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Healthy Life Choice: Using the School-Based Program to Facilitate Change

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Healthy Life Choice: Using the school-based program to facilitate change

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Abstract

Research highlights the multiple determinants of weight including poverty, nutrition, and physical activity (Miguel-Berges, 2018). Children and adolescents living in rural areas are at greater risk than their urban counterparts. Regarding physical activity, there are often fewer recreational resources and the high poverty rate precludes transportation or additional fees associated with many extracurricular activities. In response to this problem, research has shown the educational environment is a point of access to reinforce health education and behavior. One evidenced-based program showing significant outcome in improving health behavior is the Healthy Lifestyle Choices (HLC) which is designed to be delivered in an educational setting. The HLC is a comprehensive, school based, behavioral health curriculum developmentally appropriate for elementary through middle school students. Relevant to this study, the HLC program includes psychoeducation in nutritional awareness and physical activity. This study explored the impact of the 12-week HLC curriculum on the frequency of physical activity for 106 students participating in the program. Results showed that two activities typically occurring within the school environment significantly increased while activities typically occurring after-school hours showed no significant differences. The lack of change in after-school activity

supports concerns regarding limited access to recreation resources in rural areas. The importance of maintaining physical education/activity programs during the educational day is one implication that may be drawn from these results.

Keywords: children, adolescents, physical activity, school-based interventions

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Chapter 1

Introduction

The rapid increase in childhood obesity has received national attention as the percentage of children and adolescents with obesity has more than tripled since the 1970s (Retrieved from: https://www.cdc.gov/healthyschools/obesity/facts.htm, 2/8/2018). The problem has elicited a significant amount of attention and research from national public health agencies as well as multiple healthcare disciplines. A summary report issued by the World Health Organization's International Commission on Ending Childhood Obesity included specific recommendations to address the problem (2016). Improving both nutrition and activity for school-age children were among the final recommendations. The literature below highlights the multiple determinants contributing to the health problems of children and adolescents living in rural areas.

Obesity

Obesity in the United States is an increasing problem for children and adolescents in the United States. "The current obesity rate for youth in the United States is nearly 20% compared to 7% in 1980" (Retrieved from: https://www.heart.org/idc/groups/heartpublic/@wcm/@adv /documents/downloadable/ucm_446067.pdf). Youth statistics of this increasing epidemic continue to climb due to unhealthy behaviors in the school system and in the home. "Federal and state agencies, membership organizations, and foundations are working to reduce these disparities and improve the health and overall well-being of rural Americans" (Retrieved from: https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/rural/publications/2015-child-poverty.pdf). Not only is a healthy weight a large component of physical well-being, it is crucial to the overall psychosocial health and quality of life, as well as a predictor of overall distress. Review of literature on weight and bullying indicates that being overweight or obese as a child or

adolescent is connected to “depression, anxiety, low self-esteem, body dissatisfaction, suicidal ideation, and maladaptive eating behaviors” (Puhl and King, 2013).

A salient challenge for the increase in obesity in this populations is restricted access to healthy and affordable food. Many rural areas lack food vendors and are considered food deserts: regions with limited supplies of fresh, affordable foods. Ironically, some of these food deserts are located in areas where the food is grown (Rural Health Information Hub, 2017). As stated previously, a barrier to healthy food options is socioeconomic status, including transportation, where the population relies on less nutritious options available at convenience stores, because grocery stores may not be accessible. “The National Survey of Children’s Health (NSCH), a survey designed to measure the health and wellbeing of children from birth to 17, found that while urban and rural children were equally likely to have health insurance that is adequate to meet their needs, rural children still face specific health risks” (Retrieved from: https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/rural/publications/2015-child-poverty.pdf). In this study, the children in rural areas had a higher likelihood than urban children to be overweight or obese. In rural areas, more than one-third of children aged 10–17 met the conditions for overweight or obesity (body mass index at or above the 85th percentile for their age and sex), paralleled to 30.1 percent of urban children (Retrieved from: https://www.hrsa.gov/sites/default/ files/hrsa/advisory-committees/rural/publications /2015-child-poverty.pdf). In addition to nutrition, a significant body of research has documented the contribution of physical activity to overall health (Cleland, 2011).

Physical Activity

Children and adolescents are less physically active than twenty years ago (Cleland, 2011). Regular physical activity often depends on the availability of consistent outlets for

physical activity in both home and school environments. Children and adolescents are less likely to choose to engage in physical activity during and after school. The Center for Disease Control recommends schools encourage students to be physically active and meet the nationally-recommended 60 minutes of physical activity a day, which yields multiple benefits. Students' participation in recess increases the level of overall physical activity, improves memory, attention and concentration necessary to stay on task, reduce disruptive behavior in the classroom, and improve their social and emotional development (Retrieved from: https://www.cdc.gov/healthyschools/obesity/facts.htm, 2/11/2018).

Regardless of these recommendations, school districts have reduced recess time. A survey conducted by the Center on Education Policy at George Washington University found that 20% of school districts had reduced recess time in the last five years (Reilly, 2017). According to the 2016 Shape of the Nation report, only 16% of states require elementary schools to provide daily recess. A comparable trend is evident in minutes allotted to physical education classes, which continues to decline (Retrieved from: http://time.com/4982061/recess-benefits-research-debate/). A report by the Institute of Medicine noted that "since the passage of the No Child Left Behind Act in 2001, 44% of school administrators report cutting significant time from PE and recess so there's more time for subjects such as reading and math" (Retrieved from: https://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_446067.pdf). Given the above findings, it appears that the present trend toward decreasing time spent in recess and physical education classes is not consistent with recommendations to support an important behavior that can predict long-term health outcome. The combination of reduced time spent in physical activity in both school and home settings has contributed to the large number of individuals in the United States who do not meet the guidelines of physical

activity, and thereby miss out on the incredible health benefits of physical activity (Miguel-Berges, 2018). It is important for individuals to understand the health benefits of an active lifestyle because "Compared with less active children and adolescents, those who are physically active have healthier cardiovascular profiles, higher peak bone mass, and lower body fat" (Cleland, 2011). Physical activity is one of the lifestyle variables which has been identified as a significant contributor to the quality of life, and decreases risks for chronic disease.

The lack of physical activity occurring outside of the school environment has been a long-standing area of concern. "In 2002, 62% of children and adolescents aged 9–13 years did not engage in any structured physical activity during after school hours, and 23% did not participate in any physical activity in their free-time (Rutledge, 2011). When an increase in support is implemented in the school system with staff as role models encouraging physical activity, communicating the benefits of exercise, implementation of health education, family engagement-children were more likely go participate in physical activity and maintain this lifestyle beyond the school setting (Kohl, 2013). There is a high need for increasing psychoeducation around physical education benefits in the school system.

