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Factors Correlating with Resilience in Bolivian Street Girls

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Factors Correlating with Resilience in Bolivian Street Girls

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

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Newberg, Oregon

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Factors Correlating with Resilience in Bolivian Street Girls

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by the

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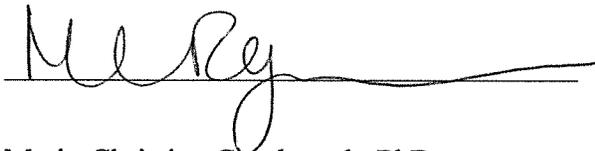
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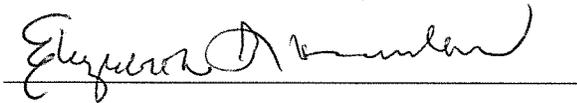


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Factors Correlating with Resilience in Bolivian Street Girls

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Abstract

Resilience is defined as the ability to respond adaptively and maintain a high quality of life even after adversity or trauma. Research conducted in Western cultures has identified multiple factors that correlate with resilience for survivors of childhood trauma, including social support, the presence of a stable adult, internal locus of control, supportive spiritual beliefs and lack of self-blame regarding the trauma (Crenshaw, 2013; Brooks & Goldstein, 2004; Goldstein, Brooks, & Devries, 2013). This study explored whether the factors that previous research has identified as predictive of resilience have a similar predictive value when applied to another culture. This research found that the presence of a stable adult, social support, supportive spiritual beliefs and a minimal amount of self-blame all correlated with resilience in the examined population of adolescent Bolivian street girls. However, no correlation was found between internal locus of control and resilience among this population. Implications of these findings and suggestions for further research are discussed.

Acknowledgements

This could not have been completed without the help of my wonderful community. I would like to thank Dr. Elizabeth Hamilton and Dr. Marie-Christine Goodworth, for serving on my dissertation committee and for their ongoing support and assistance. I would also like to thank Dr. Mabelle Madson Thompson, the author of the Trauma Resilience Scale who generously allowed me to use her work for this project. I am sincerely grateful to the Richter Scholars Program, for their generosity which provided me with the means to travel to Bolivia to complete this project. Thank you to Wheaton College's HNGR program for initially connecting me with Mosoj Yan, and for its formative impact on my worldview. Tim and Asharae Kroll helped me and this project immensely by traveling to Bolivia with me and dedicating their time and talents to compassionately support the Mosoj Yan community.

To my parents and sister, my deepest thanks for raising me to value learning and for instilling in me compassion and a desire to use my privilege for the benefit of the under-served.

I wish to thank Dr. Mary Peterson, whose continual excitement for this dissertation and practical help and encouragement have meant more than words can say. My deep love and thanks to my husband, Ben, whose love and support made all the difference as I worked to finish this project.

Finally, I wish to thank the staff and residents of Mosoj Yan in Cochabamba, Bolivia. Their willingness to share their time and experiences is the only reason this project is here today. To know the girls of Mosoj Yan and to have shared in their lives, and to have been inspired by the love and sacrifice of the staff who give their lives to help them, is one of the greatest

privileges of my life. It is my greatest hope that the results of this project may in some way help those girls and others like them.

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Chapter 1

Introduction

Effects of Childhood Trauma

Extensive research has been conducted investigating the effects trauma can have on a person's current and future functioning. Childhood trauma, in particular, has been linked to a myriad of mental health problems and high-risk behaviors later on in life. Persons who have experienced childhood trauma are more likely than those who have not to be diagnosed with borderline personality disorder (Fernando et al., 2012), experience depression and anxiety (Cui, Luo, & Xiao, 2011; Hovens et al., 2012), and demonstrate aggressive behavior (Bevilacqua et al, 2012). In addition, they are more vulnerable than those not having a history of childhood trauma to experiencing additional trauma, which is even more frequently followed by post-traumatic stress disorder (Bendall, Alvarez-Jimenez, McGorry, Jackson, & Henry, 2012). Survivors of childhood trauma have increased likelihood of problematic sexual behaviors (Szanto, Lyons, & Kisiel, 2012) and self-harm behavior (Sansone, Sinclair, & Wiederman, 2009), with greater incidence of physical health problems including autoimmune disorders, multiple sclerosis (Spitzer et al., 2012) and cancer (Harris & Burgoyne, 2006).

Resilience

Resilience is an individual's ability to respond adaptively and maintain a high quality of life following adversity or trauma. Jackson, Firtko, and Edenborough (2007) described the positive impact of resilience on a survivor's future functioning, including building and nurturing

positive relationships with others, maintaining a healthy life balance, increasing reflectiveness, developing emotional insight, and holding a positive outlook on life. Research has shown the presence of resilience can mitigate the adverse effects of childhood trauma. Among survivors of childhood trauma, resilience has been shown to reduce the risk of suicide (Roya, Carlib, & Sarchiaponec, 2011), lessen the severity of depression (Wingo et al., 2010), and reduce the occurrence of post-traumatic stress disorder (Wrenn et al., 2011).

Resilience appears to be a complex factor and is characterized by an interaction of individual and social factors rather than a characteristic of a specific demographic or population. Review of the literature reveals several predictors of resilience in trauma survivors, including social support, the presence of a stable adult, internal locus control, spiritual beliefs, and positive ways of forming an understanding of the traumatic events (Brooks & Goldstein, 2004; Collin-Vezina, Coleman, Milne, Sell, & Daigneault, 2011; Crenshaw, 2013; Fernando et al., 2012; Goldstein, Brooks, & Devries, 2013; Hartling, 2008; Peres, Moreira-Almeida, Nasello, & Koenig, 2007; Phasha, 2010; Roya et al., 2011; Wingo et al., 2010).

Predictors of Resilience

Presence of stable adult. Research has shown the significant positive correlation between resilience and the presence of one stable adult in the child's life. Research has shown the presence of one adult is correlated with a child's level of functioning and positive quality of life despite a history of adverse life experiences. Furthermore, at-risk children who reported a sense of caring and optimism about their success from the adults involved in their lives are more likely to respond positively and with increased resilience than those children without adult support (Brooks, 2013; Brooks & Goldstein, 2001, 2004, 2011; Crenshaw, 2013; Goldstein,

Brooks, & Devries, 2013). Brooks (2013) writes in *Handbook of Resilience in Children*,

a basic foundation of resilience is the presence of at least one adult (hopefully several) who believes in the worth and goodness of the child... one must never underestimate the power of one person to redirect a child toward a more productive, successful, satisfying life (p. 450).

