothing God can do to affect that I will get the result I desire.

8. God controls whether or not I will get the result I desire.

Appendix K

Consent to Act as a Participant in a Research Study

TITLE: Faith Experiences Among Doctoral Psychology Students

INVESTIGATORS: Erika Eisele
                            Eeisele13@georgefox.edu

SUPERVISOR: Dr. Mark McMinn
                            Graduate Department of Clinical Psychology
                            mmcminn@georgefox.edu

DESCRIPTION: Thank you for your participation in this study. This study is an overall assessment of personal beliefs in outcomes while in graduate school. Participants are asked to answer questions about your beliefs toward outcomes in life and your personal relationship with God. The questionnaire will take approximately 30 minutes to complete. In addition, data from Spiritual Direction evaluations you completed during the course of the year will be de-identified and used in this study. You are asked to participate due to your current enrollment in a professional psychology doctoral program.

RISKS AND BENEFITS: Participation in this study involves minimal risk. There are no anticipated discomforts or risks by participating in this study. Participants who complete the pretest and posttest will be entered into a raffle for the chance to win a $40 gift card to Amazon.com. There will be one winner from each cohort.

CONFIDENTIALITY: The collection of results from this research may be used for scientific or educational purposes. It may be presented at scientific meetings and/or published in professional journals or books. The results of the study, if presented at professional forum or if published, will have no identifying information that would connect you to specific results. You will be assigned a code for the purpose of matching data for posttest. All information will be erased once the data has been collected. Participants who complete this study have an opportunity to receive a summary of the results after the study is completed. If interested, email Erika Eisele at Eeisele13@georgefox.edu.

RIGHT TO REFUSE OR END PARTICIPATION: At any time, you have the freedom to withdrawal or not respond, but for the purposes of the adequate data collection, the researchers ask for your full participation. There will be a follow-up study at the end of the 2015-1016 academic school year.

VOLUNTARY CONSENT: I certify that I have read the preceding information or it has been read to me and that I understand its contents. Any questions I have pertaining to the research I have will be answered by Erika Eisele. A copy of this consent form will be given to me. My signature below means that I have freely agreed to participate in this study.

_____   _____   _____
Please Print Name   Participant's signature   Date

Appendix L

Curriculum Vitae

E R I K A   E I S E L E

422 N Meridian St. V259
Newberg, Oregon 97132
Eeisele13@georgefox.edu
509-948-0715

EDUCATION

08/2013 to Present Expected 05/2018	**Doctor of Psychology, Clinical Psychology** George Fox University Graduate Department of Clinical Psychology (APA Accredited) Newberg, Oregon DISSERTATION TITLE: FAITH EXPERIENCES AMONG DOCTORAL PSYCHOLOGY STUDENTS
05/2015	**Master of Arts, Clinical Psychology** George Fox University Graduate Department of Clinical Psychology Newberg, Oregon
06/2013	**Bachelor of Science, Applied Psychology** Eastern Washington University Department of Counseling, Educational, and Developmental Psychology Cheney, Washington

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SUPERVISED CLINICAL TRAINING EXPERIENCE

08/2016 to Present	**Pre-Internship** SITE: Hazelden Betty Ford Foundation LOCATION: Newberg, Oregon SETTING: Residential Substance Abuse Treatment SUPERVISOR: Bobby Trihub, Psy.D. POPULATION: Adults suffering from chemical dependency, mental health issues, and trauma. Including specific programs for individuals of the LGBTQ community, health care professionals, and family members. DESCRIPTION: I participate in a multidisciplinary treatment team to provide treatment from a trauma informed approach, complete intake assessments, interviews; facilitate group and individual therapy.

08/2014 to 06/2016   **Practicum II**
SITE: Oregon State Hospital
LOCATION: Salem, Oregon
SETTING: Inpatient Forensic Psychiatric Hospital
SUPERVISOR: Robert Kruger, Psy.D.
POPULATION: Individuals committed to the custody of the state hospital for treatment until capacity to aid and assist their legal counsel is regained.
DESCRIPTION: Administered comprehensive assessments to clarify diagnoses and to assess barriers to a patient's ability to learn legal skills necessary to cooperate, understand, and participate with their legal counsel. Completed intake interviews, facilitated individual therapy and group therapy.