Rural areas

People living in rural areas are vulnerable to the consequences of limited access to nutrition, health, and physical activity resources. "Income-level, educational attainment, race/ethnicity, and health literacy all impact the ability of people to access health services and to meet their basic needs…" (Rural Health Information Hub, 2017). The impact of these challenges can be compounded by the barriers already present in rural areas, such as limited public transportation options and fewer choices to acquire healthy food (Rural Health Information Hub, 2017). These limitations make it difficult for rural populations to gain access to recreational

resources, both environmental, i.e. parks, sidewalks, playgrounds and pools, team sports which often include registration and equipment fees, time constraints, and lack of transportation to more urban areas that have those resources (Retrieved from: https://www.cdc.gov/healthyschools /npao/pdf/mmwr-school-health-guidelines.pdf, 5/5/2019).

This rural population experiences a gap in their overall health. In comparison to the population overall, there are indicators "such as higher incidence of disease and/or disability, increased mortality rates, lower life expectancies, and higher rates of pain and suffering" (Rural Health Information Hub, 2017). This risk is due to the factors described above as well the lack of access to healthcare providers who may address physical activity or provide population health interventions. The scarcity of resources may affect health literacy and/or modeling of health behavior, which in turn, contributes to the relatively high risk for health problems for children and adolescents living in rural areas than their urban counterparts (Rural Health Information Hub, 2017).

Social support

Social support is a less obvious predictor of physical activity and other health behaviors. However, evidence demonstrates if there is a lack of peer and family influence, children are less likely to have positive health behaviors if the behaviors aren't modeled or reinforced by family and social support, which may be compounded by the risk factors in rural areas. Family support is crucial in the initiation and maintenance of healthy lifestyle choices. Children's health habits will likely reflect the habits of the majority of the household. Specifically, parent modeling is an important predictor of physical activity. Parental modeling plays an important role in adolescents' development of physical activity behaviors (Davidson & Jago, 2009; Worthington-Roberts & Rodwell Williams, 1999). Parent modeling of health behaviors is found to be most

strongly correlated between mothers and daughters when physical activity is measured using pedometers, (Jacobi, Caille, Borys, Lommez, Couet, Charles & Oppert, 2011). As such, parent or influential adult's involvement may be a significant component of an intervention plan to increase children and adolescents level of physical activity. Family environments creates an important support to nutrition and activity. The family environment provides an important foundation that can nurture, support, or negatively impact levels of physical activity. There is a significant change in motivation when parents are involved in the process. A study on Childhood Obesity: An Examination of Rural School Stakeholders' and Parents' Beliefs revealed "limited nutrition education in the home and school, coupled with lack of parental involvement**,** low-income status, and parental denial contributed to children being overweight or obese" McDonald, Dawkins-Moultin, McWhinney, & McKyer, 2016). Alternatively, lifestyle change becomes more difficult in the home, when there is not a parent that is also reflecting a healthy lifestyle.

Providers need to work with children and adolescents to identify the motivators that will both prompt the decision for health behavior change and maintain the new habits. The above determinants highlight the complexity of health behavior particularly in rural areas. These challenges prompt us to consider new venues to increase health literacy, including physical activity. The school system may be one such setting for the initiation and reinforcement of health behaviors.

Educational Setting

Schools are an optimal venue of delivery of service of implementing evidence-based interventions. School based interventions (SBI) can mitigate the effects of a wide variety of psychosocial stressors and contribute to health behaviors. However, the previously cited research demonstrates the trend of schools moving away from non-academic activities. Thus, the research

needs to continue to demonstrate the academic as well as health benefits of such programs in order to receive support from school funding. The National Institutes of Health (NIH) and the American Dietetic Association are two of the many organizations highlighting the importance of community embedded programs. "Community-based and environmental interventions are recommended as among the most feasible ways to support healthful lifestyles for the greatest numbers of children and their families" (American Dietetic Association, 2006). The National Institutes of Health demonstrates their commitment to SBI programs by funding a wide range of evidenced-based interventions. The Healthy Lifestyle Choices (HLC) is one example of an SBI and includes psycho-education and application to address a range of topics from social-emotional regulation to health behaviors (Retrieved from http://www.hlconline.org/index.html).

Research study

It is evident that limited physical activity adversely affects health outcome and that children and adolescents living in rural area have additional risk factors contributing to long term health problems. Providing psychoeducational programs within the school setting is one promising intervention to mitigate the long-term health problems. The HLC program incorporates information and applied practice which is reinforced by opportunities for physical activity within the participating school system.

This study explored the impact of an evidenced-based intervention on the frequency of physical activity for students participating in both the HLC curriculum and naturally occurring opportunities for physical activity. The amount of physical activity was assessed dependent on participant's ages by the self-report measure, *Physical Activity Questionnaire for Adolescents for Children (PAQ-C)* and *Physical Activity Questionnaire for Adolescents for Adolescents (PAQ-A)*.

Hypotheses

H1: Participants participating in the HLC and environmental opportunities will increase the amount of physical activity as measured by *Physical Activity Questionnaire for Adolescents or for Children (PAQ-A or PAQ-C).*

Exploratory analyses explored differences in physical activity for gender, grade, and type of activity (school-based versus non-school-based activities).

Chapter 2

Methods

Participants

A sample of elementary and middle students (N=106) from a school district in Rural Yamhill County participated in this study exploring the impact of the Healthy Lifestyle Choices (HLC) a comprehensive, school based, behavioral health curriculum and typically occurring opportunities for activity on students' physical activity. Participants included 59 female participants and 47 males. Retention rate for the study was high; 93% *(N=106)* of the 114 original students completed the study. The remaining eight students did not complete the program due to school absences or family moves. Students from six classrooms (grades 3-8) participated in this curriculum: 15 from the 3rd grade class, 14 from the 4th grade class, 18 from the 5th grade class, 16 from the 6th grade class, 19 from the 7th grade, and 23 from the 8th grade class. Table 1 displays the breakdown of gender by grade. Fifty-three percent of students were European American (N=60), 34.2% were Hispanic/Latina/Latino (N=39), 5.3% were Multiracial (N=6). A non-significant Chi Square showed a statistically equivalent distribution of ethnicity between the grades. Ethnicity information was not available for 7.9% of the sample (N=9). No students withdrew from the study other than for the reasons stated above.