Social support. An extensive review of the literature shows that social support is a robust predictor of resilience. Banyard (1999) found a correlation between improved functioning and high social support. A study by Wright, Fopma-Loy, and Fischer (2005) explored factors contributing to the overall resilience of mothers who themselves had been the victims of sexual abuse in childhood indicated that “satisfying interpersonal relationships may buffer the effects of [child sexual abuse] on subsequent mental health adjustment” (p. 1177). Phasha (2010) emphasized that the presence of a support system in children’s lives has a strong positive correlation with educational resilience among young women, as shown by higher rates of school retention and better behavior, expressed resolution to succeed, and more extensive academic and career aspirations. The response of the support system to the child’s disclosure of a violent or a traumatic event may support or undermine the development of resilience. Most specifically, a positive parental reaction to disclosure of trauma has been shown to be a significant contributor to resilience. According to a study by Spies, O’Neil, and Collins (1998), if the child’s pain went unnoticed or they received disbelief, blame, or other such negative reactions, the negative effects of the trauma would be increased. Showing additional support for the importance of caregiver response to child’s report of trauma, Phasha’s study (2010) revealed that disclosure of trauma

met with effective and appropriate intervention and compassion promoted healing and resilience over the trauma.

A study by Resnick et al. (1997) showed that, regardless of race, ethnicity, SES, or family structure, a child who has an overall sense of connection to parents, family members, and adults has a reduced risk of depression and suicide attempts, early sexual activity, substance abuse, and engaging in violence. Blum (2002) found that students who “feel they are a part of school... and feel close to people at school ... are healthier and more likely to succeed” (p. 2). Those who described themselves as feeling connected were less likely to be emotionally distressed, to be sexually active at an early age, become pregnant, to engage in violent behavior, or to use tobacco, alcohol, and or other substances. Hartling (2008) specified that “support that fosters mutual empathy, mutual empowerment, and authentic connection can strengthen a client’s ability to respond effectively to difficult and devastating situations... resilience is strengthened through relationships, specifically, mutually empathic, mutually empowering, growth-fostering relationships” (pp. 65, 67).

Locus of control. Numerous studies have shown the connection between resilience and an overall sense of an internal locus of control- the perception that one has control over one’s own fate. Brooks (1994) noted “the importance of personal control and empowerment as the basic scaffolding for self-esteem, motivation, and resilience has been emphasized by a number of clinicians and researchers” (p. 584). Banyard (1999) supported this suggestion and went on to link personal control in problem solving to overall improvement in functioning. A 1979 study by Kobasa linked locus of control and resilience to a quality referenced as “hardiness”; hardy individuals were those who possessed, among other characteristics, a foundational belief in their

control over the events of their life. Hartling (2008) also found that “a number of researchers have identified internal locus of control... as another individual characteristic associated with resilience” (p. 60).

Spiritual beliefs. Spiritual beliefs are highly correlated with resilience, both positively and negatively. Peres et al. (2007) discovered that “positive religious coping has been associated ... with better physical and mental outcomes in medically ill patients” (p. 347). Hirayama and Hirayama (2002) noted the positive impact of a habit of prayer and/or spiritual beliefs has on resilience. Phasha (2010) found that “to sexually abused individuals, religious beliefs could help inculcate interpretations that could alleviate guilt feelings and a hope to hold onto life during difficult times” (p. 1238). Dass-Brailsford (2005) reported that trust in a higher power that will not abandon one during adversity provides comfort to those who hold this belief. However, these benefits are not universal to all spiritual beliefs. Beliefs classified by Peres et al. (2007) as “negative religious coping” (p. 347) can actually undermine resilience. Thoughts such as “wondered whether God had abandoned me,” “questioned God’s love for me,” and “decided the devil made this happen,” have been linked to an increased rate of mortality for victims of trauma (p. 347).

Minimization of self-blame. Research has found that resilience is supported by an ability to engage in meta-cognitive processing of the causes and responsibility related to the trauma. Specifically, survivors who are able to minimize self-blame, and communicate their understanding that other people or events bear responsibility for the trauma have less guilt and shame. A 2010 study on survivors of childhood sexual abuse found that “the meaning or interpretation that an individual attaches to the abuse” significantly influences recovery (Phasha,

p. 1247). Individuals whose understanding of the abuse was free of self-blame experienced “self-acceptance and [alleviated] feelings of anger and guilt ... it mitigates the ‘I am a victim’ syndrome, which could drive an individual into a state of helplessness” (p. 1248). In contrast to this helpless mentality, those found to be resilient expressed beliefs in their ability to overcome their painful pasts (Phasha, 2010). As one resilient survivor was quoted, “I told myself to be strong and believed that one day I will come out of it” (p. 1245). A 2002 study on instilling resilience in children also included an example of a trauma victim who demonstrated resiliency as she grew and prospered, even after great adversity. She was able to view her painful past as something that had strengthened her compassion and self-sufficiency (Hirayama & Hirayama). Peres et al. (2007) agreed with these observations, noting that “patterns involving ... self-victimization and self-depreciation may intensify the negative emotions related to a traumatic memory and exacerbate psychological suffering” (p. 346). Among women who had been sexually abused as children, researchers observed that those who minimized self-blame showed more rapid rates of recovery; they hypothesized this was due in part to self-blame’s correlation with lowered self-esteem, and less belief in one’s self-efficacy or ability to rely on inner resources (Feinauer & Stuart, 1996).

Hypothesis

Based on the literature, it was hypothesized that resilience would be positively correlated with a relationship with a stable adult, a support system, supportive spiritual beliefs, an internal locus of control, and a minimization of self-blame. Though research on resilience and specifically resilience following childhood trauma has been conducted extensively, there is limited research exploring the universality of these factors, or their ability to predict resilience

for other cultural groups. This research project explored the factors correlating with resilience among adolescent Bolivian girls with a history of street life. We hypothesized that the same factors found to correlate with resilience in other populations would correlate with this population group.