08/2014 to 05/2015   **Practicum I**
SITE: Cedar Hills Hospital
LOCATION: Portland, Oregon
SETTING: Major Rotation at Inpatient Psychiatric Hospital and Minor Outpatient Services
SUPERVISOR: Jory Smith, Psy.D.
POPULATION: Underserved adults suffering from moderate to severe psychiatric symptomology, chemical dependency, dual-diagnosis, trauma, and chronic pain.
DESCRIPTION: Participated in a multidisciplinary team to provide both individual and group therapy. Created collaborative relationships with clients to create treatment goals, relapse prevention plans, provide psychoeducation, and create discharge plans.

01/2014 to 06/2014   **Pre-practicum**
SITE: George Fox University
LOCATION: Newberg, Oregon
SETTING: College counseling
SUPERVISORS: Carlos Taloyo Ph.D.
POPULATION: Two adult university students.
DESCRIPTION: Provided outpatient, individual, client-centered psychotherapy from initial assessment to termination. Sessions were videotaped, reviewed, and discussed in individual and group supervision.

CLINICAL WORK EXPERIENCE

05/2015-Present   **Part-Time Therapist**
SITE: Cedar Hills Hospital
LOCATION: Portland, Oregon
SETTING: Inpatient Psychiatric Hospital
SUPERVISOR: Jory Smith, Psy.D.

POPULATION: Underserved adults suffering from moderate to severe psychiatric symptomology, chemical dependency, dual-diagnosis, trauma, and chronic pain.

DESCRIPTION: I work collaboratively with a full-time therapist to run the women's program. We provide trauma informed treatment for women with extensive histories of interpersonal abuse. I provide a collaborative and empowering environment that includes psychoeducation and interactive sessions that invite patients to interact in meaningful and healing ways. I have created my own curriculum centered on self-compassion, and shame work. In addition, I work as an on-call therapist during weekdays and provide case management services for other units/programs within the hospital.

06/2014 to 08/2015   **Qualified Mental Health Professional**
SITE: Columbia Care Services
LOCATION: Milwaukie, Oregon
SETTING: Structured Residential Housing
SUPERVISORS: Aimee Stanton
POPULATION: Individuals who suffer from moderate to severe psychiatric symptomology, dual-diagnosis, and individuals supervised by the Psychiatric Security Review Board (PSRB) because they successfully asserted the insanity defense to a crime and are considered a substantial danger to others.
DESCRIPTION: I worked to increase clients' independent living skills so they can achieve future success in independent living. I provided supportive listening and facilitated evening groups that consisted of teaching coping skills, and how to find community resources. I also wrote billing/progress notes, dispensed medications, and provided opportunities for residents to interact within the community.

01/2013 to 03/2013   **Support Staff at Crisis Residential Center**
SITE: Youth Crisis Residential Center
LOCATION: Spokane, Washington
SETTING: Residential Center
SUPERVISOR: Brandon Livingston
POPULATION: Runaway youth who are in conflict with their families.
DESCRIPTION: Completed intake paperwork and process, risk assessments and safety contracts, and facilitated groups.

SUPERVISION EXPERIENCE

09/2016 to 05/2017   **Peer Oversight**
SITE: George Fox University, Graduate Department of Clinical Psychology
SUPERVISORS: Rodger Bufford, Ph.D.
SUPERVISEE: Single Practicum I student

DESCRIPTION: Provided individual supervision to student through formative and summative feedback

09/2016 to 05/2017 **Clinical Foundations of Psychotherapy I & II**
SITE: George Fox University, Graduate Department of Clinical Psychology
SUPERVISOR: Glena Andrews, Ph.D., MSCP
SUPERVISEES: Five GDCP pre-practicum students
POPULATION: Adult university students
DESCRIPTION: Provided individual and group supervision, emphasizing foundational person-centered skills, to students providing simulated psychotherapy.

