

1-1-2017

The Effects of Trauma on Adjustment to College for Children of Missionaries

Melissa J. Winfield

George Fox University, mwinfield09@georgefox.edu

This research is a product of the Doctor of Psychology (PsyD) program at George Fox University. [Find out more](#) about the program.

Recommended Citation

Winfield, Melissa J., "The Effects of Trauma on Adjustment to College for Children of Missionaries" (2017). *Doctor of Psychology (PsyD)*. 229.

<http://digitalcommons.georgefox.edu/psyd/229>

This Dissertation is brought to you for free and open access by the Theses and Dissertations at Digital Commons @ George Fox University. It has been accepted for inclusion in Doctor of Psychology (PsyD) by an authorized administrator of Digital Commons @ George Fox University. For more information, please contact arolfe@georgefox.edu.

The Effects of Trauma on Adjustment to College for Children of Missionaries

by

Melissa J. Winfield

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

April, 2017

The Effects of Trauma on Adjustment to College for Children of Missionaries

by

Melissa J. Winfield

has been approved

at the

Graduate Department of Clinical Psychology

George Fox University

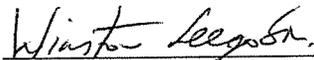
as a Dissertation for the PsyD degree

Signatures:



Mark McMinn, PhD, ABPP, Chair

Members:



Winston Seegobin, PsyD



Elizabeth Hamilton, PhD

Date: 5/3/2017

The Effects of Trauma on Adjustment to College for Children of Missionaries

Melissa J. Winfield

Graduate Department of Clinical Psychology

George Fox University

Newberg, Oregon

Abstract

Missionary Kids (MKs) encounter challenges in adjusting to college due to cross-cultural transitions and unique experiences related to missionary life. Though trauma is more common among missionaries than for the general American population, little is known regarding the impact of past trauma on missionary kids as they adjust to college. This study compared adjustment to college and psychological well-being of missionary kids and students who are not children of missionaries. The extent to which students have experienced trauma was used as a covariate in the study. MK students were recruited through college organizations and missions' agencies. They were asked to fill out a survey with measures of past trauma, psychological well-being, resilience and college adjustment at the beginning of second semester of their first year of college. Participants who completed the first survey were sent a follow up survey three months later to measure continued college-adjustment and resilience. Consistent with my hypothesis, resilience was positively correlated with college adjustment for both MKs and our comparison group. Contrary to my hypothesis, the MKs in this study did not report more trauma than their non-MK peers. Their scores for resilience and overall college adjustment were also similar to

peers'. MKs did report significantly more homesickness in their second semester of college. This finding is consistent with the well-documented grief and loss experienced by MKs. Future support for MKs should take into account the impact of complex grief on college adjustment.

Table of Contents

Approval Page.....	ii
Abstract.....	iii
List of Tables	vii
Chapter 1: Introduction.....	1
Stressors Associated with Missionary Life.....	3
Chronic stress related to acculturation.....	3
External stress and trauma	3
Repatriating.....	4
Adjusting to College.....	5
Missionary Kids Adjusting to College.....	6
Chapter 2: Methods.....	10
Participants.....	10
Materials	11
College Adjustment Test	11
Childhood Trauma Questionnaire.....	12
Cumulative Trauma Survey	12
The Connor-Davidson Resilience Scale	12
Demographic Questionnaire	13
Procedure	13
Chapter 3: Results.....	15
Hypothesis 1.....	15

Hypothesis 2.....	15
Hypothesis 3.....	16
Hypothesis 4.....	16
Hypothesis 5.....	16
Chapter 4: Discussion.....	19
Limitations.....	22
Implications for Future Research.....	23
Conclusion.....	24
References.....	26
Appendix A Childhood Trauma Questionnaire (Pennebaker & Susman, 1988).....	30
Appendix B Cumulative Trauma Survey (Rhoades, 2008).....	32
Appendix C Demographic Questionnaire.....	34
Appendix D College Adjustment Test (Pennebaker, Colder, & Sharp, 1990).....	35
Appendix E The Connor-Davidson Resilience Scale (Connor & Davidson, 2003).....	37
Appendix F Informed Consent for Participation.....	39
Appendix G Curriculum Vitae.....	40

List of Tables

Table 1 Central Tendency and Variability Scores18

Chapter 1

Introduction

As global communication and travel advance, more expatriates choose to raise their children in cross-cultural settings (Hervey, 2009). These children are commonly called “third culture kids” (TCKs) because two cultural streams significantly influence their development (Hervey, 2009; Huff, 2001). TCKs maintain connection with their parents’ culture, while being raised outside of it (Davis et al., 2010) and being acculturated in another context (Huff, 2001). They may have a relationship with and sense of belonging in two different cultures without claiming one completely (Hervey, 2009; Huff, 2001). TCKs are a growing, yet understudied population (Bounds, 2009), partly because they are “hidden immigrants” (Klemens & Bikos, 2009) and do not look different from their peers. One distinct population of these “global nomads” is the children of missionaries (Hervey, 2009).

Missionary kids (MKs) are affected by the challenges and strengths of third culture kids as well as experiences unique to the missionary lifestyle. Like other third culture kids, they gain exposure to various languages and traditions, as well as cultural values and worldviews (Hervey, 2009). Along with increased international travel, MKs have higher levels of international awareness. Wider perspectives on the world inform their identity (Davis et al., 2010; Hervey, 2009). They have respect for and are comfortable engaging with people who think or act differently than they do. TCKs, including missionary kids, are flexible socially and intellectually because of diverse life experiences (Davis et al., 2010; Hervey, 2009). These aspects of cross-

culture living may be assets for missionary kids, but there are also stressors associated with cross-cultural engagement.

TCKs consist of four distinct groups, based on the occupation of their parents. These groups are children whose parents work in business, diplomacy, military, or missionary or non-profit (Hervey, 2009). Each group experiences considerable differences in integration and acculturation with host cultures, exposure to Western culture while living overseas, opportunities to visit their passport country where they are a citizen, educational expectations and where they live in relation to other expats (Bell-Villada, Sichel, Eidse, & Orr, 2011; Davis et al., 2010; Hervey, 2009). MKs experience the most cultural integration with the host culture (Hervey, 2009) while the most mobile TCKs are often children of diplomats (Bell-Villada et al., 2011). For example, a MK may spend their whole life in one culture or location and only visit their passport country on furlough while a child whose parent is a diplomat or an oil company employee may have lived in several countries on several continents (Bell-Villada et al., 2011). While all these TCK groups experience acculturation challenges, military children are more impacted by routine combat-related separation from parents, changes in family roles and the impacts of psychological or physical injury post-deployment (Lincoln, Swift, & Shorteno-Fraser, 2008; Sories, Maier, Beer, & Thomas, 2015). The children of active duty service members are impacted by high mobility and loss (Sories et al., 2015) similar to other TCKs. Military families move on average once every two to three years (Lincoln et al., 2008), though many or all of those locations may have been within the United States. All groups of TCKs have *representative roles* meaning that they are expected to take on beliefs and behaviors consistent with those of their parents and the organization their parents work for (Bell-Villada et al., 2011; Pollock &

Van Reken, 2001). Missionary kids may have the expectation for sharing the same faith as their parents and being “little missionaries.” (Bikos et al., 2009; Pollock & Van Reken, 2001). Due to the complexity of TCK experience, this study focuses specifically on the MK population.

Stressors Associated with Missionary Life

Chronic stress related to acculturation. On the mission field, missionaries live perpetually in high stress (Dodds & Dodds, 1997). They often struggle with identity issues as they adapt to the culture of the host country and decrease contact with their original reference group in which they first established their identity. In order to effectively adapt to another culture, missionaries must let go of former parts of themselves while maintaining their identity and remaining congruent (Dodds & Dodds, 1997). Loss of cultural cues can make them feel inadequate, in part because it is difficult to measure their progress with new cultural norms. Because of the intense and complex changes they undergo, both missionaries and their children are a vulnerable population (Davis et al., 2010; Huff 2001). They often experience vulnerability and loss of control in their new context. They experience separation and loss of their homeland, friends and family, habits, recreation, and cultural values. Missionary kids are constantly in a state of “liminality,” as they live in the intersection between cultures and identities. This results in ambiguity, uncertainty, and a sense of rootlessness (Hervey, 2009; Huff, 2001).