Chapter 2

Methods

This project was approved by George Fox University's Institutional Review Board before data analysis began. The data were originally collected as part of Richter Scholar research project and the project was approved by the administrators, staff psychologist and board of the Casa de Albergue and Centro de Motivación.

Participants

The participants of this project were youth living in one of three houses of the residential program. The houses included, the Casa de Albergue ("House of Shelter") group home and Centro de Motivación ("Center for Motivation") day center of the Mosoj Yan ("New Road") Organization for Teenage Street Girls in Cochabamba, Bolivia. Inclusion criteria for the 22 participants were prior street life, involvement in the Mosoj Yan organization, approval by the organization's psychologist who previously evaluated each girl, and approval by the direct care staff and the researcher. Every participant was informed verbally and in writing before testing that they were participating in a study for the purpose of research, that all of their answers would remain anonymous, and that they were free to withdraw at any time without consequence. Every participant over the age of 18 gave their informed consent through signature, or, in the case of minors, informed assent, with Mosoj Yan's staff as their guardians providing consent (see Appendix A). In an effort to avoid unintentional stress, the psychologist was present throughout

testing and agreed to notify the researcher to immediately discontinue the assessment if she noted symptoms of distress in participants. The ages of the participants who participated in each measure are shown in Table 1.

Instruments

The instruments used for this research was the Behavior Assessment System for Children, Second Edition, Self-Report-Adolescent, Spanish Version (BASC-2), the Resiliency Scales for Children and Adolescents (RSCA), and the Trauma Resilience Scale (TRS). The BASC-2 is published in Spanish. The RSCA and the TRS were translated from the English by an official translator hired by George Fox University.

Behavioral Assessment Scales for Children, Second Edition, Self-Report Adolescent (BASC-2). The BASC-2 SR is a self-report form which took the participants approximately 30 minutes to complete. It measures the child or adolescent's emotional and behavioral problems and adaptive functioning. The BASC-2 SR was normed for the general population on 3,400 reports from various settings including public and private schools, daycares, and mental health centers and hospitals, and for the clinical population on a sample of 5,281 reports (including parent and teacher reports as well as self-reports) on children and adolescents with a variety of mental health diagnoses. Both of these samples were normed to match the U.S. population, which is discussed in the limitations section of this study. Reliability was shown through an analysis of internal consistency to be generally in the .90s for composite scales and .80s for individual scales in both samples. Test-retest reliabilities, based on a portion of the original samples who were retested three weeks following their first report, demonstrated average correlations in the .80s for composite scores and between .70-.80 for individual scores

(Community-University Partnership, 2011). The BASC-2 was developed using information from psychologists, parents, teachers, and children, as well as the DSM-IV-TR and other diagnostic instruments (Reynolds & Kamphaus, 2009). The BASC-2 SR has been correlated with other self-report instruments, including the ASEBA Youth Self-Report, Beck Depression Inventory-II (BDI-II), Brief Symptom Inventory (BSI), Children's Depression Inventory (CDI), the Conners-Wells' Adolescent Self-Report Scale (CASS), Minnesota Multiphasic Personality Inventory-2 (MMPI-2) and the Revised Children's Manifest Anxiety Scale (RCMAS) (Reynolds & Kamphaus, 2009). Though the correlations varied depending on which subscales were being compared, in general the correlations fell between .50-.60 across measures (Community-University Partnership, 2011).

Trauma Resilience Scale (TRS). The TRS is a 48-question self-report form which takes approximately 15 minutes to complete. While there are a variety of respected instruments used to assess resilience; the TRS was chosen for inclusion in this study due to its authors' emphasis on measuring factors specifically related to adapting positively after experiencing violence (Madsen & Abel, 2010). Its four-factor model includes problem solving, social support, optimism, and supportive spirituality. The TRS was developed using input from individuals who had experienced violent trauma, professional counselors and researchers experienced in working with trauma survivors. The supportive spirituality subscale was specifically designed with the input of individuals from diverse spiritual backgrounds in order to reflect "a general sense of supportive belief structure as opposed to any specific religion" (Madsen & Abel, 2010, p. 226). It was normed on a sample of the reports of 577 individuals, of whom 47.3% ($n = 237$) reported having experienced one or more incidents of violence. Internal consistency analysis showed reliability to

have a Cronbach's coefficient of .93 for the global four-factor score, .98 for the supportive spirituality subscale, and .85 for each of the remaining three measures. Convergent construct validity was shown to exist, as significant correlations were found between the supportive-relationship and problem-solving subscales with corresponding subscales on the Beckham Coping Strategies Scales (COSTS). The supportive spirituality subscale on the TRS was correlated with the Spirituality and Spiritual Care Rating Scale (SSCRS)'s comparable spirituality score. Each subscale score was also found to significantly correlate with a single-item indicator which was designed to be definitional for each domain. To determine discriminant construct validity, ANOVA calculations were run on ethnic identity and sexual orientation. No significant difference in scores were found according to sexual orientation. Slight differences occurred according to ethnic identity in the relationship and supportive spirituality subscales, accounting for a respective 3% and 7% of the variance of each factor. Neither ethnic identity nor sexual orientation were found to have a significant association with the global score (Madsen & Abell, 2010). The TRS is still considered sample dependent, as the majority of its sample participants were college students and were predominantly female (Madsen & Abell, 2010).

Based on the scores of the entire sample population ($N = 577$), the following mean scores were found for each subscale: problem-solving (mean = 5.75, $SD = 0.85$), supportive relationships (mean = 5.8, $SD = 0.80$), optimism (mean = 4.8, $SD = 1.8$), and supportive spirituality (mean = 5.5, $SD = 1$).

Resiliency Scales for Children and Adolescents (RSCA). The RSCA measures personal attributes that are correlated with resiliency. The RSCA consists of three independently constructed, stand-alone self-report scales of about 22 questions each; each scale also measures

3-4 subscales. The scales are “Sense of Mastery” (optimism, self-efficacy, and adaptability subscales), “Sense of Relatedness”, (trust, comfort, support, and tolerance subscales), and “Emotional Reactivity”, (sensitivity, recovery, and impairment). The measure can be completed in approximately 15 minutes (Prince-Embury, 2005; Prince-Embury, 2008a; Prince-Embury, 2008b; Prince-Embury & Courville, 2008).