Table 1

Gender Information by Grade

Males				Females		
Grade	**N**	**%**		**Grade**	**N**	**%**
3	6	40%		3	9	60%
4	8	57%		4	6	43%
5	6	33%		5	12	67%
6	6	37%		6	10	63%
7	11	55%		7	9	45%
8	10	43%		8	13	57%
Total:	47	41%		Total:	59	52%

Measures

The following pre-and post-assessment measures were completed according to the respective ages. Pre-adolescents completed the *Physical Activity Questionnaire for Children (PAQ-C):* a 10-item self-report measure for students 8-12 years-old which asks them to document physical activity over the previous seven days. There is a corresponding measure for adolescents, the *Physical Activity Questionnaire for Adolescents (PAQ-A)*, a 9-item item self-report measure for students 12-19 years of age. The validity and reliability of the PAQ shows, "The validity correlation coefficients are moderate (rho=0.56 and 0.63 and the Cronbach alpha coefficient (α=0.79), composite reliability value (ρ=0.81), and the interclass correlation coefficient (α=0.82) indicate the satisfactory reliability of the PAQ-C and PAQ-A score" (Wang, Baranowski, Lau, Chen., & Pitkethly, A., 2016). Grade, gender, and ethnicity were the only demographic information collected from the school records.

Procedures

Approximately five years previous to this study, a licensed clinical psychologist, providing consultation for the school district approached the school with a proposal to incorporate a population health intervention in selected grades within the school. She explained

the HLC protocol, including risks and benefits to administration and teachers and gained support to include this program as part of the regular school curriculum. To begin the process, graduate students completing their practicums on site collaborated with the school district health education teacher to implement the Healthy Lifestyle Choices course.

The 12-week HLC curriculum was incorporated within the regularly scheduled health education class for two grades. The positive results led to permission to expand the program to three additional grade levels and gather additional outcome data for the purpose of this project. An experienced team of two graduate students led the weekly 45 minute sessions on a consistent day and time each week. The curriculum allowed for context relevant dissemination, "The program includes important health skills based on National Health Education Standards, but allows instructors the flexibility to choose, rearrange and embellish topics based on the personal needs of students. The program is divided into units" (Retrieved from: http://www.hlconline.org/index.html). There is a variety of topics to choose from for the curriculum, the HLC implement focused on modules including: health and wellness, emotions and behaviors, communication, decision making and problem solving, ATOD (alcohol, tobacco or other drugs), and stress management. The HLC program allows for students to understand healthy behaviors, in addition to positive behaviors and consequences of a healthy lifestyle (Retrieved from: http://www.hlconline.org/index.html).

Chapter 3

Results

This study explored the impact of a school based, population-based, health curriculum Healthy Lifestyle Choices (HLC). The program was provided during the regularly scheduled health education classes in the 5th, 6th, 7th, and 8th grades. The impact of participation in HLC was assessed in pre-and post-activity level, as measured by student reports from the *Physical Activity Questionnaire for Children (PAQ-C)* and the *Physical Activity Questionnaire for Adolescents (PAQ-)*.

Data Analysis

The first hypothesis was that participants in the HLC program would report an increase in activity as measured by *Physical Activity Questionnaire for Adolescents or for Children (PAQ-A or PAQ-C)*. A paired sample-t-test failed to demonstrate overall increase in physical activity from the beginning to the end of the HLC, $t(106) = .357$, $p=.722$).

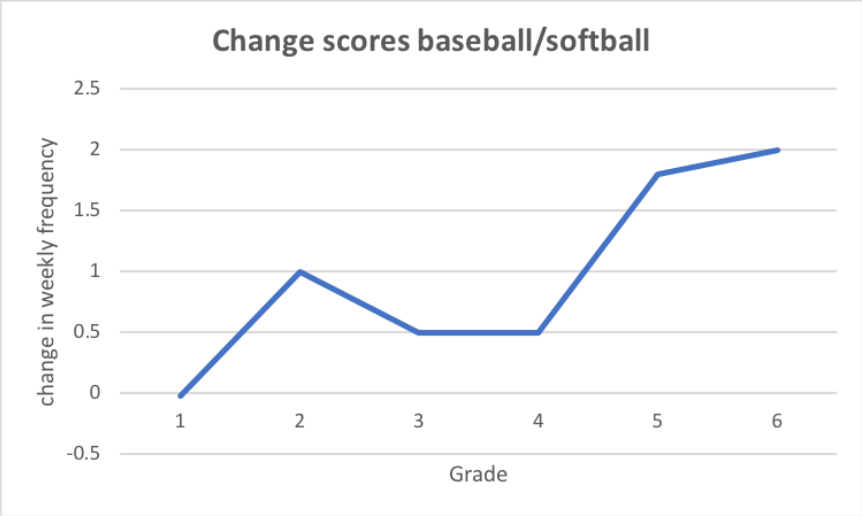
Exploratory Analysis

The first analysis explored changes in activity by gender, to investigate whether genders differed in the amount of physical activity over the course of the curriculum. A repeated measure ANOVA showed there was no main effect for changes over time $F(80,1)=1.8$, $p=.672$,ES-.04, or an interaction between time and gender $F(80,1)=.155$, $p=.695$,ES=.002. Thus, there was no difference in levels of activity between males and females over the course of the HLC program.

The second analysis explored whether there was a difference in changes of activity between the 6 grade levels. We calculated change scores between the pre-post scores for all activity. Results showed no difference between pre-post activity between the grade levels $F(82,5)=.87$, $p=.505$.

Although overall changes in activity were not significant, the last analysis explored whether *type* of activity changed over time, specifically if those activities typically occurring during the school day increased differentially to activities more likely to happen at home or during other free time. For the purpose of this analysis, we divided the activities into the following groups, school-based activities occurring primarily in PE class and recess (tag, walking, jogging/running, baseball, softball, dance, football, soccer, volleyball, floor hockey, and basketball) as compared to typically occurring after-school activities (skipping, rowing/canoeing, in-line skating, bicycling, aerobics, swimming, skateboarding, street hockey, skating, cross country skiing, and ice hockey). Results showed only one non-school activity, aerobics, had a significant change with an increase activity t=.3.07 (106), p=.003. There was a significant increase in two of the school-based activities baseball/softball t(80,1)=4.72,p=.000 and soccer t(80,1)=3.15,p=.002. Given the lack of significant changes in overall physical activity, the change in frequency is notable that in contrast to only one non-school activity increasing, there were increases in two school-based activities, particularly for the 7th and 8th grade students as shown in Figure 1.