External stress and trauma. External stressors for missionaries include safety, severe loss, and financial difficulty, which can be traumatic under severe circumstances. Trauma is defined as “frequent exposure to dangerous or life threatening situations or being in a profession that works closely with trauma victims” (Bagley, 2003, p. 97). According to Bagley, missionaries fit the profile as a population at high risk for PTSD, along with law enforcement

workers and firefighters. Missionaries are often located in places that increase their exposure to danger, plus they tend to work with victims of trauma, increasing their risk for secondary trauma. They are at higher risk than the average US population for exposure to war, violence, burglary, assault, civil unrest, evacuations, kidnapping, carjacking and even torture (Bagley, 2003; Schaefer et al., 2007). According to Bagley's study, missionaries were 7.7 times more likely to be exposed to traumatic events on the field than they were off the field. In addition, 94% of missionaries report being exposed to trauma and 84% reported repeated exposures (Bagley, 2003). According to Schaefer et al. (2007), "higher numbers of traumatic events were associated with increased posttraumatic stress and with increased functional impairment" (p. 536). Increased exposure to traumatic events was also associated with increased risk of depression (Schaefer et al., 2007). Irvine, Armentrout and Miner (2006) also reported that missionaries experience negative change as a result of traumatic stress, in areas of relationships, emotions, personal change, work impairment, and belief changes. Despite the risks, exposure to traumatic events is also associated with greater resilience among missionaries (Schaefer et al., 2007). Although there is no known research specifically investigating trauma experienced by MKs, it seems realistic to expect that the children of missionaries are exposed to similar trauma as their parents and also develop resilience.

Repatriating. Missionaries not only face challenges when living overseas but also experience difficulties upon reentry back into their home culture. Because of a diverse range of life experiences, differing values, and having an identity that is informed by multiple cultures, missionary kids face unique challenges moving back to their "passport culture" (Davis et al., 2010, p. 187), particularly when adjusting to college.

Adjusting to College

Attending college for the first time challenges students' abilities to adjust to a new environment and emergent stressors (Dyson & Renk, 2006). College students encounter a variety of everyday stressors, including change in location, being removed from previous social support, and new and increased academic challenges. There is pressure to create new relationships and an increased personal responsibility in housing and money management (Conley, Travers & Bryant, 2013; Galatzer-Levy, Burton & Bonanno, 2012). College students are individuating from parents and taking on new identities. The combination of unfamiliarity of college life combined with the transition to adulthood can challenge an individual's sense of personal security and being accepted by others (Dyson & Renk, 2006). Freshmen often struggle to meet the expectations of themselves, family and friends in this new stage of life (Dyson & Renk, 2006). The experience of stress is common for college students and many students experience hopelessness and sadness during the transition (Dyson & Renk, 2006). Even after their freshman year, college students frequently report homesickness, loneliness, and conflict and distress in relationships (Conley et al., 2013). This multiplicity of stressors in a short time makes college students not only more susceptible to academic difficulties but also to mental health problems (Conley et al., 2013; Galatzer-Levy et al., 2012). College students are increasingly exhibiting symptoms of severe psychopathology (Galatzer-Levy et al., 2012) and symptoms of depression, obsessiveness, and absentmindedness are notable for students adjusting to college (Dyson & Renk, 2006). A culmination of traumatic experiences in the past increases risk of higher psychological distress in college (Banyard & Cantor, 2004). Despite the challenges, college adjustment presents positive aspects, including new opportunities, meeting new people, (Denovan & Macaskill, 2013) and

learning skills for stress management and psychosocial wellness (Conley et al., 2013). Most students are able to address challenges with coping behaviors that increase their personal resilience and report little or no distress over the 4 years of college, despite challenging transitions (Galatzer-Levy et al., 2012).

Missionary Kids Adjusting to College

Missionary kids come to college with a distinctly different set of life experiences as compared to their non-missionary peers. MKs coming to college experience reversed culture shock upon return to their home culture (Huff, 2001). Reversed culture shock is a psychological and psychosomatic experience of readjusting into one's home culture and is considered to be more stressful than the culture shock of going abroad. It can be the most stressful experience for a missionary kid when coming to college (Huff, 2001).

The reversed culture shock of repatriation can result in emotional and social difficulty. Missionary kids experience increased levels of stress, depression and anxiety upon re-entry. Davis et al. (2010) studied a college repatriation program for missionary kids and found that 43% of their participants showed elevated levels of anxiety and depression. Sixty-six percent of their participants reported elevated levels of stress and 43% reported sub-normal levels of general psychological well-being (Davis et al., 2010). Another study reported that MKs scored significantly lower than their non-MK peers on measures of psychological wellbeing and sociocultural adaptation (Klemens & Bikos, 2009).

Missionary kids may also experience a significant amount of loss, which can impact their psychological wellbeing in adjusting to college. Repatriation often means that MKs lose contact with people and things that they love. Losses include separation from family, friends, home, life-

structure, culture and ways of life that are familiar (Davis et al., 2010; Klemens & Bikos, 2009). They often do not feel at home in their passport culture (Huff, 2001). Moreover, this grief and loss is often not recognized by others as being significant (Davis et al., 2010).

MKs may also have unresolved grief from the increased mobility of a missionary lifestyle (Huff, 2001). Previous negative transitions are associated with more difficulty when adjusting to college (Hervey, 2009). Extreme loss may lead to feelings of vulnerability and loss of control in their current situation. Adjustments to daily living activities, like learning how to drive, changes in measuring systems, and learning how much things should cost, increases the difficulty of this transition (Bikos et al., 2009). The transition may feel chaotic, which increases the stress and anxiety of transitioning from one culture to another (Davis et al., 2010).

Missionary kids often struggle with feelings of social isolation (Davis et al, 2010; Firmin, Warner, & Lowe, 2006) when adjusting to college. Social support is important because quality of relationships in college is a strong predictor of wellbeing and adjustment (Huff, 2001). During re-acculturation, MKs may struggle to build social support and may experience social marginality (Huff, 2001). They may feel misunderstood or stereotyped by others (Firmin et al., 2006). While some MKs may experience frustration that they are expected to be the same as their peers in their parent's culture because of their appearance, despite the fact that they identify more strongly with the host culture in which they grew up. Others may feel frustrated that they are expected to be different from others even after they have adapted to their passport culture. (Hervey, 2009).

Despite the variation in MK experiences, common themes are feelings of rootlessness and lack of belonging. This often results in social detachment (Davis et al, 2010) and questioning

their identity (Hervey, 2009). On the Homecomer Culture Shock Scale, MKs scored higher on scales of Cultural Distance and Interpersonal Distance than their non-MK peers. MKs reported negative reactions to American cultural values and reported deficits in their ability to develop intimacy with others. They had a greater tendency to feel inadequate in their current social abilities within the new culture and were hesitant to engage in short-term relationships (Huff, 2001). Missionary kids may have trouble developing intimate relationships and maintain emotional and relational distance to lessen the pain of future separations. High levels of reverse culture shock can result in shyness and an inability to seek out social support when needed (Hervey, 2009). MKs may struggle with a lack of belonging and rootedness, which results in detachment (Davis et al., 2010). Though many of them expect to eventually settle down, they have a “migratory instinct” (Hervey, 2009). For example, in one study, 45% of MKs attended 3 or more colleges and some attended up to 9 colleges (Hervey, 2009).

Though detachment, independence, and social distance are often high for MKs, this does not always lead to maladjustment in college. It is possible that some MKs have grown content with increased independence and distance in relationships since it has been a way of life for them (Huff, 2001).

In summary, though many college students face adjustment challenges, missionary kids experience unique difficulties and challenges during re-acculturation and adjustment to college. The challenges of reverse culture shock and past cross-cultural experiences inform our understanding of psychological vulnerabilities and social isolation of MKs in college. However, not much has been done to assess the impact of trauma in college adjustment. In addition to cross-cultural identity development and adjustment, being a missionary kid increases the risk of

exposure to trauma or contact with others who have experienced trauma. This study assessed the impact of past traumatic experiences of MKs on their adjustment to college their freshman year.