The RSCA was normed by age and gender on a sample of 200 participants, and the sample group was intentionally stratified to match the 2003 U.S. Census population according to race/ethnicity and parental education status. Analysis of reliability found excellent internal and test-retest reliabilities for every scale, with coefficients between .85 and .97 for each scale’s internal consistency and .79-.90 for test-retest reliability. Assessing validity for the RSCA is complex, as the constructs it measures have been formed considering multidimensional factors which may lack comparable constructs on other instruments. However, the RSCA scales measuring individuals’ personal resources (Sense of Mastery and Sense of Relatedness) were found to significantly positively correlate with self-concept subscales on the Beck Youth Inventory, Second Edition (BYI-II), the Pier-Harris Children’s Self-concept Scale, Second Edition (Pier-Harris 2), and attachment scores on the Inventory of Parent and Peer Attachment (IPPA), to significantly negatively correlate with BYI-II scores measuring negative affect and behaviors, and to negatively correlate with high-risk behaviors as measured by the Adolescent Risk Behavior Inventory (ARBI). The RSCA scale measuring an individual’s vulnerability (Emotional Reactivity) was found to have a significant positive correlation with scores on the BYI-II measuring negative behaviors and affect, and to positively correlate with high-risk

behaviors on the ARBI and with measurements on the Connors Adolescent Symptom Scale: Short Form (CASS:S) indicating negative behaviors and affect (Prince-Embury, 2013).

Means and standard deviations for scores on the RSCA were found based on a normative sample of 641 participants stratified to match the 2010 U.S. Census (Prince-Embury & Steer, 2010). Based on this population, the Sense of Mastery scale had a mean score of 50.40 ($SD = 9.72$); the Sense of Relatedness scale had a mean score of 50.29 ($SD = 9.68$), and the Emotional Reactivity scale had a mean score of 49.68 ($SD = 9.64$).

Procedures

All of the youth involved with Mosoj Yan who met the inclusion criteria were invited to participate in the study. Its purposes and goals were explained to them, as were their rights to choose to withdraw at any time without consequence. All youth participating gave their written assent or consent, with the Mosoj Yan staff providing consent for the minors under their guardianship (see Appendices A and B). The participants were asked to self-report on each of the three scales. A questionnaire covering basic demographics was given to each participant.

Analyses

The girls' overall resilience, as measured by the TRS and the RSCA, and the relationship between these measures and research-informed sub-tests of the BASC-2 were analyzed using the SPSS statistical program. The analyses included the descriptive information for participants and assessment measures, and the relationships between variables.

Chapter 3

Results

The total number of participants was 22. However, there was significant attrition in participants' ability to complete the Self Report (SR) measures, due to inconsistency in some participants' presence at the group activities where the instruments were distributed. The number and average age of the participants who were able to complete all measures is listed in Table 1. There was no difference in participants' reports from the different resident homes, so data from all three locations were combined.

Table 1

Age of Participants for Each Measure

Age	N	Range	Mean	Standard Deviation
All participants	22	13-31	17.55	3.76
Participants' completing age (BASC-2 subscales)	16	13-21	16.06	1.95
Participants' completing age (TRS, Problem-Solving and Optimism subscales)	7	13-31	18.5	5.66
Participants' completing age (TRS, Support and Supportive Spirituality subscales)	22	13-31	17.55	3.76
Participants completing age (RSCA subscales)	13	13-18	15.46	1.27

The range, means, and standard deviations for participant scores on all of the measures including the subscales of Behavior Assessment Scale for Children-2 (BASC-2), Trauma Resilience Scale (TRS) and Resilience Scale for Children and Adolescents (RSCA) are shown in Table 2.

Table 2

Results for each self-report measure

	Mean	Range	Standard Deviation
BASC-2 Subscales*			
Relationship with Parents	38.19	18-66	10.91
Attitude towards Teachers	56.56	39-82	10.92
Interpersonal Relationships	41.37	21-61	10.45
Social Stress	58.50	40-74	7.41
Locus of Control	54.69	41-69	8.22
Self-esteem	49.19	35-64	0.90
Self-reliance	46.88	30-70	11.74
Trauma Resilience Scale			
Problem Solving	5.30	4-6.3	0.60
Optimism	4.95	3.08-6.15	0.68
Supportive Relationships	4.89	2.83-6.08	0.90
Supportive Spirituality	5.69	3.77-7.08	0.90
Resiliency Scales for Children and Adolescents			
Mastery	45.31	32-54	7.06
Relatedness	37.15	22-55	7.76
Reactivity	71.83	52-81	8.77

Note. *BASC-2, T-score, mean of 50

On the TRS, the mean score for participants of this study fell within one standard deviation of the normed sample's mean for three subscales: problem-solving, optimism, and supportive spirituality. In the domain of supportive relationships, this study's mean score was more than one standard deviation below the mean, indicating an average rating in the "Moderately low" resilience range. Consistent with this finding, participants also had a mean score more than one standard deviation below the mean on the RSCA Sense of Relatedness subscale. Participants' mean score for the RSCA Sense of Mastery subscale was within one standard deviation of the normed mean. However, in the domain of Emotional Reactivity, the average score for participants in this study ($x = 71.83$) was more than two standard deviations above the normative mean of 49.68, a score which would be classified as a "low resource vulnerability", indicating extremely low resilience. These comparisons should be interpreted with caution as these measures were not normed on this study's population; however, the low scores in supportive relationships and Sense of Relatedness and the elevated score in Emotional Reactivity appear consistent with the participants' histories of trauma and street life.

Hypothesis 1

It was hypothesized that resilience will correlate with a relationship with a stable adult. Participants' relationships with adults in their lives were measured by scores from the BASC-2 scales "Relationship with parents" and "Attitudes towards teachers." High scores on "Relationship with parents" suggest close, trusting, and respectful parent-child relationships. "Attitude towards teachers" measures the strength of negative feelings towards one's teachers; elevated scores indicate, among other things, dislike and distrust in one's teachers and a perception of them as uncaring,

A Pearson product correlation showed a significant positive relationships (Table 3) between participants' report of "Relationship with parents" and several measures of resilience including the "Supportive Spirituality" subscale of the Trauma Resilience Scale (TRS), ($r(16) = .546, p = .029$), and two scales of the Resiliency Scales for Children and Adolescents (RSCA), specifically the Sense of Mastery scale ($r(13) = .688, p = .009$) and the Sense of Relatedness scale ($r(13) = .704, p = .007$).