Figure 1



Chapter 4

Discussion

The main purpose of this study was to evaluate the effectiveness of a 12-week, school-based intervention (SBI) including nutrition, fitness, life skills, and stress management on the amount of physical activity for in children and adolescents. Results showed no overall changes in the amount of time spent in physical activity for students participating in the HLC program and typically occurring opportunities for recreation. The overall lack of change in physical activity was consistent for both school-based and non-school based activities. Furthermore, exploratory analyses failed to show a differential response according to gender or grade level. The lack of change in activity during non-school hours is likely a function of the limited access to recreational activities highlighted in the review of the literature. However, there were two significant results relevant to the current literature; students reported increases in activity for the two school-based activities of baseball/softball and soccer. This finding highlights the current tension between the growing body of evidence showing the positive effects of SBIs and physical activity on children's learning and health versus the general trend toward reducing time spent in PE and recess in favor of the academic curriculum.

Implications

These results suggest several implications. The first implication is related to public policy decisions to focus on a child's academic success to the level of reducing or eliminating physical education programs and recess. These decisions conflict with the robust literature showing the increased risk and deleterious consequences of obesity for those living in rural areas. Furthermore, these decisions are likely to not only affect a students' childhood and adolescent but have lifelong health implications. So, this shift away from physical activities likely has both

short and long-term consequences for children living in rural areas. Rather than a reduction in resources, an increase in funding to support team-based sports may potentiate opportunities for school-based activity. Relevant to this study, there was a trend showing the increase in softball/baseball and soccer occurred during seventh and eighth grades. Additional conversations with school personnel suggested a potential explanation in that this particular junior high encouraged as many students as possible to participate in the after-school softball or baseball team. The minimal costs of equipment and teacher encouragement highlight the utility of accessibility, with few barriers to engagement. An increase in school-based activities inadvertently increases social support, an important reinforcer of health behavior change. Most important, research has shown the establishment of health behaviors during adolescence are more likely to be maintained than those acquired later in adulthood.

A second implication is related to the lack of funding for environmental and recreational resources in rural areas. Child and adolescents in rural areas have limited access to resources supporting physical activity, including playgrounds, parks or even sidewalks. The relative lack of recreational and environmental resources as compared to their urban peers is another contributor to health problems.

A final implication is related to the use of school-based interventions, particularly in rural areas. Although our study didn't align with the previous research showing the effectiveness of the HLC curriculum, SBIs provide an opportunity for primary prevention in vulnerable communities. Given the limited resources in rural areas for everything from basic health information to primary care and mental health providers, SBIs create an opportunity for students to gain essential information related to biopsychosocial functioning at critical points in their developmental trajectory.

Limitations

Multiple limitations contributed to the lack of significant results in this project. The most significant was the relative lack of intervention power to affect change in the context of a large multi-determined problem. Another limitation was the potential variability in the emphasis on the physical activity components of the HLC curriculum. Finally, the lack of random assignment precludes any causal statements, including the observations regarding school based activities.

Suggestions for Future Research

The lack of significant change in physical activity may reflect some of the challenges and risk factors for children and adolescents living in a rural environment. Future researchers may want to identify student and community specific factors affecting the lack of physical activity. Following that identification, an intervention could focus on those factors most likely to impact the respective groups. In addition to increasing specificity, the researchers will need a more intensive SBI and specific interventions to increase involvement in school-based activities. An additional SBI for increased physical activity, that could be utilized is the after-school Camp Boost HLC program. Topics covered include: life skills, nutrition, fitness safety conflict resolution, substance abuse, prevention, the environment (Retrieved from: https://www.hlconline.org/camp-boost/). Research has identified the multiple contributing factors to lack of engagement in physical activity including social support, family modeling, and access to environmental resources. Future research may want to combine the SBI with specific interventions to increase social support which may include a social media component, family activities, and transportation and passes to resources in a proximal community.

Summary

Research has documented the multiple risk factors for children and adolescents

living in rural areas. School based interventions provide a unique opportunity to bring community-based prevention programs that potentially mitigate the effects of these risk factors. Although not causal this study failed to show an overall change in physical activity for students participating in the HLC and typically occurring opportunities for activity. However, two school-based activities (softball/baseball and soccer) showed significant increases in physical activity. These findings highlight the potential negative implications of policies mandating a reduction in resources for physical education or other non-academic SBIs, particularly for vulnerable populations.

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Appendix A

Instruments

The Physical Activity Questionnaire for Children (PAQ-C) (Wang, J., Baranowski, T., Lau, W., Chen, T., & Pitkethly, A., 2016).

Physical Activity Questionnaire (Elementary School)

Name:_____ Age:_____

Sex: M_____ F_____ Grade:_____

Teacher:_____

We are trying to find out about your level of physical activity from ***the last 7 days*** (in the last week). This includes sports or dance that make you sweat or make your legs feel tired, or games that make you breathe hard, like tag, skipping, running, climbing, and others.

Remember:

1. There are no right and wrong answers — this is not a test.
2. Please answer all the questions as honestly and accurately as you can — this is very important.

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1. Physical activity in your spare time: Have you done any of the following activities in the past 7 days (last week)? If yes, how many times? (Mark only one circle per row.)

	No	1-2	3-4	5-6	7 times or more
Skipping	❍	❍	❍	❍	❍
Rowing/canoeing	❍	❍	❍	❍	❍
In-line skating	❍	❍	❍	❍	❍
Tag	❍	❍	❍	❍	❍
Walking for exercise	❍	❍	❍	❍	❍
Bicycling	❍	❍	❍	❍	❍
Jogging or running	❍	❍	❍	❍	❍
Aerobics	❍	❍	❍	❍	❍
Swimming	❍	❍	❍	❍	❍
Baseball, softball	❍	❍	❍	❍	❍
Dance	❍	❍	❍	❍	❍
Football	❍	❍	❍	❍	❍
Badminton	❍	❍	❍	❍	❍
Skateboarding	❍	❍	❍	❍	❍
Soccer	❍	❍	❍	❍	❍
Street hockey	❍	❍	❍	❍	❍
Volleyball	❍	❍	❍	❍	❍
Floor hockey	❍	❍	❍	❍	❍
Basketball	❍	❍	❍	❍	❍
Ice skating	❍	❍	❍	❍	❍
Cross-country skiing	❍	❍	❍	❍	❍
Ice hockey/ringette	❍	❍	❍	❍	❍
Other:					
_____	❍	❍	❍	❍	❍
_____	❍	❍	❍	❍	❍

2. In the last 7 days, during your physical education (PE) classes, how often were you very active (playing hard, running, jumping, throwing)? (Check one only.)