First, it was hypothesized that missionary kids experience more challenges when adjusting to college than other students. Second, I hypothesized that past exposure to trauma is inversely related to college adjustment. Third, I expected that missionary kids have more past trauma and fourth, that they are also more resilience than other students. Fifth, it was hypothesized that resilience would be positively related to college adjustment.

Chapter 2

Methods

Participants

Participants were students entering their first year of college and between the ages of 17 and 27. The MK group included students who reported that their parents were missionaries while they were growing up or who had lived overseas for at least seven years and participated in an MK organization on their college campus. The comparison group included non-missionary kids who took our survey as credit for a freshman level course. In order to recruit MKs for this study, leaders from various organizations, including missionary sending agencies and college groups (e.g., such as Mu Kappa and Student Life) who are interested in maintaining relationships with MKs, were contacted. These leaders asked for volunteers who were interested in participating in our study. Some leaders encouraged individuals to contact me in order to be sent a survey via e-mail. Other leaders decided to give the link to the survey directly to interested participants. Most participants came from Mu Kappa chapters at Christian universities. In the survey, participants included their e-mail addresses and a follow up survey was sent to them a couple months later at the end of the spring semester. Fifty MKs filled out both of our surveys. Not enough participants from the comparison group participated in the follow up data to make this additional data helpful.

The MK group ($N = 50$) included students at seven different Christian colleges and universities who reported that their parents were missionaries while they were growing up or

who had lived overseas for at least seven years and participated in an MK organization on their college campus. The comparison group ($N = 47$) included non-MKs at one Christian university who took the survey as credit for a first year college course. Participants in the MK group ranged from 17 to 27 years of age (average 19.2 years) and those in the comparison group ranged from 18 to 23 (average 19.4 years). The majority of participants were women (61% of MKs and 74% of comparison group). About two-thirds (65%) of the MK group were European-American with 12% Asian-American, 10% multiracial, 4% Hispanic, 4% Pacific Islander, 2% American Indian, and 14% other. Among the comparison group, 60% reported being European-American, 11% Asian-American, 4% American Indian, 4% Hispanic, 2% Pacific Islander, 2% multiracial, and 28% other.

Materials

To determine number of past traumatic experiences The Childhood Trauma Questionnaire by Pennebaker and Susman (1988) (see Appendix A) and the Cumulative Trauma Survey by Rhoades (2008) (see Appendix B) were administered to all participants along with a demographic questionnaire (see Appendix C). The College Adjustment Test by Pennebaker, Colder and Sharp (1990) (see Appendix D) and the Connor-Davidson Resilience Scale (Connor & Davidson, 2003) (see Appendix E) were also administered to measure self-reported college adjustment and resilience.

College Adjustment Test (CAT; Pennebaker, Colder, & Sharp, 1990). This measure looks at coping as it relates to college adjustment of freshman students. It is a 19-item survey that results in a total score of adjustment and subscale scores of negative affect about coming to college, positive affect or optimism, and homesickness. It asks about thoughts and feelings that

were experienced in the previous week about coming to college. Based on two samples of 287 and 260 freshman students, this scale demonstrated internal consistency (Cronbach's alpha = 0.79) and a two-month retest resulted in good reliability ($r = 0.65$).

Childhood Trauma Questionnaire (CTQ; Pennebaker & Susman, 1988). This measure assesses the extent of traumatic experience before the age of 17. This brief survey asks about six early traumatic experiences (death, divorce, violence, sexual abuse, illness and other) and assesses the individual's understanding of their childhood trauma. For each of the six events, participants are asked to rate how traumatic the experience was and how much they confided in others at the time. There is no psychometric information available for this questionnaire and the items are face valid. There is also no scoring key so it can be scored and interpreted according to the needs of our study.

Cumulative Trauma Survey (Rhoades, 2008). This scale includes 21 items that measure kinds of traumatic events experienced by the respondent. Items cover traumatic experiences such as assault, sudden death of a loved one, combat, living in a country at war, or a life threatening illness. This scale was adjusted from the Cumulative Trauma Measure (Kira et al., 2008).

The Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003). This measure assesses the current level of resilience, or the ability to cope with stress. It is a 25-measure scale, with which each item rated from 0-4. Higher scores indicate higher levels of resilience. In a sample of the general population ($n = 577$), this measure demonstrated strong internal consistency (Cronbach's alpha = 0.79). In a different sample, test-retest reliability was also good ($r = 0.87$). Scores for the CD-RISC were positively correlated with Kobasa Hardiness Measure and significantly negatively correlated with scores on the Perceived Stress Scale.

Demographic Questionnaire. This questionnaire was developed to gather demographic information about the participant. De-identified information included age, gender, religion, denomination, ethnicity, and years of education. Other information regarding years lived overseas, number of countries lived in and months or years of living in the United States immediately prior to going to college will also be asked of each participant.

Procedure

Participants were recruited through college organizations or mission agencies. They were contacted by e-mail in the fall and in January of their freshman year asking them to participate in a survey study about college adjustment by the end of January. They were informed that this is a two-part study and that the next survey will be sent to them via e-mail at the end of the spring semester. MK participants were told that they would be given an incentive for filling out both surveys. The non-MK group was informed that they would be signed up for a raffle drawing after the completion of both surveys. Funds from a Richter Grant were utilized to provide for the promised incentives and for mailing gift cards to participants.

During the first part of the survey students were presented with a consent form (Appendix F) in which students were encouraged to contact their university's counseling center if they felt overwhelmed by the content of any of the questions. If they gave their consent by continuing the survey, they filled out a demographics survey. Next, they completed the Childhood Trauma Questionnaire and Cumulative Trauma Survey to indicate past experiences of trauma. They also completed College Adjustment Test and Connor-Davidson Resilience Scale via the same survey. In April, participants were sent directions for filling out a follow up survey with only the College

Adjustment Test and Connor-Davidson Resilience Scale to determine change over the course of the spring semester.

Chapter 3

Results

Results on the various measures are reported in Table 1. Independent samples *t*-tests were used to compare the MK and comparison groups at pre-test, and paired-samples *t*-tests were used to compare pre- and post-test scores for MK participants.

Hypothesis 1

The first hypothesis was that missionary kids would experience more challenges when adjusting to college than other students. Contrary to what was hypothesized, MKs did not demonstrate significant differences when compared to other non-MK college students on most dimensions of the College Adjustment Test. No differences were observed on positive affect, negative affect, or overall adjustment. MK participants reported greater homesickness than the comparison group at pre-test.

Hypothesis 2

Second, I hypothesized that past exposure to trauma would be inversely related to college adjustment. To look at the effects of past trauma on college adjustment, a series of analyses of covariance (ANCOVA) were computed with scores on the Cumulative Trauma Scale as the covariate and pre-test scores for MK and comparison group participants as the between-groups variable. The dependent variables were the subtests and overall scores on the College Adjustment Test. As with the *t*-test results, no differences were observed between MKs and the comparison group on positive or negative affect or overall adjustment, and no covariate effects

were found. However, with homesickness both a difference was observed between groups, $F(1,93) = 7.51, p = .007$, and a covariate effect was observed, $F(1,93) = 5.07, p = .027$. Among MKs, the correlation between cumulative trauma and homesickness was .242, and it was .212 among the comparison group. The positive, though slight, correlation suggests that cumulative trauma is related to college adjustment on the variable of homesickness.

Hypothesis 3

Third, I expected that missionary kids would have more past trauma than other students. Contrary to this assumption, MKs did not report more traumatic experiences than non-MKs on either the Childhood Trauma Questionnaire or Rhoades's Cumulative Trauma Questionnaire.

Hypothesis 4

Fourth, I expected MKs to have more resilience than other students. Contrary to what was hypothesized, there was no difference between MKs and the comparison group on the Connor-Davidson Resilience Scale.