Table 3

Intercorrelations and Coefficient Alphas for Score on Measures of Resiliency

	TRS-P	TRS- O	TRS-SR	TRS-SS	RSCA-M	RSCA-R	RSCA-E
Rel w/ Parents	-.072	-.196	.408	.546*	.688**	.704**	.145
Att Teachers	-.592	-.581*	-.773*	-.234	-.312	-.382	.365
Int Relations	.828*	.232	.264	-.270	.032	.015	-.365
Social Stress	-.728	-.383	-.560	.123	-.447	.228	.362
Locus of Control	-.492	-.055	-.546	-.047	.235	.134	.530
TRS-SS	--	--	--	--	.369	.243***	.048
Self-esteem	-.070	.087	-.535	-.279	-.137	.277***	-.287
Self-reliance	.578	.466	.514	.141	.562*	.494	.201

Note. TRS-P = Trauma Resilience Scale - Problem Solving, TRS-O = Trauma Resilience Scale -Optimism, TRS-SR = Trauma Resilience Scale - Supportive Relationships, TRS-SS = Trauma Resilience Scale - Supportive Spirituality. RSCA-M = Resiliency Scale for Children and Adolescents - Mastery, RSCA-R=Resiliency Scale for Children and Adolescents - Relatedness, RSCA-E = Resiliency Scale for Children and Adolescents-Emotional Reactivity, Rel w/ Parents = BASC-2 - Relationship with Parents, Att Teachers = BASC-2 - Attitude Towards Teachers, Int Relations = BASC-2 - Interpersonal Relations, Social Stress = BASC-2 - Social Stress, Locus of Control = BASC-2 - Locus of Control, Self-esteem = BASC-2 - Self-esteem, Self-reliance = BASC-2 - Self-Reliance

*Correlation is significant at the .05 level **Correlation is significant at the .01 level

***Significant correlations were found with one of the scale's subscales, as noted in the text.

A Pearson's correlation showed an expected negative correlation between the "Attitude towards teachers" subscale, which assesses a student's perception of a teacher being unfair or uncaring, and the TRS subscales of Supportive Relationships ($r(7) = -.773, p = .041$) and Optimism scale ($r(16) = -.581, p = .018$).

Hypothesis 2

It was hypothesized that resilience will correlate with the presence of social support. To determine the participants' social support, scores were used from the "Interpersonal relations" and "Social stress" scales on the BASC-2. "Interpersonal relations" measures the ability to relate to others and enjoy the relationships. "Social stress" measures feelings of stress and difficulty in personal relationships, as well as a sense of being excluded.

A Pearson's correlation showed a significant positive relationship (Table 3) between "Interpersonal relationships" and the Problem Solving subscale of the TRS ($r(7) = .828, p = .021$). There was a significant negative correlation between the "Social stress" subscale of the BASC-2 and the Sense of Relatedness scale of the RSCA ($r(13) = -.656, p = .015$), which indicates that as social stress increases, there is a corresponding decrease in perceived connection with others.

Hypothesis 3

It was hypothesized that resilience will correlate with an internal locus of control. To determine the subjects' sense of an internal locus of control, scores were used from the BASC-2 "Locus of control" scale. An elevated score on this scale reflects the perception that events are caused by forces outside of the person's control.

No statistically significant relationship (Table 3) was found between “Locus of control” and any of the measures of resilience.

Hypothesis 4

It was hypothesized that resilience will correlate with supportive spirituality. To determine the presence of supportive spiritual beliefs in the subjects’ lives, the “Supportive Spirituality” scale of the TRS was compared to the RSCA. Although both the TRS and RSCA are measures of resilience, the two subscales are independent of each other. A Pearson’s correlation showed there was a positive relationship (Table 3) between “Supportive Spirituality” and the RSCA Sense of Relatedness “Support” subscale ($r(13) = .564, p = .045$).

Hypothesis 5

It was hypothesized that resilience will correlate with minimal self-blame in interpretations of past trauma. The subscales “Self-esteem” and “Self-reliance” from the BASC-2 were used as proxy measures to assess self-blame. These scales respectively measure a person’s “feelings of self-respect and overall satisfaction with themselves,” and “the self-perception of being capable and able to problem-solve.” A Pearson’s correlation showed a significant positive relationship between the “Self-esteem” scale from the BASC-2 and the RSCA Sense of Relatedness “Tolerance” subscale ($r(13) = .693, p = .009$), which indicates one’s ability to be appropriately patient and emotionally regulated with others. Significant positive correlations were also found between “Self-reliance” and the Sense of Mastery scale ($r(13) = .562, p = .046$) and the Sense of Relatedness scale ($r(13) = .724, p = .005$) of the RSCA.

Chapter 4

Discussion

The primary purpose of this study was to examine the factors correlating with resilience in a group of Bolivian adolescent street girls. Specifically, this study hypothesized that five factors identified from existing literature as frequent correlates of resilience would also correlate with this specific population. The first factor identified was the presence of a stable adult in an individual's life. Results supported this hypothesis, showing a significant positive relationship between participants' resilience and their relationship with a stable adult. The second factor identified was an individual's support system. With this factor as well, results were consistent with the hypothesis; a positive relationship was found between a support system and participants' resilience. The third factor, supportive spirituality, was also shown to correlate positively with the participants' resilience. The fourth factor hypothesized to correlate with the participants' resilience was internal locus of control. No relationship was found between the participants' locus of control and any of the measures of resilience. The fifth hypothesis suggested that participants' ability to attribute the responsibility for the trauma on circumstances outside of their control rather than blaming themselves, would correlate with resilience. This hypothesis was supported, as significant positive correlations were found between measures indicating a lack of self-blame and resilience.