I don't do PE ❍
Hardly ever ❍
Sometimes ❍
Quite often ❍
Always ❍

3. In the last 7 days, what did you do most of the time *at recess*? (Check one only.)

Sat down (talking, reading, doing schoolwork) ❍
Stood around or walked around ❍
Ran or played a little bit ❍
Ran around and played quite a bit ❍
Ran and played hard most of the time ❍

4. In the last 7 days, what did you normally do *at lunch* (besides eating lunch)? (Check one only.)

Sat down (talking, reading, doing schoolwork) ❍
Stood around or walked around ❍
Ran or played a little bit ❍
Ran around and played quite a bit ❍
Ran and played hard most of the time ❍

5. In the last 7 days, on how many days *right after school*, did you do sports, dance, or play games in which you were very active? (Check one only.)

None ❍
1 time last week ❍
2 or 3 times last week ❍
4 times last week ❍
5 times last week ❍

6. In the last 7 days, on how many *evenings* did you do sports, dance, or play games in which you were very active? (Check one only.)

None ❍
1 time last week ❍
2 or 3 times last week ❍
4 or 5 last week ❍
6 or 7 times last week ❍

7. *On the last weekend*, how many times did you do sports, dance, or play games in which you were very active? (Check one only.)

None ..... ❍
1 time ..... ❍
2 — 3 times ..... ❍
4 — 5 times ..... ❍
6 or more times ..... ❍

8. Which *one* of the following describes you best for the last 7 days? Read *all five* statements before deciding on the *one* answer that describes you.

A. All or most of my free time was spent doing things that involve little physical effort ..... ❍

B. I sometimes (1 — 2 times last week) did physical things in my free time (e.g. played sports, went running, swimming, bike riding, did aerobics) ..... ❍

C. I often (3 — 4 times last week) did physical things in my free time ..... ❍

D. I quite often (5 — 6 times last week) did physical things in my free time ..... ❍

E. I very often (7 or more times last week) did physical things in my free time ..... ❍

9. Mark how often you did physical activity (like playing sports, games, doing dance, or any other physical activity) for each day last week.

	None	Little bit	Medium	Often	Very often
Monday	❍	❍	❍	❍	❍
Tuesday	❍	❍	❍	❍	❍
Wednesday	❍	❍	❍	❍	❍
Thursday	❍	❍	❍	❍	❍
Friday	❍	❍	❍	❍	❍
Saturday	❍	❍	❍	❍	❍
Sunday	❍	❍	❍	❍	❍

10. Were you sick last week, or did anything prevent you from doing your normal physical activities? (Check one.)

Yes ..... ❍
No ..... ❍

If Yes, what prevented you? _____

The Physical Activity Questionnaire for Adolescents (PAQ-A) (Wang, J., Baranowski, T., Lau, W., Chen, T., & Pitkethly, A., 2016).

Physical Activity Questionnaire (High School)

Name:_____ Age:_____

Sex: M_____ F_____ Grade:_____

Teacher:_____

We are trying to find out about your level of physical activity from ***the last 7 days*** (in the last week). This includes sports or dance that make you sweat or make your legs feel tired, or games that make you breathe hard, like tag, skipping, running, climbing, and others.

Remember:

3. There are no right and wrong answers — this is not a test.
4. Please answer all the questions as honestly and accurately as you can — this is very important.

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1. Physical activity in your spare time: Have you done any of the following activities in the past 7 days (last week)? If yes, how many times? (Mark only one circle per row.)

	No	1-2	3-4	5-6	7 times or more
Skipping	❍	❍	❍	❍	❍
Rowing/canoeing	❍	❍	❍	❍	❍
In-line skating	❍	❍	❍	❍	❍
Tag	❍	❍	❍	❍	❍
Walking for exercise	❍	❍	❍	❍	❍
Bicycling	❍	❍	❍	❍	❍
Jogging or running	❍	❍	❍	❍	❍
Aerobics	❍	❍	❍	❍	❍
Swimming	❍	❍	❍	❍	❍
Baseball, softball	❍	❍	❍	❍	❍
Dance	❍	❍	❍	❍	❍
Football	❍	❍	❍	❍	❍
Badminton	❍	❍	❍	❍	❍
Skateboarding	❍	❍	❍	❍	❍
Soccer	❍	❍	❍	❍	❍
Street hockey	❍	❍	❍	❍	❍
Volleyball	❍	❍	❍	❍	❍
Floor hockey	❍	❍	❍	❍	❍
Basketball	❍	❍	❍	❍	❍
Ice skating	❍	❍	❍	❍	❍
Cross-country skiing	❍	❍	❍	❍	❍
Ice hockey/ringette	❍	❍	❍	❍	❍
Other:					
_____	❍	❍	❍	❍	❍
_____	❍	❍	❍	❍	❍

2. In the last 7 days, during your physical education (PE) classes, how often were you very active (playing hard, running, jumping, throwing)? (Check one only.)

I don't do PE ..... ❍
Hardly ever ..... ❍
Sometimes ..... ❍
Quite often ..... ❍
Always ..... ❍

3. In the last 7 days, what did you normally do *at lunch* (besides eating lunch)? (Check one only.)

Sat down (talking, reading, doing schoolwork)..... ❍
Stood around or walked around ..... ❍
Ran or played a little bit ..... ❍
Ran around and played quite a bit ..... ❍
Ran and played hard most of the time ..... ❍

4. In the last 7 days, on how many days *right after school*, did you do sports, dance, or play games in which you were very active? (Check one only.)

None ..... ❍
1 time last week ..... ❍
2 or 3 times last week ..... ❍
4 times last week ..... ❍
5 times last week ..... ❍

5. In the last 7 days, on how many *evenings* did you do sports, dance, or play games in which you were very active? (Check one only.)

None ..... ❍
1 time last week ..... ❍
2 or 3 times last week ..... ❍
4 or 5 last week ..... ❍
6 or 7 times last week ..... ❍

6. *On the last weekend*, how many times did you do sports, dance, or play games in which you were very active? (Check one only.)

None ..... ❍
1 time ..... ❍
2 — 3 times ..... ❍
4 — 5 times ..... ❍
6 or more times ..... ❍

7. Which *one* of the following describes you best for the last 7 days? Read *all five* statements before deciding on the *one* answer that describes you.

F. All or most of my free time was spent doing things that involve little physical effort ❍

G. I sometimes (1 — 2 times last week) did physical things in my free time (e.g. played sports, went running, swimming, bike riding, did aerobics) ❍

H. I often (3 — 4 times last week) did physical things in my free time ❍

I. I quite often (5 — 6 times last week) did physical things in my free time ❍

J. I very often (7 or more times last week) did physical things in my free time ❍

8. Mark how often you did physical activity (like playing sports, games, doing dance, or any other physical activity) for each day last week.