Hypothesis 5

Finally, I expected resilience to be positively related to college adjustment. To determine the relationship between resilience and college adjustment, Pearson's product-moment correlation was used on my entire sample of MKs and the comparison group. Consistent with my hypothesis, resilience was positively correlated with positive affect on the College Adjustment Test, $r = 0.497$, and overall college adjustment, $r = 0.430$, and negatively correlated with negative affect, $r = -0.350$. All correlations were significant at the 0.01 level for a 2-tailed test. There was not a significant correlation between resilience and homesickness, $r = -0.151$. On

repeated measures t-tests with MKs only, no significant changes were found in any adjustment or resilience scales over the course of the semester.

Table 1

Central Tendency and Variability Scores

Scale	MK Group		Comparison Group		Differences
	Mean	SD	Mean	SD	
Traumatic Events Total	6.94	5.928	8.06	6.612	G: $t(96) = 0.89, p = .378$
Rhoades Total	2.47	2.091	2.02	1.738	G: $t(96) = 1.15, p = .253$
College Adjustment- Pretest					
Positive Adjustment	28.94	8.581	29.89	6.624	G: $t(94) = 0.61, p = .544$
Negative Adjustment	37.06	12.521	36.28	11.568	G: $t(94) = 0.32, p = .751$
Homesickness	28.12	6.340	24.23	6.471	G: $t(94) = 2.97, p = .004, d = .61$
Overall	76.84	14.578	81.15	16.287	G: $t(94) = 1.37, p = .175$
College Adjustment-Post test					
Positive Adjustment	29.86	4.803			P: $t(34) = 0.43, p = .670$
Negative Adjustment	39.05	10.088			P: $t(34) = 0.41, p = .683$
Homesickness	27.92	5.372			P: $t(34) = 0.82, p = .421$
Overall	76.03	13.662			P: $t(34) = 0.36, p = .720$
Resilience Total-Pretest	91.74	10.433	90.96	12.760	G: $t(92) = 0.33, p = .744$
Resilience Total-Posttest	91.28	10.687			P: $t(33) = 0.19, p = .851$

Notes. Not enough posttest scores were submitted by the comparison group to allow testing of group differences at posttest. G = independent samples t -test for group differences. P = paired samples t -test for repeated measures effects, d = Cohen's d effect size

Chapter 4

Discussion

This study investigated the adjustment of MKs as they entered college and how past trauma or resilience scores impacted this transition. MK adjustment was similar to that of other college students, with the exception of reported homesickness. MKs did not report more trauma or score higher on resilience than our non-MK comparison group. Trauma was not correlated with overall adjustment but had a slight positive correlation with homesickness. As expected, resilience was significantly correlated with overall college adjustment but not with homesickness. The lack of significant discrepancies between the MK and non-MK populations in trauma, college adjustment, and resilience could either indicate that no differences exist or that differences were not detected in this study because of the small sample size of both groups as well as other considerations discussed below. However, the significant results regarding homesickness and resilience are consistent with the research and will be helpful for understanding the unique challenges of this population.

The finding that MK college adjustment does not differ from their non-MK peers is inconsistent with the current body of research. A recent study found that MKs reported significantly more symptoms of depression, anxiety and stress upon re-entry into the US than the general population (Davis, Suarez, Crawford, & Reh fuss, 2013). This incongruence may be due to the fact that our study was done during the second semester of freshman year instead of before

such as age of re-entry, number of transitions before college, and involvement in a re-entry program (Davis et al., 2013; Huff, 2001). MKs entering the US after the age of 15 experience more social distance than MKs who re-entered before the age of 15 (Huff, 2001). The current study included MKs who had been back in the US anywhere from 1 week to 12 years. I did not include the number of previous transitions, parental attachment and perceived social support that significantly impacted college adjustment (Huff, 2001). Also, I did not consider whether or not MKs had been involved in a re-entry program. According to Davis et al. (2013), after participating in a re-entry program, MKs reported levels of depression, anxiety and stress that were average or better than average compared to non-MK peers.

In this study, MKs scored no differently in resilience compared to their peers. According to Schaefer et al. (2007), trauma increased the resilience of missionaries. It may be that because our sample did not report more traumatic experiences, they also did develop more resilience. However, for both MK and non-MK groups, resilience is significantly correlated with college adjustment. According to Galatzer-Levy et al. (2012), challenges in college increased personal resilience for students. It also seems likely that resilience before college increases adjustment during the transition. Interestingly, homesickness was not related to resilience. This indicates that individuals could experience increased homesickness and remain resilient when adjusting to college.

The lack of trauma reported by MKs was also a surprising finding in this study. Due to the traumatic experiences reported by missionaries, it seemed likely that their children would also be exposed to similar trauma. However, MKs may experience and the first semester.

It is likely that throughout the course of freshman year, MKs' adjustment increases as they settle into college. We also did not take into account some experiences of MKs that impact adjustment to college interpret traumatic events and other stressors differently than their parents. This may be due to being raised in different environments and establishing different norms for safety. MKs growing up in stressful environments may have a very high stress tolerance and not recognize events as threatening or traumatic. Another explanation is that the majority of the MKs in this study came from regions of the world with less social unrest, such as Europe or Asia. Out of our sample of 50 MKs, only 12 participants reported having lived in Middle Eastern or African countries, where the majority of terrorist groups are active, according to the Office of the Director of National Defense of the United States (2017).

The most helpful finding is that MKs reported significantly more homesickness than their peers, even when other measures of adjustment were indistinguishable between groups. Homesickness is distress due to separation from home and it can be problematic if it exacerbates pre-existing mental health conditions or results in symptoms of anxiety, depression or withdrawal (Thurber & Walton, 2012). For MKs, this separation from home is part of the significant loss experienced with repatriation (Davis et al., 2010; Klemens & Bikos, 2009). If losses are not addressed, then the normal progress toward adaptation after loss is impeded. Complicated or unresolved grief occurs when the mourning process cannot take place, often due to multiple losses where the individual is too overwhelmed to address their loss or if the loss is unrecognized by others, or "socially negated" (Worden, 2002). As mentioned earlier, multiple and unrecognized loss are

experienced by MKs during repatriation (Davis et al., 2010). Complicated grief can result in chronic, delayed or exaggerated grief or masked grief that manifests in somatic or behavioral symptoms (Worden, 2002). In order to help MKs address their experiences of loss and homesickness, recognition of the loss and social support are essential. According to Worden, “Grief is really a social process and is best dealt with in a social setting in which people can support and reinforce each other in their reactions to the loss” (2002, p. 132). Providing the support for MKs to recognize and grieve the losses they are experiencing will likely improve long-term adjustment and psychological wellbeing for MKs during and after college.

Limitations

This study had a small sample of 50 MKs, which may have impacted the findings on adjustment and trauma that differed from the current MK literature. I also had a limited ability to differentiate the impact of various factors on MK adjustment, such as location of host country and length of time in US before college. Because this sample solely included individuals who self-selected by agreeing to fill out the survey and were part of Mu Kappa, the social support group for MKs on Christian colleges, I may not have a representative sample of MK adjustment. Mu Kappa provides substantial support for MKs during college and may be a protective factor for adjustment. MKs participating in this organization may have better adjustment than MKs who do not have this support. Also, all of the MKs surveyed identified their faith as “important” or “very important,” which may also facilitate adjustment. This faith commitment reported in our sample may not reflect the full array of MKs who attend college. Additionally, this MK sample

included participants who grew up overseas and were likely TCKs but did not identify specifically as MKs as well as individuals who identified as MKs but had not spent much time outside of the US. Finally, a limitation of this study was the attrition of the comparison group. I had hoped to have pre and post tests for both populations but did not get enough posttest participation from the comparison group. This limited any ability to observe the differences between groups across the course of the freshman spring semester.

Implications for Further Research

These findings on MK homesickness indicate that future interventions with this population should include the social support and professional help needed to process loss and grief. Though re-entry programs help significantly with adjustment, there may still be a need for more long lasting support. According to Worden (2002), grief is a gradual process requiring time for adjustment and meaning making. Mental health professionals, college faculty, and Mu Kappa leaders who are familiar with the factors and tasks of grief may help provide this support. Further research is needed to understand how grief can best be processed for MKs throughout the course of college.

Future research could also determine a more accurate understanding of MK experience with trauma and repatriation. Though this research found no difference between MKs and non-MKs, it is possible that a bigger sample size representing MKs from different global regions may help determine whether or not MKs experience more trauma. The impact of social support during repatriation provided by groups like Mu Kappa and other groups on Christian colleges could be investigated more thoroughly. It

would be helpful to compare the adjustment of MKs with available social support with MKs who are not on Christian campuses or are not involved in groups like Mu Kappa.