Summary of Convergent and Divergent Findings

The results of this study supported the existing literature in finding positive correlations between resilience and four of the five factors examined. Resilience was found to correlate positively with a relationship with a stable adult, the presence of a support system, supportive spiritual beliefs, and a lack of self-blame (Banyard, 1999; Brooks, 1994; Dass-Brailsford, 2005; Feinauer & Stuart, 1996; Hartling, 2008; Hirayama & Hirayama, 2002; Peres et al., 2007; Phasha, 2010; Resnick et al., 1997; Wright et al., 2005). These findings suggest that characteristics found to correlate with resilience in Western cultures also correlated with resilience within this sample of Bolivian adolescent street girls. Though care should be taken in generalizing findings, these results suggest that factors predicting resiliency may generalize beyond a specific cultural context.

In contrast to previous research showing a positive relationship between internal locus of control and resilience (Banyard, 1999; Brooks, 1994; Hartling, 2008; Kobasa, 1979), the results of the current study failed to show a significant relationship between participants' locus of control and the resiliency measures. There are several possible explanations for this divergence from previous research. The BASC-2, which was used to measure locus of control, was designed for and normed on Western subjects. It is possible that locus of control as measured by the BASC-2 may be a uniquely Western construct. It is also possible that in the Bolivian culture, internal locus of control is not experienced or valued as it may be in Western contexts. For example, in a culture in which collective, communal identity is practiced and prized, a perception of an internal locus of control may conflict with personal and cultural values. Another possible explanation is that internal locus of control, while often found to correlate with resilience and

other measures of well-being in the average population, may be less adaptive among survivors of complex trauma. For someone who has truly experienced significant life events over which he or she had no control (e.g., parental abandonment, rape), a sense of external locus of control may be more adaptive and reflect the reality of life. It is reasonable to speculate that for victims of extreme and long-term physical and sexual abuse, such as the participants in this study, a sense of external locus of control may be an accurate appraisal of their experience. To this end, it is notable that no correlations were found in this study between locus of control and self-esteem or self-reliance. This suggests that individuals may hold the belief that life events are outside of their control, yet still maintain a sense of their own ability to respond to challenges and utilize their resources as necessary in order to cope and thrive with what circumstances may come.

Implications

This study's findings suggest that several factors previously found to correlate with resilience in Western culture appear to generalize to a population of South American street girls. This research supports previous findings noting the relevance of stable adult, social support, supportive spirituality, and minimization of self-blame in our understanding of resilience. The statistical significance of the current findings extends our understanding of resilience with unique populations including individuals with complex trauma living in developing countries.

Understanding the factors that correlate with resilience can have clinical utility for work with clients who have survived trauma. Clinicians, educators, and other professionals can use this information to identify individuals who lack such factors, and may be at particularly high-risk for a difficult recovery following trauma; for example, a child who not only has experienced trauma, but also lacks supportive relationships and/or understands the trauma through a lens of

self-blame. Though it has not been determined that the four factors identified with resilience in this study have a causal effect, the positive relationships suggest that encouraging their presence may lead to some of the following benefits.

Resilience may be supported by encouraging relationships with stable adults, both by strengthening caregiver-child or other family relationships and by working with clients to identify teachers, mentors, or others who can take such a role in their lives. While the benefits of a stable relationship with an adult are likely due to early childhood experiences, it is possible that a stable and warm therapeutic relationship may provide another opportunity for healthy relationship. This study's findings continued to add to the significant amount of literature highlighting the myriad positive benefits of social support. Efforts to strengthen social support beyond the presence of a stable adult may involve linking the child with the broader social system (e.g., school, community, extended family and friends).

Similarly, the findings indicating supportive spirituality's relationship with resilience should also be taken into account in therapeutic work, as well as when consulting with family and religious systems. Clients may benefit from a culturally sensitive approach to supporting adaptive spiritual beliefs. The concept of spirituality which is specifically "supportive" is also important for therapists to consider as spiritual issues come up in therapy. Therapist may want to gently help clients examine beliefs or schemas which, though spiritual or religious in nature, may not contain the "supportive" aspect the literature and this study found to be associated with resilience. Some individuals who refrain from self-blame may have other resources which enable them to overcome their trauma, nevertheless, encouraging a non-self-blaming approach in therapy may potentiate their pre-existing resilience.

The lack of relationship this study found between locus of control and resilience has considerable implications for the therapist. Many therapists believe, appropriately given the considerable body of literature in agreement, that an internal locus of control is a sign of health, and an external locus of control can indicate pathology or helplessness. However, these results suggest that may not always be the case. Cultural factors should be taken into consideration, particularly when the client is from a culture and/or family which may not value independence and individualism to the same degree as the dominant culture. It is also advisable that clinicians pay careful attention to the reasons for a patient's external or internal locus of control, and to the accompanying presence or absence of maladaptive symptoms such as depression or low self-efficacy. For someone from a traumatized background, a belief that life's events are outside of one's control may not be a sign of distress but indicative of reasonable reflection on one's past. As an external locus of control does not necessarily preclude self-efficacy, interventions could be focused on maximizing the client's sense of ability to rise to the events of life that do come.

Limitations

This study's results should be considered with an awareness of its limitations. Primarily, it should be noted that though all measures used have demonstrated validity and reliability, they have not been normed for this study's population. Additionally, with the exception of the BASC-2, the measures were all translated for the purpose of this study; though reasonable efforts were made to ensure they were accurately translated, it is still possible that subtle linguistic changes in the test items may have affected the results' validity. An additional limitation is the small sample size of this study, limiting the power of the results. As all data were self-report by the study participants, it's possible that reporter bias may have affected the results. All participants in this

program were female, and so it is unclear if the same factors would be found to correlate with resilience in a male or cross-gender sample. Finally, it is important to consider that the study participants were a non-randomized group drawn from a convenience sample. A similar study exploring other contrasting other groups (youth still on streets vs. in programs, youths in two different programs), would add further support to the relevance of the data.

Future Research

Continued research on the factors which correlate with resilience in street children, completed with larger sample sizes, participants drawn from a variety of programs and locations, would strengthen these findings. Additionally, this study provides intriguing evidence that locus of control's correlation with well-being may vary depending on culture or life experience. More research on locus of control as understood and valued across different cultures would provide additional insight into its usefulness as a construct outside of Western contexts. Future research focusing on locus of control's correlates in traumatized populations would significantly add to the current body of literature.