SELECTED PROFESSIONAL TRAINING EXPERIENCE

06/2016 MARIJUANA: MYTHS, ADDICTION, AND EFFECTIVE INTERVENTIONS
SITE: Hazelden Betty Ford Graduate School of Addiction Studies
PRESENTERS: Jan Copeland, Ph.D.
DESCRIPTION: Presentation of the scientific evidence regarding whether marijuana is a drug of addition, marijuana withdrawal syndrome, marijuana as medicine, mental health risks associated with using the drug, and effective interventions for marijuana use disorder.

06/2016 OVERVIEW OF THE MILLON CLINICAL MULTIAXIAL INVENTORY-IV (MCMI-IV)
SITE: Pearson Webinar
PRESENTERS: Seth Grossman, Psy.D.
DESCRIPTION: Updates to constructs, scales, standardization, and interpretive features. Including an overview of Millon's Evolutionary Theory and its application in the MCMI-IV.

05/2016 INTRODUCTION TO THE MMPI-2-RF
SITE: Oregon State Hospital
PRESENTERS: Yossef Ben-Porath Ph.D., MMPI-2-RF Co-developer
DESCRIPTION: A brief overview including a discussion of the rational for, and methods used to develop the test, a description of the 51 scales of the inventory and the documentation available to guide its use, guidelines for MMPI-2-RF interpretation, and case illustrations.

03/2016 MANAGING WITH DIVERSE CLIENTS
SITE: George Fox University
PRESENTERS: Sandra Jenkins, Ph.D.
DESCRIPTION: Multicultural considerations for therapeutic interventions.

02/2016   NEUROPSYCHOLOGY: WHAT DO WE KNOW 15 YEARS AFTER
                 THE DECADE OF THE BRAIN?
                 SITE: George Fox University
                 PRESENTERS: Trevor Hall, Psy.D., Darren Janzen Psy.D.
                 DESCRIPTION: An overview of brain development and treatment of
                 neuropsychological disorders.

08/2015   SHAME: IMPACT IN ADDICTION, TREATMENT, AND RECOVERY
                 SITE: Hazeldon Betty Ford Graduate School of Addiction Studies
                 PRESENTERS: Heidi Wallace, MA LPC, NCC, MAC
                 DESCRIPTION: The goal of the presentation was to help professionals better
                 understand the role of shame in addiction and recovery, but also to give
                 them tools to help clients find the courage to address their fears that keep
                 shame alive.

04/2015   SPIRITUAL FORMATION AND PSYCHOTHERAPY
                 SITE: George Fox University
                 PRESENTERS: Barrett McRay Psy.D.
                 DESCRIPTION: Introduction to spiritual and religious considerations during
                 therapy.

11/2014   FACE TIME IN THE AGE OF THE AGE OF TECHNOLOGICAL
                 ATTACHMENT
                 SITE: George Fox University
                 PRESENTERS: Doreen Dodgen-Magee, Psy.D.
                 DESCRIPTION: An introduction to the influence of technology on
                 interpersonal relations and the importance of recognizing the corresponding
                 impact on client functioning.

10/2014   ADHD: EVIDENCED-BASED PRACTICE FOR CHILDREN AND
                 ADOLESCENTS
                 SITE: George Fox University
                 PRESENTERS: Erika Doty, Psy.D. and Tabitha Becker, Psy.D.
                 DESCRIPTION: Treatment considerations for ADHD and how to differentiate
                 between different learning disorders.

07/2014   APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST)
                 SITE: Columbia Care Services, Portland Oregon
                 PRESENTERS: Gary McConahay Ph.D.
                 DESCRIPTION: Shown by major studies to significantly reduce suicidality, the
                 ASIST model teaches effective suicidal intervention skills while helping to
                 build suicide prevention networks in the community.

04/25/2014   ACCEPTANCE AND COMMITMENT THERAPY IN TREATING
                 TRAUMA AND PTSD

SITE: The Lifequal Center
PRESENTERS: Robyn Walser, Ph.D.
DESCRIPTION: A broad overview, experiential exercises, and conceptualization of ACT and how the six core components of ACT are used to treat experiential, avoidance and problematic rule following found in PTSD.