	None	Little bit	Medium	Often	Very often
Monday	❍	❍	❍	❍	❍
Tuesday	❍	❍	❍	❍	❍
Wednesday	❍	❍	❍	❍	❍
Thursday	❍	❍	❍	❍	❍
Friday	❍	❍	❍	❍	❍
Saturday	❍	❍	❍	❍	❍
Sunday	❍	❍	❍	❍	❍

9. Were you sick last week, or did anything prevent you from doing your normal physical activities? (Check one.)

Yes ❍
No ❍

If Yes, what prevented you? _____

Reference:

The Physical Activity Questionnaire for Older Children (PAQ-C) and Adolescents (PAQ-A)

Kowalski, K., Crocker, P., & Donen, R. The Physical Activity Questionnaire for Older Children (PAQ-C) and Adolescents (PAQ-A) Manual. College of Kinesiology, University of Saskatchewan.

Kent C. Kowalski, Ph.D.
College of Kinesiology
University of Saskatchewan

Peter R. E. Crocker, Ph.D.
School of Human Kinetics
University of British Columbia

Rachel M. Donen, Bsc. Honours
College of Kinesiology
University of Saskatchewan

Appendix BA

Curriculum Vita

Curriculum Vitae

Jennifer S. Shaheed, MA, QMHP
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(714) 363-7974 · Jshaheed11@georgefox.edu

Education

Doctorate of Clinical Psychology, PsyD *Expected* May 2020
George Fox University**,** Newberg*,* OR
Graduate School of Clinical Psychology: APA Accredited
Dissertation: *Healthy Kids: Using the Patient Centered Medical Home Can Facilitate Change*
Advisor: Mary Peterson, PhD, ABPP

Master of Arts, Clinical Psychology April 2017
George Fox University**,** Newberg*,* OR
Graduate School of Clinical Psychology: APA Accredited

Bachelor of Arts, Psychology May 2015
George Fox University, Newberg, OR
Minor: Christian Ministries

Clinical Experience

Pre-Intern and Practicum II, Behavioral Health Provider May 2017-May 2019
Providence Medical Group: Newberg Primary Care

- Provide psychological services in an integrated care setting. Services are characterized by brief, solution focused interventions addressing medical presentations, emotional health, chemical dependency and co-occurring conditions.
- Provide individual, group and family-based interventions.
- Address patient presentation from a comprehensive biopsychosocial frame.
- Work as an active member of a multidisciplinary team, including MD/DO, NP, PA, PT, PharmD, RN and Case Management.
- Provide integrated services and function in a PCBH model, including the completion of warm-hand offs, same day visits, curbside consultation and dual visits with medical providers, PharmD and Physical Therapists.
- Support the medical team with diagnostic clarification and treatment planning. Diagnostic clarification includes primary-care based assessments for ADHD and memory deficits.

- Provide crisis risk assessment and safety planning to patients who present to the clinic with emergent needs.
- Participate in integrated, complex care management meetings.
- Provide behavioral health services along the continuum of care via consultation in the adjacent medical center including consultation and patient intervention in the Intensive Care Unit, Medical-Surgical Unit and Emergency Department.
- Engage in weekly individual and group supervision with a licensed psychologist
- Supervised supervision of practicum II student in primary care setting and associated integrated primary care services at local high school and alternative school.
- Clinical and concurrent documentation in EPIC medical system in conjunction with primary care medical home model.
- Primary theoretical orientations include CBT-focused with ACT
- *Supervisor:* Jeri Turgesen, PsyD, ABPP

Behavioral Health Crisis Consultation Team Member January 2017-May 2019
QMHP, George Fox University, Newberg, OR

- Provide after-hours on call crisis and risk assessment support for Providence Newberg Medical Center and Willamette Valley Medical Center.
- Conduct evidence-based risk assessments addressing risk of suicidality, homicidality, chemical dependency and psychosis for patients presenting emergently in the Emergency Department and patients medically admitted to the Med/Surg Unit and ICU for both medical centers.
- Complete safety and discharge planning with patients and families.
- Work with multidisciplinary medical teams, law enforcement, and EMS personnel.
- Provide direct consultation and recommendations in regard to risk level and discharge recommendations.
- Work with county collaborators to facilitate involuntary, county holds when patient risk requires.
- Provide coordination of care, psychiatric admission and appropriate referrals for at-risk patients to inpatient or outpatient facilities.
- Provide mentorship and training support to new team members.
- Participate in weekly supervision.
- *Supervisors:* Mary Peterson, PhD, ABPP; Luann Foster, PsyD; Bill Buhrow, PsyD; Joel Gregor, PsyD

Practicum I, Behavioral Health Provider July 2016-May 2017
Santiam Hospital: Amity & Aumsville

- Provided psychological services in integrated primary care settings for patients presenting with medical, mental health, chemical dependency and cooccurring presentations.
- Worked as an active member of a multidisciplinary team in a rural treatment setting.
- Provided crisis intervention, and supportive role for the local Emergency department.

- Service provision included Individual, couple, and family-based interventions.
- Assisted with program implementation in a new system and completion of active program evaluation.
- Created a chronic pain curriculum and subsequently performed weekly chronic pain group-based interventions.
- *Supervisor:* Jennifer A. Felker-Thayer, PsyD

Pre-practicum, Student Therapist Trainee January 2016-April 2016
George Fox University Graduate School of Clinical Psychology

- Provided 10 therapy sessions for two undergraduate students using Person-Centered therapy
- Received weekly supervision
- *Supervisors*: Glena Andrews, PhD, MSCP; April Brewer, PsyD

Training in Supervision

Supervision of Practicum II Student August 2018-May 2019
Newberg & Catalyst High School

- Providing supervised supervision of a Practicum II trainee in an integrated primary care setting and collaborative, community integration project with local school district.
- Provide support in clinical development, note writing and understanding of how to work within a multidisciplinary treatment setting.
- Specific feedback, mentoring and training has been completed in the areas of diagnostic clarification, risk assessment, improving clinical writing skills, assessment, understanding and articulating informed consent, completing effective consultation and understanding of multidisciplinary based care.

Student Mentor June 2016-April 2017
George Fox University Graduate School of Clinical Psychology

- Mentorship of a Pre-Practicum student during their transition period to graduate school, professional development and support with initiating clinical training.

Relevant Work Experience

Clinical Designation
Qualified Mental Health Provider April 2017-May 2019

- Completed state level requirements necessary for designation as a QMHP in the state of Oregon.