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Appendix A**Contrato Para Participar En El Estudio De La Resiliencia**

Este proyecto se está llevando a cabo para conocer obtener información que nos ayudará a ayudar a otros niños y adolescentes. Todo lo que usted comparta se mantendrá privada, y sólo se compartirá con fines educativos y de investigación.

Usted no tiene que terminar estas preguntas, si en algún momento desea dejar de llenar los formularios usted puede dejar de contestar las preguntas.

Si usted tiene cualquier pregunta por favor pregúntele a Emily o uno de los educadores para ayudarle.

Muchísimas gracias por ayudarme con mi proyecto.

Emily Goldberg, Universidad de George Fox

Por favor, firme para decir que comprende y acepta participar.

Nombre _____

Fecha

Appendix B

Agreement to Participate in Research Study

This study is being conducted to learn information that will help us help other kids and teenagers. Everything you share will be kept private and will only be used for education and research purposes.

You do not have to finish these questions and at any point if you want to stop filling out the papers you may stop!

If you have any questions, please ask Emily or one of the workers to help you.

Thank you so much for helping me with my project.

Emily Goldberg, George Fox University

Please sign to say you understand and agree to participate.

Nombre _____

Fecha _____

Appendix C

Curriculum Vitae

Emily J. Wynsma

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EDUCATION

- Present **PsyD, Clinical Psychology**
George Fox University, Newberg, OR
• APA Accredited
• Anticipated April 2017
- 2016 **Certificate of Training Completion, Circle of Security Parenting[®] Facilitator**
Circle of Security Parenting International, Spokane, WA
- 2013 **Master of Arts, Clinical Psychology**
George Fox University, Newberg, OR
- 2012 **Certificate of Training Completion, Trust-Based Relational Intervention[®]**
Texas Christian University Institute of Child Development, Fort Worth, TX
- 2010 **Bachelor of Arts, Psychology;**
Certificate, Human Needs and Global Resources
Wheaton College, Wheaton, IL

CLINICAL EXPERIENCE

- 2016-2017 **Behavioral Health Provider, Virginia Garcia Memorial Health Center**
Newberg, Oregon and McMinnville, Oregon
• Provided behavioral health consults and short-term therapy for individuals, couples and families for a variety of presenting problems, including chronic pain, medication compliance, lifestyle management, anhedonia, fatigue, depressive and anxiety

symptoms, attention problems, history of trauma, grief, domestic violence, parenting concerns, substance abuse, immigration issues, incarceration of family members, attachment issues

- Completed assessments with written reports and feedback sessions for referrals including use of narcotics, ADHD, and cognitive impairment
- Facilitated an eight-week Circle of Security® Parenting group as well as provided individual and couple Circle of Security® Parenting support sessions for families with children prenatal-adolescence
- Provided weekly clinical supervision for a fourth year doctoral candidate
- Consulted and interfaced with law enforcement, crisis teams, and county mental health specialists
- Behavioral health consults, interventions, risk assessments, and assessment administrations all completed in both Spanish and English
- Experience working with a rural and low-income population

2015- 2016 **Behavioral Health Consultant, Willamette Family Medical Center**
Salem, Oregon

- Consulted and interfaced frequently with physicians, PAs, MAs, FNPs, and other health professionals as a mental health consultant in a primary care facility
- Conducted risk assessments for suicidality, homicidality, child abuse concerns, and domestic violence
- Provided behavioral health consults, short-term therapy, and long-term therapy for individuals and families for a variety of presenting problems, including health-related issues, medication compliance, lifestyle management, depression, anxiety, PTSD, grief, domestic violence, childhood trauma, parenting concerns, substance abuse, immigration issues, incarceration of family members, attachment issues
- Completed full assessments with written reports and feedback sessions, using batteries including the WISC-IV, BASC-2, Brown ADD Scales
- Behavioral health consults, therapy sessions, and assessment administrations all completed in both Spanish and English
- Experience working with a rural and low-income population

2014- 15 **Advanced Clinical Specialist, Rural School District Consortium,**
St. Paul School District and Yamhill-Carlton School District
Yamhill, Oregon, Carlton, Oregon, St. Paul, Oregon

- Individual and group counseling sessions with students ages 6-18, as well as individual sessions with parents, in English and Spanish

- Experience with childhood and adolescent depression, anxiety, grief, trauma, family issues, social skills, attachment issues, and domestic violence
- Family counseling sessions for a variety of presenting problems, including childhood depression, grief, blended family issues, oppositional defiance, and childhood anxiety
- Led a weekly parenting skills group on issues including promoting secure attachment within family relationships, managing parent and child stress, positive discipline strategies, and healthy communication with children
- Completed clinical work, classes, assessment administration and feedback bilingually
- Taught weekly group classes on social skills to elementary school students
- Supervised second- and third-year PsyD students on therapy, assessments, and groups and provided clinical support
- Facilitated intercultural coordination for St. Paul school district administration and the Parent Teacher Committee
- Experience working with a rural and low-income population
- Completed full assessments using batteries including the WISC-IV and V, Woodcock-Johnson III and IV, GORT-5, UNIT, NVIT, BASC-II, HTP

2014

Psychological Intern, Sundstrom Clinical Services*Clackamas, Oregon*

- Observed and participated in individual child and adolescent, parent(s), and family therapy sessions with a clinical psychologist
- Took session notes for clinical psychologist during her sessions
- Received regular supervision from an experienced pediatric psychologist, focusing on therapy techniques for depression, anxiety, behavioral difficulties, family issues, attention deficit disorders, school refusal, and integrating health concerns with overall daily adjustment

2013- 14

School Psychology Intern, St. Paul School District*St. Paul, Oregon*

- Individual and group counseling sessions with students ages 6-18
- Experience with childhood and adolescent depression, anxiety, grief, trauma, family issues, social skills, and domestic violence
- Experience working with students with a variety of special needs, including borderline IQ, autism spectrum disorders, and learning disorders
- Experience working with a rural and low-income population
- Completed counseling and parent meetings with Spanish and English-speaking clients

- Experience working as part of a school system, including regular meetings with parents, teachers, IEP teams, and special education department
- Completed full assessments using batteries including the WIAT, WISC, WRAT, Woodcock-Johnson, GORT, PPVT, and NVIT