03/2014   EVIDENCED BASED TREATMENTS FOR PTSD IN VETERAN POPULATIONS
SITE: George Fox University
PRESENTERS: David Biel-Adaskin, Psy.D.
DESCRIPTION: An overview of different efficacious treatments used in the VA's for Veterans suffering from trauma.

09/2013   INTEGRATED PRIMARY CARE
SITE: George Fox University
PRESENTERS: Brian Sandoval, Psy.D., and Juliette Cutts, Psy.D.
DESCRIPTION: Overview of the benefits and future of the Primary Care field.

TEACHING EXPERIENCE

09/2016-05/2017   **Clinical Foundations of Psychotherapy I & II Teacher's Assistant**
SITE: George Fox University, Graduate Department of Clinical Psychology
PROFESSOR: Glena Andrews, Ph.D., MSCP
DESCRIPTION: Teaching foundational psychotherapy skills to pre-practicum students through individual and group supervision and video review. Provided formative and summative feedback.

09/2016-12/2016   **Substance Abuse Teacher's Assistant**
SITE: George Fox University, Graduate Department of Clinical Psychology
PROFESSOR: Jory Smith, Psy.D.
DESCRIPTION: Assisted in providing case examples, training in ASAM criteria, and trauma informed conceptualization of substance abuse issues.

10/2013   **Substitute Teacher for Undergraduate Psychology Course**
SITE: George Fox University, Undergraduate Department of Psychology
PROFESSOR: Kelly Chang, Ph.D.
DESCRIPTION: Taught two hours on theories of emotion in psychology course 101.

RESEARCH & PRESENTATIONS

05/2014 to Present   **Research Vertical Team**

SITE: George Fox University, Newberg, Oregon
SUPERVISOR: Mark McMinn, Ph.D.
TEAM: Three to six, 1st through 4th year doctoral students with research interests in integration of psychology and Christianity, positive psychology, technology in psychology practice, and clinical training.
DESCRIPTION: Discussed, evaluated, and assisted team members' research. Collaborated on research presentations.

05/2014 to Present **Dissertation**
TITLE: Faith Experiences of GDCP Students
ADVISOR: Mark McMinn, Ph.D.
STATUS: Defended November 17, 2016.
DESCRIPTION: This study was designed to understand the faith experiences and values of students throughout training, with attention given to possible effects spiritual direction may be having on students' self-reported religious commitment, surrender to God, awareness of God, quality of relationship with God, religious problem solving, spiritual wellbeing, locus of control, and attitudes toward collaborating with experts in religion and spirituality.

Poster Presentations

Diaz, L.A., Eisele, E.L., & Andrews, G.L. (2016, August). The influence of conversation skills for children with dysgenesis of the corpus callosum. Poster session presented at the Annual Convention of the American Psychological Association, Denver, CO.

Eisele, E.L., Diaz, L.A., & Andrews, G.L. (2016, August). Developmental trajectory for children with dysgenesis of the corpus callosum: 4 year follow-up. Poster session presented at the Annual Convention of the American Psychological Association, Denver, CO.

AWARDS & SCHOLARSHIPS

2010-2012
Presidential Scholarship (First Generation Student)
AWARDER: Eastern Washington University
2010-2011
In-Residence Cross-Cultural Scholarship
AWARDER: Asia University America Program

Pasco-Kennewick Rotary Club Scholarship

Public School Employees Finley Chapter Scholarship

Tri-Cities Sunrise Rotary Club Scholarship

Ann T. Hughes Memorial Scholarship

Tri-Cities Optimist Club Scholarship

PROFESSIONAL STUDENT AFFILIATIONS

09/2013 to Present   **American Psychological Association**

09/2015 to Present   **APA Division 28: Psychopharmacology and Substance Abuse**

09/2015 to Present   **APA Division 40: Society for Clinical Neuropsychology**

09/2015 to Present   **APA Division 56: Trauma Psychology**

SELECTED EDUCATIONAL EXPERIENCE

01/2016 TO 02/2016   **GROUP PSYCHOTHERAPY**
SITE: George Fox University
FACULTY: Carlos Taloyo, Ph.D.