Conclusion

Children of missionaries likely experience both benefits and challenges growing up among multiple cultures. Like other third culture kids, they have more international awareness and are more comfortable interacting with people and beliefs that differ from their own experience. They are different from other TCKs due to the unique work and faith context of their parents. Missionaries strive to integrate with their host culture and often experience vulnerability and lack of control in their new contexts. The lack of safety experienced by missionaries may result in exposure to trauma. In addition to the loss of safety and culture experienced by missionaries and their children, one of the biggest challenges for MKs is re-entering their passport culture. The reverse culture shock of repatriation often results in emotional and social difficulty. Often re-entry occurs when MKs are transitioning to college, making this time important for studying and supporting this process.

Previous research has documented the impact of cultural shock on college adjustment, but up to this point there had been no research looking at how the experience of trauma impacted this transition. I did not find any difference in trauma and overall college adjustment between MKs and their peers, though this may be due to limitations in the study. Additionally, trauma was not correlated to college adjustment in this study. However, MKs did experience significantly more homesickness than those in the comparison group. This is an important finding because homesickness is likely a

manifestation of the complicated loss that MKs experience. Understanding the MK adjustment to college in the context of grief and loss will help direct the care of MKs in future research and practice.

References

- Bagley, R. W. (2003). Trauma and traumatic stress among missionaries. *Journal of Psychology and Theology, 31*(2), 97-112.
- Banyard, V. L., & Cantor, E. N. (2004). Adjustment to college among trauma survivors: An exploratory study of resilience. *Journal of College Student Development, 45*(2)
- Bell-Villada, G. H., Sichel, N., Eidse, F., & Orr E. N. (Eds.). (2011). Writing out of limbo: International childhoods, global nomads and third culture kids. Newcastle upon Tyne: Cambridge Scholars.
- Bikos, L. H., Kocheleva, J., King, D., Chang, G. C., McKenzie, A., Roenicke, C. ... Echard, K. (2009). A consensual qualitative investigation into the repatriation experiences of young adult, missionary kids. *Mental Health, Religion & Culture, 12*(7), 735-754.
- Bounds, B. I. (2009). The relationship of religiosity and adjustment to college among children of missionaries. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 69*(11-B), 7131.
- Conley, C. S., Travers, L. V., & Bryant, F. B. (2013). Promoting psychosocial adjustment and stress management in first-year college students: The benefits of engagement in a psychosocial wellness seminar. *Journal of American College Health, 61*(2), 75-86
- Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: Conner-Davidson resilience scale (CD-RISC). *Depression and Anxiety, 18*, 76-82

- Davis, P., Headley, K., Bazemore, T., Cervo, J., Sickinger, P., Windham, M., & Rehfuss, M. (2010). Evaluating impact of transition seminars on missionary kid's depression, anxiety, stress, and well-being. *Journal of Psychology and Theology*, 38(3), 186-194.
- Davis, P. S., Suarez, E. C., Crawford, N. A., & Rehfuss, M. C. (2013). Reentry program impact on missionary kid depression, anxiety, and stress: A three-year study. *Journal of Psychology & Theology*, 41(2), 128-140
- Denovan, A., & Macaskill, A. (2013). An interpretative phenomenological analysis of stress and coping in first year undergraduates. *British Educational Research Journal*, 39(6), 1002-1024
- Dodds, L., & Dodds L. (1997, November). *Stress from core to cosmos: Issues and needs in cross-cultural ministry*. Paper presented at the meeting of American Association of Christian Counselors, Dallas, TX.
- Dyson, R., & Renk, K. (2006). Freshman adaptation to university life: Depressive symptoms, stress and coping. *Journal of Clinical Psychology*, 62(10), 1231-1244
- Firmin, M., Warner, S., & Lowe, A. (2006). Social adjustment among students growing up in foreign mission-field contexts. *Christian Higher Education*, 5, 115-124.
- Galatzer-Levy, I. R., Burton, C. L., & Bonanno, G. A. (2012). Coping flexibility, potentially traumatic life events and resilience: A prospective study of college student adjustment. *Journal of Social and Clinical Psychology*, 31(6), 542-567
- Hervey, A. (2009). Cultural transitions during childhood and adjustment to college. *Journal of Psychology and Christianity*, 28(1), 3-12.

- Huff, J. L. (2001). Parental attachment, reverse culture shock, perceived social support and college adjustment of missionary children. *Journal of Psychology and Theology*, 29(3), 246-264
- Irvine, J., Armentrout, D. P., & Miner, L. A. (2006). Traumatic stress in missionary populations: Dimensions and impact. *Journal of Psychology and Theology*, 34(4), 327-336.
- Kira, I. A., Lewandowski, L., Templin, T., Ramaswamy, V., Ozkan, B. & Mohanesh, J. (2008). Measuring cumulative trauma dose, types, and profiles using development-based taxonomy of traumas. *Traumatology*, 14(2), 62-87
- Klemens, M. J., & Bikos, L. H. (2009). Psychological well-being and sociocultural adaptation in college-aged, repatriated, missionary kids. *Mental Health, Religion & Culture*, 12(7), 721-733.
- Lincoln, A., Swift, E., & Shorteno-Fraser, M. (2008). Psychological adjustment and treatment of children and families with parents deployed in military combat. *Journal of Clinical Psychology*, 64(8), 984-992.
- Office of the Director of National Defense. (2017). Counterterrorism guide. *National Counterterrorism Center*. Retrieved from www.nctc.gov
- Pennebaker, J. W., Colder, M., & Sharp, L. K. (1990). Accelerating the coping process. *Journal of Personality and Social Psychology*, 58, 528-537.
- Pennebaker, J. W., & Susman, J. R. (1988). Disclosure of traumas and psychosomatic processes. *Social Science and Medicine*, 26, 327-332.

Pollock, D. C., & Van Reken (2001). *The third culture kid experience: Growing up among worlds*. London, UK: Nicolas Brealey Pub: Intercultural Press.

Rhoades, G. F. (2008) Cumulative trauma survey. Unpublished manuscript.

Schaefer, F. C., Blazer, D. G., Carr, K. F., Connor, K. M., Burchett, B., Schaefer, C. A., & Davidson, J. R. T. (2007). Traumatic events and posttraumatic stress in cross cultural mission assignments. *Journal of Traumatic Stress, 20*(4), 529-539

Sories, F., Maier, C., Beer, A., & Thomas V. (2015). Addressing the needs of military children through family-based play therapy. *Contemporary Family Therapy, 37*:209-220.

Thurber, C. A., & Walton, E. A. (2012). Homesickness and adjustment in university students. *Journal of American College Health, 60*, 415-419.

Worden, J. W. (2002). *Grief counseling and grief therapy: A handbook for the mental health professional*. New York, NY: Springer.

Appendix A**Childhood Trauma Questionnaire (Pennebaker & Susman, 1988)**

For the following questions, answer each item that is relevant. Be as honest as you can. Each question refers to any event that you may have experienced **prior to the age of 17**.

1. Prior to the age of 17, did you experience a death of a very close friend or family member? _____ If yes, how old were you? _____

If yes, how traumatic was this? (using a 7-point scale, where 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic) _____

If yes, how much did you confide in others about this traumatic experience at the time? (1 = not at all, 7 = a great deal) _____

2. Prior to the age of 17, was there a major upheaval between your parents (such as divorce, separation)? _____ If yes, how old were you? _____

If yes, how traumatic was this? (where 7 = extremely traumatic) _____

If yes, how much did you confide in others? (7 = a great deal) _____

3. Prior to the age of 17, did you have a traumatic sexual experience (raped, molested, etc.)? _____ If yes, how old were you? _____

If yes, how traumatic was this? (7 = extremely traumatic) _____

If yes, how much did you confide in others? (7 = a great deal) _____

4. Prior to the age of 17, were you the victim of violence (child abuse, mugged or assaulted -- other than sexual)? _____ If yes, how old were you? _____

If yes, how traumatic was this? (7 = extremely traumatic) _____

If yes, how much did you confide in others? (7 = a great deal) _____

5. Prior to the age of 17, were you extremely ill or injured? _____ If yes, how old were you? _____

If yes, how traumatic was this? (7 = extremely traumatic) _____

If yes, how much did you confide in others? (7 = a great deal) _____

6. Prior to the age of 17, did you experience any other major upheaval that you think may have shaped your life or personality significantly? _____ If yes, how old were you? _____

If yes, what was the event? _____ If yes, how traumatic was this? (7 = extremely traumatic) _____ If yes, how much did you confide in others? (7 = a great deal) _____

Appendix B**Cumulative Trauma Survey (Rhoades, 2008)**

Instructions: The following is a list of stressful life events that can occur during a natural (i.e. earthquake, tsunami) or manmade (i.e. terrorism, war) disaster. Please read each item, and then indicate if you have experienced this event by circling the yes or no next to the item.