Cedar Hills Inpatient Psychiatric Hospital May 2017-May 2019

*Assessment Counselor***,** *Beaverton, Oregon*

- Work as a member of a multidisciplinary treatment team at a dual diagnosis inpatient hospital for adults with severe psychopathology, addiction, trauma. Services provided include unique month-long program for veterans, family members of military populations, and active duty military personnel.
- Conduct intake assessments to determine diagnostic clarification.
- Develop comprehensive treatment and discharge plans, arrange hospital transfers, actively work within a multidisciplinary treatment team.

Northwest Behavioral Health Center Dec 2014-Dec 2016
Adolescent Counselor, Gladstone, Oregon

- Served as a counselor in a lock-down facility for adolescents with presentations characterized by comorbid mental health and chemical dependency presentations.
- Facilitated group therapy around trauma, chemical dependency, depression, and anxiety.

Resident Assistant/Assistant Area Coordinator August 2013-May 2015
George Fox University

- Worked alongside students in residence halls, identified student concerns and worked to ensure student safety. Provided support during transition to college life.
- Served as a direct contact for crises on campus and provided on-call support for crisis intervention during daytime shifts.

Academic Service and Leadership

Oregon Psychological Association (OPA), Student Chair September 2016-May 2018
Portland, Oregon

- Selected to serve on the board by previous OPA President and student chair
- Assisted in student membership and supporting graduate students in the state of Oregon
- Monthly meetings with board of Psychologists in the state of Oregon
- Responsible for conference poster sessions and student break-out sessions

Ubuntu Leadership Team September 2015-May 2019
George Fox University Graduate School of Clinical Psychology

- Selected to serve by GDCP department faculty.
- Meet monthly for active discussion of diversity, culture, and development of strategies to initiate conversations related to issues of diversity.
- *Supervisor:* Winston Seegobin, PsyD

Member of Clinical Health Psychology Network September 2015-May 2019
George Fox University Graduate School of Clinical Psychology

- Network of graduate students, practicum sites, and other healthy psychology students in order to enhance professionalism and increasing resource accessibility.
- Attend monthly meetings in order to advance the exchange of professional resources and clinical tools while providing professional camaraderie and peer-to-peer encouragement

Committee member Multicultural Committee September 2015-May 2019
George Fox University Graduate School of Clinical Psychology

- Attend monthly meetings intended to improve awareness, intervention use, training, awareness, outreach, and engage in multi-cultural aspects integrated with Psychology

Professional Development

Clinical Foundations September 2015-May 2015
George Fox University Graduate School of Clinical Psychology

- Participated in vertical clinical team that consisted of 4 students and a master's level student supervisor.
- Presented case conceptualizations and provided peer-feedback.
- Identified relevant legal and ethical issues of practice, discussed implementation of psychotherapy relevant to identified patient goals, outlined trainee roles and scope. Reviewed necessary elements of case management and record keeping
- Provided five sessions of simulated psychotherapy with peer cohort members to facilitate, understand, and develop Rogerian psychotherapy skills
- *Group and Individual Peer Supervisor*: April Brewer, PsyD

Clinical Team September 2015-May 2019
George Fox University Graduate School of Clinical Psychology

- Actively participate in yearly teams of first, second, third, and fourth year graduate students
- Present and discuss clinical case conceptualizations, relevant interventions based on theoretical orientations, and ethical and legal concerns to a team of approximately 6 students and a licensed clinical psychologist
- Actively receive, discuss and provide consultation and feedback in order to improve skill sets in clinical work and assessment.
- Work collaboratively as a group to further clinical skills, professional development, and growth.
- Group Supervisor:
    - Fall 2015-Spring 2016: Carlos Taloyo PhD
    - Fall 2016-Spring 2017: Rodger Bufford, PsyD
    - Fall 2017-Spring 2018: Bill Buhrow, PsyD
    - Fall 2018-Spring 2019: Marie-Christine Goodworth, PhD

Research Experience

Dissertation: Defended May 2016 to May 2019

Healthy Kids: Using the Patient Centered Medical Home Can Facilitate Change

- Prelim completed: April 2018
- Data collected: July 2018
- *Expected:* Defense February 2019
- *Advisor:* Dr. Mary Peterson, PhD, ABPP

Research Vertical Team May 2016 to May 2019

George Fox Graduate School of Clinical Psychology

- Active engagement in vertical research team comprised of 1st through 4th year doctoral level trainees.
- Assist in collaboration and development of dissertation and supplemental research projects. Support includes direct feedback, collaborative support in developing areas of interest, development of methods and completion of individual projects.
- Team based areas of research interest include: Integrated care, Military populations, faith integration, and clinical training
- *Supervisor:* Mary Peterson, PhD, ABPP

Providence Nutrition Research Grant October 2017-May 2019

Healthy Kids

- Worked with a team of Clinical Psychologists to write research grant proposal, which was fully funded.
- Engage in implementation of grant goals, provide feedback to grant committee throughout the process through the primary care clinic for the Healthy Kids Nutrition and Exercise Grant.

Research Assistant, George Fox University September 2014-May 2015

The Effects of Concussions on Memory on Student Athletes

- *Primary Researcher:* Chris Koch, PhD

Richter Scholar Award Recipient, George Fox University August 2013-August 2014

Personal adjustment, emotional intelligence, and self-efficacy of girls in poverty

- Received a research grant to conduct research in Managua, Nicaragua, at the Villa Esperanza where girls rescued from a city dump receive shelter, education, clothing, basic needs, and work with an on-site Psychologist.
- Used data to assist improving the program in order to increase the success outcome for each of the girls on site.

- *Supervising Researcher***:** Kelly Chang, PhD

Publications and Presentations

Alonga et al (2014). Registered replication report: Schooler & Engstler-Schooler (1990). Perspectives on Psychological Science, 9, 556-578.

Chang, K., Gentry, R., **Shaheed, J.** (2013, June). Emotional Intelligence, Locus of Control, and Self-Efficacy of Girls Rescued from Poverty. Poster session presented at the 2013 World Congress of the International Positive Psychology Association (IPPA), Los Angeles, CA.

Fish Getchell, R., **Shaheed, J.**, Song, C., Gathercoal, K., Peterson, M., (2017, August). Time Spent Interviewing Emergency Department Patients in Mental Health Crisis is Inversely Related to Level of Discharge Care. Poster session presented at the Annual American Psychological Association Conference, Washington D.C.