01/2016 TO 02/2016   **PSYCHOPHARMACOLOGY**
SITE: George Fox University
FACULTY: Glena Andrews, Ph.D., MSCP

01/2016 TO 05/2016   **NEUROPSYCHOLOGICAL ASSESSMENT**
SITE: George Fox University
FACULTY: Glena Andrews, Ph.D., MSCP

08/2015 TO 12/2015   **SUBSTANCE ABUSE**
SITE: George Fox University
FACULTY: Jory Smith, Psy.D.

06/2015 TO 07/2015   **ACCEPTANCE COMMITMENT THERAPY**
SITE: George Fox University
FACULTY: Brian Goff, Ph.D.

01/2015 TO 05/2015   **PSYCHODYNAMIC PSYCHOTHERAPY**
SITE: George Fox University
FACULTY: Nancy Thurston, Ph.D.

01/2015 TO 05/2015   **MULTICULTURAL THERAPY**
SITE: George Fox University
FACULTY: Winston Seegobin, Psy.D.

01/2014 TO 05/2014   **COUPLES AND FAMILY THERAPY**
  SITE: George Fox University
  FACULTY: Mary Peterson, Ph.D., ABPP

TRAINED AND SUPERVISED ASSESSMENT MEASURES

Forensic Related:
- Structured Interview of Reported Symptoms, 2nd Edition (SIRS-2)
- Test of Memory Malingering (TOMM)
- Validity Indicator Profile (VIP)
- Structured Inventory of Malingered Symptomology (SIMS)

Neuropsychological:
- Delis-Kaplan Executive Functioning System (DKEFS)
- California Verbal Learning Test, 2nd Edition (CVLT-II)
- Boston Naming Test (BNT)
- Grooved Pegboard
- Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)
- Rey Complex Figure (RCFT)
- Trail Making Test A & B
- Wechsler Memory Scale, 4th Edition (WMS-IV)
- Wide Range Assessment of Memory and Learning, 2nd Edition (WRAML-2)
- Wisconsin Card Sorting Test (WSCT)
- Rey-Osterrieth Complex Figure (ROCF)
- A Developmental Neuropsychological Assessment (NEPSY-II)
- Tactual Performance Test (TPT)
- Booklet Categories Test
- Conner's Adult ADHD Rating Scales (CAARS)
- Continuous Performance Test, 3rd Edition (CPT3)

Intelligence:
- Test of Nonverbal Intelligence, 3rd Edition (TONI-3)
- Wechsler Abbreviated Scale of Intelligence, 2nd Edition (WASI-II)
- Wechsler Adult Intelligence Scale, 4th Edition (WAIS-IV)

Achievement:
- Wechsler Individual Achievement Test (WIAT)
- Wide Range Achievement Test, 4th Edition (WRAT-4)
- Woodcock-Johnson Achievement, 4th Edition (WJ-IV-ACH)

Personality:
- 16 Personality Factor Questionnaire, 5th Edition (16PF)

- Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)
- Minnesota Multiphasic Personality Inventory, 2nd Edition (MMPI-2)
- Minnesota Multiphasic Personality Inventory, 2nd Edition, Restructured Form (MMPI-2-RF)
- Millon Clinical Multiaxial Inventory, 3rd Edition (MCMI-III)
- Personality Assessment Inventory (PAI)

Population Based Screeners:
- Beck Anxiety Inventory (BAI)
- Beck Depression Inventory, 2 Edition (BDI-II)
- Mini-Mental Status Examination-2 (MMSE-2)
- Montreal Cognitive Assessment (MoCA)

REFERENCES

Robert Kruger, Psy.D.
Supervisor
Oregon State Hospital
Salem, Oregon
503-819-5706

Jory Smith, Psy.D.
Supervisor
Hazelden Alcoholism Treatment Center
Newberg, Oregon
970-371-6144

Winston Seegobin, Psy.D.
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503-554-2381

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503-554-2380