- | | | |
|---|-----|----|
| . 1 I lived in a country that was at war with another country. | Yes | No |
| . 2 I lived in a country that was in a civil war. | Yes | No |
| . 3 I witnessed another person being physically assaulted. | Yes | No |
| . 4 I was physically assaulted by another person. | Yes | No |
| . 5 I witnessed another person being sexually assaulted. | Yes | No |
| . 6 I was sexually assaulted. | Yes | No |
| . 7 I lived in a country that experienced terrorism. | Yes | No |
| . 8 I personally survived a terrorist attack. | Yes | No |
| . 9 I witnessed or experienced a natural disaster. | Yes | No |
| . 10 I witnessed another person being tortured. | Yes | No |
| . 11 I was tortured by another person. | Yes | No |
| . 12 I experienced the sudden death of a loved one or close friend. | Yes | No |
| . 13 I have seen dead bodies, other than at a funeral. | Yes | No |
| . 14 I have experienced a life threatening medical illness. | Yes | No |
| . 15 I was forced into servitude or slavery. | Yes | No |
| . 16 I was kidnapped. | Yes | No |

ADJUSTMENT TO COLLEGE FOR CHILDREN OF MISSIONARIES 33

- | | | |
|---|-----|----|
| . 17 I was involved in combat. | Yes | No |
| . 18 I experienced a life threatening accident. | Yes | No |
| . 19 I witnessed/experienced the intentional killing of another person | Yes | No |
| . | | |
| . 20 I witnessed/experienced the accidental killing of another person | Yes | No |
| . | | |
| 21 [please write in another traumatic event not listed, but that you also witnessed or experienced] _____ | | |

Appendix C

Demographic Questionnaire

Personal Information

Age of Participant: _____

Years of Education: _____

Gender (Circle): M / F

Religion: (Circle as many as apply)

Catholic

Protestant

Islam

Atheism

Hinduism

Buddhism

Judaism

Indigenous Religion

Other

How important is your religion to you?

Not at all;

I have no religion

1

2

3

4

Very Important;

It is the center of my life

5

Ethnicity (Circle):

European-American

African-American

Asian/Pacific Islander

Latino/Hispanic

American Indian

Multiracial

Other

Number of years lived overseas:

Number of countries lived in (including US):

Length of time lived in each country:

Number of months or years of living in US immediately prior to college:

Appendix D**College Adjustment Test (Pennebaker, Colder, & Sharp, 1990)**

Use a 7-point scale to answer each of the following questions, where:

1	2	3	4	5	6	7
not at all			somewhat			a great deal

Within the **LAST WEEK**, to what degree have you:

1. Missed your friends from high school _____
2. Missed your home _____
3. Missed your parents and other family members _____
4. Worried about how you will perform academically at college _____
5. Worried about love or intimate relationships with others _____
6. Worried about the way you look _____
7. Worried about the impression you make on others _____
8. Worried about being in college in general _____
9. Liked your classes _____
10. Liked your roommate(s) _____
11. Liked being away from your parents _____
12. Liked your social life _____
13. Liked college in general _____
14. Felt angry _____
15. Felt lonely _____
16. Felt anxious or nervous _____

17. Felt depressed _____

18. Felt optimistic about your future at college _____

19. Felt good about yourself _____

Appendix E

The Connor-Davidson Resilience Scale (Connor & Davidson, 2003)

For each statement give the response that best describes your experience: **not true at all** (0), **rarely true** (1), **sometimes true** (2), **often true** (3), **true nearly all of the time** (4)

	Not true	True		
1 Able to adapt to change-----0	1	2	3	4
2 Close and secure relationships-----0	1	2	3	4
3 Sometimes fate or God can help-----0	1	2	3	4
4 Can deal with whatever comes -----0	1	2	3	4
5 Past success gives confidence for new challenge ----0	1	2	3	4
6 See the humorous side of things-----0	1	2	3	4
7 Coping with stress strengthens -----0	1	2	3	4
8 Tend to bounce back after illness or hardship -----0	1	2	3	4
9 Things happen for a reason-----0	1	2	3	4
10 Best effort no matter what -----0	1	2	3	4
11 You can achieve your goals -----0	1	2	3	4
12 When things look hopeless, I don't give up -----0	1	2	3	4
13 Know where to turn for help -----0	1	2	3	4
14 Under pressure, focus and think clearly-----0	1	2	3	4
15 Prefer to take the lead in problem solving-----0	1	2	3	4
16 Not easily discouraged by failure-----0	1	2	3	4
17 Think of self as a strong person-----0	1	2	3	4
18 Make unpopular or difficult decisions -----0	1	2	3	4
19 Can handle unpleasant feelings -----0	1	2	3	4
20 Have to act on a hunch -----0	1	2	3	4
21 Strong sense of purpose -----0	1	2	3	4
22 In control of your life-----0	1	2	3	4

23 I like challenges -----0	1	2	3	4
24 You work to attain your goals-----0	1	2	3	4
25 Pride in your achievements -----0	1	2	3	4

Appendix F**Informed Consent for Participation**

I _____ understand that my participation in this research project is voluntary and that I can withdraw from the project at any time without penalty. I understand that this research will include a series of surveys over the course of my freshman year. I understand that information that I will provide will be used solely for Melissa Winfield's (investigator) doctoral dissertation and may be published in a scholarly journal. I understand that all data will be kept confidential with only the investigator of this research and a faculty member having access to my name and any other identifiable information. The only demographic that will be published is my status as a Missionary Kid, my gender and my age. There will be no reference to my name on any research material or in any publications. I understand that reflecting on past negative events may cause discomfort and I may choose to not answer questions. I understand that I may contact Dr. Mark McMinn at (mmcminn@georgefox.edu) if I have questions or concerns regarding my participation in this study.

By signing, I agree to participate in the research project, under the terms noted above.

Signature of participant: _____ Date: _____

Appendix G**Curriculum Vitae****Melissa Winfield**

14400 SW Teal Blvd Apt 3C Beaverton OR 97008

503-537-8026

mwinfield09@georgefox.edu

EDUCATION

George Fox University, APA accredited
Graduate Department of Clinical Psychology
Master of Arts in Clinical Psychology
Masters Graduation: May 2015
Anticipated Doctoral Graduation: May 2018

Cedarville University
Bachelor of Arts in Psychology

Uganda Christian University
Uganda Studies Program, Fall 2012

CLINICAL TRAINING

- 2016-Present **Pre Internship: Madigan Army Medical Center Behavioral Health**
Joint Base Lewis McCord, Tacoma, WA
Setting: Outpatient Behavioral Health
Supervisor: LTC Philip Holcombe, PhD, ABPP
Population: Active Duty Service Members and families
Responsibilities: Providing individual therapy for adults and children who are family members of active duty service members at Joint Base Lewis McCord; planning and facilitating parenting groups and problem solving groups for ADSM and family members; experience in Parent Child Interaction Therapy
- 2016-present **Supplemental Practicum: Health and Counseling Center**
George Fox University, Newberg, OR
Setting: University Counseling Center
Supervisor: William Buhrow, PsyD

Population: Undergraduate students at George Fox University

Responsibility: Providing individual therapy for college students with a variety of clinical concerns and phase of life adjustment