2013 **Behavioral Health Consultant, Salud Medical Center**

Woodburn, Oregon

- Individual behavioral health sessions with children and adults
- Experience interfacing with physicians, PAs, nurses, and other health professionals as a mental health consultant in a primary care facility
- Experience with depression, anxiety, grief, trauma, domestic violence, and immigration issues
- Experience working with a rural and low-income population
- Conducted sessions in English and Spanish

2012 - 13 **Counselor, George Fox University Health and Counseling Center**

Newberg, OR

- Conducted intakes, weekly counseling sessions, and terminations with college students
- Experience with depression, anxiety, grief, sexual trauma, and suicidality
- Completed intakes and counseling with Spanish and English-speaking clients

2012 **Pre Practicum, George Fox University**

Newberg, OR

- Conducted intakes, 20 weekly counseling sessions, and terminations with undergraduate volunteers
- Experience with anxiety and relational issues

OTHER RELEVANT EXPERIENCE

2010 - 11 **Parent-Child Educator, Early Head Start Program**

West Chicago, IL

- Experience working with low-income, at-risk population
- Full-time work in Spanish and English
- Home visits weekly with immigrant families, developed rapport and trust with parents and children
- Planned weekly activities to gauge and encourage development of each child
- Administered ASQ, DECA to children ages 0-3

- Discussed life histories and present situations with parents on a weekly basis
- Helped families to form and work towards short- and long-term goals
- Maintained detailed written records on each child and family

2009 **Psychological Intern, Mosoj Yan Group Home for Teenage Street Girls**

Cochabamba, Bolivia

- Six months working full-time under a psychologist in a group home setting
- Met individually with girls ages 13-20, discussed life histories and goals
- Planned and conducted group workshops (self-esteem, identity)
- Conducted interviews on the girls' sexual histories and perceptions of sexuality
- Included experience with rape, sexual abuse, and substance abuse
- Assisted with child care (ages 0-3) for the girls' babies

RESEARCH EXPERIENCE

2012-2016 **Factors Correlating with Resilience in Bolivian Street Girls**

Dissertation, George Fox University

Cochabamba, Bolivia and Newberg, Oregon

- Prepared a review of the literature on factors contributing to and detracting from the resilience of street children throughout the world following various forms of trauma
- Applied for and received a Richter Grant through George Fox University to cover all of the research costs
- Administered the BASC-2, Child and Adolescent Support Scale, and the Trauma Resilience Scale, and a qualitative interview in Spanish to 21 adolescents in the custody of the Mosoj Yan group home under the supervision of a licensed psychologist
- Analyzed data and determined significant correlation in several factors with resilience in street children
- Successfully defended April 2016

2015 **Reducing the Frequency of Non-Emergent Patient Visits in the ED**

Newberg, Oregon

- Contributor on poster
- Accepted for 2015 APA Convention, Toronto, Ontario

2015 **Self-Efficacy and Its Contribution to Prosocial Behavior: An Evaluation of Kelso's Choice**

Carlton, Oregon

- Assisting with evaluative interviews of elementary-school children

before and after their completion of a conflict-management curriculum

- Presented at 2015 APA Convention, Toronto, Ontario
- Won Division 16 Student Research Poster Award

2010 **Teenage Street Girls' Perceptions of Sexuality, Independent Study, Wheaton College, Human Needs and Global Resources**

Cochabamba, Bolivia

- Prepared a review of the literature on adolescent sexuality and the long-term effects of sexual abuse
- Conducted qualitative interviews with residents of the Mosoj Yan group home on their histories of sexual abuse, sexual histories, and perceptions of sexuality
- Completed six case studies on residents
- Provided Mosoj Yan staff with a comparative analysis of girls' perceptions of sexuality as they progress through the three-step program

RESEARCH PRESENTATIONS

Wynsma, E., Sanders, E., Davis, S., Grace, E., & Peterson, M. (November 2015). Correlations between resilience and supportive spirituality in Bolivian street adolescents. Accepted for poster presentation, American Psychological Association annual meeting, 2016.

Wynsma, E., Sanders, E., Davis, S., Grace, E., & Peterson, M. (November 2015). Correlations between resilience and internal locus of control in Bolivian street adolescents. Accepted for poster presentation, American Psychological Association annual meeting, 2016.

Davis, S., **Goldberg, E.,** Winfield, M., Peterson, M., & Hamilton, E. (August 2015). Self-efficacy and its contribution to prosocial behavior: An evaluation of Kelso's Choice. Poster presented at annual meeting of the American Psychological Association, Toronto, Canada.

Kang, T., Song, C., Terman, J., Hartman, T., Fish, R., **Goldberg, E.** & Peterson, M. (August 2015). Same time next week: Reducing the frequency of non-emergent patient visits in the ED. Poster presented at annual meeting of the American Psychological Association, Toronto.

ACADEMIC APPOINTMENTS AND TEACHING

2014 **Teaching Assistant**
Cognitive-Behavioral Therapy, graduate class

George Fox University, Newberg, OR
Supervisor: Mark McMinn, PhD.

2013 **Guest Lecturer**, Research Design
Introduction to Psychology, undergraduate class
George Fox University, Newberg, OR

2013 **Guest Lecturer**, Conformity and Obedience
Social Psychology, undergraduate class
George Fox University, Newberg, OR

HONORS AND AWARDS

2015 **Division 16 Student Research Poster Award**
APA 2015 Annual Convention
Toronto, Canada

2012 **Full Scholarship, Trust Based Relational Intervention Training**
Texas Christian University Institute of Child Development
Fort Worth, TX

2011- 12 **Richter Grant, George Fox University**
Newberg, OR

2009 **Lane Scholarship, Wheaton College**
Wheaton, IL

2006 **Spirit of Columbia Community Service Award**
Columbia, MD

PROFESSIONAL AFFILIATIONS

2011-2016 American Psychological Association (APA), Student Affiliate

2015-2017 APA Division 7- Developmental Psychology

2015-2017 APA Division 35, Section 3- Psychology of Women:
Concerns of Hispanic Women/Latinas

2015-2017 APA Division 37, Section 1- Child and Family Policy and Practice:
Section on Child Maltreatment

2015-2017 APA Division 38- Health Psychology

2015-2017 APA Division 53- Clinical Child and Adolescent Psychology

2015-2017 APA Division 56- Trauma Psychology

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