Gentry, R., **Shaheed J.**, Sickler, A., Chang, K. (2014, April) Personal adjustment, emotional intelligence, and self-efficacy of girls in poverty. Poster session presented at the 9th Annual Western Psychological Association Conference, Portland, OR

Koch, C., Gentry, R., **Shaheed, J.**, & Buswell, K. (2014, May). Do Descriptions of Facial Features or Personal Motivations Improve Line Ups? Poster session presented at the 26th Annual Convention of the Association for Psychological Science, San Francisco, CA

Shaheed, J., King, A., Campo, V., & Summers, W. (2018, March). Student Membership Improvement Feedback Questionnaire. Feedback session presented to the Oregon Psychological Association Meeting, Portland, OR.

Teaching Experience

Teaching Assistant for Multicultural Issues in Therapy January 2018-May 2018 *Winston Seegobin, PsyD*

Teaching Assistant for Undergraduate Racial Healing January 2018-May 2018 *Winston Seegobin, PsyD*

Teaching Assistant for Undergraduate Advanced Counseling August 2017-Dec 2017 *Kristina Kays, PsyD*

Panel for Managing with Diverse Clients March 2016 *Sandra Jenkins, PhD*

Substitute for Undergraduate General Psychology Course Sept 2015-August 2016 *Kristina Kays, PsyD & Sue O'Donnell, PhD*

Professional Trainings

Bourg, W. (2016, November 9). *Divorce: An attachment trauma*. Grand Rounds presentation at George Fox University, Newberg, OR.

Brown, S. (2017, February 8). *Native self-actualization: Its assessment and application in therapy*. Colloquium presentation at George Fox University, Newberg, OR.

CAMS (Collaborative Assessment and Management of Suicidality) Training at George Fox University, Newberg, OR. 11 March 2016.

Hall, T., & Janzen, D. (2016, February 17). *Neuropsychology: What do we know 15 years after the decade of the brain? and Okay, enough small talk. Let's get down to business!* Colloquium presentation at George Fox University, Newberg, OR.

Hoffman, M. (2015, September 30). *Relational psychoanalysis and Christian faith: A heuristic faith*. Colloquium presentation at George Fox University, Newberg, OR.

Jenkins, S. (2016, March 16). *Managing with diverse clients*. Diversity Grand Rounds presentation at George Fox University, Newberg, OR.

Kuhnhausen, B. (2016, October 12). *Sacredness, naming, and healing: Lanterns along the way*. Colloquium presentation at George Fox University, Newberg, OR.

Mauldin, J. (2015, October 21). *Let's talk about sex: Sex and sexuality with clinical applications*. Grand Rounds presentation at George Fox University, Newberg, OR.

Mcminn, M., Mcminn L., (2018, September 26). *Spiritual Formation and the Life of a Psychologist: Looking Closer at Soul Care.* Colloquium presentation at George Fox University, Newberg, OR.

Pengelly, S., (2018, October 10). *Old Pain in New Brains.* Fall Grand Rounds presentation at George Fox University, Newberg, OR.

SBIRT (Screening, Brief Intervention, and Reference to Treatment) Training at George Fox University, Newberg, OR. 16 March 2016.

Seegobin, W., Peterson, M., McMinn, M., & Andrews, G. (2017, March 22). *Difficult dialogues*. Diversity Grand Rounds presentation at George Fox University, Newberg, OR.

Sordahl, J. (2017, November 8). *Telehealth*. Colloquium presentation at George Fox University, Newberg, OR.

Taloyo, C. (2018, February 14). *The history and application of interpersonal psychotherapy*. Grand Rounds presentation at George Fox University, Newberg, OR.

Vogel, M. (2018, March 14). *Integration and Ekklesia.* Grand Rounds Presentation at George Fox University, Newberg, OR.

Warford, P., & Baltzell, T. (2017, March 1). *Domestic violence: A coordinated community response*. Grand Rounds presentation at George Fox University, Newberg, OR.

Professional Memberships

American Psychological Association—Student Affiliate
Christian Association for Psychological Studies—Student Affiliate
Oregon Psychological Association-Student Affiliate

Awards and Honors

Diversity Scholarship, *George Fox University*	August 2015-Present
Dean's List, *George Fox University*	April 2012-April 2015
Richter Award Scholarship, *George Fox University*	Dec 2013-August 2014

Assessment Administration

16 Personality Factors (16PF)

Adverse Childhood Experience (ACE)

Behavior Assessment System for Children, 3rd Edition (BASC-3)

Behavioral and Emotional Screening System for

Teacher Grades K-12 / Student Grades 3-12

Collaborative Assessment and Management of Suicidality (CAMS)

Center for Epidemiologic Studies Depression Scale (CESD-R)

Columbia Suicide Severity Rating Scale (C-SSRS)

Conner's Adult ADHD Rating Scale – Self-Report: Long Version (CAARS—SR:L)

Conner's Adult ADHD Rating Scale – Observer: Long Version (CAARS—O:L)

Conner's Continuous Performance Test, 3rd Edition (CPT-3)

CRAFFT Screening Tool for Adolescent Substance Abuse

Generalized Anxiety Disorder 7 scale (GAD-7)

Geriatric Depression Scale

Minnesota Multiphasic Personality Inventory, 2cd Edition (MMPI-2)

Minnesota Multiphasic Personality Inventory, 2cd Edition, Revised Form (MMPI-2-RF)

Mini Mental Status Exam (MMSE)

Montreal Cognitive Assessment (MoCA)

Patient Activation Measure (PAM)

Patient Health Questionnaire – 9 (PHQ-9)

Patient Health Questionnaire for Adolescents (PHQ-A)

Personality Assessment Inventory (PAI)

Quality of Life Scale (QOLS)

Screening, Brief Intervention, Referral to Treatment (SBIRT)

Saint Louis University Mental Status (SLUMS)

Self-Efficacy Questionnaire for Adolescents

The Emotional Quotient Inventory: Youth Version

The Inventory of Parent and Peer Attachment (IPPA)

Wechsler Adult Intelligence Scale, 4th Edition (WAIS-IV)

Wechsler Individual Achievement Test, 3rd Edition (WIAT-III)

Wechsler Intelligence Scale for Children, 4th Edition (WISC-IV)

Wechsler Memory Scale, 4th Edition (WMS-IV)

Wide Range Assessment of Memory and Learning, 2nd Edition (WRAML-2)

Woodcock-Johnson, 4th Edition (WJ-IV), Tests of Cognitive Abilities and Tests of Achievement

Volunteer Work

Serve Day 2015, 2016, 2017, 2018

Juliette's House, Child Abuse Intervention Center

- Participate in a departmental day of service taking place every September in service of a local organization.
- Duties of service include packaging, yardwork, deep cleaning, and painting.

Languages

English	Native Speaker Proficiency
Arabic	Full Professional Proficiency