- 2015-2016 **Practicum II: Behavioral Health Clinic**
George Fox University, Newberg, OR
Setting: Community Mental Health
Supervisor: Joel Gregor, PsyD
Population: Low SES, children and adults
Responsibilities: Provided group and individual therapy for a wide range of presenting problems. Coordinated and conducted cognitive, achievement, personality, behavioral and court-referred assessments and wrote reports. Provided feedback to clients and/or parents regarding the results, interpretation, and recommendations from assessments. Participated in weekly individual supervision.
- 2014 –2015 **Practicum I: Rural School District Consortium:**
Yamhill Carlton Elementary School, Carlton OR
Setting: School District
Supervisor: Elizabeth Hamilton PhD
Population: Students, ages 7 to 14, referred by teachers and administrators due to behavioral and academic difficulties
Responsibilities: Provided group and individual therapy for a wide range of presenting problems. Conducted cognitive, achievement and behavioral assessments and wrote reports. Provided consultation to district administrators for student academic and behavioral issues in IEP meetings. Provided feedback to parents and teachers regarding the results and interpretation of assessments. Participated in weekly individual and group supervision.
- 2013-
Present **Clinical Team**
George Fox University, Newberg, OR
Setting: Graduate Program
Supervisors: Mark McMinn, PhD, ABPP, Carlos Taloyo, PhD, and William Buhrow PsyD
Responsibilities: Weekly clinical training and group supervision by faculty: Case presentations including theoretical discussion, diagnosis and treatment planning; supervision of 2nd year student in 4th year of training
- 2013-2014 **Pre-Practicum**
George Fox University, Newberg, OR
Setting: Graduate Program

Responsibilities: Perform basic counseling skills with peers and volunteer undergraduate students; Videotape and review sessions; Participate in group feedback sessions with supervisor
Supervisors: Carlos Taloyo, PhD, and Brian Goetsch, MS

- 2012- 2013 **Psychology Internship (Undergraduate)**
Mental Health Services of Clark and Madison County, Springfield, OH
Setting: Community Mental Health
Population: child, adolescents, and families, low SES
Supervisor: Betsy Linnell MS, PCC-S
Responsibilities: Observed child and adolescent therapy: Assisted therapist with progress notes and conceptualization: Observed assistant principal at an elementary school in Springfield School District: Facilitated group for executive functioning deficits

ADDITIONAL PROFESSIONAL TRAINING

- 2016 Managing with Diverse Clients
George Fox University, Newberg, OR
 Sandra Jenkins, PhD
- 2016 Neuropsychology: What Do We Know 15 Years After the Decade of the Brain? And Okay, Enough Small Talk. Let's Get Down to Business
George Fox University, Newberg, OR
 Trevor Hall, PsyD and Darren Janzen, PsyD
- 2015 Let's Talk about Sex: sex and sexuality with clinical application
George Fox University, Newberg, OR
 Joy Mauldin, PsyD
- 2015 Relational Psychoanalysis and Christian Faith: A Heuristic Dialogue
George Fox University, Newberg, OR
 Marie Hoffman, PhD
- 2015 Spirituality Formation and Psychotherapy
George Fox University, Newberg, OR
 Barrett McRay, PsyD
- 2015 Credentialing, Banking, the Internship Crisis, and other Challenges for Graduate Students in Psychology
George Fox University, Newberg, OR
 Morgan Sammons, PhD, ABPP

- 2014 Annual Northwest Psychological Assessment Conference
George Fox University, Newberg, OR
- 2014 Therapy: “Face Time” in an Age of Technological Attachment
George Fox University, Newberg, OR
Doreen Dodgen-Magee, PsyD
- 2014 Sensory Processing Disorder and Its Effects on the Family
Swindells Resource Center, Portland, OR
Lisa Porter, MOT, OTR/L
- 2014 ADHD: Evidence-based practice for children and adolescents
George Fox University, Newberg, OR
Erika Doty, PsyD, and Tabitha Becker, PsyD
- 2014 and Evidenced Based Treatments for PTSD in Veteran Populations: Clinical
Integrative Perspectives
George Fox University, Newberg, OR
David Beil-Adaskin, PsyD
- 2013 Integrated Primary Care
George Fox University, Newberg, OR
Brian Sandoval, PsyD, and Juliette Cutts, PsyD

TEACHING EXPERIENCE

- 2016- present **Supervision of Student**
George Fox University
Setting: Graduate Program
Population: second year PsyD student
Supervisor: William Buhrow, PsyD
Responsibilities: Providing supervision regarding case consultation and conceptualization, assessment skills, ethical procedures, professional development and building awareness for multicultural and contextual factors
- 2016-present **Teaching Assistant for Undergraduate Advanced Counseling Course**
George Fox University
Setting: Undergraduate Education
Supervisor: Kris Kays PsyD
Responsibilities: Facilitating role plays and small group processing of course material; encouraging increased self-awareness in students and teaching person-centered therapy skills

- 2011-2013 **Undergraduate Teaching Assistant (TA) *Statistics***
Cedarville University
Supervisor: Chi-en Hwang, PhD
Responsibilities: Grading assignments, answering student questions, tutoring
- 2012 **Undergraduate Teaching Assistant (TA) *General Psychology***
Supervisor: Michael Firmin, PhD
Responsibilities: Taught study sessions, took daily attendance, graded quizzes and tests, communicated between students and the professor, answered student questions regarding course and content

RESEARCH INTERESTS

Doctoral Dissertation: (data collected) *The Effects of Trauma on the College Adjustment of Children of Missionaries*

- Adjustment to College
- Trauma
- Cultural Adjustment

Undergraduate Thesis: *Eating Disorders among High School Athletes in Leanness Sports*

- Treatment of Psychopathology in Cross-cultural settings
- Eating Disorder risk as it relates to leanness sports and social pressures
- Child Psychopathology and Family Dynamics
- Psychosocial Implications of Adoption

RESEARCH PRESENTATIONS

- 2015 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.*** Accepted as poster presentation at APA Annual Convention: Toronto, Canada.
- 2012 Burger, Amanda., Case, Carolyn, & **Stoltzfus M.** (2012, October) ***Eating Disorders among High School Athletes in Leanness Sports.*** Presented at Ohio Psychological Association Convention, Columbus, OH.

- 2012 **Stoltzfus M.** & Hwang, Chi-en (2012, May) *Community Impact of Mother Daughters Relationships in Uganda*. Poster presented at the Oregon Psychological Association Annual Conference, Portland, OR.
- 2012 Burger, Amanda., Case, Carolyn., & **Stoltzfus M.** (2012, April) *Eating Disorders among High School Athletes in Leanness Sports*. Poster presented at Cedarville University Research Symposium, Cedarville, OH.

PEER-REVIEWED JOURNAL PUBLICATIONS

- Firmin, M., Wantz, R., Holmes, H., **Stoltzfus, M.**, Ray, B., & Geib, E. (2012). **Undergraduate college students' perceptions of psychologists.** *North American Journal of Psychology, 14*, 371-382.
- Firmin, M., Wantz, R., **Stoltzfus, M.**, Ray, B., Holmes, H., & Geib, E. (2012). **Undergraduate college student perceptions of psychiatric nurses.** *Issues in Mental Health Nursing, 33*, 769-776.
- Firmin, M. Wantz, R., Ray, B., Holmes, H., Geib, E. & **Stoltzfus, M.** (submitted). **Undergraduate college student perceptions of social workers.** *SAGE Journal of Social Work*. Manuscript currently under peer-review.

RESEARCH EXPERIENCE

- 2012-present Research Vertical Team Member
George Fox University, Newberg OR
Faculty Advisor: Mark McMinn, PhD, ABPP
Responsibilities: Participation in group meetings for development of research competencies; Development of dissertation
- 2012 Principal Investigator
Effectiveness of Refugee Assimilation
Cedarville University, Cedarville, OH
Faculty Advisor: Luke Tse, PhD
Responsibilities: Developed a qualitative research project to analyze the effectiveness of a refugee assimilation weekend implemented by an upper level college course. Reflection papers collected from the students as a class assignment immediately after the weekend were analyzed to

look for themes and insights. These findings were compared to the actual experience of refugees to determine the class' effectiveness in creating a refugee experience.

- 2011- 2013 Principal Investigator
Eating Disorders among High School Athletes in Leanness Sports
Cedarville University, Cedarville, OH
Faculty Advisor: Amanda Burger, PhD
Responsibilities: Developed and proposed an undergraduate psychological thesis examining the prevalence of eating disorder risk among high school athletes in leanness sports, as compared to non-leanness sports. Tasks included writing the IRB proposal, creating procedure, facilitating informed consent, facilitating survey and picture slide show, and processing survey material. Survey session required 20-30 minutes and was facilitated at the high school. Approximate sample size: 47 participants.
- 2011-2012 Research Assistant
Undergraduate College Students' Perception of Psychologists
Undergraduate College Student's Perception of Psychiatric Nurses
Undergraduate College Students' Perception of Social Workers
Cedarville University, Cedarville, OH
Faculty Advisor: Michael Firmin, PhD
Responsibilities: Collaborated with a team of students to take the analyzed survey data and write the literature review, method, results, and discussion. Prepared the finished articles for submission to peer-reviewed journals.
- 2010-2011 Principal Investigator
Community Impact of Mother-Daughter Relationships in Uganda
Uganda Christian University, Mukono, Uganda
Cedarville University, Cedarville, OH
Faculty Advisor: Donald Grigorenko, PhD
Responsibilities: Developed and performed ethnographical research through formal and informal interviews examining the relationships between mothers and their daughters throughout different periods of life. Data collection includes 2 formal interview, 6 informal interviews and extensive field notes over a 3 month period.

RELEVANT EMPLOYMENT

- 2010-2014 **Transcriptionist**
Employer: Paul Stoltzfus PsyD
Responsibilities: Transcribing notes and dictations for Psychodiagnostic, Intellectual and Neuropsychological Evaluations; maintaining confidentiality
- 2012-2013 **Relief Youth Treatment Specialist**
Chehalem Youth and Family Services, Newberg OR
Employer: Tara Sanderson, PsyD
Responsibilities: Supervised clients in a residential treatment center for adolescents ages 13 to 18; graded their interactions based on their behavioral treatment plan; completed paper work; provided office support and participated in staff meetings and trainings

RELEVANT COURSEWORK

- 2016 **Supervision and Management**
Faculty: Roger Bufford, PhD
- 2016 **Professional Issues**
Faculty: Glenna Andrews, PhD
- 2016 **Health Psychology**
Faculty: Marie-Christine Goodworth, PhD
- 2015 **Spiritual and Religious Diversity in Professional Psychology**
Faculty: Winston Seegobin, PsyD
- 2015-2016 **Consultation, Education and Program Evaluation I and II**
Faculty: Marie-Christine Goodworth, PhD
- 2015 **Statistics**
Faculty: Kathleen Gathercoal, PhD
- 2015 **Child/Adolescent Therapy & Assessment**
Faculty: Elizabeth Hamilton, PhD

- 2015 **Research Design**
Faculty: Kathleen Gathercoal, PhD
- 2015 **Multicultural Therapy**
Faculty: Winston Seegobin, PsyD
- 2015 **Psychodynamic Psychotherapy**
Faculty: Nancy Thurston, PsyD, ABPP
- 2014 **Biological Basis of Psychology**
Faculty: Celeste Flachsbart, PsyD, ABPP
- 2014 **Cognitive Assessment**
Faculty: Celeste Flachsbart, PsyD, ABPP
- 2014 **Cognitive Behavioral Psychotherapy**
Faculty: Mark McMinn, PhD, ABPP
- 2014 **History & Systems of Psychology**
Faculty: Kathleen Gathercoal, PhD
- 2014 **Child/Adolescent Psychopathology**
Faculty: Elizabeth Hamilton, PhD
- 2014 **Social Psychology**
Faculty: Joel Gregor, PsyD
- 2014 **Learning, Cognition, and Emotion**
Faculty: Marie-Christine Goodworth, PhD
- 2014 **Family and Couples Therapy**
Faculty: Mary Peterson, PhD, ABPP
- 2014 **Personality Assessment**
Faculty: Paul Stoltzfus, PsyD
- 2014 **Theory of Personality and Psychotherapy**
Faculty: Winston Seegobin, PsyD

- 2013 **Ethics for Psychologists**
Faculty: Roger Bufford, PhD
- 2013 **Psychometrics**
Faculty: Mark McMinn, PhD, ABPP
- 2013 **Human Development**
Faculty: Elizabeth Hamilton, PhD
- 2013 **Psychopathology**
Faculty: Jeri Tergusen, PsyD
- 2013- 2014 **Clinical Foundations I and II**
Faculty: Carlos Taloyo, PhD

UNIVERSITY INVOLVEMENT

- 2014-2015 Peer Mentor
- 2013-2015 Multicultural Committee
- 2013 Military Interest Group
- 2009-2013 Cedarville University Women's Varsity Tennis
- 2011-2013 Captain, Cedarville University Women's Varsity Tennis
- 2009-2013 Cedarville University International Justice Mission Chapter
- 2011-2012 Treasurer, Cedarville University International Justice Mission Chapter
- 2011-2012 Psi Kappa Theta
- 2010 Uganda Studies Program, Mukono, Uganda

SERVICE

- 2013-14 GFU Community Serve Day
- 2014 Volunteer at Health and Fitness Day, Providence Health Fair, Portland, OR
- 2013 Volunteer at Clark County Juvenile Detention Center, Xenia, OH
- 2011 Bridgetown Ministries Internship, Portland, OR
- 2010 Volunteer at Bishop's Primary School, Mukono, Uganda

HONORS AND AWARDS

2012 Mention	Ohio Psychological Association Poster Presentation- Honorable
2012	Eugene C. Walker Psychology Award
2012 Award	National Christian College Athletic Association Scholar Athlete
2011	Coach's Award (Tennis)
2011 Award	National Christian College Athletic Association Scholar Team
2009 to 2013	Gugger Scholarship
2009 to 2013	Faculty Scholarship
2009 to 2013	Tennis Scholarship

PROFESSIONAL AFFILIATIONS

2015-present	Society of Clinical Child and Adolescent Psychology (Division 53 of American Psychological Association)
2013-present	American Psychological Association (APA)

ASSESSMENT EXPERIENCE

16 Personality Factor Questionnaire
 Adaptive Behavioral Assessment System- III
 Behavior Assessment System for Children- II and III
 Behavior Rating Inventor of Executive Function
 Child Bipolar Questionnaire
 Children's Apperception Test
 Conners- III Edition
 Conners Continuous Performance Test-III
 Conners Kiddie Continuous Performance Test-II
 Delis-Kaplan Executive Function System
 House Tree Person
 Jeannie and Jeffrey Illustrated Interview
 Millon Adolescent Clinical Inventory
 Millon Clinical Multiaxial Inventory- III
 Millon Pre-Adolescent Clinical Inventory
 Mini Mental State Exam
 Minnesota Multiphasic Personality Inventory- II & Restructured Form

Minnesota Multiphasic Personality Inventory-Adolescent
NEPSY-II
Personality Assessment Inventory
Personality Assessment Inventory-Adolescent
Ritvo Autism Asperger Diagnostic Scale-Revised
Roberts 2nd Edition
Test of Nonverbal Intelligence—IV
Vineland Adaptive Behavioral Scale- II
Wechsler Abbreviated Scale of Intelligence-II
Wechsler Adult Intelligence Scale-IV
Wechsler Individual Achievement Test –III
Wechsler Intelligence Scale for Children-IV & V
Wide Range Achievement Test-IV
Wide Range Assessment of Memory and Learning-II
Woodcock Johnson-IV Tests of Cognitive Ability
Woodcock Johnson-IV Tests of Achievement

REFERENCES

Mark McMinn, PhD, ABPP

Phone: 503.554.2380

E-mail: mmcminn@georgefox.edu

Glena Andrews PhD

Phone: 503-554-2386

E-mail: gandrews@georgefox.edu

Elizabeth Hamilton, PhD

Phone: 503.554.2370

E-mail: ehamilton@georgefox.edu

philip.a.holcombe.mil@mail.mil

Philip Holcombe, PhD, ABPP

Phone: 253-968-2839

E-mail: